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Lecture I. ..... p. 1

Notes on Atrophy and Degeneration of the Arteries, &c. By Edwin Canton, Esq., F.R.C.S. ... 5

Coup de Soleil, with Remarks upon its Pathology and Treatment. By Arthur E. T. Longhurst, Esq., M.R.C.S., Assist.-Surg. to H.M. 13th Light Infantry, Gorruckpore 7

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Leucocythæmia Splenica; the Patient subject to Ague twelve years before; Relief by Treatment 10

Clinical Records.—Hernia Testis from Strumous Deposit; Partial Removal; Cure. — Elevation of the Subclavian Artery above the Clavicle, in a Phthisical Patient 11

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Medical Society of London:
On Spasmodic Asthma 12

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Annual Meeting: Election of Officers. — Enlargement of the Lymphatic Glands throughout the Body; Peculiar Deposits in the Liver and Spleen; and Condition of the Blood 12

Western Medical and Surgical Society:
On Chloroform and Instrumental Labour 13

Epidemiological Society:
Report of the Diphtheria Sub-Committee 14

Ethnological Society:
Exhibition of two Crania of the Veddah Tribe in Ceylon 15

The London Medical Registration Association 15

LEADING ARTICLES.

The Annus Medicus, 1859 16
Professor Owen and the Hunterian Manuscripts 18

MEDICAL ANNOTATIONS.

Medical Preparations for the Chinese War. — The Doctor at the Helm.—Pills in the Soup.—Shameful Treatment of Medical Officers in the Navy.—Death of a Medical Practitioner by Chloroform..... 19

CORRESPONDENCE.

Manchester Medical Registration Association 15
John Hunter's M.S. on Geology: Letter from Prof. Owen, F.R.S.... 21
The Medical Staff of King's College 22
On the Treatment of Tetanus by Woorara: Letter from M. Paul Broca 22

MEDICAL NEWS.

Alleged Failure of Cerebral Auscultation 8
Yellow Fever at St. Thomas's 15
Pass-list of the Royal College of Physicians, Edinburgh. — Her Majesty's Indian Service.—Lectures at the London Institution.—Army Hospital Corps.—Vaccination.—Appointments.—Death by Godfrey's Cordial.—Suicide by Chloroform.—A Commission in Lunacy in Paris.—Dr. Hayes's Arctic Expedition.—Amputation of the Thigh in the Hypnotic State.—The Killed and Wounded in Morocco.—Egyptian Products at the Crystal Palace.—Death of a Benevolent Physician of Paris.—New Mode of Extracting Gunpowder from Wounds.—The Artificial Arm of M. Roger, the eminent Singer of the Paris Opera.—Frightful Mortality at Sea.—Health of the Metropolis ... 23

Obituary. — Dr. Montgomery. — Richard Cremer, Esq., M.R.C.S. 24

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Medical Diary of the Week 25
Notices to Correspondents..... 25

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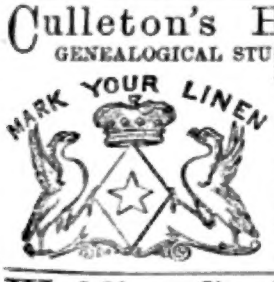

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This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 22, Conduit-street, London W.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of CROSSE and BLACKWELL, 21, Soho-square.

Kinahan's LL Whisky *v.* Cognac

BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

The Dinner Sherry at 30s. and 36s.,

and the IMPERIAL CLARET at 30s. and 36s., pure and good flavoured, are the wines most recommended for general use. Old Bottled Ports, 42s. and 48s. Champagne d'Epernay, 48s. A large variety of fine old and rare Wines, at moderate prices. South African, best quality, 24s. and 28s.

Price Lists on application. Carriage paid by rail.

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HEDGES and BUTLER have several bins of the following WINES in the highest state of perfection:—Port, of the celebrated 1820 vintage, 120s. per dozen; 1834 vintage, 96s.; 1840 vintage, 84s.; 1854 vintage, 54s.; White Port (very choice), 72s.; Pale and Brown Sherry, upwards of 50 years old, 120s.; choice old East India Sherry, 84s.; Amontillado, a delicate pale dry wine, as drunk by the Spaniards, 60s. and 72s.; very fine old East India Madeira, 84s.; Chateau Lafitte, 84s.; Chateau Margaux, &c.; Steinberger Cabinet, 1834 vintage, 120s.; in pints, 60s.; Rudesheimer, Steinberger, Johannesberger, and Liebfraumilch, 72s.; fine old Sack, Malmsey, Frontignac, Constantia, Tokay, Vermuth, &c. Very choice pale Cognac Brandy, 1805 vintage, 144s. per dozen. On receipt of a post-office order or reference, any quantity, with a price-list of all other Wines, will be forwarded immediately by

HEDGES & BUTLER, Wine Merchants,
155, Regent-street, London, W.; and 30, King's-road, Brighton.
Originally established A.D. 1667.

South African Port and Sherry, 20s.

per dozen, free from acidity. Four dozen Cases carriage free to all railway stations in England.—WOOD & WATSON, 16, Clement's-lane, City, E.C.

Pale India Ale and Stout 4s. 6d. per

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WOOD & WATSON, 16, Clement's-lane City.

18s. per Dozen, South African Port

and SHERRY; finest quality; one price.

XEREZ PURO, 28s., 34s., 40s., 46s.
PURE PORT, 36s., 42s., 48s., 54s., and 90s. per Dozen.
MARSALA, INGHAM'S, finest quality, 24s. per Dozen.

WINE IMPORTERS ASSOCIATION, 15 and 16, Adam-street, Adelphi.
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RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ¼-Cask.

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Importers and Distillers, are now doing by far the largest Trade of any other house in the kingdom, their connexion exceeding at the present time 15,000 private Families and more than 50 of the most important Hospitals, Military Messes, and Public Institutions, beg to offer the following advantages to consumers.

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PORT, SHERRY, MADEIRA, MARSALA, all first growths, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £12 19s. per quarter cask of 28 gallons.

They are pure, delicate, wholesome, and in every way suitable for either dinner or dessert.

The Custom House returns for 1858 show that W. & A. G. paid duty on the unprecedented quantity of 56,635 gallons of these Wines alone in that year.

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Fine old PORT from the wood, 36s. per dozen, £5 19s. per cask of 7 gallons, £11 14s. per cask of 14 gallons, and £23 2s. per cask of 28 gallons.

This our leading article from Oporto is the old school of mature silky Port from the wood, with body and bouquet. This is more palatable and wholesome than those extremely high-priced old Bottled Wines, which have nothing left to recommend them but vegetable decay.

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SHERRIES, Pale and Golden, at 36s. per dozen, £5 19s. per cask of 7 gallons, £11 14s. per cask of 14 gallons, and £23 2s. per cask of 28 gallons.

The almost total disappearance of the Vine Disease in Spain enables us to import an extremely good wine at this price; it is a decided improvement on former shipments.

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CLARETS, at 24s. and 28s. per dozen. These our leading importations of Vin Ordinaire are superior to those generally drank in France, and we guarantee them decidedly superior to any other offered at anything like these prices; they are shipped to us direct from the vineyards, under the superintendence of one of the leading Bordeaux Houses.

CHAMPAGNE, 37s. 6d. per dozen. Having made a large contract to have this Wine shipped direct from the vineyards, we are enabled to submit it not only as the cheapest imported, but as good as any Gentleman can desire to have on his table.

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MARSALA, 24s. per dozen, £4 0s. 6d. per 7-gallon cask, and £7 19s. per 14-gallon cask, and £12 7s. 6d. per quarter-cask of 22 gallons.

This is Ingham's superior, and is often preferred to even middling-class Sherries, and the quality is guaranteed.

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COGNAC BRANDY, finest	25s.	per gallon.
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A dozen full-sized bottles of any of the above Wines at the quoted prices, or for 5s. in stamps a dozen small samples, or any two samples for 12 stamps, sent securely packed and labelled.

A detailed Price List of other Wines, Spirits, and Liqueurs sent on application.

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The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 32s. „
SPLENDID OLD PORT (ten years in the wood)... 42s. „
SPARKLING EPERNAY CHAMPAGNE..... 36s. „
ST. JULIAN CLARET, pure and without acidity... 28s. „

Bottles and packages included, and free to any London railway station. Terms, Cash. WILLIAM REID TIPPING, Manager.

Horniman's Pure Tea.

THE LANCET (p. 318) writes: "The Green, imported by Horniman and Co., not being covered with the usual prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. Prices, 2s. 8d., 4s., and 4s. 4d. per lb. in packets. Gould, 198, Oxford-street; Purssell, 80, Cornhill; Smith and Sons, Norwich; Goodall, Backhouse, and Co., and Reinhardt and Sons, Leeds; Ferris, Townsend, Lamotte, and Bourne, Bristol. Agents (chiefly CHEMISTS) in every town.

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Taylor Brothers'

PATENT LENTILIZED COCOA

Is pronounced by Professor Letheby and Dr. Hassall to be superior in nutritious element to all others.

See their Reports Printed on the Labels of each Canister.

Sold by all Grocers at 1s. 6d. per lb.

Pure Granulated Cocoa, 1s. 2d. per lb.,

in 1 lb. & ½ lb. packets. Manufactured precisely in the same manner as when analysed by the Sanitary Commissioners of this Journal in the year 1851, and declared by them to be not only genuine, but of superior quality and manufacture.

Homœopathic Cocoa, a most nutritious and convenient article, in 1 lb. and ½ lb. canisters. This suits some constitutions better than the pure Granulated. It is made in the cup by the addition of boiling water in one minute. It is well adapted for use at sea, and in chambers. 1s. 4d. per lb.

Stomachic Chocolate, from the formula of a Physician, to be eaten in cold, foggy weather; very nourishing and warming to the system.

HANDFORD & DAVIES, 61, High Holborn, W.C.

Barnes's Carrageen Cocoa.—The

Nitrogen, Iodides, and Bromides which exist naturally in the Carrageen or Irish Moss, together with its mucilaginous principle, has induced the manufacturer to combine it in a purified condition with Cocoa, and to present it to the notice of the Medical Profession as a Dietetic for the use of Invalids, delicate Children, &c. The Carrageen Cocoa is palatable, easy of digestion, and highly nutritious. Sold in ½-lb. and 1-lb. packets by the manufacturer,

J. R. BARNES, Chemist, 1, Trevor-terrace, Knightsbridge, S.W.; and through the wholesale houses.

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BREAD, so strongly recommended to be used in place of ordinary Bread by those suffering from the above diseases, can be obtained only of G. VAN ABBOTT, 13, Basinghall-street, E.C., from whom copies of testimonials by eminent practitioners in London and Paris can be had.

In boxes, 5s., forwarded to any part on receipt of a post-office order.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Campin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

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J. M. INNES, the original Manufacturer of the Improved DIGESTIVE UNFERMENTED WHITE and BROWN BREAD, BISCUITS, &c., prepared by the instructions of an eminent Physician, and highly recommended by the Faculty for Indigestion.——J. M. I. also begs to call attention to his

CELEBRATED COFFEE AND WINE RUSKS,

Used most extensively by the Nobility, Gentry, Hotel Keepers, and the Public, in Town and Country. Also his far-famed QUEEN and ALBERT BISCUITS, which have given universal satisfaction. Families waited on daily.

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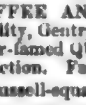
TRADE  MARK.

Brown & Polson's Patent Corn Flour.

Preferred to the best Arrowroot. Delicious in puddings, custards, blancmange, cake, &c.; and especially suited to the delicacy of Children and Invalids. THE LANCET states, "This is superior to anything of the kind known." Trade Mark and Recipes, on each Packet, 4, 8, and 16 oz. Obtain it from Family Grocers, Chemists, &c.

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Sent to any part of the Kingdom. All orders to be prepaid by money-orders or stamps.

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PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

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Robinson's Patent Barley, for making

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ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

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Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Jules of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1858.

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Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

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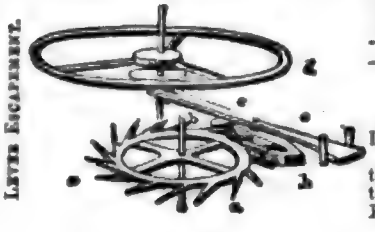
A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.



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Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

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Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

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PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

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By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

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HER MAJESTY THE QUEEN, having specially honoured Mr. HEATHER BIGG, of 29, LEICESTER SQUARE (Author of "Artificial Limbs, their Construction and Application;" "Deformities, and the Appliances necessary for their Treatment"), with a command to Construct Mechanical Appliances for those wounded Soldiers particularly recommended to her gracious consideration, has led him to bestow considerable attention upon the scientific arrangement of such appliances; he therefore begs to invite Officers and others who are labouring under loss of limb, &c., to examine the Artificial Legs, Artificial Arms and Hands, Spinal Apparatus, &c., he possesses.

Mr. HEATHER BIGG, being conscious that the invention, construction, and application of mechanism for the treatment of deformities are frequently found to be unaccompanied by that enlarged scientific experience which such a subject requires, has recently visited the various Orthopædic Establishments of Paris, Vienna, Munich, Stuttgard, Berlin, Dresden, Cannstadt, Frankfort, &c., for the purpose of personally ascertaining what forms of apparatus were especially adopted, and thus enabling him to place at the disposal of the Medical Profession the resulting advantages.

Mr. HEATHER BIGG, having been for several years Anatomical, Surgical, and Orthopædic Mechanist to the Royal Hospitals of Chelsea and Greenwich, the Admiralty, the Hon. Board of Ordnance, the Hon. East India Company, St. George's, Middlesex, University College, King's College, Royal Free, Guy's, and St. Thomas's Hospitals, has devoted considerable time and experience to the invention, construction, and adaptation of every variety of Anatomical Appliance, and takes this opportunity of inviting the attention of the Medical Profession to the New and valuable Inventions he possesses for affording mechanical aid in cases of Talipes Varus, Valgus, Equinus, and Calcaneus; Lateral, Posterior, Rotative, and Anterior Curvature of the Spine; Inguinal, Femoral, Umbilical, and Ventral Hernia; Prolapsus Uteri and Ani; as well as every variety of Anatomical Deformity.

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE I.

Introduction.—General observations on epidemics.—Nomenclature of fevers.—Varieties.—Definitions.—Tables showing the different forms—monthly admissions—mean age and the sex of each form—number of admissions and number of deaths of each of the forms for each quinquennial period of life.

GENTLEMEN,—When I was requested by our late lamented and distinguished president,* to deliver the Lumleian Lectures in this theatre, he suggested that, in the event of my accepting the nomination, the subject should be *Fevers*.

In requesting time to deliberate, I felt the responsibility that would devolve upon me, if I either embraced or declined the opportunity of giving my views on a class of diseases which have engaged my attention for a considerable portion of my professional life.

When I reflected, on the one hand, that I was to address an audience comprising the most distinguished members of our profession—many of them hospital physicians of great and deserved reputation—who have had equally favourable opportunities with myself of becoming familiar with this complex class of maladies, I hesitated to accede to the suggestion. On the other hand, the remembrance that, in the ordinary professional intercourse with my medical friends, few days pass without my being interrogated as to my ideas of the modern pathology of fevers, and more especially as to the modes of treatment, in some respects widely dissimilar, that have been recently proposed, induced me to embrace so favourable an opportunity of bringing before the profession my more matured views of the pathology and therapeutics of the different forms of fever as they have been presented to my observation.

I may, however, be permitted to remark, that as the pathology of this class of diseases has of late undergone minute investigation—more minute, perhaps, than any other in the whole range of practical medicine—I shall have little to advance that is not already known to those who have kept up their knowledge of the subject. But if I succeed in bringing before you a simple delineation, with occasional illustrations, of the forms, diagnostic symptoms, anatomical characters, and treatment of fevers, as they have come under my individual notice in hospital and private practice for a period now extending over thirty years, I shall probably be considered to have contributed something to the stock of materials already in store.

Few diseases are more replete with interest than fevers, whether we consider their varied types or forms, the epidemic visitations which, in times more or less remote, have appeared in different quarters of the globe, their peculiar or characteristic features; but, above all, the great sacrifice of life which they have often occasioned.

Take for example the Plague, which, within the last two centuries, spread with fearful rapidity over Europe, but, happily, has now ceased to exist, and remains only a matter of history. It is recorded that in three years in the fourteenth century (1347 to 1350), during which this pestilence raged in Europe, no fewer than 25,000,000 of human beings—nearly a fourth of the entire European population—were carried off; and when the disease broke out in this metropolis on several occasions in the sixteenth and seventeenth centuries, more than 150,000 of the inhabitants perished, the hand of death sparing neither rich nor poor. We are told that in the plague of 1593 (between the months of March and December) 11,166 died; in that of 1603, the deaths were nearly 30,000; in that of 1625, the mortality was 34,734; in that of 1636, (distinguished by the name of the Great Plague, from its lasting twelve years,) upwards of 11,000 persons fell victims to it in the short space of eight months; while in that of 1665—the year preceding the great fire of London, and happily the last appearance of the pestilence in this metropolis—the mortality within twelve months was little short of 70,000.

Without pursuing the history of the plague in other parts of Europe, I may incidentally allude to its appearance in Moscow in 1725, in which year 40,000 persons, out of a population of 90,000, were destroyed. It reappeared in that city in the year 1771, and carried off 80,000 of the inhabitants.

Let me allude to another pestilence which appeared in the fifteenth and sixteenth centuries in this and other parts of Europe, to which the name of *sweating fever* or *sweating sickness* was given, from a prominent symptom with which it was attended—viz., a profuse, often fœtid, perspiration. It is described by Hecker as a violent inflammatory fever, ushered in by a short rigor, followed by sudden perspiration, precordial oppression, headache, and lethargic stupor, and terminating by a profuse sweat. The whole phenomena of the disease were of a few hours' duration only, seldom exceeding thirty-six hours. We are told that the sense of internal heat was intolerable, yet that any refrigerant was certain death. It was observed, too, of this singular malady, that its principal feature—the colliquative sweat—was sometimes absent, just as in the more dangerous forms of cholera there may be neither vomiting nor purging. In other cases, lividity of the countenance, urgent dyspnœa, violent vomiting, or, occasionally, violent convulsions, were superadded to the other characteristic features of this strange disease. It is no wonder, then, that it occasioned general consternation, not more from its suddenness, violence, and rapidly fatal termination, than from the swiftness of its march, scarcely one in a hundred escaping.

This sweating fever was first observed in the more densely-crowded districts of London in the autumn of 1485. So sudden and rapid was its progress, that it was no uncommon circumstance for persons who retired in perfect health at night, to be in the morning numbered with the dead. Even when an individual was so fortunate as to escape death, there was no security against its recurrence, many being seized with it, and with equal violence a second, and, it might be, a third time. Though it lasted about five weeks only on this its first appearance, many thousands are reported to have fallen victims to it. Nor was this scourge confined to the metropolis, for it is recorded that towards the end of the same year it appeared in many parts of England, and exhibited the same virulence, when, after raging for a few weeks, it suddenly ceased without leaving a trace of its existence.

It reappeared, however, early in the following century, at four successive periods, (in 1506, 1517, 1528–29, and 1551,) sometimes with greater, sometimes with less intensity, than on its first eruption. In 1551 we find it appeared at Shrewsbury, whence it spread from place to place, till at length it again reached London, causing, from its frightful mortality, even greater alarm amongst the citizens than on its first outbreak. The total number who fell victims was not estimated, but it must have been very great, as Godwin has alluded to it as depopulation. It finally vanished in the autumn of 1551, and, happily, has never since appeared in Europe, or any quarter of the globe.

The resemblance of this appalling disease in some of its features to an occasional epidemic of our own times—the *relapsing* or *recurrent fever*, to be presently brought under notice—is striking. The suddenness of invasion, its comparatively short duration, and abrupt termination by profuse critical sweat, and, in many instances, after convalescence, a relapse of the

* Dr. Paris.

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same symptoms, ending again by critical perspiration, are all circumstances showing strong points of resemblance; though there is one very important difference, that the one disease—the sweating fever—was wide-spread and mortal, the other is generally limited, and moreover seldom fatal.

The epidemics which have appeared within the memory of many of us, and even long before, have been mercifully stripped of the terrors of those to which I have thus briefly alluded. Our modern epidemics (with the exception of cholera and influenza) have been restricted to some form of continued fever, prevailing more or less extensively in different places; never absent, but always appearing as the concomitant of overcrowding, defective drainage, insufficient water supply, and more especially epidemically in seasons of scarcity and famine.

In no part of the British dominions, however, has fever existed to such an extent as in Ireland, faithful accounts of which have been published in the excellent reports of Drs. Barker and Cheyne, from which it would appear that the Irish epidemics, from the numbers affected and great mortality, resembled the plague of the sixteenth and seventeenth centuries. It has been computed that by the fever that raged throughout Ireland in the middle of last century (1740–1741) upwards of 80,000 were carried off.

Subsequent to the period to which I allude, there have been several epidemic visitations, and of which records have been preserved, affording an opportunity of comparison with previous and subsequent outbreaks. For example, Dr. Rutty specially alludes to a fever in 1741 of six or seven days' duration, terminating in a critical sweat, the patient being subject to a relapse even to a third or fourth time, which is a short but accurate description of the relapsing fever just adverted to.

The most serious epidemic, however, with which Ireland has been visited was that of 1816–17. It apparently originated in the general distress arising from the scarcity, bad quality, and high price of provisions, and from this apparent origin it received the name of the *famine fever*. Though fever had been smouldering in many districts for some time previously, it broke out with great violence about the beginning of 1817, and it was computed that between the early part of 1817 and the middle of 1819, embracing a period of eighteen months only, out of a population of six millions, a million and a half were attacked with fever. In Dublin alone, in little more than two years, there were upwards of 42,000 fever cases, being about a fifth of the whole population. It was, moreover, ascertained, from returns transmitted to Government, that in the two years mentioned at least 65,000 fell victims to epidemic fever in Ireland.

Happily this wide-spread malady gradually abated; and though fever has not entirely ceased throughout the sister island, and probably never will, its prevalence and mortality have greatly abated within the last forty years. The establishment of new colonies in various quarters of the globe, by relieving Ireland, amongst other places, of her unemployed and starving population, and the prosperous results of the Encumbered Estates Act, by which an immense stimulus has been given to industrial habits, to better modes of cultivation, and consequently to increased comforts amongst the peasantry, have tended much to check the prevalence of fever.

From a return I have recently obtained from the House of Recovery and Fever Hospital in Dublin, it appears that between the years 1820 and 1857 the total number of fever cases admitted was 139,611; the annual average being 3771. The largest number admitted in a single year (in 1827) was 10,882, and the smallest (in 1857) 1596. The population of Dublin at the last census was 258,369.

If the condition of England and Scotland in regard to the prevalence of epidemic fever since the beginning of the present century be contrasted with that of Ireland, the comparative immunity we have enjoyed on this side the Channel is striking. On referring to the register of patients admitted into the London Fever Hospital, I find that since its establishment in 1802 until the end of 1857 the total numbers admitted have been 24,763. But it is proper to state that in this summary are included other acute diseases sent into the hospital with certificates of fever, but which on investigation are discovered not to be cases of fever, but some form of local inflammation of which the fever is merely symptomatic. It is only within the last ten years that such cases have been kept distinct in the hospital register. I may also mention that the Fever Hospital was at first established on a very small, or, I may say, experimental scale; and has only within the last few years been reconstructed and extended to its present more useful size, so as to be capable of accommodating two hundred patients. It is also to be kept in view, in estimating the prevalence of fever in and around this metropolis, that fever cases are received in limited numbers into the general hospitals; while in many parishes or unions, contrary to the injunctions of the Poor-law Board, this class of disease is sometimes treated in the infirmaries attached, until the symptoms, in many instances, assume a formidable and too often hopeless aspect, when the patients are conveyed to our spacious wards—sometimes in a dying state—only to swell our hospital mortality. Many of the sick poor, also, when seized with fever, are attended at their own abode by the medical officers attached to the numerous dispensaries with which our metropolis abounds; and I willingly embrace the present opportunity of offering a tribute of praise to those members of our profession who, with a self-sacrifice too often unknown and unrequited, give their services in a truly Christian spirit, regardless of the danger to which, in their sense of duty, they expose themselves.

But taking into consideration the rapidly-increasing population throughout England, and the consequent manifold predisposing circumstances, there is great cause of thankfulness that visitations of fever have been comparatively so few compared with the Irish epidemics adverted to.

In regard to Scotland, if we take as data the records of the infirmaries and fever hospitals of Edinburgh and Glasgow, there seem to be many more predisposing and exciting causes of fever in activity in the northern parts of the kingdom than in London, at all events, if not in the other large towns in England. From a statement recently published by Dr. Christison of the fever cases treated in the Edinburgh hospitals since the commencement of the present century, the total numbers were 45,189; from which it appears that, for a population under 200,000, the numbers are considerable, much larger relatively than in London or even Glasgow, but infinitely smaller in proportion to the population than in any of the provinces or districts of Ireland during the pestilential years. In three years only (1828, 1838, and 1848) did the number of fever patients received into the Edinburgh hospitals reach 2000, the largest being in 1848, when 4693 were admitted. It is, however, to be kept in view that the admissions into the hospitals in Edinburgh, as in this metropolis, give only a comparative idea of the prevalence of fever, as a very considerable number of cases, much larger than in London, are visited at their own dwellings, under the admirable arrangements in the northern metropolis for relieving the wants of the poor when visited by sickness.

From the statistical account of fever in Glasgow published by Dr. Cowan, that city appears to have been peculiarly liable to epidemic visitations. Combining the numbers treated in the hospital with the patients visited at home by district medical officers duly appointed, Dr. Cowan states that in ten years (from 1828 to 1837), for a population of about 200,000, there had been 28,290 cases of fever, the smallest annual number being 1089, the largest 7707. Glasgow, therefore, for some reasons, of all the larger towns in Britain, was, in the years referred to, the most unhealthy as regards epidemic fever.

In the principal towns in England, the favourable contrast is striking. From the same report, we find that, while in Glasgow the average number of fever cases for seven years prior to 1837 was 1842 annually, in Manchester, with a population at the same period of 228,000, the yearly number of fever cases was only 497; in Leeds, with a population of 123,000, only 274; and in Newcastle, with a population of 58,000, not more than 39.

This author mentions another striking fact—that, while the average number of fever patients under treatment in the Glasgow hospitals, between 1797 and 1806, did not exceed 88 annually, it had increased on an average of seven years (1831 to 1837) to 1842; but that in Manchester, notwithstanding the rapid increase of population, the average had scarcely varied, being for the early period (1797 to 1806) 462, and for the seven years prior to 1837 scarcely in excess—viz., 497 only.

From communications I have received lately from Glasgow, Manchester, and Leeds, I find that in Glasgow the prevalence of epidemic fever continued from 1837 to 1847, but that for the last ten years there has been a sensible diminution, the average annual admissions into the Infirmary scarcely exceeding 800.

In Manchester, again, with the exception of one violent outbreak in 1847—evidently the consequence of a sudden large importation of Irish immigrants—the same comparative immunity from epidemic fever has obtained. Dr. Noble states, in a communication with which he has favoured me, that since that year (1847) there had been no epidemic fever, and, in consequence, the hospital for fever patients had been given up, and one ward in the General Hospital appropriated to the few cases now and then applying for admission. A few patients also are accom-

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mulated by the guardians of the poor; but he adds, of late any true fever is quite a rarity in Manchester.

In Leeds, the same diminution of fever cases is reported. Since the period referred to in Dr. Cowan's statement, the average annual admissions into the House of Recovery has not reached 400, for a population now upwards of 172,000. Fever patients are not received into the Leeds General Infirmary.

These statements are not without importance, and more especially in reference to the investigation of the origin and propagation of epidemic fevers in those places where they appear to be localized, as well as to the circumstances which apparently tend to diminish such local susceptibility.

I recommend this subject, so pregnant with interest, and in which every class of the community is deeply concerned, to the patient investigation of those who have the opportunity and inclination to cultivate the etiology of diseases. From the zeal recently displayed by Dr. Murchison, in tracing the probable sources of the several forms of fever, I anticipate the enunciation of some important facts touching their origin and mode of propagation.

FORMS OF CONTINUED FEVER.

After these cursory observations on epidemics, I proceed to bring before you a description of the several forms of continued fever which prevail in this and other temperate climates, with such modifications in the symptoms as have come under my individual observation in hospital and private practice.

Let me define these different forms. Continued fevers may be classed under four distinct varieties. 1. *Typhus.* 2. *Enteric* or *intestinal fever.* 3. *Relapsing fever.* 4. *Febricula.* From my connexion with an hospital specially appropriated to this class of diseases, I am enabled to bring before you a statistical view of their several forms, their prevalence at particular periods or seasons, and various pathological facts, all tending to invalidate the doctrine formerly taught, and by many still maintained, of the identity of the several varieties of continued fever. I need scarcely remind you that, until a comparatively recent period, continued fevers were all included in one class, under the generic term *typhus*—a designation manifestly inapplicable to several varieties or, I may even say, diseases, differing from each other in their origin, anatomical characters, and progress—in short, in all essential particulars, the term itself (*typhus*) being derived from a single symptom, not always present, and having the sanction of antiquity only for its general application. It is useful, however, to retain this term, but to restrict it to one form, characterized by early prostration, more or less prominent affection of the nervous system, but more especially by the invariable absence of any specific lesion, as will be presently pointed out.

1. *Typhus fever* originates in circumstances tending to impair the essential or vital properties of the blood, more especially overcrowding, defective ventilation, insufficient nourishment, and hence its prevalence in times of scarcity and famine. Its accession is marked by no special symptoms, but such as occur in many acute diseases—chilliness alternating with heat of skin; quickened pulse, succeeded by muscular prostration; more or less sensorial disturbance; and between the fifth and eighth day a peculiar morbillous-like eruption, not fading on pressure, and persistent; the duration of the fever being about fourteen, and seldom exceeding twenty-one, days. In fatal cases there is no specific lesion, congestion of the internal organs being the only change observed. If there be other lesions they are superadded or accidental.

2. *Enteric or intestinal fever.*—This form (known also by the term *typhoid*) is endemic, and supposed to be produced by emanations from organic matter. Its mode of invasion, slow and insidious, differs little from that of the other forms, except that there is almost invariably diarrhœa from the commencement, followed by gurgling in the right iliac fossa, and tympanitic distension. It is characterized, moreover, by an eruption of rose-coloured spots, visible about the eighth day,—often later,—first on the anterior aspect of the trunk, rarely on the face or extremities, coming out in successive crops, and fading or entirely disappearing on pressure; occasionally epistaxis, little comparative diminution of strength, and sometimes sensorial disturbance. This form is often protracted, seldom terminating before the third week, often lasting much longer. After death there is invariably alteration in the solitary and agminated glands of the ileum, which are enlarged, and more or less extensively ulcerated, according to the duration of the fever, with enlargement and softening of the corresponding mesenteric glands, and increased volume and softening of the spleen.

3. *Relapsing fever.*—In this peculiar form the invasion is sudden, marked by irregular chills or prolonged shivering, succeeded by hot skin, severe pain in the head and limbs, epigastric tenderness, sometimes vomiting (often accompanied with jaundice), and hepatic and splenic congestion. But the chief peculiarity consists in an abrupt cessation of the symptoms from the fifth to the seventh day, so that the patient is apparently restored to convalescence. A few days afterwards, however, generally about fourteen days from the beginning of the attack, there is a well-marked relapse, or recurrence of the symptoms, which, after a profuse sweat, about the third day again disappear, leaving the patient exhausted, though soon recruited by a prolonged invigorating sleep. This form is rarely fatal, and leaves no special lesion. It appears to be connected with famine and destitution, and to spread by contagion.

4. *Febricula.*—This is a mild variety of fever, characterized by its short duration and the mildness of the symptoms. It seldom lasts more than a few days; sometimes terminating within twenty-four hours, when it constitutes what has been called *ephemera*, or one-day fever. Its cessation is generally preceded by a critical sweat. It is seldom if ever fatal, unless from the supervention of acute local disease, which of itself may destroy life.

Now let me remark that these are not arbitrary but practical distinctions, recognised in our hospitals as well as in private practice, and occurring either sporadically, or as epidemic visitations. The records of the London Fever Hospital afford the most satisfactory mode of showing the comparative prevalence of each of these forms, in and around this metropolis.

When I suggested this plan to my colleague, Dr. Murchison, as the best mode of obtaining satisfactory results, he kindly undertook the details, which required no small amount of labour; and I can safely state that, being collated by him, its accuracy can be relied on, as each case included in this statistical record has been carefully traced, the diagnosis being entered at its termination in a separate column in the register of cases kept at the hospital.

The numbers of each variety admitted during the last ten years have been reduced to a tabular form, so that at a glance the total of each for every year is exhibited.

TABLE I.

Admissions into the London Fever Hospital from 1848 *to* 1857 *inclusive.*

Forms of Fever.	1848.	1849.	1850.	1851.	1852.	1853.	1854.	1855.	1856.	1857.	Total
Typhus ...	526	155	130	68	204	408	337	342	1062	274	3506
Enteric ...	152	138	137	234	140	211	228	217	149	214	1820
Relapsing.	13	29	32	256	88	16	5	1	1	0	441
Febricula.	16	79	62	56	129	152	144	62	89	72	861
Total for each year	707	401	361	614	561	787	714	662	1300	561	6628

This table shows, that of 6628 cases admitted, there were, of *typhus*, 3506; of *enteric* or *intestinal fever*, (typhoid,) 1820; of *relapsing* or *recurrent*, 441; and of *febricula*, 861. The preponderance of typhus proves, therefore, that *it is the endemic fever of the metropolis*, and, very probably, of Great Britain and Ireland. It also appears that not only was the number of cases of typhus nearly double those of enteric fever, but that the proportion of the one to the other varied greatly in different years. Thus, in 1848, there were 526 of typhus to 152 of enteric fever; in 1849, 155 to 138; in 1850, 130 to 137, (showing in that year a slight preponderance of enteric fever;) in 1851, 68 to 234, (being a greatly larger increase of enteric fever, and the year when there was the greatest number of cases of relapsing fever;) in 1852, the proportion was as 204 to 140; in 1853, as 408 to 211; in 1854, as 337 to 228; in 1855, as 342 to 217; in 1856, as 1062 to 149; in 1857, as 274 to 214.

Therefore, in every year, *with the two exceptions*, (that of 1850 and 1851,) typhus was the predominant form. There has, however, throughout the whole period of ten years, been less annual variation in the prevalence of enteric fever than of typhus, the highest number of typhus being 1062, and the lowest, 65; while of enteric fever, the highest was 234, and the lowest, 137.

It is also brought out from this table, that when fever prevails as an epidemic, the form it assumes is that of typhus, enteric fever being apparently more under the influence of some hitherto unexplained local causes, or connected with particular seasons of the year.

In order to show the influence of months and seasons on the prevalence of fever, the table, No. II., has been constructed.

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TABLE II.

Table showing the Number of Admissions of the Different Forms of Continued Fever into the London Fever Hospital for Ten Years in each Month and Quarter.

ADMISSIONS MONTHLY.

	Typhus.	Enteric Typhus.	Relapsing.	Febricula.	Total.
January	385	113	22	68	588
February.....	300	85	27	67	479
March	389	77	17	69	552
April	380	60	46	69	555
May.. .....*....	396	79	46	57	578
June.....	312	119	43	75	549
July.....	280	157	31	75	543
August	239	233	44	81	597
September ...	206	260	23	76	565
October	214	253	56	77	600
November ...	211	223	49	80	563
December ...	194	161	37	67	459
Total ...	3506	1820	441	861	6628

ADMISSIONS QUARTERLY.

First Quarter	1074	275	66	204	1619
Second ,,	1088	258	135	201	1682
Third ,,	725	650	98	232	1705
Fourth ,,	619	637	142	224	1622
Total ...	3506	1820	441	861	6628

It shows, first, as regards typhus, that the largest numbers admitted were, in March, (389,) April, (380,) and May, (396;) the numbers decreasing in the last four months of the year. Second, that enteric fever appears to be most prevalent in September, (260,) October, (253,) and November, (223,) apparently increasing in the autumn months, in which typhus becomes less common.

There seems also a great variation in the two forms in the different seasons. Thus Table No. II. shows the following results in each quarter or season:—

	Typhus.	Enteric fever.
January, February, March	1074 ...	275
April, May, June	1088 ...	258
July, August, September	725 ...	650
October, November, December ...	619 ...	637

It therefore appears that typhus is most prevalent in spring, and the least so in autumn, while enteric fever is least prevalent in spring, and most prevalent in autumn.

Third. *Relapsing fever*, which is only an occasional visitant, does not seem to be under any particular influence as to months or seasons. It showed an epidemic character in 1851, when 256 cases were admitted into hospital, and it was probably confined to the poorer classes, as I do not remember to have met with a single case in private practice. The next year (1852) showed a considerable diminution (88 only); in the following year there were 8 cases; and, in 1854, 5. It has not been since observed, with single exceptional instances.

Fourth. Neither does febricula—that mild nondescript form of fever—seem to be in any degree influenced by season, the numbers being pretty uniform throughout the year.

The mean age and the sex of each form.—By the results of Table III. we find that *age* appears to exert decided influence on the liability to fever. The mean age of all the forms is nearly 25·96; of typhus it is 29·33; of enteric fever it is 21·25; of relapsing fever it is 24·41; and of febricula, 22·82.

The same Table shows the little influence *sex* has on either of the two forms. Taking the experience of ten years, of 6628 there were 3324 males and 3304 females, showing an excess in favour of males of 20 only.

TABLE III.

Table, showing the Total Number of Cases, the Mean Age, and the Sex of each of the Forms of Continued Fever admitted into the London Fever Hospital during a period of Ten Years.

MEAN AGE AND SEX.

Forms of Fever.	Admissions.	Mean Age.	Sex.	
			Males.	Females.
Typhus	3506	29·33	1737	1769
Enteric	1820	21·25	905	915
Relapsing	441	24·41	233	208
Febricula	861	22·82	449	412
Total	6628	25·96	3324	3304

Number of admissions and number of deaths of each of the forms for each quinquennial period of life.—We find from Table IV., which exhibits the ages of each of the forms for each quinquennial period, that the period of life at which con-

TABLE IV.

Table showing the Number of Admissions and the Number of Deaths of each of the Forms of Continued Fever for each Quinquennial Period of Life.

Ages.	Typhus.		Enteric.		Relapsing.		Febricula.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Under 5 years	17	3	4	0	4	0	8	0
From 5 to 10 yrs. ...	183	14	103	14	32	0	83	0
,, 10 — 15 ,, ...	363	18	250	32	63	1	133	0
,, 15 — 20 ,, ...	546	26	519	84	92	1	186	0
,, 20 — 25 ,, ...	495	48	404	81	76	0	163	0
,, 25 — 30 ,, ...	343	52	240	45	37	0	60	0
,, 30 — 35 ,, ...	323	55	100	30	37	3	67	0
,, 35 — 40 ,, ...	270	89	60	14	19	2	45	0
,, 40 — 45 ,, ...	292	87	46	8	40	1	44	0
,, 45 — 50 ,, ...	212	82	20	5	8	2	20	0
,, 50 — 55 ,, ...	150	77	8	2	15	0	12	0
,, 55 — 60 ,, ...	100	51	9	4	7	1	9	0
,, 60 — 65 ,, ...	88	49	7	4	5	0	6	0
,, 65 — 70 ,, ...	42	28	1	1	1	0	5	0
,, 70 — 75 ,, ...	24	17	...	...	1	0	3	0
,, 75 — 80 ,, ...	6	5	1	...	...	...	1	0
Above 80 yrs.....	2	2	...	...	...	...	...	0
Not ascertained	50	11	48	5	4	...	16	0
Total	3506	714	1820	329	441	11	861	

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tinued fever of every form most commonly occurs is from 15 to 20; the second, from 20 to 25; the third, from 10 to 15; and the fourth, from 25 to 30. After the age of 40, typhus greatly preponderates, and at the extremes of life—infancy and old age—it is very common.

If we run the eye along the typhus column, we find the following results:—

Of 3506 cases, there were—

Under 10 years of age	200
Between 10 and 15 years of age	363
,, 15 and 25 ,, ...	1041
,, 25 and 35 ,, ...	666
,, 35 and 45 ,, ...	562
,, 45 and 55 ,, ...	362
,, 55 and 65 ,, ...	188
,, 65 and 75 ,, ...	66
,, 75 and 80 ,, ...	6
,, Above 80 ,, ...	2
Ages not ascertained	50
	3506

As examples of extreme ages, there was one of an infant six months old, and of a male aged 84 (both spotted).

If we contrast the column for enteric fever, we find it agree with that for typhus, in so far as it shows that the age at which enteric typhus most frequently occurs is from 15 to 20; the next, from 20 to 25; the third, from 10 to 15; and the fourth, from 25 to 30. The average proportion of cases, however, between 15 and 25 (of enteric fever) exceeds that of typhus by more than one half, or in the ratio of 923 to 1820.

Of the 1820 cases of enteric fever, there were—

Under 10 years of age	107
Between 10 and 15 years of age	250
,, 15 and 25 ,, ...	923
,, 25 and 35 ,, ...	340
,, 35 and 45 ,, ...	106
,, 45 and 55 ,, ...	28
,, 55 and 65 ,, ...	16
,, 65 and 70 ,, ...	1
,, 75 and 80 ,, ...	1
Ages not ascertained	48
	1820

Extreme youth appears to be little less under the influence of enteric fever than typhus. After the age of 45 there is a rapid decrease in the numbers, and above the age of 50 the proportion is about one per cent. only; while in typhus, the proportion above 50 years of age is about 12 per cent. In short, the susceptibility to enteric fever diminishes in the middle and advanced periods of life. It selects manhood in preference to either extremes.

The result of the column of relapsing fever tends to show that it is most prevalent between the ages of 15 and 20; next, between 20 and 25; and, thirdly, between 10 and 15.

Of the 441 cases, there were—

Under 10 years of age	36
Between 10 and 15 years of age	63
,, 15 and 25 ,, ...	168
,, 25 and 35 ,, ...	74
,, 35 and 45 ,, ...	59
,, 45 and 55 ,, ...	23
,, 55 and 65 ,, ...	12
,, 65 and 70 ,, ...	1
,, 70 and 75 ,, ...	1
Ages not ascertained	4
	441

Extreme youth seems to be more susceptible of this form than of even enteric fever. Age, however, on the whole, lessens the susceptibility to a greater degree than to *typhus*, but to a much less degree than to enteric fever. The youngest subject of this form was a female child two years of age, and the oldest a male aged 74.

The column for *febricula* shows that a much larger proportion of this form occurred in extreme youth than in any of the others, more than ten per cent. of the cases being under 10 years of age. The number of cases above 30, amounting to about 26½ per cent., also shows that advanced life is less susceptible to febricula than to *enteric* fever, and less so than even to the relapsing fever.

Of the 861 cases, there were—

Under 10 years of age	91
Between 10 and 15 years of age	133
,, 15 and 25 ,, ...	349
,, 25 and 35 ,, ...	127
,, 35 and 45 ,, ...	89
,, 45 and 55 ,, ...	32
,, 55 and 65 ,, ...	15
,, 65 and 75 ,, ...	8
,, 75 and 80 ,, ...	1
Ages not ascertained	16
	861

These statistical details (for which I must again express my obligations to Dr. Murchison) have reference to an interesting question that has been of late discussed by pathologists—the identity or non-identity of typhus and enteric fever. The question to be solved is, are those two forms identical, or are they distinct specific fevers—essentially distinct diseases?*

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

By EDWIN CANTON, Esq., F.R.C.S.,

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No more common appearance is to be found in the bodies of aged persons than the so-called atheromatous and bony condition—to a greater or less degree pronounced—of the trunks and branches of arteries. The parts have suffered atrophy, and are more or less affected by fatty and calcareous degeneration. Such changes are too often regarded as occurring *naturally* in advanced years—an *error*† which might be well excused when we consider how few fall to the scalpel of the pathologist who have passed through life without being subject to those numerous causes of decay which, in countervailing the "vital resistance," or "tendency to exist," exert their destructive influence, through failure of nutrition, in determining atrophy of organs, and bring in their train those alterations of tissue which are denominated degenerations. Were such changes normal to age, they ought invariably to be found. This, however, is known not to be the case, and many have died at a very advanced period of life in whom not a trace even of these morbid conditions could be detected: e. g., Bouillard ("Traité Clinique des Mal. du Cœur," vol. ii. p. 309; Paris, 1835) states that at the Hôpital Cochin in 1822, he made, with the most minute care, an examination of the body of a man eighty years of age, and was unable to detect any vestige of ossification, either in the heart or the arteries. Belmas ("Structure des

* Since these lectures were delivered, I have had the opportunity of ascertaining the number of patients admitted into the London Fever Hospital for the last two years (1858 and 1859).

It is necessary to remark, that not only are the several varieties of continued fever, as well as of scarlet fever, received into this hospital, but a considerable proportion of patients with other acute diseases, chiefly acute or subacute inflammation of organs (symptomatic fevers).

The following table comprehends the classified results of the total admissions in 1858 and 1859:—

	Admitted in the year 1858,	*in the year* 1859,
With Typhus fever	15	48
Enteric fever	180	178
Febricula	44	34
Scarlet fever	118	171
Other acute diseases	170	164
	527	593

It appears from this statement that in both years the proportion of cases of enteric fever to those of typhus has been so much larger as to indicate that typhus has, for the present at all events, nearly disappeared from London; and I have reason to believe that the same immunity from typhus has been noticed in other places where it formerly prevailed epidemically. It will be observed, too, that there have been no cases of relapsing fever during the last two years—indeed, it has not prevailed epidemically since 1852.

† "I think, whether this senile ossification of arteries is the effect of inflammation or otherwise, it may be looked upon as the result of the wear and tear which the arteries, like other parts of the body, are subjected to; and probably it is a wise provision of nature to accommodate the circulatory apparatus in old age to the lessened supply of blood required by the secreting organs."—E. Crisp, M.D.: A Treatise on the Structure, Diseases, and Injuries of the Bloodvessels, p. 72. London, 1847.

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Artères," &c., p. 47; Strasb., 1822) speaks of the autopsies of females, aged a hundred years each, where he could find no trace of this lesion; and Albers ("Erläuterungen zu seinem:" Atlas der Path. Anat., part iii., p. 161; Bonn., 1833–46) opened the body of a female subject aged 104, without meeting with the slightest ossification of the arteries.

There are many other authors who state, as the result of observation, that this condition of the vessels, though so commonly to be found in elderly persons, must not be regarded, however, of invariable occurrence, nor be looked on as a necessary accompaniment of senility: e. g., Hodgson, ("A Treatise on the Diseases of the Arteries and Veins," p. 24; Lond., 1815,) Rokitansky, ("Path. Anat.," vol. iv., p. 271,) Hasse, "Path. Anat.," p. 82,) Otto, ("Compend. of Path. Anat.," *note* 7, p. 333; trans. by South; Lond., 1833,) and Scarpa ("A Treatise on the Path. and Surg. Treatment of Aneurism," trans. by Wishart, p. 89; Lond., 1808.) Meckel ("Man. of Gen. Anat.," trans. by Doane, p. 131; Lond., 1837,) states that he has dissected very aged persons with a view to determine this point, and found in them no trace of ossification of the arteries. Andral ("Path. Anat.," trans. by Townsend and West, vol. ii., *note*, p. 392; Dublin, 1831) has also ascertained, by dissection, that some individuals arrive at extreme old age without this change in the vessels having taken place. The result of my own observations enables me to corroborate the statements of the above writers.

Moreover, were the arteries to become thus altered by the mere process of time, and in accordance with an imposed law of nature, should we not expect to find the same lesions in the bodies of animals who have lived to a very advanced period, as the elephant and the eagle, whereas, in them, it is of very rare occurrence; and in the dissections of aged cats, dogs, and parrots, I have found the vessels unchanged.

It is curious and interesting to contrast with the examples I have mentioned of the absence of calcareous degeneration of vessels in elderly persons, the following cases:—Dr. Hope ("Cyclopædia of Practical Medicine," article, "Arteritis," vol. i., p. 146) saw an instance, in the Hôtel Dieu, in which the great arteries, from the heart to the ankle, were converted into rigid tubes by ossification, which, in parts, occupied the coats and the whole circumference of the vessels. Portal (Cours d'Anat. Méd., tom. i., p. 7; Paris, 1803) examined the body of a man, about fifty years of age, whose vessels were so bony in their whole length, that he wondered how the patient had been enabled to exist. In the year 1834, Gross ("Elem. of Path. Anat.," 3rd edit., p. 245; Philadelphia, 1857) met with an extraordinary example in a subject aged sixty-five, where not only the larger trunks, but all the muscular twigs, were transformed into rigid, inelastic cylinders, blunting the knife at every incision. At the post-mortem examination of Dr. Mounsey, who died at the age of ninety-six, and who left his body, by will, to be dissected, "the heart, aorta, and pulmonary artery were found considerably enlarged, with the appearance of many ossific deposits distributed over them. On removing the heart, its external surface was seen to be covered with many patches of fat; the septum between the auricles, as well as the tricuspid and semilunar valves, were found so greatly ossified as to excite wonder how the circulation could be carried on. The iliac arteries were also much ossified, and the femoral, as well as all the other large arteries extending to the very toes, were nearly continued tubes of bone." (Dr. Jameson, "Essays on the Changes of the Human Body at its Different Ages," p. 145; Lond., 1801.)

Again, a strong contrast to the above may also be made by reference to those cases in which it is stated that calcareous degeneration of the arteries has been seen *in very young subjects*. Hasse speaks of this condition occurring, more or less extensively, at the ages of three, eight, eighteen, and twenty years; and Otto ("Selt.," Beob. ii., p. 66, No. 291) found incipient ossification of the aorta in a girl of seventeen. Hodgson (*loc. cit.*, p. 23) refers to a specimen which his friend, Mr. Geo. Young, possesses, of a temporal artery removed from an infant, fifteen months old, in which the coats of the vessel are converted into a complete tube of calcareous matter. I have myself seen a preparation, which was in the possession of the late Mr. Howship, showing calcification of the left internal mammary artery in a fœtus. The relation of such cases is fraught with the great defect, that no concomitant circumstance bearing on the general condition of the subject, or having particular reference to the state of the parts supplied by these vessels, is spoken of. The bare mention of this phenomenon is not sufficient, and dwindles to the insignificance of a mere curiosity in *morbid anatomy*, whilst the true *pathological signification* remains still involved in obscurity. May we believe that in these and allied cases, a rachitic condition prevailed, wherein, it is well known, the calcareous salts, which should be especially accumulated in the osseous system, are, with aberrant action, determined to other and dissimilar textures, as the muscles,* mesenteric glands, the kidneys,† &c., and that the coats of some of the bloodvessels, in a similar manner, become the depositories for carbonate and phosphate of lime? This view is strengthened by an observation, incidentally made by Portal,‡ who says, "Rarement les vaisseaux des jeunes personnes s'ossifient; on a cependant trouvé des ossifications dans les artères de quelques enfans dont l'ossification des os n'etoient pas encore bien avancée." Rokitansky§ believes that when calcification of the vessels occurs prior to the age of twenty years, it is mostly only a local disease, depending on congenital or early-acquired anomalies of the trunks of the vessels and the heart. This observation, he states, refers especially to its occurrence during the periods of puberty and childhood.

It would be of great importance to ascertain whether, in the cases related of early calcification of the vessels, that symmetry of change prevails which bespeaks the disease to have its origin in constitutional causes, thus manifesting itself, through the agency of the blood, in particular situations; even though we are still left in ignorance of the reason why any especial part should become the particular site of election for the deposit of these bone-salts. Bizot states, from investigations made at the later periods of life, that in thirty-four instances where the femoral arteries were the seat of patches, the law of symmetry was observed; and in twenty-four consecutive lesions of the same vessel, there was no exception to the law. "Even in the aorta," observe Drs. Jones and Sieveking,‖ "we are able, in the incipient stages of the disease, to trace the same law; the patches being found symmetrically placed round the orifices of each pair of intercostal arteries, or forming parallel lines across the main vessel."¶

No definite time can be stated at which we are ordinarily to expect these degenerations of the vessel to commence, so greatly are they dependent on those numerous and multiform causes of decay to which man, in his civilized condition, is obnoxious. From birth he may be impressed by that hereditary influence which superinduces premature failure of the nutritive forces, and this precocious agedness of organs readily ensues. Self-engendered vices, and reiterated indulgence in them,** often lead to the same result; and those vexatious cares which, in the wear and tear of mind they produce, react on the nutrition of the various textures of the body, to the production of atrophy, and resulting degradation of tissue.†† Though we still live, the healthy standard of vitality is lowered, and we bear much that is already and actually dead within us. That which was originally highly organized tissue has passed the boundary of life, and become more "of the earth, earthy." By increments is death destroying, and regeneration is unattempted where "this vile calcareous matter" encumbers. Suddenly may the whole organism be overwhelmed by the momentary bursting of cerebral arteries, or mere animal life be continued where effusion of blood is more limited. A present aneurism shall peril existence; or, as the heart-fibre is torn, being is at once annihilated. How highly important, then, becomes the study of the subject before us, and how deeply impressed should we be with the necessity of a close investigation into the causes and effect of the lesions of structure under consideration! It has been well observed by Professor Cayol—"Il faut necessairement conclure que les dégénérations organiques ne sont pas *cause*, mais *effet*. Et dès lors, nous sommes fondés à vous

* In rickety subjects, stone-like concretions are commonly seen in the muscles; they are usually of a spherical shape, with a volume seldom exceeding that of a pea, and consist principally of phosphate and carbonate of lime cemented together with a minute quantity of animal matter.—Gross, loc. cit., 3rd edit., p. 231.

† I once operated, by lithotomy, on a rickety child, eighteen months old, and removed two calculi from the bladder, composed of carbonate and phosphate of lime.

‡ Loc. cit., vol. iii., p. 133. Blumenbach has seen all the sutures obliterated in the skull of a rickety boy of the age of seven years.—"Gesh. der Knochen," p. 38; Gott., 1786.

§ Loc. cit., vol. iv., p. 271.

‖ Man. of Path. Anat., p. 351. Lond. 1854.

¶ "Etenim experientia docet arterias in substantiam osseam degenerare. Viditque Fallopius in quadam vetula *omnes arterias sinistras osseas*."—Riolanus: Opera omnia, "Anatomia," chap. iii. p. 108. Paris, 1610.

** "Strength of nature in youth passes over many excesses which are owing a man till his age."—Lord Bacon.

†† "Danger, long travel, want, and woe,
Soon change the form that best we know;
And deadly fear can time outgo,
And blanch, at once, the hair;
Hard toil can roughen form and face,
And want can quench the eye's bright grace,
Nor does old age a wrinkle trace
More deeply than despair."—*Marmion.*

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ès, qu'au lieu de user votre vie à chercher toujours quelles sont les dégénérations organiques, et les altérations de texture qui produisent les symptômes des maladies, il serait bien temps de s'inquiéter un peu de savoir ce qui *produit* ces dégénérations elles même, en étudiant serieusement les caractères, la marche, et la tendance des actes vitaux qui les préparent, et qui les produisent réelment."

We have frequent occasion to observe that *old age* has commenced long before the usual number of years has been passed which allows of the application of this term in its ordinary sense. Defective nutrition has, prematurely, established the attributes of the old man; and though the causes leading to decline may be many and diverse, the result, in atrophy, is uniform and constant. We recognise during life changes which usually denote the stamp of *time*, now produced by the impress of *circumstances;* and after death are found those lesions of structure which commonly characterize the senility of years.* Lichtenberg says, men have found out the art of ingrafting old age upon themselves before their time; and one may see very old people of thirty or forty who have every symptom of extreme age, such as stiffness and aridity, weakness, grey hair, ossified cartilages, &c., which are observed very rarely but amongst persons who have attained to the age of eighty or ninety. Hufeland† observes: "Modern times afford us astonishing instances of the possibility of bringing on old age, and causing the periods of life to follow each other much more rapidly. We see at present, particularly in great cities, men coming to maturity in their eighth year; in their sixteenth, attain to the highest point of possible perfection; in their twentieth, struggling with every infirmity—a proof that they are already on the decline; and in their thirtieth, have every appearance of exhausted age, such as wrinkles, dryness and stiffness of the joints, a crooked spine, loss of sight and memory, grey hairs, tremulous voice," &c. Can we wonder, then, that amongst other lesions we so frequently find, after death, a certain extent of atrophy and degeneration, though the meridian of life even has not been arrived at? Should we not rather be prepared to expect, as an almost invariable rule, the same alterations in a much more advanced degree where length of years has but added force to the operation of those causes in which they had their origin?‡ And does it not astonish when we consider how constantly we are surrounded by all those agencies which tend to slow deterioration, that in any there should be found an entire absence of these degenerations of the arterial system?

(To be continued.)

COUP DE SOLEIL, WITH REMARKS UPON ITS PATHOLOGY AND TREATMENT.

By ARTHUR E. T. LONGHURST, Esq., M.R.C.S.,
ASSISTANT-SURGEON TO H.M. 13TH LIGHT INFANTRY.

CASE 1.—Private J. E——, H.M. 13th L.I., aged twenty-four, with five years' service; frame well built; habits temperate; general health good, but had a slight sun-stroke at Benares in the summer of 1858. When stationed at Gorruckpore, Bengal, E.I., was admitted into the Regimental Hospital, on the 5th of July, 1859, for coup de soleil; had been on morning parade until half-past six; thermometer 85° at sunrise; felt giddiness in the head, general weakness, with temporary impairment of vision; returned to his barrack-hut, took his breakfast as usual about half-past nine A.M., and remained quiet until one o'clock, when he walked out about a hundred yards to an adjacent building, but remained only a few minutes. Soon after returning, he began to feel pain in the head, giddiness, nausea, and great thirst; laid down upon his stretcher, broke into a perspiration, soon becoming partially insensible; and on admission into the hospital about ten minutes afterwards (thermometer 95° in the shade) the insensibility was complete; skin hot (though less pungent than in some instances), of florid-red colour, with some slight congestion about the head and face; eye suffused; ocular conjunctiva injected; pupil small, insensible; pulse quick, of small volume; breathing noisy, puffing, and irregular, with occasional rattle in the throat; deglutition impaired, but induced by tickling the fauces; abdomen distended, and a good deal of spasmodic action in the voluntary muscles.

Treatment.—He was laid upon a stretcher, and a stream of cold water continued to the head from a "mussock" (the dried skin of an animal, used by the natives as a water-bag) for periods varying from two to five minutes, according to its action upon the pulse; stimulants were applied to the epigastrium; croton oil dropped upon the tongue; turpentine enema administered; and brandy-and-water given as indicated,—the object of treatment being to rouse the nervous centres, and to keep up their influence by increasing the heart's action. In half an hour insensibility was partially relieved, the act of deglutition performed, and in an hour and a half, by which time sensibility had returned, ten grains of calomel were given. About three hours after admission reaction was established, the breathing full and natural, speech restored, pulse of comparatively full volume, bowels relieved, with disposition to sleep. The after-treatment for the night consisted of cold water to the head, and a diaphoretic draught to moderate reaction. There was no return of alarming symptoms, and though the patient may be said to have recovered from the attack, he has remained in a febrile and weak state, being unable to bear the slightest exposure to the sun, increased heat during the day causing increased headache, &c., necessitating his removal to a colder climate.

CASE 2.—Private W. F——, H.M. 13th L.I., aged nineteen; service one year and a half; an English farm labourer, of rather square build; temperament phlegmatic, but he has had good health; admitted into the Regimental Hospital, Gorruckpore, on July 5th, 1859, for sun-stroke, having felt the sun rather forcibly for the previous ten days, giving him headache, giddiness, and nausea when in the ranks. Walked out for about ten minutes in the morning, and on return to his barrack-room felt some pain in the head, which continued whilst he remained quiet, lying upon his cot; could take no dinner at the usual hour. The pain in the head increased, with redness and heat of skin; began to get heavy and drowsy; was put into a "dhooley," or litter, and conveyed to hospital, where, on arrival ten minutes afterwards, he was quite insensible (thermometer 95° in the shade); surface of the body red and heated; countenance inexpressive, with little or no muscular movement; the eye dull; conjunctiva pale white; pupil small and inactive; breathing laboured, irregular, and incomplete; pulse of very small volume, and quick; ordinary deglutition lost; fluid put into the mouth ran out again at the angles, though the act was imperfectly performed by tickling the fauces; occasional rattle in the throat; loss of power over the sphincter ani; and the patient quite incapable of understanding a word loudly spoken into the ear, though apparently just conscious of sound. Treatment as in the former case, with the more free use of brandy-and-water as soon as deglutition was performed. In half an hour the eye brightened, with winking of the lids; the pulse improved in volume, getting more steady, with other symptoms of returning animation. At the expiration of two and a half to three hours, consciousness was restored, reaction setting in, followed by free relief of the bowels. Stimulants were now discontinued, and a cold cloth applied to the head, which, with an occasional diaphoretic draught, constituted the treatment for the night, and he awoke on the following morning comparatively well; deglutition and speech natural; pulse at 80, compressible; bowels and skin acting. No return of alarming symptom, and the recovery from the immediate attack may be considered as complete; but he has remained in a weak state, requiring a tonic plan of treatment and liberal diet. He is unable to bear the effects of an Indian sun, and his removal to a colder climate is necessary.

CASE 3.—Private J. C——, H.M. 13th L.I., aged twenty-one, service three years and a half, of somewhat phlegmatic temperament, but states that previous to arriving in India he had good health; habit of life free, but not intemperate; trade, a painter. Landed in India from England in March, 1858. In the month of May he had slight sun-stroke, being for two or three weeks under treatment, and this was followed by another in the month of July, since which date he has been very sensible of the sun's rays, often feeling giddy, with confusion of vision, &c. Admitted into Regimental Hospital about seven P.M. on the 5th of July, 1859. Arose in the morning as well as usual, not having exposed himself during the day. The symptoms on admission were those of some excitement, with

* "And that incurable disease—old age,
In youthful bodies more severely felt,
More sternly active, shakes their blasted prime."
Dr. Armstrong: "Art of Preserving Health."

† Art of Prolonging Life, edited by E. Wilson, p. 74; Lond., 1853.

‡ "Discern of the coming on of years, and think not to do the same thing still, for age will not be defied."—Lord Bacon.

but momentary consciousness, and he could give no account of himself. The skin was red and burning, in parts perspiring; breathing quick and irregular; the eye a little fiery; conjunctiva partially injected; pupil large, feebly sensible to the stimulus of light; pulse quick, of small volume, with a degree of muscular tremor. Subjected to the same treatment of cold water, &c., as in the other cases. In half an hour he became partially conscious, and at nine P.M., two hours from admission, sensibility was completely restored, the eye sensitive, pulse of improved volume, with disposition to sleep. The treatment for the night consisted in a blister to the nape of the neck, with a diaphoretic draught; and on the following morning he awoke comparatively well, the blister discharging, little or no headache, and the pulse of fair volume. Had no return of alarming symptom, but, like the other cases, he has remained in a weak state, requiring a tonic treatment and attention to the liver, which organ is sluggish. He is unable to bear an Indian sun, and his removal to a colder climate is essential.

Remarks.—The issue of the above cases is suggestive of a few observations which may not be altogether devoid of interest, or even utility, upon a very serious affection common enough in India, and which during the past summer has appeared in England, one or more cases of coup de soleil being recorded in the weekly return of mortality in London.

The symptoms on admission will be found to have varied somewhat in the individual cases, though not, perhaps, more than would be dependent upon constitutional peculiarity. In all, the redness and almost pungent heat of skin (so characteristic of the affection, as distinguishing it from other cerebral diseases) were present, though varying in intensity; in all, there was the quick, feeble, and almost running pulse; and in all, complete insensibility, not apparently the result of pressure inducing coma, as in apoplexy, but consequent upon diminished or suspended nervous power; this view being borne out by the speedy return to consciousness, and the fact of the patients at the end of twelve hours on the following morning being comparatively well, with a steady pulse of moderate volume, instead of a slow and laboured one, with, perhaps, paralysis or other symptom of severe organic lesion in the great nervous centres. This leads to the condition of the brain in connexion with the above symptoms, which may, I think, very fairly be considered as one of want of blood in the organ, or of temporary congestion only, the result of diminished nervous energy, and deficiency of tone in the bloodvessels to enable them to carry on the circulation, owing to the shock received by the brain from the immediate effect of the sun's rays. With this view, then, the treatment adopted would appear to be correct; whilst the result of the cases and the subsequent debility support the non-depletion, in contradistinction to both general and topical bleeding, as recommended by some old and even by some later writers.

Two other points may be worthy of remark: First, the action of the stream of cold water upon the head, which was at once to excite the nervous system, raise the pulse, and induce forcible contraction of the voluntary muscles; but if continued too long at one time, it was followed by diminution of volume in the pulse and marked depression. The other point is, the absolute necessity for the removal of a patient to a colder climate when once he has been the subject of this very fatal affection. In two out of the three cases here recorded, the men had been attacked during the previous year, and afterwards allowed to remain in the country, only to suffer again, very probably even to the sacrifice of their life; whereas, in ordinary or mild cases, there is no reason why a soldier should not afterwards effectively perform his duties in a colder climate, ensuring thus his own life and a very considerable saving to the Government.

Gorruckpore, Nov. 1859.

ON A SINGULAR CASE OF POISONING BY ARSENICAL PAPER.

BY R. BIGGS, ESQ., M.R.C.S., &c., Bath.

I WAS lately consulted by a watchmaker for a very troublesome and irritable condition of the mucous membrane of the mouth, from which he had been suffering for some time. On examination, I discovered several small superficial ulcers extending along the inner surface of each lip, varying in size from mere specks, the largest being about one-twelfth of an inch in diameter. The smarting and annoyance were intolerable, and much increased in the evening, when the lips swelled and became so painful that eating, or even speaking, could scarcely be indulged in.

Thinking it depended on some gastric irritation, I treated him accordingly, together with the local use of chlorate of potass as a lotion. No improvement being exhibited after several days, and finding that he wore two false teeth, I had them removed, and although the gold appeared quite pure, it struck me that some galvanic action was going on in the mouth, which acted on the copper of the alloy and produced the effects. Five days after the removal of the teeth, my patient called on me, well, with the exception of the largest ulcer having not quite healed.

I was taking credit to myself for sagacity in thus discovering the cause, when, a few days after, he returned, with the mouth in a far worse state than ever; all the old ulcers had reopened, several new ones formed, the lips were much swollen, and there was profuse ptyalism. He had not taken a dose of mercury for some years. I was totally at a loss both as to the cause and the treatment to pursue, but adopted palliative remedies for some time without effect. Things were in this unsatisfactory state, when, happening one evening to go into his shop, I perceived, on entering, a most unpleasant smell. Asking my patient the cause, he told me that it was produced whenever he lit the gas-jet by which he worked, as the heat caused a smell from the varnish covering his paper shade. This drew my attention to the shade in question, and, noticing its colour, (a bright green,) the thought instantly occurred to me that here perhaps was the *fons et origo mali.* I took it away with me, applied Reinsch's test, and obtained immediate proof of the presence of arsenic (aceto-arsenite of copper.) To be brief, I left off all treatment, the patient discontinued the use of the shade, and complete recovery ensued, though not till after the lapse of nearly three weeks.

Remarks.—This case is interesting in connexion with the subject of arsenical paper-hangings, about which there has been so much excitement. It is certain that, while much truth was elicited in the controversy, there was a great deal of error superadded. Several articles were published to prove that the arsenic contained in the paper was volatilized by the heat of the gas in a room, the authors not remembering or not knowing that a temperature considerably above that of boiling water was necessary to produce this result. The rational conclusion finally arrived at was, that the symptoms suffered by the patients were caused by the mechanical separation of the green colour, and its subsequent inhalation or absorption. In this case, however, was shown the effect of its actual volatilization, and the short time necessary to produce serious symptoms. My patient had used the shade but a few days before he began to suffer, and the period in which he so much improved was an interval during which he had not worked by gaslight; but it should be observed that the temperature of the shade was elevated to a very high degree, and that, when working, his mouth and nostrils were within two inches' distance of it.

I have been induced to offer this case for publication by way of caution against the present general use of this paper as a protection to the eyes from the glare of lamps, the purpose of all others to which it is least adapted, as affording the most favourable opportunity for the sublimation of the poison; for, considering the powerful effect of arsenic on mucous surfaces, it is obvious that too much care cannot be exercised to avoid such injurious exposure to its influence.

Charles-street, Jan. 1860.

ALLEGED FAILURE OF CEREBRAL AUSCULTATION.—Some American and German physicians—notably Dr. Fisher, of Boston, and Drs. Whitney and Hennig, of Leipsic—had published some remarkable researches on the results of auscultation of the head. They concluded that, by the interpretation of certain sounds, assumed to be physiological or pathological according to observed conditions, valuable deductions might be drawn, as from the auscultation of the chest. If these researches had been confirmed, a new system of semeiology would be established for cerebral affections. M. Roger reports the result of his experimental investigation of this subject: his conclusions are wholly negative. He affirms that neither in meningitis, nor effusions, nor in any other cerebral affection, are any fixed pathological sounds induced; and he concludes that the auscultation of the head is thus far an useless proceeding. He suggests one application only, as the result of very careful study of a large number of cases: it is to the detection of the anæmic bruit which accompanies rachitis in the infant. It is difficult to listen to the neck in the infant; easy at the fontanelles.

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A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum propriis, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

LEUCOCYTHÆMIA SPLENICA—HYPERTROPHY OF THE SPLEEN, WITH WHITE-CELL BLOOD; FATAL RESULT.

(Under the care of Dr. PAGE.)

IT is now some years (March, 1845) since the discovery was first made by Dr. Hughes Bennett, of Edinburgh, of the malady to which he gave the name of leucocythæmia, characterised by pallor, an excess of the white or colourless corpuscles in the blood, and enlargement of the spleen. All the merit of this discovery is unquestionably due to Dr. Bennett, whatever theories may have been propounded by subsequent observers. He satisfactorily demonstrated that the peculiar condition of the blood was not dependent upon inflammation, and general experience subsequently has borne out the correctness of his views. Leucocythæmia is now as well recognised in our hospitals as Bright's or Addison's disease, and it would seem to be in some way inseparably connected with enlargement of the spleen, without disease of its structure. In a former "Mirror," (THE LANCET, vol. ii., 1859, p. 213,) when placing upon record a case of "anæmia lymphatica,"—a new disease, characterized by enlargement of the lymphatic glands and spleen,—we drew attention to the diagnostic signs of the two affections respectively. As it is most probable that they may be often confounded with one another, we shall point out the essential differences between them. In the leucocythæmia splenica there is an excess of white corpuscles in the blood, and an enlarged spleen. In the anæmia lymphatica there may or may not be enlargement of the spleen; but there is an adventitious deposit, with enlargement of some group of lymphatics either in the neck, chest, abdomen, groins, or axillary spaces; the patient is almost perfectly white or blanched, whilst his blood resembles pink coloured water, and at the same time a serous exudation occurs in all the tissues; a slow death ensues by anæmia and dropsy.*

The addition of the word "splenica" suffices to distinguish Dr. Bennett's disease from the anæmia lymphatica. There appears to be, however, as stated by Dr. Wilks in the last volume of "Guy's Hospital Reports," some connexion between the lymphatics and the spleen; for in enlargement of the lymphatic glands, not only is there generally some deposit in the spleen, but in some cases of splenic hypertrophy the glands are also enlarged. As a rule, however, he thinks the two affections are distinct, and that only in the affection of the spleen is the excess of white corpuscles discoverable. The subject is one of such importance that we shall quote Dr. Wilks's own words:—

"We think it highly probable that the distinctions are to be founded upon the difference of conditions implied under the term enlargement; that, in the case of hypertrophy of the spleen, where the lymphatic glands are also affected (which, however, is the exception), these are likewise hypertrophied; while, in the essentially lymphatic disease, the glands are enarged by the same adventitious tissue, which also involves the spleen. If this be so, two very opposite conditions would be comprised under the term enlargement: an hypertrophy, with increase of function; and a destruction, with loss of function. In the case of the lymphatic enlargement, the pallor and debility of the patient are excessive, and the blood is of a pinkish, watery colour. In hypertrophy of the spleen, although the white corpuscles are so much in excess, the patient does not present this anæmia, and his face is not expressive of any serious illness—of none, at least, commensurate with the statement of the feeling of feebleness, and the necessity of lying in bed; at the same time, there is considerable wasting of the body, and there is a disposition to hæmorrhage, especially epistaxis, and in some cases to purpura of the skin." The causes of this disease are as yet unknown.

The profession are much indebted to Dr. Wilks for his labours on this important subject, and more especially for drawing a distinction between these two diseases; and although the first example of this peculiar spleno-lymphatic affection was recorded by Dr. Hodgkin many years ago, and unnamed, it is to Dr. Wilks that the merit is justly due of bringing it into recent notice. It makes the third special disease which has emanated from Guy's Hospital, the first two being Bright's disease of the kidney, and Addison's disease of its capsule; whilst, perhaps, the anæmia lymphatica of Dr. Wilks is not of less importance.

Although these two diseases especially come within the province of the physician to treat, they must not be overlooked by the surgeon; for unless the diagnosis be clear on his part, a patient who may be subject to the anæmia lymphatica, with one or more tumours in his axilla or groin, is liable to be submitted to useless operative interference. We have already seen an example of this form in the surgical wards of one of our hospitals, in which the glandular enlargements were presumed to be malignant, and all operative measures were wisely set aside. This was, however, before the appearance of our first reported case. The patient left the hospital, and was lost sight of.

We place upon record to day three good examples of Bennett's disease, one proving fatal, the other two being discharged from hospital relieved. (See a case reported in our "Mirror" for 1st October last; and a review of Dr. Bennett's work in vol. i. of this journal for 1853, p. 497.) In the fatal case (for the notes of which we are indebted to Dr. Dickenson, medical registrar of St. George's Hospital), both the liver and spleen were found enlarged, the latter considerably so, with its texture apparently healthy. All the other viscera were comparatively normal; but the blood, even after death, as well as during life, showed an abnormal preponderance of white corpuscles. It will be noticed that the pallor and sallowness came on slowly, and that the patient never had ague.

We would again endorse Dr. Wilks's observations by stating that hypertrophy of the spleen with leucocythæmia is one disease, now known as Leucocythæmia splenica; and that enlargement of the lymphatic glands with deposit in the spleen, accompanied by simple anæmia, is another, and called Anæmia lymphatica.

Henry D——, aged thirty-eight, admitted Aug. 31st, 1859. He was a teacher of music, and had for many years been subject to occasional pains across the epigastrium. Two years ago these became more frequent, and he began to observe hardness about the belly. About six months before his death this began to assume a palpable shape. The sallowness and pallor, which were very conspicuous, came on so gradually that he could not say when they commenced. He never had ague.

When he came into the hospital a hard substance was felt, extending downwards from the edge of the ribs on the left side to rather below the level of the umbilicus. Inwards this reached as far as the median line, and outwards as far as the anterior spine of the ilium. A distinct line of resonance separated this mass from the region of the left kidney. There was no pain or tenderness, but much complaint of flatulence. The urine was examined, and found to be free from albumen, but there was frequent nocturnal micturition. The blood contained an excess of white corpuscles, whilst the red were normal in quantity. The tongue was flabby and anæmic; pulse 94, full. He was ordered to take syrup of the iodide of iron three times a day; and as the bowels were loose, some compound kino powder was given at night.

Sept. 8th.—Under this treatment the bowels became quiet, and he went on for a week without much alteration. On the morning of the 8th the bowels again became relaxed, and the motions were black and horribly offensive, evidently containing blood. Vomiting came on at the same time. He began to complain of faintness, and was doubtless sinking. He continued to get lower in spite of stimulants, and during the ensuing night he quietly expired.

Examination thirty-four hours after death.—The body was very much blanched; the lower ribs on the left side were evi-

* Guy's Hospital Reports.

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dently squeezed outwards by the pressure of a solid substance behind them. On opening the chest, it was seen that its cavity was encroached upon by the diaphragm having been pushed up. There were slight adhesions at the apex of the left lung, and one or two old tubercles, in a quiescent state, in the corresponding part of the right lung. The lungs and heart presented nothing else worth notice. The spleen was of very large size, weighing three pounds eight ounces; its texture was gristly and hard, but there was no distinct or circumscribed morbid deposit in it. The great omentum was firmly adherent to this enlarged spleen, and puckered up so as to form a rather short band of adhesion between it and the transverse colon. The liver was also very large, weighing six pounds one ounce and a quarter; its texture appeared healthy. The large intestine and the lower part of the ileum contained bloody fluid in many parts, but no breach of surface could be found, although the condition of the gut above was diligently examined. The right kidney appeared healthy; the left contained a large mass of crude tubercular matter of gristle-like consistence in its substance. The blood examined under the microscope showed an unmistakable increase in the proportionate number of the white corpuscles. The pancreas was healthy.

GUY'S HOSPITAL.

LEUCOCYTHÆMIA SPLENICA; THE PATIENT RELIEVED BY TREATMENT.

(Under the care of Dr. ADDISON.)

IN the diagnosis of this important disease some physicians might refrain from making an examination of the blood, with the view of not abstracting any of that fluid by venesection from an already impoverished body. This can readily be obviated by a slight puncture of the finger with a needle, when a sufficiency is at once obtained to determine its condition. In the notes of the following case, taken by Mr. F. M. Cann, Dr. Addison's clinical clerk, it is not mentioned whether the essential and predominating feature of leucocythæmia were present; but all doubts on this point are set at rest by information which we have derived from Dr. Wilks, who says that there was an excess of white corpuscles over the red. The spleen is enormously enlarged in this patient, but whilst under treatment it became somewhat diminished, and for the present she has left the hospital slightly relieved. She has never been the subject of ague.

Sarah B——, aged twenty-four, unmarried, a cook, admitted into Lydia ward, Oct. 12th, 1859, under Dr. Addison. Up to her present illness was always healthy. About six months ago, after lifting a heavy saucepan and carrying it a short distance, she set it down, and then felt something "snap," as she describes it, in her left side beneath the mamma. She continued very unwell during the whole day, and when in bed felt unable to lie in the horizontal position, and consequently passed nearly the whole night sitting up in bed, suffering pain in her side, which persisted three or four days. She then became better, though feeling very weak. A fortnight later the pain returned in her side, and then descended to the left iliac region; this attack lasted eight or nine days, and during it she noticed that her abdomen swelled somewhat at night after undressing, but resumed nearly its natural size by the morning. When between twenty-one and twenty-two years of age (nearly three years ago) she continually suffered from flushing of her face and cold feet and legs; and has within the last few months suffered also in the same way. She has never had any distinct shivering fits followed by sweating. She states that for the last six years she has noticed herself become stout in the winter, and has got thin again in the summer. Commenced menstruating at fourteen years of age, and occasionally suffers severe pain during that period. When sixteen years old, she ceased to menstruate for eight months. Four months ago the catamenia stopped for eight weeks; the discharge then commenced with severe pain in the loins; it was dark-coloured, thick, and fœtid, and lasted five days. Sixteen days afterwards she suffered in the same way, and has seen nothing since. Has had leucorrhœa, at times, for years.

On admission, she presented an emaciated and anæmic appearance; eyes sunken; lungs and heart healthy, but the sounds of the latter audible over the whole anterior part of it. On deep inspiration, she felt a dragging pain over the seventh and eighth ribs at their junction with the cartilages. A large swelling occupied the greater part of the abdomen, and was dull on percussion, extending from the left hypochondrium across the epigastrium to the right hypochondrium; also in the umbilical, left iliac and lumbar regions, and downwards into the hypogastric region almost to the pubis. On loosening her dress at night, she feels pain in the epigastrium; and whilst walking, suffers uneasiness over the whole swelling, which appears to increase in size, as it were, whilst she is moving about. Bowels regular; passes very much urine in the morning, and but little during the day, is always high coloured, and deposits a large sediment on cooling, which is redissolved by heat, and contains no albumen; tongue dry, and feels thirsty.

Oct. 12th.—Put on four grains of quinine every four hours.

14th.—Half a drachm of strong mercurial ointment to be rubbed every night over the region of the spleen.

16th.—During the last six months, particularly when in bed, she suddenly awakes, and finds herself perspiring profusely, her night-dress being occasionally saturated, and immediately afterwards feels very cold. She does not always perspire, but sometimes suffers from "dry heat" all over her body, which prevents her sleeping. She is now dressed, and her skin is perspiring unnaturally. Has lately suffered from lowness of spirits, and feels inadequate to any exertion, even to talk. Complains of loss of memory, and feels as though nothing made an impression on her.

17th.—Soon after taking a meal she feels a sinking sensation in her stomach. The tumour is certainly decreasing.

18th.—A blister ordered to be applied to the splenic region.

20th.—Sulcus of spleen is in a line with the umbilicus.

24th.—Pain at times felt over the whole swelling. The quinine appears to be the cause of pain in the head. A blister to the splenic region.

26th.—To have eight grains of quinine at night, besides her day doses as usual. Specific gravity of urine 1015; no albumen.

28th.—Not much improved. Three grains of quinine, one grain of extract of henbane, and a quarter of a grain of blue pill to be taken three times a day.

Next day the swelling was rather larger, and she felt more pain on the left side than she had ever previously suffered.

Nov. 1st.—Ordered one grain of bromide of potassium, with two grains of extract of hyoscyamus, twice a day.

7th.—Coughs a good deal. Severe pain on pressure over the tumour, which has somewhat diminished; its sulcus was on a level with the umbilicus. She afterwards had a slight attack of bronchitis, and on the 18th the urine was high coloured and loaded with lithates. She was put on four grains of quinine every four hours.

Next day, four ounces of wine were ordered, as she was weak and low.

26th.—Great pain in swelling, which is much indurated. Has leucorrhœa, but her catamenia have been absent four months and a half.

Dec. 16th.—She left the hospital, slightly relieved.

KING'S COLLEGE HOSPITAL.

LEUCOCYTHÆMIA SPLENICA.

THE PATIENT SUBJECT TO AGUE TWELVE YEARS BEFORE; RELIEF BY TREATMENT.

(Under the care of Dr. GEORGE JOHNSON.)

A THIRD example of this disease is afforded by the subjoined case, differing in its history, however, from the other two in that the patient had been subject to ague some twelve years ago, with its accompanying congestion of the spleen. It would be irrational to infer that his present illness was in any way connected with, or consequent upon, his old ague, for the period of intermission has been sufficiently long to permit of the enjoyment of comparatively good health.

It is seldom, indeed, that an opportunity is afforded us of being enabled to place upon record three such well-marked examples of this interesting affection, in each of which the splenic hypertrophy has been so well observed, with an absence of all other disease. We did not perceive any of the extreme pallor of anæmia lymphatica, nor was there any lymphatic glandular enlargement in these cases. We might have added a few other examples, but the present are, in every way, sufficient to fully illustrate the malady.

The notes of the following case were taken by Mr. M. F. Anderson, clinical clerk:—

Meyer B——, aged twenty-nine, a pedlar, a native of

Weizen, in Poland, where there is much marshy land surrounded by hills, and where the inhabitants are very subject to ague, which attacks them in May, and which seems to improve (?) their health. He lived there until he was seventeen years of age, and had had ague three or four times, one attack lasting nearly six months: it was of the tertian variety. He has been in England ten years, and has not suffered from ague since he left Poland; he has been much exposed to cold and wet; and has been subject to bronchitis. He has taken a little spirit daily; but is temperate. About a year ago, when returning home one night, wet and weary, he suddenly felt faint, and had pain in his abdomen. He was very poorly after this; and in a week he had great pain in his left flank, and noticed a hard lump there. He applied to a surgeon, who ordered leeches, and afterwards poppy fomentations. He got worse, the lump increased, and his abdomen swelled; he was unable to pass his urine, so a catheter was used; he got rather better, but kept his bed for about three months. He was salivated, and had numerous blisters applied. Last August he began to get about a little; but the tumour gradually increased. His urine has been very thick for the last year.

He was admitted into King's College Hospital on the 6th of April, 1859, under the care of Dr. Johnson. Is a pale, but pretty healthy-looking man; his lips look naturally ruddy. In the belly, a large tumour can be felt occupying the left hypochondriac, lumbar, and great part of the iliac regions; also the epigastric, umbilical, and upper part of pubic regions. Its border can be felt as a well-defined edge; it is dull on percussion; no bruit can be heard over it; there is very little tenderness upon pressure; and it is observed to get larger after a meal. He sometimes has pain after taking food, and sour eructations. Bowels regular; tongue furred; chest healthy; urine acid, deposits pale lithates, and contains one-sixth of albumen, the specific gravity being 1030. On examining the blood microscopically, there is found to be an excess of the white corpuscles over the red. Ordered, sulphate of iron and quinine, of each one grain, thrice a day.

April 14th.—Complains of having felt internal pain this morning in the situation of the tumour; this disappeared spontaneously, and since then he has felt pretty well. Had pyrosis yesterday; did not eructate much fluid. To rub in compound iodine ointment over the tumour; and to have five grains of citrate of iron, and ten grains of bicarbonate of potass, in infusion of quassia, thrice a day.

May 3rd.—Feels weaker, and the tumour is gradually increasing in size; there is also great tenderness on pressure at its lower border on the left side. The number of white corpuscles has diminished since the last microscopical examination of the blood. The breathing is oppressed, especially after food has been taken, from the increased size of the tumour. Omit the iodine ointment, &c.; to have three grains of the iodide of potassium, in infusion of quassia, thrice a day.

7th.—About the same. The urine contains lithates and an eighth of albumen. The circumference of the abdomen at its greatest prominence is thirty-five inches. The iodide of potassium to be increased to five grains, with the addition of ten grains of bicarbonate of potass in his mixture.

12th.—Somewhat easier; acid eructations gone; feels pain over the lower ribs of the left side, to relieve which a belladonna plaster was ordered; circumference of the abdomen increased one inch. To have five grains of bromide of potassium, and ten grains of bicarbonate of potass, in water, thrice a day.

19th.—Rather better; acidity of stomach less; tumour decreased, and is now thirty-five inches and a quarter; urine acid.

26th.—Tumour about the same; urine acid and albuminous, specific gravity 1030. To take a drachm of liquor of potass three times a day.

28th.—About the same; still has heartburn, and the urine is thick; feels no sickness. To attend as an out-patient.

CLINICAL RECORDS.

HERNIA TESTIS FROM STRUMOUS DEPOSIT.

PARTIAL REMOVAL; CURE.

THE strumous diathesis is one of the most unfavourable complications under which inflammatory affections of the testicle can occur. A blow on the testicle, which, in a healthy individual, excites only a transient or trifling orchitis, will, in a strumous constitution, light up chronic disease, accompanied by enduring enlargement and strumous deposit; frequently at a later stage this strumous matter breaks down, abscess forms, and hernia testis in its most troublesome aspect is the result.

Of this form of disease the following case afforded a good type:—J. A——, aged forty-five, was admitted into St. Mary's Hospital, under the care of Mr. Coulson, having the scrotum greatly enlarged, and swollen to the size of a shaddock, tense and elastic to the touch. From an aperture on the right side, the corresponding testis protruded, forming a shining, irregular mass, of the size of a walnut, adherent to the surface of the scrotum. The disease dated from a sharp blow received six months previously, subsequent to which occurrence there were pain and swelling to a considerable degree; this subsided almost wholly under appropriate medical treatment; the scrotum had never resumed its former size, but remained somewhat large and indurated. Four weeks before admission, the swelling gradually increased, and about a week before, the skin gave way, and the testicle came into view. Mr. Coulson made two punctures in the scrotum in order to evacuate its fluid contents, and employed compression and suspension. Under this treatment the swelling greatly diminished; but the protrusion of the testis persisted. He determined, therefore, to perform ablation of the fungoid portion of the testis, and to return the remaining part. He proceeded to dissect the testis from the scrotum, enlarged by upward and downward incisions the aperture of protrusion, removed that part of the testis which was infiltrated with strumous deposit, and returned the healthy portion into the scrotum; bringing, then, the clean edges of the wound together by many points of suture. The patient did perfectly well for some days. A sharp attack of erysipelas then ensued; the scrotum, groin, and perinæum were inflamed; bullæ and abscesses formed; the wound gaped, and the testis protruded; the scrotum became hard and thickened, and the skin livid. Under appropriate treatment, however, the erysipelatous inflammation subsided. Mr. Coulson then employed tonics, and a lotion of five grains of nitrate of silver to one ounce of lime water. Under this treatment the scrotum contracted around the testis, so that when cicatrization was completed, and the parts had healed, the testis was completely covered, and the man was discharged cured.

On the 1st of December we were present at the London Hospital, when Mr. Curling dissected the skin around a benign fungus of the testicle in a coloured man, and brought it over the protruding mass, which comprised nearly the whole of the testicle. This was the result of chronic orchitis, but the bulk of the tumour had become diminished through absorption from the internal use of the iodide of potassium.

ELEVATION OF THE SUBCLAVIAN ARTERY ABOVE THE CLAVICLE, IN A PHTHISICAL PATIENT.

THERE are many circumstances which influence the position of the subclavian artery in the neck; and according to its elevation on a level with or even above the clavicle, so can it readily be tied when necessity demands such a proceeding at the hands of the surgeon. As we are in the habit of encountering this vessel clinically, it is usually situated either below or at any rate not higher than the level of the clavicle; its deviation from this, however, is a fact worthy of notice and of record. On a reference to Mr. Quain's great work on the Arteries, we find the relative position of the artery and clavicle noted in 25 cases, and the results were as follows:—The artery was not higher than the clavicle in 6; was slightly higher in 11; was half an inch and not exceeding one inch higher in 4; and more than one inch and not exceeding one inch and a half in 4. As may be imagined, the position of the shoulders and the development of the tissues materially influence the position of the artery. It is very possible in lean subjects, with long and slender necks, that the artery may oftener rise above the clavicle than we are aware of.

We had the opportunity lately of examining a phthisical patient in St. Bartholomew's Hospital, under Dr. Farre's care, who is much emaciated from his disease, there being already a cavity under his right collar-bone, with pectoriloquy and all the usual physical signs of phthisis. His age is thirty-nine, and the disease has existed twelve months, with occasional attacks of hæmoptysis, as we learn from Mr. Schollick, Dr. Farre's clinical clerk. The subclavian artery can be felt almost subcutaneously beating much above the clavicle, and very slight pressure causes pain. There is irritability of the muscles of the neck, and he has much laryngeal irritation as well, possibly ulceration of his mucous membrane in some part of the larynx below the vocal cords—we say below, because the voice as yet is not materially affected. His uvula was elongated, but truncation afforded considerable relief. There is no similar elevation of the subclavian of the left side, which is perhaps peculiar, but possibly depending upon the absence of extensive disease of the lung. The relative position of this important

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artery and the clavicle is of some value clinically, and has not hitherto attracted much attention, at least amongst physicians. We are the more anxious, therefore, to bring it before the notice of our readers, and shall not fail to record any well-marked instances of it similar to this case. The patient in the present instance has a pigeon-shaped chest, and his clavicles seem depressed.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, DEC. 19TH, 1859.

MR. HILTON, F.R.S., PRESIDENT.

DR. HYDE SALTER read a paper on

SPASMODIC ASTHMA.

The subject-matter of Dr. Salter's paper consisted in an analysis of fifty tabulated cases of spasmodic asthma, together with the consideration of some interesting facts that were deducible from them. The circumstances in the history of asthma that these tabulated cases recorded were—

1. Name, age, sex.
2. Appearance.
3. Occupation.
4. Residence, past and present.
5. Age at first appearance of disease.
6. Cause. Under this head were stated, *a*, the original cause of the disease; *b*, provocatives of the attacks.
7. Frequency of attacks.
8. Time of day (or night) at which the attack occurs.
9. Premonitory symptoms.
10. Whether the disease is unmixed, or complicated with other lung disease.
11. Of what standing the case has been.
12. Inherited or not; family history.
13. Associated diseases (such, e.g., as nervous affection, dyspepsia).
14. Effects of remedies.

The first six headings, the eleventh, and the fourteenth in part, were the subjects of Dr. Salter's comments. The first point illustrated by the tables was age, and that in three aspects: *a*, the actual ages of the asthmatics at the time the cases were taken; *b*, the time of life of the first access of the disease; and *c*, the length of time the asthma had existed. The actual ages in 48 out of the 50 cases were—

Under	10 years of age	0	From 40—50 years of age		10
From 10—20	,,	4	,, 50—60	,,	5
,, 20—30	,,	15	,, 60—70	,,	3
,, 30—40	,,	9	,, 70—80	,,	2

From these numbers two facts were deducible: *a*, that very young people may be asthmatic; *b*, that asthmatics reach a great age, and therefore that the disease has but a slight tendency to shorten life. These two facts, however, were respectively much more strikingly illustrated by the testimony of the tables with regard to the other two aspects of age in asthma—the time of first access, and the standing, of the disease. The evidence of the tables with respect to the time of life of the access of the disease, was as follows:—

	Cases.
The disease commenced during the 1st year in 9 cases	19
,, ,, from 1 to 10 in 10 ,,	
,, ,, ,, 10 — 20 ...	in 7
,, ,, ,, 20 — 30 ...	in 8
,, ,, ,, 30 — 40 ...	in 6
,, ,, ,, 40 — 50 ...	in 3
,, ,, ,, 50 — 60 ...	in 4
,, ,, ,, 60 — 70 ...	in 0

These numbers showed, first, that asthma may occur at any time from infancy to old age. Secondly, that a large number of asthmatics become so very early in life (19 out of 47 cases, i.e., more than two-fifths, in the first 10 years of life, and of these, 9 in the 1st year). Some of these cases occurred within a few weeks of birth, and in one or two within a few days; in many, the disease was inherited. Thirdly, that asthma is less and less likely to appear as life advances, up to old age, when there is an increase. The length of time the disease had existed was from a few months to 47 years; and the average in 38 cases was 22 years. In 4 cases in which it had commenced in the 1st year of life, it had continued 27, 35, 37, and 47 years respectively. One old asthmatic of 71 had had his complaint from 37, and another of 78 had had it from 33. It was of the pure nervous asthma alone, however, that this slight tendency to shorten life could be predicated; organic asthma, symptomatic of chronic bronchitis or heart disease, was much more speedily fatal.

With regard to sex, it was found that asthma occurred twice as often in women as in men; this was to be attributed to the difference of their circumstances, to the wear and tear and hardship of life.

With respect to appearance, certain characteristics of the asthmatic physique were remarked in almost all cases: in nearly every one there was thinness; many were characterized as small for their age, those especially in whom the disease had come on young; the other principal personal peculiarities recorded were—stooping gait, roundness of back, anxious expression, a certain amount of cyanosis, watery eyes, venous turgidity, and a prematurely senile appearance.

In respect to occupation, it was found that the upper classes furnished a larger number of cases of asthma than the lower; thus—

In 47 cases	31 were in the upper classes	22 gentlemen. 9 ladies.
	16 ,, lower ,,	10 poor men. 6 poor women.

This difference might, perhaps, be explained in part by the fact that all the cases in the upper classes would come under the cognizance of the physician—many of the poor would not; in part, perhaps, from the medical and sanitary disadvantages of the poor, which cause a great mortality in those cases of severe chest disease that often issue in asthma, which the children of the rich, from their more favourable circumstances, may push through and survive as asthmatics. But Dr. Salter thought it possible that the rich might be really more liable to asthma than the poor, from a more irritable nervous organization engendered by the state of hyper-civilization in which we live. To *organic* asthma—the asthma of bronchitis and heart disease—the poor were, undoubtedly, more liable than the rich. The facts elicited from the column, "*Residence*," appeared to be these two:—*a*. That asthmatics are to be found in every conceivable place—city and country, inland and sea coast, high and dry, low and damp situations, and in all parts of the world—the United Kingdom, the Continent, Egypt, Syria, India, Australia, America. *b*. That certain localities have a specific curative influence, city air being generally the air for asthma,—in some few cases, country air,—the cure being only permanent as long as the patient resides in the remedial air. The differences, in particular residences, producing the most striking effects are so slight as to be inscrutable and to defy detection; while, from the *caprice* of asthma, it is impossible to predict, in any given case, what kind of residence will suit the best. The notes showed that residents in India and the Cape never suffered from hay asthma.

The causes of asthma, as illustrated by the tables, were next considered. They arranged themselves under two heads—the essential cause of the asthmatic tendency, and the provocatives of the paroxysms. As the original causes of the asthmatic tendency, almost all the cases were to be assigned either to some bronchitic attack, or an intrinsic, sometimes congenital, often inherited, proclivity to the disease. Of the provocatives of the attacks, Dr. Salter read a great number, some of which were very curious; but he remarked they were all reducible under three heads—1st, respired irritants; 2ndly, alimentary irritants; and 3rdly, irritants immediately affecting the nervous system. He concluded by describing four remarkable cases, in which the paroxysms were brought on by animal emanations; in two (a brother and sister) from the proximity of the domestic cat; and in two (two brothers) from that of rabbits. The symptoms were described as being very like those of hay fever, and the asthmatic paroxysms as very violent.

Some discussion took place on the value of the paper as a statistical document. By some the cases were regarded as too small in number to determine any one point definitively; but others considered that the paucity in number was compensated by the accuracy and completeness of the cases detailed. On all hands it was admitted that the production was an able and interesting one.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 3RD, 1860.

ANNUAL MEETING.

THE annual meeting of this Society was held at Berners-street, on Tuesday evening. There was a good attendance of members. W. Fergusson, Esq., president, occupied the chair. Balloting for the officers of the ensuing year commenced at eight o'clock, and closed at nine; the result of which was, that

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the proposed list was duly elected. It consisted of the following gentlemen:—

President: Mr. W. Fergusson, F.R.S. — *Vice-Presidents:* Drs. T. Watson, C. J. B. Williams, G. H. Barlow; Messrs. J. M. Arnott, G. Busk, A. Shaw, J. Birkett, J. Dixon. — *Treasurer:* Dr. R. Quain. — *Council:* Drs. S. Wilks, T. B. Peacock, A. W. Barclay, W. O. Markham, C. Murchison, R. H. Semple, J. H. Browne, E. C. Seaton, W. D. Chowne, H. H. Salter, R. B. Todd; Messrs. T. B. Curling, J. J. Purnell, J. C. Langmore, T. Ballard, M. Henry, W. W. Cooper, J. Hogg, H. Lee, J. G. Forbes.—*Honorary Secretaries:* Dr. J. W. Ogle; Mr. H. Thompson.

Mr. HENRY THOMPSON, the surgical secretary, read the annual report and balance sheet of the accounts, which displayed a most prosperous condition of the Society. The receipts have amounted during the past year to £375 5*s.* 8*d.*; and the expenditure, including the cost of the annual volume of "Transactions," to £299 10*s.* 6*d.*; leaving a balance on this year's account, in the treasurer's hands, of £75 15*s.* 2*d.* The Society numbers more members, and possesses greater resources, than at any previous period of its history; the existing members amount to 364, of whom 37 have joined during the preceding session. The volumes of "Transactions" which have been issued, and the demand for them amongst non-subscribers, were held to be substantial evidence of the value of the Society's labours, and of the estimation in which it is held by the profession.

It was moved by Mr. CURLING, seconded by Dr. HARLEY, and carried unanimously,—"That the report now read be received and adopted."

It was moved by Dr. ARMITAGE, seconded by Mr. HULKE, and carried unanimously,—"That the thanks of this meeting be given to the retiring officers of the Council for their services to the Society."

The exhibition of specimens then took place as usual.

Dr. OGLE exhibited a specimen of

ENLARGEMENT OF THE LYMPHATIC GLANDS THROUGHOUT THE BODY; PECULIAR DEPOSITS IN THE LIVER AND SPLEEN; AND CONDITION OF THE BLOOD.

The case was that of a housemaid, M. B——, aged thirty-nine, who until about two months previous to her death had been healthy. At that time she had an attack of fever, and when recovering found that an enlargement in the left hypochondrium had come on. This was followed by œdema of the legs, and considerable dullness on percussion was found over the left hypochondrium, which was very painful. The pulse became very frequent, the tongue red, and the general health much disordered, the face having a very cachectic appearance. Fluid was also detected in the peritoneal cavity, and the glands in the neck and groin became enlarged. Dyspnœa and acute pain in the back came on, and finally delirium, which preceded death.

On post-mortem examination, the left pleural cavity was found to contain a very large amount of turbid fluid, and the base of the right lung was rather consolidated, otherwise the thoracic visceræ were natural. The lymphatic glands about the root of the aorta were enlarged; not so, however, the mediastinal or bronchial glands. The cervical, femoral, inguinal, pelvic, lumbar, and mesenteric glands, &c., were enlarged, and some of them were dark and soft; the others being of a yellowish-red colour. The thyroid gland also was enlarged. But the chief gland enlarged was the spleen, which weighed as much as four pounds, was of a dark bluish-brown colour, and was very greatly elongated. On section, the spleen was found to contain several, chiefly wedge-shaped masses, mostly of a yellowish-white colour; and the liver, which was very large also, contained a great number of small masses of the same kind of material, none exceeding in size, however, that of a pea. The kidneys were granular, and highly diseased.

Microscopical examination showed that the main elements of all the enlarged glands were alike in character, and consisted of delicate bodies, of a rounded form, and of a size perhaps rather larger than that of the white corpuscles of the blood. Here and there, however, large-sized cells or vesicles, containing large nuclei, some having three or four nuclei, were seen. Moreover, the light-coloured masses met with in the spleen and liver presented exactly the same elements as those above described as existing in the enlarged lymphatic glands. The blood was found to contain, in addition to the ordinary microscopical elements, cell formations of a peculiar kind. Thus, in the splenic vein, numbers of round and oval large cells, of various dimensions, existed; some containing, in addition to a delicate, half-transparent material, nuclei, varying in number from one to six or seven, and in some cases, besides these nuclear bodies, most of which possessed a nucleolus, a number of small, round, refracting bodies existed. Occasionally more or less spindle-shaped fibres, containing these nuclei, existed. At times, parts of the circumference of the walls of the large nucleus-holding bodies were very much thickened. Again, in the blood of the superior vena cava, numbers of very large, transparent cell bodies were seen, in which existed round, non-nucleolated nuclei, and also numbers of nucleolated free nucleus-like bodies, as well round as oval.

Dr. Ogle drew the attention of the Society to some observations by Dr. Friedreich, of Würzburg, on cases somewhat similar, in which he had found the blood in various parts of the body to possess an *acid* reaction.

Dr. OGLE also exhibited a second case of

ENLARGEMENT OF THE VARIOUS LYMPHATIC GLANDS THROUGHOUT THE BODY.

The case was that of a middle-aged man, who had enjoyed good health until nearly two years before death, when he first perceived a swelling, not much larger than a pea, near the angle of the lower jaw on the right side; and, a few weeks later, a similar swelling at the corresponding part of the opposite side. Both swellings increased rapidly, but were not the seats of any pain. About one year previous to death, a gland in the right axilla became enlarged, and two months later the opposite axilla became affected. Six months after, the glands in the groin became enlarged, and about this time pain in the umbilical region was complained of, and the abdomen was generally enlarged, the superficial veins being very visible; no distinct tumour, however, was found. Two months before death, the patient was in a state of great debility and depression, and the pulse was quick and frequent. The cervical glands were all of them greatly enlarged, but none were adherent to the skin. In the axillæ, the enlarged glands formed soft, elastic masses, but the inguinal ones were harder. The number of inspirations was more than usually frequent, but no sign of particular thoracic disease was obtained by auscultation. Slight bronchitic râles were, however, heard. Distension of the abdomen came on, and the bronchitic symptoms increased, the sputa becoming bloody. Orthopnœa, irregularity of the heart's action, and semi-stupor preceded death. On post-mortem examination, the lymphatic glands in almost every part of the body were found enormously enlarged, and in the neck, chest, and abdomen, very closely invested, the large and deep vessels and nerves being moulded on them, and not apparently interfering much with them. At one part, the pneumogastric nerve was found passing through a canal of some length, formed by enlarged mediastinal glands; and at one part in the abdomen, below a united mass of enlarged lumbar and mesenteric glands, the inferior vena cava was seen greatly dilated. All the enlarged glands presented the same general characters. Their consistence was considerable; some of them were even indurated. Their outer surface was of a lightish-yellow colour, but sectional surfaces presented generally a bright-red colour, and they were easily broken down into a pulpy state. In no case had softening or suppuration taken place. The various viscera were found greatly congested, but nothing more. Both pleural cavities contained large quantities of a milky-looking fluid, and on the left side a slight amount of fibrinous exudation existed.

Microscopical examination showed that the enlargement of the various glands was due to the presence of material consisting almost entirely of corpuscles, somewhat larger than pus-globules, with very delicate parietes, and almost transparent contents, so that they were very often with difficulty recognised. Occasionally, instead of being round, these corpuscles were elongated at one side. Nothing like a nucleus was visible within them when recent; but after immersion for some time in spirit, their contents became more opaque, and more or less granular, with here and there something like a nucleus. Occasionally, large bodies were seen, formed apparently of aggregations of the above corpuscles.

WESTERN MEDICAL AND SURGICAL SOCIETY.

A. B. BARNES, ESQ., PRESIDENT, IN THE CHAIR.

MR. F. WEBB PEITIGREW read a paper on

CHLOROFORM AND INSTRUMENTAL LABOUR,

in which he advocated the use of this anæsthetic in all instrumental labours, turning, and most lingering parturitions. As a general rule, he deprecated its use in ordinary or natural labour for the following reasons:—

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1st. That the accoucheur should attend solely and strictly to his own avocation, and that it therefore necessitates the presence of a second practitioner in the room.

2ndly. The needlessness of incurring any risk of asphyxia or death, although such cases in the lying in room are rare compared with patients about to undergo surgical operations.

3rdly. That under ordinary circumstances, where matters are favourably and naturally progressing, it tends to depress the system, leaving the entire expulsion of the fœtus to the efforts of the uterus, supplied as it is by organic nerves, whilst the muscles of animal life, which so forcibly assist the uterus, are almost paralysed.

4thly. By its over-administration, the danger both to child and mother.

Cases illustrative of these objections were related, the exception to the general rule being when the mother was of a delicate and nervous temperament, and then only was chloroform administered in a very modified form, more to attract the attention of the patient from her fears than to lessen the natural throes of labour. In protracted labour, the author had experienced much benefit in its administration; and although the pains for the first ten minutes appeared arrested, they afterwards returned, more strongly, and with greater regularity; the rigidity relaxed; a more copious secretion of mucus occurred; the patient's countenance became less anxious; the pulse, at first quickened, became stronger; and the child was born in a very short time. Cases illustrating this were related.

Mr. Pettigrew, in his limited experience, bore out Dr. Simpson's observation, that hæmorrhage seldom or never occurred after the use of chloroform. In the only case in which Mr. Pettigrew had recourse to the forceps, and in which he had *not* administered this anæsthetic, hæmorrhage did occur, and to so excessive a degree that the patient nearly lost her life.

After some observations upon the author's method of administering chloroform—namely, upon a thin pocket-handkerchief—the following table was exhibited, showing his experience during the last five years, the instrumental cases, in proportion to the actual number of cases cited, arising from five consultations to which he had been called, where the forceps were resorted to in order to save the child:—

Cases.	Natural Labour.	Difficult Labour.	Death of Parent.	Death of Child.	Chloroform.
163	141	22	None	7	36
15	...	Forceps	"	1	14
5	...	Cranotomy	"	5	5
1	...	Vectis	"	0	1
1	...	Turning	"	1	0

After some discussion, the Society adjourned.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 5TH, 1859.

DR. BABINGTON, PRESIDENT.

MR. J. N. RADCLIFFE read the

REPORT OF THE DIPHTHERIA SUB-COMMITTEE.

It stated that, although in February last upwards of 200 circulars, as king for information, and containing suggestions for observation, had been distributed amongst the members of the Society and others in various parts of the kingdom; and notwithstanding that the aid of the profession generally, in the inquiry, had been sought through the medical journals, the Committee had received, during a period of ten months, only thirteen specific reports, and twenty-eight general replies. Hence, the results of the inquiry were entirely insufficient to form a basis for a general history of the rise and progress of diphtheria in the kingdom. Nevertheless, the information which has been received respecting the disease is not without value,—First, from the additional light which is thrown, in several respects, upon the development of the epidemic; and, secondly, as showing the highly important knowledge which might be obtained respecting epidemic diseases from an inquiry such as that conducted by the Committee, if it were generally supported by the members (particularly the non-resident members) of the Society. The facts of chief importance which have been ascertained by this inquiry may be summed up thus:—

1st. The probable occurrence of sporadic diphtheria in the counties of Kent and Essex in the years 1853 and 1854; also in different parts of the kingdom at intervals within the last twenty years.

2nd. The unusual prevalence of throat affections of all kinds, and not unfrequently of a peculiar kind, which might be described as of a *quasi* diphtheric character, prior to or contemporaneously with the present epidemic of diphtheria.

3rd. The concurrent or intercurrent prevalence, in the same locality, of epidemic diphtheria with epidemic scarlet fever, and the occasional occurrence of a diphtheric affection of the fauces in scarlet fever.

The whole of these facts have an important bearing upon the history of the development of the present epidemic of diphtheria:—1st, in reference to the introduction of the disease into the kingdom from without; 2nd, in reference to the causes which have led to the development of the epidemic; 3rd, in reference to the relation of the disease to cognate affections and to scarlet fever. Upon all these points the foregoing facts are valuable as suggestive of further inquiry, and as indicating the direction in which that inquiry should tend, as well in those districts in which the epidemic has prevailed as in those in which it now prevails.

4th. The doubtful contagiousness of the disease in some districts; its *undoubted* contagiousness in others.

5th. The insanitary state of the majority of the localities in which the disease occurred.

6th. The greater liability to the disease being in the first decennium, or, to narrow the question, the second quinquennium of life.

7th. The proportion of *males* in 100 cases being 42·3; of *females*, 58·2.

8th. The nature of the treatment indicated:—(1) The application of more or less stimulating or caustic applications to the diseased parts. (2) The regulation of the excretions. (3) The sustentation of the powers of the system.

In concluding their Report, the Committee remarked that, although the information obtained by them in the present inquiry was exceedingly imperfect, yet it was sufficient to show that, if the inquiry had been supported by the members of the Society to the extent that the Committee had hoped that it would have been, a large amount of most valuable information respecting diphtheria would have been obtained—information of a character that could be obtained in no other manner than by the systematic co-operation of many and widely separated observers to one and the same end. The Committee suggested that the Society should take into consideration the propriety of adopting other and additional means (if such could be devised) for promoting or ensuring the more satisfactory co-operation of its members in such inquiries as the Society may set on foot; for the Committee felt assured that the present inquiry had proved in a great measure abortive, not so much from indisposition of the members to aid, as from an erroneous estimate of the value of the information which they possessed relative to the subject of inquiry. Thus, it was stated that in the majority of letters with which the Committee had been favoured, in answer to their circular, the writers had contented themselves simply with stating that diphtheria had not appeared in their neighbourhood, or that they had seen but one or two cases of the disease, and consequently their experience would be of no value to the Committee; yet the Committee had specifically asked for particular information respecting the prevailing character of throat affections where the disease had not manifested itself, and for many items of information where it had, even if it were but in a solitary instance.

The Committee further suggested, in respect to the present inquiry, that additional information should be specially sought concerning—

1. The date of the first case or cases of diphtheria which occurred in any district.

2. The occurrence of diphtheria in a sporadic or epidemic form prior to the present outbreak.

3. The character of the throat affections which occurred contemporary with diphtheria, or, that disease being absent, the character of the throat affections which had been observed immediately prior to its appearance in 1857 and subsequently.

4. The relationship existing between diphtheria and scarlet fever. If the suggestions of the Committee respecting any further inquiry were adopted by the members, the Committee expressed a willingness to continue their duties some time longer, notwithstanding the disheartening results which had attended them hitherto.

A discussion followed, in which Dr. Milroy, Dr. Camps, Dr. M'William, Dr. Greenhow, Dr. Sanderson, and Dr. Babington took part.

Mr. Radcliffe replied.

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ETHNOLOGICAL SOCIETY.

WEDNESDAY, DEC. 21ST, 1859.

DR. HODGKIN IN THE CHAIR.

DR. STEPHEN H. WARD introduced to the notice of the members

TWO CRANIA OF THE VEDDAH TRIBE IN CEYLON,

supposed, with the exception of one in the possession of Mr. J. Barnard Davis, to be the only specimens in the country. They were procured by Mr. Bailey, of the Civil Service, and forwarded by Mr. Thwaites, of the Botanic Garden at Peradenia. One of the skulls, which was in a state of tolerably perfect preservation, was rather dolikho-cephalic, very narrow and keel-shaped, the extreme narrowness giving to the zygomatic arches an appearance of undue lateral projection. The jaws were somewhat prognathous, and the teeth in the sound state which is usual with savage tribes. In general capacity, the cranium was smaller than any one of several skulls, amongst them an Esquimaux, negro, &c., which had been measured by Mr. Busk. It appeared to be that of a female, of from twenty-two to twenty-eight years of age. The lower, and a large portion of the upper, jaw of the second skull were wanting; but the cranium was broader and more capacious, the bones denser and heavier, and it appeared to be that of a male of about the middle period of life. The only detailed notices of these Veddahs are to be met with in the travels of Captain R. Knox, published about 200 years back, in the account of Ceylon by Dr. John Davy, and the recent work by Sir Emerson Tennent. These writers, and also Mr. Bailey and Mr. Bradford, from whom recent communications had been received, bear testimony to the fact that the Veddahs are the aborigines of the island, and that before the Christian era they retired before invaders from the banks of the Ganges to the jungles and hills in the south-east of Ceylon, where they have remained isolated for more than 2000 years. A custom which they have of never, if possible, coming into contact with other people, and of not showing themselves even when they engage in matters of barter with the travelling traders of the country, accounts for the maintenance of their isolation, and at the same time identifies them with the aboriginal inhabitants, as described by ancient writers. The Veddahs seen by Sir E. Tennent had flat noses, prognathous jaws, were of low stature, and very degraded in aspect. Mr. Bradford, however, speaks of one whom he met with as resembling very much a Cingalese coolie; and it may be remarked that they speak a dialect of the Cingalese language, though the more degraded are described as scarcely possessing an articulate tongue, and as communicating with one another by signals and guttural sounds. The Veddahs go about in nearly a nude state, their hair falling down to their middle in matted lumps. They live in the forests, and at night seek shelter under rocks or in caves, or on platforms raised amid the trees. They depend for their subsistence on the bow and arrow, using their feet as well as hands in drawing the bow. In their diet they are omnivorous, but consider lizards and roasted monkey as the greatest delicacy. Sir E. Tennent says that they have no knowledge of a God or a future state; no temples, idols, prayers, or charms; in short, that they exhibit no instinct even of religion. Their only ceremony is a sort of devil-dance, by which they avert evil. They do not bury their dead, but only cover them with leaves in the jungle. They have no idea of time or distance; no names for hours, days, or years; and, in the matter of education, are unable to count beyond five on their fingers. They have no amusements, and not even the rudest kind of music. The writer last quoted says further, that they are of gentle disposition, and though knowing nothing of virtue, rarely commit great crimes. They exhibit in a striking degree the effect of complete isolation, either in degrading man to, or keeping him in, a state of abject barbarism.

DR. KNOX made some interesting observations upon the skulls, and stated that in craniology he relied more upon general features than upon any system of measurement. He pointed out the full development of frontal sinuses which characterised both the specimens, and the fact that in the smaller of the two the ala of the sphenoid scarcely abutted upon the parietal bone.

MR. CULL stated that the skulls were objects of much interest, and that he had made various unsuccessful efforts to procure one or two. He thought that we had not at present sufficient data for determining the affinities of these peculiar tribes.

After some remarks by the CHAIRMAN, a paper was read "On the Races Inhabiting Cape Colony," by THOMAS BAINES, Esq., which had been communicated by DR. NORTON SHAW.

The notice of a modification of VON BAER'S craniometer, by MR. BUSK, was deferred to another meeting.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Vigilance Committee was held at the office, No. 5, Charing-cross, on Friday evening, December 30th, Dr. Wright in the chair. After some routine business, the question of the conduct of the Council of the Royal College of Surgeons of England in admitting Messrs. Horton and Meredith, of Dudley, as members of this College, came under consideration. In one of the letters received and read on this subject, as indicative of the indignation that pervades the profession, the following passage occurs:—"Is there no way of preventing such a shameful abuse of power in a corporate body—so antagonistic to the hard-earned boon which the long and persevering struggle of the medical reformers gained for us?" The feeling thus evinced was shared by those present, and a resolution was passed to the effect "that it should be recommended to the General Committee, at their next meeting, that a letter should be forwarded by the President of the London Medical Registration Association to the President of the Medical Council, calling the attention of Sir B. C. Brodie to the course pursued by the Council of the College of Surgeons, reminding him of the provisions of clauses 20 and 21 of the new Medical Act, and pointing out the injury which would be inflicted by a continuance of such procedures on the part of the Council of the College of Surgeons."

Letters read from the Liverpool, Hereford, and Portsmouth Medical Registration Associations urged prosecutions against unqualified practitioners in certain localities named, and these communications were referred to proper quarters for determination as to ulterior proceedings in the cases brought under notice. A letter from the Uxbridge Medical Book Club, proposing to join the Association, was also read and duly acknowledged. The steps already taken relative to the action intended to try the privileges of "surgeon-dentists" were reported on; and the Committee then adjourned until the next Friday evening, January 6th.

MANCHESTER MEDICAL REGISTRATION ASSOCIATION.

To the Editor of THE LANCET.

SIR,—At a meeting of the Committee of the Manchester District Medical Registration Association, it was determined to seek the co-operation of other kindred Associations in the appointment of a deputation to wait upon the Home Secretary, the object being to express their great disappointment that the enforcement of penalties under the Medical Act has not as yet been undertaken by the Registrar or the Medical Council.

We shall be happy to correspond with any Association which may be favourable to the intended deputation, and in the meantime will feel obliged if you will give this a place in your columns.

We are, Sir, yours, &c.,
H. M. WILLIAMSON, J. THORBURN, } *Hon. Secs.*

Oxford-street, Manchester, Dec. 27th, 1859.

YELLOW FEVER AT ST. THOMAS'S.—We regret to state that Mr. Morris, the surgeon of the Royal Mail Steam Company's ship *La Plata*, was seized with yellow fever, at St. Thomas's, on the 18th of December last, and fell a victim to this fatal malady five days afterwards. Mr. Morris had been some years in the service, and was deservedly held in the highest estimation by his brother officers. He was attended by a passenger, a regimental surgeon, in his last moments. In this instance it is a source of congratulation to state, that another medical officer was on board to treat the sick. Had the case been, as has occurred over and over again at these terrible yellow fever outbreaks, that no second medical officer could be found to attend the passengers and crew, the mortality might have been most fearful to relate. We trust that the attention of the directors of the company will be awakened to this serious omission in their duty towards the public. Dr. Finlay was the last gentleman whose name we recorded as having died of yellow fever.

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THE LANCET.

SATURDAY, JANUARY 7,

BEING

No. 1

OF THAT JOURNAL FOR THE YEAR 1860.

STANDING on the threshold of the new year, and hoping earnestly that it may prove one of happiness and prosperity to every member of our profession, we pause for a moment to gather up the unfinished threads of the web of events which have characterized the year just terminated.

The retrospect is cheering; for it speaks of much progress, and promises well for the present year. We may see that the corporate bodies generally have proceeded to liberalize their constitution. The University of Edinburgh went further than was quite judicious, and subsequently made a partial retractation. The College of Physicians of London, who were greatly imperilled by the annihilation of their monopoly, have given new life to their corporation by greatly modifying their bye-laws and widening their range of selection. The Licentiates have been made Members; a large number of new Members have been admitted *ad eundem;* and the body of Fellows has been augmented by the elevation of about forty-five Members, who have been selected without regard to the supposed peculiar claims of particular schools. At Oxford and Cambridge steps have been taken to render the curriculum for a medical degree less onerous and more practical. The Edinburgh Colleges of Surgeons and Physicians have combined to grant a licence for the general practice of medicine and surgery: a similar proceeding has been much discussed in the London corporations; committees appointed by the Colleges are in conference, with the object of organizing curricula, a scheme for a joint Board of Examiners, and the titles to be conferred on the successful candidates for the double qualification. The project the committees will recommend to their respective Colleges will, it is to be hoped, be not long deferred. The position of the London Society of Apothecaries is at present somewhat insecure: a coalition with either of the great licensing bodies of London for a similar purpose might revive their condition, but the step would be superfluous, even injurious, in the interests of the profession.

The minutes of the meetings during the year of the Medical Council have been fully published, and have shown an active and business-like devotion to routine-work. The publication of the Register at a price which rendered it a sealed book called forth a protest from us, which was followed by a reduction in the charge to the actual cost price.

At the commencement of the winter session, the Medical Council put forth a Report on Education, in which the complex subjects of preliminary general education and purely professional education, and ultimate examination for degrees, were somewhat feebly handled. It was justly insisted that no person should claim to enter the profession who has not received an education in general knowledge at least equal to that required by the national educational bodies. Henceforth, students in Medicine will be liable to a preliminary examination in arts and literature, provided they do not already possess the certificate of a public college or university, of which lists are prepared. The professional education of the medical student is not greatly altered; but an excellent principle has been adopted, of requiring a series of examinations to be taken at intervals, instead of one final examination. The College of Surgeons, in adopting this principle, have also wisely determined to make their examinations more practical, by the introduction of dissections, and by requiring the performance of surgical operations. The University of London receives from them a concession, in the recognition of the matriculation examination of the University as a "preliminary classical examination" for the Fellowship of the College. The Senate of that University were also confirmed by the judicial Bench in the exercise of the privilege of electing a representative for the Medical Council. The establishment of degrees of Science by the University showed an enlightened appreciation of the wants of modern civilization; and it may be expected that these degrees will be highly valued by the public.

The dental profession are not yet united in their educational efforts. The establishment of a Dental School has been attended with much discussion; but there is good reason to think that its operations will be both useful and successful.

The Medical Schools of the United Kingdom have been conducted with success and ability. It will be especially necessary to modify the anatomical and surgical courses to meet the more practical requirements of the College of Surgeons. The supply of subjects for anatomical purposes has been very deficient; but everything tends to show that the Inspector of Anatomy is doing his best to increase the supply, and it would be useless to attempt, just now, to render the Anatomy Act compulsory.

The internal organization of the profession has been greatly benefited by the extended formation of Medical Registration Associations, upon the model which THE LANCET advised, and in furtherance of the suggestion of Dr. HOLMES. The creation of these Medical Registration Societies is not based upon mere material interest. We have all an essential moral interest that the medical profession should only be exercised honourably by persons possessing all the necessary guarantees, and fulfilling the required conditions; and we are all interested in restraining, by the salutary means of civil damages, all competition of an illicit character, or such as is calculated to cast disfavour on our honourable profession. The London Medical Registration Association, ably assisted by its energetic honorary secretary, Dr. LADD, has conquered the respect of the Medical Council and the general support of the profession. It will need large funds effectively to carry out its objects. We hope that all local Associations will imitate it in eschewing connexion with homœopaths and the like pretenders.

Some of the provisions of the Medical Act are by no means so definite as might be wished. Those relating to titles have given rise to much difference of opinion, and it is clear, that until the decision of a superior Court of Law has been given, there can be no certainty in the matter.

Poor-law Medical Reform has not, we fear, made any very considerable progress during the year, although the circulation of Mr. ESTCOURT's propositions manifested an intention to afford the much-needed relief, which, we trust, may bear fruit during the present year. Poor-law officers must remember that unanimity and perseverance are essential for their ultimate success. Mr. GRIFFIN still, under great discouragement, displays unflagging energy and great ability in the cause.

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Reform in Lunacy has been widely discussed. Some lunacy trials, of great public interest, aroused a considerable popular excitement, which was connected with an impression that persons not positively insane may be detained in lunatic asylums under false pretences. Very unjust and unfounded statements were made and insinuated. But although the public credulity was greatly abused in this respect, some reason was shown for believing that further checks are needed to prevent the possibility of such an offence. Mr. WALPOLE's Lunacy Bills aimed at providing them; but those measures were far from meeting all the requirements of the case. They will need much amendment. Many recent crimes have shown the danger of allowing lunatics to be at large. All experience concurs in the advantage of submitting lunatic patients to medical treatment with the least possible loss of time. The cruelties practised on confirmed military lunatics by the authorities at Woolwich have called down upon them strong and deserved reprobation.

The want of an enactment to restrict the Sale of Poisons, and to fix the responsibility of carelessness and neglect in their sale on the real offenders, has been sadly felt during the year. A succession of deaths from misadventure and fraudulent practice—as at Bradford and Bath—have added to the dreary list which has grown through a long series of years to an intolerable length. We may hope that another session will see a measure such as that of Mr. WALPOLE become the law of the land.

The re-interment of the remains of JOHN HUNTER—saved by Mr. BUCKLAND from careless transport—was effected with befitting solemnity in Westminster Abbey, at the end of March. Unhappily the laws of that sanctuary opposed the enunciation of that eulogy on his labours which would have rendered the ceremonial impressive. Dr. TYLER SMITH called attention in our columns to the neglected state of the tomb of HARVEY at Hamel Hempstead. It was visited by a Committee of the College of Physicians, who did not feel justified in recommending the removal of his remains.

The excessive mortality of illegitimate children has long called for repressive measures; it has engaged especial attention owing to our efforts during the last year. It is easily proved to be due to neglect, probably consequent on the destitution of the mothers. The defects in the Bastardy Laws might be remedied by conferring on the parishes the same power of recovering the sums expended on illegitimate children that they now have in the case of children born in wedlock, and by making the penalties in purse and person heavier than they now are as against the father of the child.

The completion of the Netley Hospital was soon followed by the formation of a plan to build a new garrison hospital for 650 beds at Woolwich. The loss, the inconvenience, the delay, and the controversies consequent upon the errors of construction at Netley, afford a lesson by which our Government are little inclined to profit. Nevertheless we at once called attention to this resolve, in order that external opinions might be immediately brought to bear upon the questions raised in reference to the proposed new hospital.

The overpowering appeals to the senses which accompanied the Irish revivals were productive of hysteria, convulsions, and high mental excitement. Our protest against the misinterpretation of these diseased physical conditions was for a time unfavourably received. But ultimately we had the satisfaction of finding that they obtained the approval of the ablest and most conscientious theologians, and were usefully employed in checking mischievous delusions; but not before much of insanity had testified that they were no imaginary dangers which we predicted.

The heavy and unjust impost of a double Income-tax has been, and probably will be again, levied upon the hard-earned and precarious incomes of our professional brethren; but it should be met by the firmest protest, and the most determined resistance.

Public attention was strongly fixed on the defects of the present methods of medico-legal investigation by the enormous differences between the conclusions submitted to the jury empanelled to try SMETHURST, by the medical experts employed on either side. Assuming, as we have a right from what is known of the professional character of these gentlemen, that they were all men of unquestionable honour and integrity, those discrepant conclusions could only be attributed to the fatal influence of unconscious suggestion—the bias given to the mind by being called for or against the prosecution. That trial afforded a striking argument in favour of the proposition which we have more than once advocated, for the creation of a class of medical assessors who should be employed by neither plaintiff nor defendant, but should exercise a purely judicial function. It was to such an extemporized tribunal that the case was ultimately referred. The opinion of Sir BENJAMIN BRODIE was sought as a last resource, and his decision in favour of the acquittal of the prisoner was final.

A step towards the punishment of those who adulterate articles of food and drink was made by the introduction of Mr. SCHOLEFIELD's Bill. That Bill was unfortunately not compulsory in its action on vestries and town councils, and did not include drugs; nor did it propose to punish adulteration unless injurious to health. We signalize these defects in the hope that they may be remedied.

We had to call attention to an attempt made to render hospitals and infirmaries liable to poor-rates: it was happily defeated by a general combination under the leadership of Mr. FOWELL BUXTON.

An important concession has been made to opinions which we have long and often advocated, by the partial abolition of the brutal and dangerous practice of flogging in the army.

The most marked features in the progress of disease during the year were presented by the epidemic of diphtheria, the prevalence of small-pox, and the anticipated incursion of cholera. The advent of diphtheria was first announced in these columns, and the only connected accounts of its history, progress, and successful treatment in this country, have been there presented in the Reports of THE LANCET Sanitary Commission on Diphtheria, and in the communications of correspondents. The appearance of cholera was fortunately confined to a few isolated cases. We had to notify the continued increase of small-pox throughout the year, and to indicate the inefficient working of the Vaccination Acts. In March, the Privy Council issued some excellent Instructions to Vaccinators. At the close of the year, they adopted the objectionable expedient of creating a class of certified public vaccinators. They thus assumed functions which belong of right to the Medical Council, and injudiciously created a new subdivision of medical qualifications for the sole performance of the very simplest proceeding in surgery.

The London and Provincial Practice of Medicine and Surgery

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has been faithfully reflected in our columns. The "Mirror" and "Clinical Records" have accurately and fully reported the most interesting details of hospital practice; while our pages have presented a variety of important lectures, original papers, and letters, on subjects ranging through the whole field of medical science. They have emanated from the most eminent and experienced surgeons, physicians, and general practitioners. Some interesting novelties and improvements have been discussed: amongst them have been the method of voltaic narcotism, by Dr. RICHARDSON; galvanic anæsthesia in dentistry, by Dr. SNAPE; the successful treatment of vesico-vaginal fistula by Dr. BOZEMAN'S plan, with various improvements by Dr. EBEN WATSON, Dr. BATTEY, and Mr. BAKER BROWN; the cure of hydrocele by metallic seton; and the cure of popliteal aneurism by simple flexion of the knee-joint, by Mr. ERNEST HART, successfully followed by Mr. ALEXANDER SHAW, Mr. OLIVER PEMBERTON, and Mr. SPENCE, of Edinburgh.

THE LANCET of the past year has contained full reports of the Medical Societies. Our readers are, therefore, in a condition to decide how far these institutions have fulfilled the objects for which they were established. During the year the Obstetrical Society has been formed, and is progressing in influence and usefulness.

Some eminent persons connected with our profession have been removed by the hand of death. Others have been elevated to high and deserved honours. Sir BENJAMIN BRODIE has assumed the Presidency of the Royal Society amid universal plaudits. Mr. RANALD MARTIN has received the appointment of Examining Physician to the Secretary of State for India, in which he will do good service to the profession. Mr. SAVORY has succeeded Mr. BUSK at the College of Surgeons. Dr. WATSON has been honoured by the appointment of Physician to the QUEEN, and Dr. BALY has also received a call to the medical tendance of the Royal circle. Mr. WHITE COOPER now worthily fills the post of Surgeon-Oculist to the QUEEN, vacant by the death of Mr. ALEXANDER. These recent appointments have all been well received by the profession.

WE have the satisfaction of conveying to the profession, in our columns of this week, an announcement which will be received with great pleasure. It is communicated by Mr. RICHARD OWEN, now at the head of the Natural History Department of the British Museum, and who for many years threw a lustre upon our profession by the genius and devoted zeal with which he filled the offices of Curator of the Hunterian Museum, and Hunterian Professor at the College of Surgeons. Mr. OWEN announces that he possesses, and is about to publish, a collection of those manuscript works of the illustrious JOHN HUNTER which Sir EVERARD HOME, for his own purposes, destroyed, and which it was feared were lost for ever to the profession. The circumstances attending their preservation are highly interesting. It is due to the pious care of Mr. CLIFT that these labours of the great physiologist have not been buried in oblivion, and lost to the world, as HOME no doubt intended that they should be when he possessed himself of the original manuscripts from HUNTER'S cabinet after it had passed into the custody of the College, and when he burnt the great mass of them. Mr. CLIFT availed himself of his position as Curator of Mr. HUNTER'S Museum during his lifetime to make transcripts of a large number of the written papers confided to his care. Thus it happened that after HOME had destroyed the originals, copies still remained in the possession of Mr. CLIFT. Thus much might indeed have been gathered from the evidence of Mr. CLIFT before WARBURTON'S Parliamentary Committee; but it has escaped attention—a fate shared by other interesting statements when entombed in a blue-book. Mr. OWEN, however, appears to have profited by his knowledge of this fact, and from time to time he obtained from Mr. CLIFT transcripts of portions of these manuscripts, bearing upon series of preparations in the Hunterian Museum. The noble volumes of the Hunterian Catalogue which he prepared are enriched with many such valuable extracts. They often explain the intention of experimental preparations, which it would otherwise have been difficult to understand.

But although Mr. CLIFT betrayed a jealous, almost morbid susceptibility in respect to these manuscripts, to which any reference became latterly very distasteful to him, yet he evidently regarded them with reverential interest. Professor OWEN informs us that during the latter years of his life he was employed in annotating and revising them. Before his death, he took the happy resolution of confiding them to the care of Mr. OWEN himself, and placed in his hands two thick volumes of Hunterian MS., on physiological, anatomical, and other subjects. This precious deposit was of almost inestimable value. Assuredly it could not be placed in worthier hands than those of the great anatomist, who had devoted the best years of his life to the arrangement, analysis, and exposition of the treasures of the Hunterian collection, and whose name will descend to posterity indissolubly bound up with that of HUNTER—twin heritors of lasting scientific fame. At the expiration of his services to the College (1856), Mr. OWEN very generously presented those volumes to the College library. We learn this now for the first time, and we believe that the profession also are now for the first time acquainted with the fact. They will be disposed to afford a far more grateful recognition of this act of literary munificence than the Council have thought proper to render.

In addition to those manuscripts which Sir EVERARD HOME destroyed, there was another on Geology, of which he never made use, and which he did not destroy. That manuscript came into the possession of his son, Captain HOME, and was by him honourably presented to the College of Surgeons in 1839. This valuable Hunterian manuscript, after being duly acknowledged, appears to have been consigned to the limbo of obscurity, as a paper of no interest or importance, and unworthy of publication. At last, it has been printed by the College, with a preface of the most truly remarkable character. In this preface, allusion is made to the valuable nature of the manuscript so long neglected; regret is expressed for the unnecessary delay, of which the earlier publication was urgently called for; and reasons are assigned for that delay. What are these reasons? It is stated that the delay was owing to dereliction of duty on the part of the Hunterian Curator; that the Council were long unaware of the existence of the manuscript; that their attention was accidentally called to it in 1856; and that the Catalogue having been completed at the end of 1855, it was then too late to allow of its being included in the final volume of the "Catalogue of Fossils," where it should naturally have found place. We read that statement with great pain. We saw with regret that the Council had

found it necessary to cast an imputation upon a past officer, whose services had been of the most distinguished character, and crowned with European fame, in order to clear themselves of an impending charge of myopic neglect. We called attention last week to their statement in the hope that Professor OWEN might proffer some exculpatory reply.

It is with still greater pain that we now gather from his lucid statement that they have cruelly and falsely aspersed the character of a man to whom they are under enormous obligations, and whose faithful services they thus requite with obloquy and misrepresentations. They state that the manuscript was only by accident brought under the notice of the Council in 1856, when the Catalogue was already completed and published. Professor OWEN now produces the College-printed synopsis of his lectures in the beginning of the year 1855, when that Catalogue was in preparation, and shows that he then devoted three public lectures to this manuscript. In those lectures the manuscript was read *verbatim* to the President of the College of Surgeons, and to a number of the councillors, fellows, and members. Its scope and meaning were interpreted in two subsequent discourses, also delivered in the presence of the President and Council. All this was done, Mr. OWEN tells us, with "especial reference to its appearance, with proper explanatory annotations, in the General Preface to the 'Catalogue of Fossils,' in which, as in that appended to the final volume of the 'Physiological Catalogue,' ought to have appeared a summary of all that HUNTER had left on the subject."

Thus much for the truth of the charge that this manuscript was not brought under the notice of the Council until 1856, when their attention was accidentally called to it by the Hunterian Professor. But how does the case stand in 1856? In this year Professor OWEN received his present appointment at the British Museum. No Hunterian Lectures were delivered in that year. What a singular oversight, then, in the statement of the Council! But the final volume of the Catalogue of Fossils was published in 1856, the description of the residuary fossil shells having been completed by Professor MORRIS, a skilful geologist, recommended by Mr. OWEN for that purpose. It was published, however, without any reference to the Hunterian MS., and as Professor OWEN writes, with an "erroneous and inadequate notice of the share which he had contributed to the preparation of the volume." From 1856 until December, 1859, no more was heard of the MS. Suddenly it has been published by the College, with the aforesaid explanation of the delay. It occurred to us to ask how this further delay of three years could be explained. To the solution of that question Professor OWEN contributes some very remarkable facts.

Having devoted his leisure time to the preparing and arranging for the press the mass of Hunterian manuscripts confided to his care by Mr. CLIFT, he had, at the close of 1859, nearly completed for publication the first volume, including the papers on Natural History. He was desirous to take this opportunity of giving to the world this neglected manuscript on Geology, and wrote to the Council in October, 1859, to ask permission to make a copy for the press. This request appears to have roused the Council to a sense of their past errors.

At the end of a month Professor OWEN was informed that the permission could not be granted, for the question of publication was now under consideration! With singular activity they proceeded to publication, for in a month after the date of that letter, the whole manuscript had been hurried through the hands of the printer, and a preface annexed, unexampled in literary history, for the disingenuous character of the charges therein preferred.

It is with infinite pain we find it possible that such a course should have been adopted by a body so important, and in whose honour we are all so much interested, as the Council of the Royal College of Surgeons. But these counter-statements of Professor OWEN are all supported by the irrefragable testimony of printed and written documents officially issued by the College. It is difficult to conceive what explanation the Council can offer of their reasons for such proceedings. We earnestly hope that they may be enabled, in some way, to show that this has not been the official act of their whole body, and thus shift from the corporation a stigma by which every Fellow and Member is, however innocently, personally affected.

Medical Annotations.

"Ne quid nimis."

MEDICAL PREPARATIONS FOR THE CHINESE WAR.

THE medical arrangements of the Navy, in the face of contingent warfare, have not always been of that efficient character which the British sailors—ever ready to risk life and limb for their country—have a full right to claim. The surgeons of the Navy have always been a devoted and gallant body of men; but the pinching and cruel parsimony with which that department of the service has been administered, has hitherto driven young surgeons into every other public or private service by preference, and left the naval medical department to be regarded as the last and least remunerative resource. Thus it was that in the last Russian war the British fleet put forth with a staff of medical officers far below even the peace establishment, and the authorities were compelled to throw themselves on the mercy of the students to obtain a nominal war complement. Those who know best the straits to which the medical department of the fleet has thus been reduced must have shuddered at the probable results of an engagement; or if they looked forward to it without such natural fear, could only find prospective consolation in the knowledge of the strenuous energy and devotedness of Englishmen who are not unaccustomed to supply all deficiencies, and redeem the faults of their governors by such extraordinary exertions that satisfy the most urgent strain.

Amendments have been lately made, and the medical officers of the navy are neither so ill-paid nor so little regarded as in the past. We are glad to see that the naval medical preparations for the approaching war with China are being carried out with a provident forethought that will ensure careful, skilled, and immediate tendance to the wounded. Amongst the most harrowing scenes of warfare are those witnessed on board the hospital ships, which convey the wounded soldiers from the scene of action to permanent places of rest. We need not recall any of the painful records which describe instances in our naval history where the unavoidable horrors of the transit have been heightened by overcrowding, want of air, want of appliances, want of surgeons, of medicines, dressings, beds, and other necessaries for the wounded. For some such histories we need go no further back than the period of the Crimean war. It is very satisfactory to learn that the *Melbourne*, a fine ship of 1500 tons, having a commander well experienced and favourably known in such employment, has been elaborately and intelligently fitted so as to meet all the requirements of an hospital ship in the Chinese waters. The whole gun-deck is thrown into one sick ward, containing 150 berths,

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three feet wide by eight in length, with ample room for free circulation of air both above and below them, and wide passages for attendants between each row. The partitions are everywhere of *perforated* zinc; there is a system of tubing, communicating with all the beds and with the gully fire: thus ventilation is carefully provided. The disabled will be gently lowered by a lift. The operating table and surgery are well lighted from above. The supply of medicine, the dietary, and what is most important, the staff of surgeons, are arranged on an ample scale. The ship is full six feet between decks under the beams. The *Melbourne*, with a sister ship, which will be despatched soon after her, will closely follow the men-of-war. We may earnestly hope that the success of the campaign may be so marked as to throw little or no strain upon the resources of the hospital ships. But it is, at least, consolatory to know that the lessons of the past have not been lost, and that the arrangements for the reception of the wounded now at the disposal of our army are thus far, and in this respect, the most perfect in the world. Certainly, no hospital ship has ever been fitted with the same care and intelligence as the *Melbourne*.

THE DOCTOR AT THE HELM.

THE veteran Lord Dundonald is now, at the age of eighty-five, writing his autobiography. He relates his exploits with a hearty and seaman-like spirit which gives surprising interest to the narrative. In describing the dashing capture of a Spanish frigate by his little vessel the *Speedy*, 158 tons—a feat which will always be remembered amongst the glories of the English navy,—Lord Dundonald thus refers to the gallant conduct of the late Mr. Guthrie. It is an episode in his life well worthy to be recorded:—

"Our rigging being cut up and the *Speedy*'s sails riddled with shot, I told the men they must either take the frigate or be themselves taken, in which case the Spaniards would give no quarter, whilst a few minutes energetically employed on their part would decide the matter in their own favour. The doctor, Mr. Guthrie—who, I am happy to say, is still living, to peruse this record of his gallantry,—volunteered to take the helm. Leaving him, therefore, for the time both commander and crew of the *Speedy*, the order was given to board, and in a few seconds every man was on the enemy's deck—a feat rendered more easy as the doctor placed the *Speedy* close alongside with admirable skill."

PILLS IN THE SOUP.

THE recent outrage on a family in the west of England, whose coachman introduced cantharides into the food of several inmates, and afflicted them with severe though not fatal disorders, induced us to comment upon the anomalous state of our criminal law. In this case, and in a preceding instance, to which we alluded, where a man was seriously injured by the malicious administration of croton oil, the law was powerless to punish the offence. Judicial protection is so fully afforded to the outer casing of humanity, that if a man but lay his finger offensively on his neighbour's shoulder, it is enough to constitute an assault. Wounds and blows—nay, scratches or bruises, cannot be inflicted with impunity on the cutaneous surface. It is very justly held to be a horrible offence to throw a corrosive substance in the face or on the skin of another person. But the mucous membranes are beyond the pale of the law, and corrosive fluids, mineral acids, drastic irritants of whatsoever nature, may be poured down the throat of the unhappy object of aversion with perfect impunity, provided that the injury thus inflicted does not destroy, though it may jeopardize, life.

This cruel and cowardly manner of venting spite or displaying eccentricity, is making way with a rapidity which its pleasant facility sufficiently explains. Last week a servant of a surgeon at Kingsbridge determined to "serve out" the surgery boy. She went to her master's surgery, when there was no one in the way, and possessed herself of eight pills, of which the composition is not stated, and of which she probably knew little more than that their action was peculiarly unpleasant. Four of these pills she put into her victim's soup at supper. The lad was aware of an unpleasant flavour, but ate it not the less, as the guests of Czar Peter ate his soups under similar circumstances at the palace, St. Petersburg. When the lad reached the bottom of the bowl, he found, not half a dozen mice tied by the tails, but the remains of a partially dissolved pill. The poor fellow was taken seriously ill: it is said, that "life was despaired of;" and his health is described as being most gravely, and, it is feared, permanently, affected. For so barbarous a freak the law provides no punishment. This defect calls loudly for remedy. It is the third time during a few months that we have signalized the deficiency. Legislation is urgently needed on the question. Probably it will not now be long delayed. Russian jokes do not bear transplantation to this climate: a very good joke in St. Petersburg may be a very serious offence in London.

SHAMEFUL TREATMENT OF MEDICAL OFFICERS IN THE NAVY.

IT is painful to record the continued disregard by superior naval officers of the spirit and letter of the Naval Medical Warrant issued under the auspices of Sir John Pakington. The surgeons and assistant-surgeons of the navy have so long been treated with unworthy disregard and disrespect, and the feeling of one of the naval lords is so well known to be hostile to their claims as gentlemen and to their rights under her Majesty's Warrant, that captains and commanders do not scruple to treat their medical officers with contumely and injustice. We are bound to arrive at this conclusion from the numerous instances of unredressed complaint, and it is right that it should be widely known in the profession. We append a very painful instance. A gentleman writes from Australia, October 9th—

"I have a sad story to tell you of to-day's proceedings. The surgeon of the *Cordelia*, D. H. Wright, M.D. (who was a superior person, and much esteemed by all), died the night before last from consumption, and was buried to-day. Commander Vernon, of the *Cordelia*, called on the commodore yesterday, and acquainted him with the death of his surgeon, and was answered, 'Oh, never mind him! We can get a hearse and bury him after you are gone;' and Commander Vernon received orders to sail the same evening, or at the latest to-day, for the Feejees. However, the officers of the Artillery heard of this, and, as the commodore *declined to do anything*, they procured a gun-carriage and horses and their band. The colonel of the 12th Regt. sent a large firing party, and all the officers who were not on duty, from the colonel commanding the garrison down, about nineteen in all, attended. The 'Naval Commodore in Command' pooh-poohed the whole thing, and actually went to a wedding-party while the surgeon was being buried. Nor was this all: he would not allow both the surgeon and assistant-surgeon to attend their brother officer's funeral, but compelled one to remain on board; and would not send a single bluejacket or marine, nor in *any* way take official or private notice of the funeral of a naval surgeon of a ship under his command. The Artillery and the 12th Regt. did everything. These things are calculated to make one ashamed of one's service."

DEATH OF A MEDICAL PRACTITIONER BY CHLOROFORM.

WE regret to have to announce another fatal accident during the administration of chloroform for the purpose of producing anæsthesia in a surgical operation. The unhappy patient was Dr. Renwick, of Alloa, a member of our own profession, and but twenty-seven years of age. His disease was ingrowing of the great toe-nail, which it was proposed to remedy by evulsion. Dr. Renwick had previously inhaled chloroform without any bad result; hence, perhaps, a false sense of security. In this unhappy case, also, the chloroform was administered in

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that dangerous manner to which we have before adverted on more than one occasion. It was not given in measured dose by an inhaler, with a graduated admixture of atmospheric air. The circumstances are thus related:—

A little of the chloroform was poured upon a towel, and he held it to his mouth with his own hands. After a while, as it did not seem to be taking any effect, he asked for some more, which Dr. Duncanson at first declined to give; but after a while, finding that no effect was being produced, some more was applied. Observing that he was endeavouring to hasten its effect by strained inspirations, he was asked to breathe naturally, which he did. As it still, however, seemed to be having no effect, another small quantity, at his own request, was applied to the towel, which, after a time, produced insensibility; and his pulse having been found full and regular, the operation, which did not occupy more than a minute or two, was successfully performed. He still remained under the influence of the anæsthetic, but his breathing was regular, and all was considered right. Some cold water was then thrown on his face to arouse him; but this not having the desired effect, other measures were resorted to, but with a like unfortunate result; and when, after a few minutes, his breathing became less frequent and more laboured, and the appearance of his countenance began to change, and his pulse had become nearly imperceptible, serious alarm was felt. Artificial respiration by the modern method was resorted to, and in this manner breathing was kept up for nearly half an hour; but, melancholy to relate, his spirit had passed away.

We are unwilling to add any observations which can give pain, but it is certainly deeply to be lamented that Snow's inhaler, or some other efficient apparatus, was not employed. There is some reason to believe that Dr. Renwick was the subject of cardiac disease. The *North British Mail* mentions that some time ago a gentleman died under the influence of chloroform, at Girvan, while undergoing a similar operation.

Correspondence.

"Audi alteram partem."

JOHN HUNTER'S MS. ON GEOLOGY.

[LETTER FROM PROFESSOR OWEN, F.R.S.]

To the Editor of THE LANCET.

SIR,—In reference to the paragraph in your last number relating to the work published by the Council of the Royal College of Surgeons of England, entitled "Observations and Reflections on Geology," by John Hunter, F.R.S., 4to, 1859, I must admit your remarks to be fairly deduced from the allegations in the "Preface" which you have quoted. I have been engaged, since the perusal of that Preface, in searching for documents demonstrative of the true dates of some of the transactions therein referred to by the Council; which search, owing to the length of time that has been suffered to elapse before the publication of the charge, now for the first time preferred against me by the Council of the College, has been attended by much difficulty and some delay. But, if your readers will suspend their judgment for a short period, I shall be able fully to vindicate my character from the stain attempted by the Council to be cast on it. Meanwhile I request the favour of insertion, in your next number, of the following statement respecting the Hunterian MS.—the subject of the above volume,—in which I shall confine myself to facts which it may be in the power of any fellow or member of the College to verify.

In the minute book of the "Committee or Board of Curators," under date of April 2nd, 1839, is the following:—

"Mr. Clift laid before the committee, presented to the museum by Capt. Sir Everard Home, Bart., the manuscript of the first part of Mr. Hunter's Introduction to the Catalogue of his Collection of Extraneous Fossils, containing many of Mr. Hunter's corrections of the manuscript."

This minute was duly read in Council, and the "Minutes of Council" record the vote of thanks to the donor.

Thus was the manuscript in question brought under the notice of both the Museum Committee and of the Council of the College.

Being occupied with the third and concluding volume of the Catalogue of the Fossils in the winter of 1854–55, I studied with care this Hunterian manuscript, and made it the subject of three lectures delivered by me, in the theatre of the College, on the 6th, 8th, and 10th of March, 1855. I enclose a copy of the "Synopsis" of that Course of Lectures, published by the Council, and distributed by their order at the College. The subjects of the "Introductory Lectures" are therein defined as follows:—

"General view of the classes of organic remains, as illustrated by the Hunterian Collection. Steps made by HUNTER in quest of a knowledge of their nature. Ideas thereby gained of the changes and operations in the earth's crust during the imbedding and petrifaction of those organic remains. Relations of Hunter's ideas on these subjects to those previously and subsequently entertained in geology, or on the structure and changes of the earth's surface."

Some of your readers may have retained a copy of this synopsis. Thus was the Hunterian manuscript on Fossils a second time, in 1855, publicly and emphatically brought by me under the notice of the President and Council of the College. My study of that manuscript had chiefly reference, however, to its appearance, with proper explanatory annotations in the General Preface to the Catalogue of Fossils, in which, as in that appended to the final volume of the "Physiological Catalogue," ought to have appeared a summary of all that Hunter had left on the subject.

I quitted the service of the College early in the year 1856, leaving to my friend, Professor Morris, the completion of the description of the residuary fossil shells, corals, &c. Any Fellow or Member of the College who may apply to the secretary, will doubtless be permitted to see the above-cited "minutes," and also the "minute" and the "date" of the approval by the Council of the "Advertisement" to the final volume of the Catalogue of Fossils, and the date of its issue by the College in 1856.

It was with regret that I saw the erroneous and inadequate notice of the share which had been assigned to, and contributed by me, in the preparation of the Catalogue of the Hunterian and Collegiate Fossil Remains, in the preface to the concluding volume; but it was with still greater regret and surprise that I found no insertion, nor any notice, of the Hunterian manuscript, introductory to his Catalogue of Fossils, the nature and value of which had been brought under the notice of the Council more than a year before.

To the solution of your question, "Why the delay of so many years in giving that document to the world?" I am, at present, able only to contribute the following facts:—

Mr. Clift, at the period when he was left in charge of Hunter's Museum and manuscripts, from the years 1793 to 1799, made copies of the latter. In his examination before the Committee on Medical Education, of 1834, he says, in reply to Mr. Warburton's question, No. 5389, "Had you made any extracts from the manuscripts?"

Ans. "I was not restricted in the least; and thinking there was a great deal of useful information in them, I made large extracts from some of them."

5390. "What proportion of the papers have you been instrumental in preserving, in substance, by means of these extracts?"

Ans. "I hope nearly half."

Mr. Clift's chief occupation, after his retirement from the College, was the perusal, revision, and addition of notes to these his transcripts from the Hunterian manuscripts burnt by Home in 1825. Shortly before his decease, he confided to me the the whole, in two thick volumes. I made transcripts of them, and have since devoted much of my leisure time to arranging and preparing them for the press.

When I left the service of the College, I presented the two volumes of Mr. Clift's transcripts to the library of the College, for safety and for reference.

Having, in the present year, arrived at nearly the completion for publication of the first volume, including the papers on "Natural History," I sent a request to the President and Council of the College of Surgeons, to which I received the following reply:—

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"Royal College of Surgeons, London, W.C.
"11th day of November, 1859.

"SIR,—In reply to your application to be allowed to have a copy made of the Hunterian manuscript on Geology for publication in a volume you are preparing for the press, which will include a selection from other Hunterian manuscripts copied by Mr. Clift from the originals, before they passed into the hands of Sir Everard Home, I am desired to acquaint you that the question of the publication by this College of the said paper, together with the other unpublished Hunterian manuscripts, is under consideration, and that the Council does not consider it advisable, pending such consideration, that the paper on Geology should be published in the manner you propose. "I am, Sir, your most obedient servant,

"To Professor Owen." "EDMUND BELFOUR, *Sec.*

On the 23rd of December, 1859, copies of the quarto volume, containing the manuscript in question, and the reasons assigned by the Council for its non-publication until that date, based upon their charge against me, on which you have fairly animadverted, were received by the College from their printer, and have been distributed.

I am, Sir, your obedient servant,

Sheen Lodge, Richmond-park, Dec. 31st, 1859. RICHARD OWEN.

THE MEDICAL STAFF OF KING'S COLLEGE.

To the Editor of THE LANCET.

SIR,—The query as to the fate of the assistant physicians and surgeons of King's College Hospital, in the letter by "An Associate of King's College," was answered before it was asked. The Council of King's College has notified to those gentlemen that it has resolved to re-elect them for three years from May next, but that, at the conclusion of that period, they will be *ineligible for re-election.* If any gentleman thinks it worth his while to compete for one of the assistant-accoucheur appointments, which were remarked upon by your correspondent last week, he does so with his eyes open, and with the knowledge that he cannot be re-elected; but this was far from being the case with the unfortunate gentlemen who are to be thus summarily dismissed. They were told that they were appointed until May, 1860, when they would be eligible for re-election for another period of three years; and the natural conclusion drawn by all the candidates was that they would be re-elected every three years so long as they faithfully discharged their duty. That this was not an unreasonable expectation is shown by the fact that Dr. Todd and Mr. Bowman held office by the same tenure—a re-election every five years. Is Mr. Bowman prepared to quit office when his five years have expired?

If there had been the slightest suspicion that the appointments were only temporary, would Dr. Murchison have given up an appointment at St. Mary's? or would other candidates have offered to relinquish valuable appointments at other institutions? It would have been unparalleled devotion in these gentlemen to give up (as the present officers have done) three afternoons a week to the labour of seeing the thousands of out-patients whom the authorities of King's College delight to relieve per annum, with the certainty that no possible advantage could accrue to themselves thereby.

As far as I can understand, it is intended to elect two assistant-physicians and assistant-surgeons immediately, in addition to the reappointments, and then to arrange so that a vacancy in one or other of the junior offices may occur every year. Now it is to be presumed that the Council are making all these changes for the encouragement of their own and not of other schools, and that they mean the appointments as prizes for their best men. Let me ask, what is to become of their best men when their short term of office has expired? Of course the assistant-physicians must be Members of the College of Physicians, and the assistant-surgeons Fellows of the College of Surgeons; and the former at least will be debarred from entering general practice, and forced to swell the overcrowded ranks of "pure" medicine; while the latter may be led to imagine fondly that their brief tenure of office will gain them surgical practice in the metropolis, in which expectation they will find themselves wofully deceived. It is impossible for any honest man to say that the present holders of office have failed in doing their duty. Both assistant-physicians and assistant-surgeons have gained the confidence of the students and patients (no slight criterion of ability) in the out-patient department, and have satisfactorily filled the places of their seniors when absent from town.

Dr. Murchison has gained an appointment at the Fever Hospital, and Dr. Conway Evans at the Lincoln's-inn Dispensary and the Strand Board of Health: both, unfortunately, will be unpleasant competitors of the "pet" in whom so much interest is centred. Mr. Wood has distinguished himself by the invention of a most successful operation for the radical cure of hernia, which is becoming more and more appreciated in the profession; while Mr. Hulke has gained an appointment at the Moorfields Ophthalmic Hospital, and is becoming known by his researches in ophthalmic diseases; but alas! in a rash moment he took a house in Burlington-street!

I coincide fully in the disgust expressed by the "Associate" at the way things are being managed at our old school, and am,

Sir, yours obediently,

January, 1860. AN OLD STUDENT.

ON THE TREATMENT OF TETANUS BY WOORARA.

(LETTER FROM M. PAUL BROCA.)

To the Editor of THE LANCET.

SIR,—I hasten to inform you, that I am an entire stranger to the letter which appeared in THE LANCET of the 17th of December last, and that the signature is a forged one. The author of this disreputable action probably thought that his guilt might be lessened by changing my Christian name, *Paul*, and signing *Jules*. I think I may assert that there is no member of our profession of the name of "Jules Broca;" and that if there did exist a doctor of that name, he would join in my protest against the letter which appeared in the pages of your journal. Not only is the name a false one, but the address is equally so, for several of my friends have called at the Brunswick Hotel, and learned, to their surprise, that no one of that name has been staying there. There cannot, therefore, remain a doubt either as to the letter being a forgery, or that it was written with any other intention than making the profession believe that I was the author of it, and wished to throw discredit on Dr. Harley's name. All that it contains, except the attack against that gentleman and some other nonsense, has evidently been extracted from my paper "On the Treatment of Tetanus by Woorara," published a few weeks ago in the *Gazette des Hôpitaux*, and *Bulletin de la Société de Chirurgie*. The author, therefore, has no doubt chosen my name in order to give more weight to his attack upon Dr. Harley by leading people to believe that the statements made in his letter came from one well versed in the action of woorara. I may add, that the individual is a stranger, or nearly a stranger, to physiology, for his letter contains many errors, and even faults of orthography as regards names. He writes M. *Pelichan*, which, I suppose, is intended for Professor Pelikan, of St. Petersburg. My master, M. Martin-Magron, who published with M. Buisson an important memoir "On the Action of Woorara and Strychnine" in the *Journal de Physiologie*, has his name cut in two by a comma, and separated from his collaborator, M. Buisson, by the name of M. Bernard. M. Vulpian's name has been more fortunate; but to him has been attributed an experiment he never made.

In conclusion, I have only to add, that I congratulate myself at having the opportunity of saying how much I appreciate Dr. Harley's talent; and that although we may differ in opinion regarding the absorption of woorara by the digestive organs, yet I greatly esteem his scientific attainments, which have gained for him a high rank amongst the physiologists of our day.

I am, Sir, your obedient servant,

(Signed) PAUL BROCA,
Professor Agrégé à la Faculté de Médecine de Paris,
Secrétaire Général de la Société de Chirurgie.

Rue des Saints Pères, Dec. 1859.

Medical News.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following is a list of Licentiates elected at the meeting of the 27th December, 1859:—

Barlow, Joshua, Ardwick.
Caldcleugh, Simon, London.
Carr, Copley Jabez, Iver, Bucks.
Chambres, Charles, Llanrwst.
Chapman, William, Garstang.
Cox, Richard, Aldermaston.
Croft, Charles Ilderton, London.
Horsfall, Francis, Wakefield.
Hoyle, Richard Cleeve, Ropsley.
La Mert, Lima Abraham, London.
Lodge, Samuel, Bradford.
Mackintosh, John Innes, Calstor.
Meehan, William, London.
Monks, James Horton, Dublin.
Morgan, Moses, London.
Richardson, Caleb, Skirlaugh.
Royston, Charles, London.
Sewell, Joseph James, Halstead.
Southwood, Joshua, London.
Tayler, Wm. Geo. W., Tywardreath.
Thom, Alexander, Crieff.
Thomas, John Henry, London.
Walker, Wm. Henry, Aldborough.
Wardleworth, John, Bury.
Watson, David Hope, Transent.
Wollaston, Ed. Guiston, Shrivenham.

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HER MAJESTY'S INDIAN SERVICE. — In the list of gentlemen reported as qualified Assistant-Surgeons, published in THE LANCET of last week, *for*

J. G. SKARDON. } *read* { THOS. G. SKARDON.
HUGH RONALDSON. } *read* { HUGH RONALDSON HANDYSIDE.

LECTURES AT THE LONDON INSTITUTION. — Amongst the courses of lectures announced at this institution are four lectures "On the Organs and Phenomena of the Senses, Intellectual Powers, and Memory," by Joseph Towns, Esq., modeller to Guy's Hospital, commencing on Monday, Jan. 2nd, 1860; six lectures "On Experimental Physiology," by Dr. Pavy, Guy's Hospital, commencing on Monday, March 5th; ten lectures "On the Structure and Habits of Animals," by Dr. Cobbold, commencing February 8th; and ten lectures "On the Structure and Functions of the Nutritive Organs of Plants," by Professor Bentley.

ARMY HOSPITAL CORPS.—The men of this corps are selected, we are told, for their capabilities in attending the sick in hospitals, and in cooking and baking, having passed satisfactory examinations. A judicious order has this week been issued from the Horse Guards, directing that the men of this newly-formed corps are not to be employed either as medical or other officers' servants, or on fatigue duty,—their duties being to attend exclusively to the sick and wounded.

ON Wednesday last Professor Faraday delivered, at the Royal Institution, the second of his course of lectures on the Physical Forces.

VACCINATION.—Active steps are being taken in all the parishes of London to secure an improved system of registration and vaccination. Dr. Seaton has taken an important part in the movement; and Dr. Dundas Thomson and Dr. Hillier are co-operating in Marylebone and St. Pancras, in procuring a more efficient registration.

APPOINTMENTS. — Dr. Brown-Séquard and Dr. J. S. Ramskill have been appointed Physicians to the National Hospital for the Paralysed and Epileptic.

Mr. Francis Albert Nesbitt has been appointed one of the Honorary Surgeons of the South Staffordshire General Hospital, Wolverhampton, in place of Mr. Richard Sandford, deceased.

DEATH BY GODFREY'S CORDIAL.—Another infant has been poisoned, at Doncaster, by "an overdose of Godfrey's cordial, incautiously administered." The mother had been in the habit of thus drugging the child to keep it quiet, and on this occasion she gave it a teaspoonful and a half. Are there no infant nurseries at Doncaster?

AMONGST the recent additions to the National Portrait Gallery is one of Dr. Erasmus Darwin, painted by Wright, of Derby.

SUICIDE BY CHLOROFORM.—A painful suicide by chloroform has occurred at Liverpool. The unhappy person purchased eight ounces and a half of chloroform, and appears to have poured it into a dish, and bent his head over the vessel.

A COMMISSION IN LUNACY IN PARIS.—The Council-General of the Department of the Seine, have resolved to appoint an Inspector of the Asylums for the Insane, at a salary of £400 a year. He was to enter upon office on the 1st of January, 1860.

DR. HAYES'S ARCTIC EXPEDITION. — Another Arctic expedition is preparing to start next spring, under the command of Dr. J. J. Hayes, the surgeon of the Kane expedition. The leading object will be to complete Dr. Kane's exploration, and settle the question of the open polar sea, with its connected scientific problems. The expense will be 30,000 dollars, and foreign help is declined. Dr. Hayes will put rapidly into the Kennedy Channel, and push on for the pole.

AMPUTATION OF THE THIGH IN THE HYPNOTIC STATE. —M. Guérinau, surgeon to the hospital of Poitiers, in France, has just published, in the *Gazette des Hôpitaux*, the case of a farm labourer, of thirty-four years of age, who has had his thigh amputated for white swelling of the knee-joint, whilst under the influence of hypnotism. The patient had been ill two years, and experienced such pain in the knee that it could not be touched without exciting cries of distress. So apprehensive was he of pain, that he would not be carried to the operating theatre, but hobbled on crutches until he fainted. This was a case evidently unfit for chloroform, so that hypnotism was tried. A bright spatula was held about four inches from the root of the nose, the patient being recumbent. Strabismus immediately occurred; but when attempts were made to separate his legs, he resisted, and said it hurt him. Five minutes after the beginning of the experiment, one arm of the patient was raised by the surgeon, but it fell down; hence it was plain that catalepsy was not being produced, and the man then observed that it would be difficult to put him to sleep in that manner. Great silence was then enjoined in the room; and, after five more minutes, the patient being still fixed by looking at the spatula, the flap amputation was performed. It lasted one minute and a half, and, to the surprise of all present, not a sign of pain was evinced by the patient, and he made not the slightest movement, though hardly held by the assistants. When asked how he felt, he said he thought he was in Paradise. His eyes remained open the whole time, were somewhat oscillating, and affected with strabismus. About two minutes before the beginning of the operation, a pupil pinched the patient's thigh, asking him whether he felt pain, upon which he answered, "Yes, I feel a little." After the operation, the patient said: "I felt what was done, for, at the time the limb was being amputated, you said to me, 'Do you feel any pain?'" Now it should be noticed that the limb was removed two full minutes *after* this circumstance occurred, so that the man could not have felt any pain at the time of the actual operation. It is, however, not stated how he bore the tying of the arteries and the dressing of the stump.

THE KILLED AND WOUNDED IN MOROCCO. — The casualties of the Spanish army, since the commencement of the campaign, amounted on the 17th ult. to 6007, of which it is expected 1500 will return and join their corps.

SIR CHARLES LYELL has recently been appointed Fellow of the Academy of Sciences of Belgium.

M. DAVENNE, Director-General of the Hospitals of Paris, has just been placed on a retiring pension, and is succeeded by M. Husson. The medical press of Paris is unanimous in expressing regret at M. Davenne's retirement.

EGYPTIAN PRODUCTS AT THE CRYSTAL PALACE. — An addition to the Technological Museum has recently been made, consisting of numerous specimens of the manufactures and natural products of Egypt. These have been well arranged by Dr. Price in the Egyptian Court, and have already become an attractive feature at the Crystal Palace. Many of the implements of husbandry in use at the present day amongst the Egyptians are here displayed, and are precisely similar to those formerly used by the ancient inhabitants of the country: we speak particularly of the rude plough used in the time of Joseph. Of minerals, in the possession of which Egypt is rich indeed, there are specimens of iron, copper, and lead ores; sulphur, saltpetre, rock salt, kaolin, natron, sal ammoniac, and substances for the manufacture of glass and earthenware; marbles, alabaster, and granite, which abound in the vicinity of the Nile; the precious metals, ivories, ebony, feathers, horns, hides, gums, and all the varieties of the costly tropical productions met with in the upper portions of the Nile, are here to be seen. This very fine collection was made by Hekekyan Bey, under the direction of the Pacha of Egypt, for the Crystal Palace, and is so arranged by Dr. Price as to permit of almost everything being viewed to the best advantage, although the means placed at his disposal, in the way of space and glass cases, seem to be somewhat limited. The objects in the Technological Museum, and the Egyptian collection, are amongst the most instructive and interesting in the building.

DEATH OF A BENEVOLENT PHYSICIAN OF PARIS. — M. Labric, an hospital physician of Paris, has just died, universally respected. Since his decease, an act worthy of all commendation has come to light. A short time ago, M. Gillette, another physician connected with the Paris hospitals, died, after a few days' illness, from croup, taken at the Children's Hospital to which he was attached. It was then learned that the family of the latter was left quite unprovided for, whereupon the Medical Benevolent Society sent the widow £40. M. Labric had had the intention of presenting that sum to the lady, but hearing of the generous way in which he had been forestalled by the Society, he immediately sent £40 to the treasurer, that the funds of the Association should suffer no diminution.

NEW MODE OF EXTRACTING GUNPOWDER FROM WOUNDS.—When gunpowder is encrusted in the skin, it is customary to extract it by means of needles or the point of a bistoury. To save patients the pain of this operation, M. Busch applies to the part a solution of corrosive sublimate, five grains to the ounce. An eczematous eruption is thus excited, and the dried vesicles then contain the grains of gunpowder, which are very easily extracted. The skin retains its normal colour in the region thus treated, and no tatooing is observable. —*Archiv. für Path.*

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THE ARTIFICIAL ARM OF M. ROGER, THE EMINENT SINGER OF THE PARIS OPERA.—We stated, in a former number, that this very ingenious piece of mechanism had been made conjointly by Messrs. Charrière and Mathieu, of Paris. Upon this, we had a communication from the latter, who claimed the honour exclusively to himself. To be quite clear on the matter, we thought it fair that M. Charrière should be given an opportunity of adding his own statement. We find that he positively affirms having made the artificial arm, to which M. Mathieu added one piece of mechanism, upon the patented model of a Dutch anatomical mechanician. We have thus far given publicity to the distinct written assertions of both parties, and do not desire to prolong the discussion.

FRIGHTFUL MORTALITY AT SEA.—The painful reports in connexion with the ship *Accrington*, having soldiers' wives on board, are confirmed. This ship put into Pernambuco on the 4th ult., in charge of the second mate, both the captain and chief mate having died suddenly from the effects of poison (tartar emetic), administered in their food. The surgeon also partook, but recovered. Scarlet fever was raging fearfully on board: sixty-nine deaths had occurred up to that date, chiefly amongst children. Ventilation was reported to be in a disgraceful state, the lower deck being totally unfit for human beings. Extensive alterations and improvements are being made under the inspection of Mr. Consul Cooper, and the ship will proceed in charge of Captain Henderson.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DEC. 31ST.—The effects of the recent cold, and probably also of violent change, are still more prominently developed in the return of deaths for last week than they were in that which preceded it. In the week that ended last Saturday the deaths of 1677 persons were recorded in London; in the two previous weeks there were respectively 1289 and 1548. In the second week of December the mean temperature of the air was 28·6°; in the last it was 45·3°. The deaths from pulmonary diseases, exclusive of phthisis, were 470. This number exceeds the corrected average by 176. Bronchitis was fatal last week to 278; pneumonia rose to 151. The deaths from phthisis were 154. The mortality from small-pox increases slowly but steadily; the deaths under this head last week were 46, of which 18 occurred to persons 15 years old and upwards. On the other hand, scarlatina was less fatal; the number referred to it being 65, to diphtheria 12. The deaths from hooping-cough rose from 35 to 50. Two infants were murdered; and no less than 19 were suffocated, all or most of them in bed. The number of such deaths is greater than usual; and the negligence of parents, to which they are in some instances to be attributed, may be supposed to be more common at seasons of festive indulgence.

Obituary.

DR. MONTGOMERY.

SINCE the death of the late Sir Philip Crampton, no such loss has been sustained by the faculty of medicine in Ireland as that which has been inflicted on it by the decease of Dr. William F. Montgomery, who expired on the 21st of December last, at his house in Merrion-square North, after a short illness, which had not led to apprehensions of so rapidly fatal a result. Up to a few days previous he had been still engaged in the exercise of that profession which he had successfully cultivated, and in which he had attained a celebrity that extended far beyond the limits of the British Empire. Dr. Montgomery was educated in Trinity College, Dublin, where he obtained a scholarship in the year 1820, and afterwards graduated in both arts and medicine. He took the degree of B.A. in 1822, those of M.A. and M.B. in 1825, and finally that of M.D. in 1852, after he had been twenty-seven years in practice, and had reached a justly-deserved eminence as a practitioner and lecturer on midwifery. In 1825, he was admitted a licentiate of the King and Queen's College of Physicians, in which he was elected to a fellowship in 1829, and of which he was president about twenty years afterwards. Scarcely a month ago, the new Obstetrical Society of London did homage to the high reputation of Dr. Montgomery by electing him one amongst thirteen Honorary Fellows. Conjointly with the late Dr. Francis Barker, he published "Observations on the Dublin Pharmacopœia of 1826," which for many years continued to be used as a standard work by the candidates for medical degrees in the University of Dublin, and is even now not without utility. His great work, "On the Signs of Pregnancy," of which a new edition has recently been published, will long retain its place amongst the classics of medicine. This position is, indeed, secured to it by the admirable scholarly style in which it is written, the excellence of its tone, and the fulness and accuracy of the matter. His essay, "On the Spontaneous Amputation of the Limbs of the Fœtus in Utero," is also an excellent example of his research and sagacity. Dr. Montgomery was never Master of the Rotundo Lying-in Hospital, an office which has generally been the stepping-stone to obstetric fame and practice in the Irish capital. Amongst many men of whom the Dublin school of obstetrics is justly proud, none will hold a higher rank in the estimation of posterity than Dr. Montgomery.

RICHARD CREMER, Esq., M.R.C.S.

WE have this day to record the death of one of the old school of medical practitioners, whose life was an honour to his profession. Mr. Cremer was a member of an ancient family of that name which had been settled in Norfolk since the time of Henry VII., various members of which, at different periods of their history, had intermarried with some of the leading families in England—those of Earl Fitzwilliam, Sir Edmund Filmer, and Sir Cordell Firebrace. Through great pecuniary losses in his family he early embraced the medical profession, and was one of the first pupils, at St. Bartholomew's Hospital, of the late John Abernethy, with whom he continued on terms of friendship till the death of the latter. He commenced practice in Chelmsford, about the year 1790, and rapidly rose to eminence in his profession. He was an unfailing friend of the poor, being frequently known to pass a night and a day in a mud cottage at the sick bed of some poor sufferer who otherwise would have been unaided, and this in the full tide of a most prosperous practice. He may be truly said to have never turned his face away from any poor man. After fifty years of very laborious and successful practice, and at the age of seventy, he retired from the profession (though in full possession of his mental and bodily powers), from a conscientious persuasion that, having attained the usual life of man, it was not right to stand in the way of the rising generation. He died at Barnes, Surrey, on the 26th ultimo, having reached his ninetieth year, the last twenty years of his life being spent in that village, in daily administering to the wants of his poorer neighbours, striving to alleviate their sorrows and troubles by his professional skill, and, so far as he was able, by pecuniary help. He was a man of exemplary piety, of great benevolence, and of acknowledged skill in his profession; and his loss will be severely felt and lamented by a large circle of friends and acquaintances.

Births, Marriages, and Deaths.

BIRTHS.

On the 2nd inst., the wife of W. Drew Parsons, Esq., M.R.C.S., Liverpool, of a daughter.

On the 3rd inst., at Ryde, Isle of Wight, the wife of B. Pinniger, Esq., M.R.C.S., of a son.

MARRIAGE.

On the 28th ult., at St. Mary Magdalene, Munster-square, John W. Watkins, M.D. Edin., &c., of Newton-le-Willows, Lancashire, to Harriett Bromehead, eldest daughter of the late Richard Hayes, Esq., of Mornington-road, Regent's-park.

DEATHS.

On the 2nd Nov., at Hong Kong, Dr. Bernard Kenny, F.R.C.S., formerly of Canton.

On the 12th ult., at the Rue de Faubourg, St. Honoré, Paris, John Cullen Donnellan, M.D.

On the 21st ult., within a few days of his 21st year, Alfred W. A. Evans, a student in medicine, eldest son of Benjamin Evans, Esq., M.R.C.S., Acre House, Brixton, and Trinity-street, Southwark.

On the 25th ult., Samuel Millard, Esq., M.R.C.S., Whitchurch, Herefordshire, aged 58 years.

On the 31st ult., at Leman-street, Goodman's-fields, Samuel Ryan, Esq., L.S.A., aged 50.

On the 3rd inst., at Blomfield-terrace, Harrow-road, J. G. Moyle, Esq., F.R.C.S., aged 73, formerly President of the Medical Board, Bombay.

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MEDICAL DIARY OF THE WEEK.

FRIDAY, JAN. 6
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Henry Thompson, "On the Great Importance of Early Diagnosis and Treatment for Stone in the Bladder."

TUESDAY, JAN. 10
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—The following Operations will be performed at 2 P.M.:—By Mr. Holt: Removal of Tumour from Labia; for Cancer of the Breast, Cancer of the Lip, Hæmorrhoids, Stricture of Urethra (two cases), Capsular Cataract.
- ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Birds and Reptiles."
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Tilt, "On the Influence of Tropical Climates on Inflammatory Diseases of the Womb."—Dr. Webster's "Notes of a Visit to the Leper Hospital at Granada."

WEDNESDAY, JAN. 11
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
- NORTH LONDON MEDICAL SOCIETY.—8 P.M. Officers proposed for Election.

THURSDAY, JAN. 12
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

FRIDAY, JAN. 13
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

SATURDAY, JAN. 14
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

King's College Hospital.—We have received the "memorial of the assistant-physicians and assistant-surgeons of King's College Hospital to the Council of King's College," as also a number of communications, relative to the extraordinary conduct which the Council are pursuing towards the junior medical officers of the hospital. It is evident that the matter in dispute possesses an interest far beyond the walls of that institution. Indeed, it affects indirectly, in some cases perhaps directly, a great number of the rising members of the profession. When the subject was first mentioned to us, the whole affair seemed so monstrous that we were inclined to treat the report as an idle and unfounded rumour. This opinion can, however, be entertained no longer. The Council have proceeded to carry out their plan, and we have no hesitation in saying that anything more unjustifiable, or more open to the condemnation of the public and the profession, never occurred. It strikes at the foundation of all confidence; it ignores all those principles of equity which have hitherto regulated the re-election of the medical officers to our public charities; it, moreover, inflicts upon the profession a deep and lasting injury. If it were possible that the proceeding should be carried out, and become a precedent, no medical officer of an hospital would be safe. No matter what his ability, his industry, and integrity, if he once stands in the way of an envious rival who has sufficient interest with the governing body, he may be almost summarily ejected from his office, his years of labour sacrificed, and his prospects in life irremediably blighted. Nothing could be devised that would be more subversive of the honour and independence of the members of an hospital staff. Hitherto it has been the invariable practice in all hospitals to which the medical officers are appointed on the principle of re-election, to regard them as tenants for life, unless it could be shown that they were grossly incompetent, or that there was some stain upon their moral character which might reflect disgrace upon the institution with which they were connected. Depart from this practice, and it is easy to foretell the result. The assistant medical officers of King's College Hospital, as far as we have been able to ascertain, have performed their duties in an exemplary manner; they are men of mark, and have conferred honour on the institution; there is not a blemish upon their moral character. Can it be possible, then, that having accepted their appointments on terms which implied at least that they held them for life, they should be sacrificed to petty jealousies, or to a tyranny which should reflect lasting disgrace upon the perpetrators of the act! We shall return to this subject.

Dr. Tapierson will perceive that his name is inserted in the advertised list of the licentiates of the *Royal College* of Physicians of Edinburgh, published in THE LANCET of last week.

Rifleman.—1. The duties of an honorary surgeon will be to attend to the sick whenever the volunteers are out for duty.—2. The rank will be, we believe, that of captain, but *junior* to *any* military officer who may be in command.—3. There is a book of "Regulations for Army Hospitals" just published, in which is included everything that relates to army medical matters, and can be procured through any bookseller.—4. A staff surgeon is the rank above assistant-surgeon; and as soon as a staff surgeon completes twenty years' full-pay service, he is styled "surgeon-major."—5. The place for a surgeon of volunteers in a procession would be with others who rank as captain.

PRACTISING DRUGGISTS.

To the Editor of THE LANCET.

SIR,—The following is a copy of a document forwarded to the Council of the London Medical Registration Association by the general practitioners of Tottenham, Middlesex. As its publication may be of service both to the profession and the public, we have thought it advisable to ask a place for it in the pages of your valuable journal:—

"We, the undersigned legally-qualified practitioners of medicine in the parish of Tottenham, in the county of Middlesex, beg to call your attention to the following infringement of our rights, and to the consequent necessity of your interference on our behalf.

"On Friday, Dec. 23rd, an inquest was held at the Bell and Hare public-house, Tottenham, before Mr. Humphreys, one of the coroners for Middlesex, on the body of Mrs. Finney, who died on Sunday morning, Dec. 18th, under very peculiar circumstances. The deceased was suffering on Saturday, the 17th, from difficulty of breathing, which did not, however, prevent her from attending to household duties. In the evening she became worse, and sent for Mr. Tweddell, a chemist and druggist, who had attended her *professionally* on former occasions. Mr. Tweddell came, saw her, pronounced the malady to be asthma and disease of the heart, and prescribed for her. Two doses of the mixture which he sent were taken by the patient, and she expired at one o'clock on Sunday morning. The registrar very properly refused to register the death, as it was not certified by a competent practitioner. The coroner having received intimation of the occurrence, ordered a post-mortem examination, and appointed an inquest. The medical men who conducted the post-mortem inquiry found the heart perfectly sound and healthy, but the lungs in a highly congested state; the right lung especially was engorged, and a portion of it hepatized, showing a state of acute inflammation. The medical witnesses, therefore, gave it as their opinion that the deceased died of pneumonia, which might have been relieved by proper medical treatment.

"Now, although the coroner strongly censured Mr. Tweddell for his presumption in attending the deceased, we (the undersigned) think that a heavier penalty than a mere censure ought to be awarded to so grave an offence. We, therefore, submit to the Council the necessity of proceeding legally against the offender, not only to protect the rights of qualified practitioners, but to preserve the lives of the public from the ignorance of mere pretenders to medical knowledge."

Here follow the signatures. The enclosed card of the writer will, however, suffice to guarantee the authenticity of the above, while he simply subscribes himself,

Tottenham, December, 1859. M.R.C.S. Eng.

Fairplay, (Brompton.)—It is impossible to say what course the College of Physicians might pursue under such circumstances. The question of foreign degrees is still under the consideration of the Medical Council. Until they have arrived at a decision, no satisfactory answer can be given to the query.

If *G. B. T.* will forward to us his name and address, he shall receive a private note.

THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

To the Editor of THE LANCET.

SIR,—I was rejected by the Court of Examiners of the Royal College of Physicians of Edinburgh, and on going to receive the £10 I paid to be admitted as such, I was very much surprised on Dr. Douglas informing me that £2 was deducted for examining me. I told Dr. Douglas at the time that I did not consider it exactly the thing, it never having been mentioned in any of their proceedings that such would be the case on a candidate being rejected, and consequently I did not consider that they were justified in keeping the £2. Dr. Douglas himself said that if they had not previously mentioned it, he considered they ought to remit it. I took no further notice of it till I returned home. I then wrote to Dr. Haldane, and received the enclosed, after waiting five days, and hearing nothing more about it. I wrote to Dr. Douglas, requesting him to send it to me, and what post-office to make it payable. I have this day received a post-office order for the amount.

I cannot help thinking that such a course of proceeding is highly discreditable to the Court of Examiners, and I feel convinced that if I had not been persevering in trying to recover the £2, I should never have had it.

I remain, Sir, your obedient servant,

December 28th, 1859. MEDICUS.

"Royal College of Physicians, Edinburgh, Dec. 14th, 1859.

"SIR,—I have laid your letter of the 7th instant before the Council, and by their direction I have requested the treasurer to return you the sum of £2.

"I am, Sir, faithfully yours,

"———." "D. R. HALDANE.

DIARIES.—"Medical Diary," "Appointment Diary," (Messrs. Letts and Co.;) "Visiting List," (Messrs. Smith.) These useful little works have been forwarded to us. They have each attained to such a degree of excellence, that they can be safely recommended as satisfactorily fulfilling the objects for which they are intended.

A Medical Student, (Coventry.)—No other preliminary examination will be necessary.

OBSTINATE FLOW OF TEARS.

To the Editor of THE LANCET.

SIR,—Perhaps some of your numerous readers will be kind enough to advise me as to the best treatment in a case of obstinate overflowing of the tears. The case I have in hand does *not* depend upon any obstruction of the lachrymal duct. I have tried nitrate of silver, sulphate of copper, dilute nitric acid, sulphate of zinc; but nothing seems to do any permanent good

Yours most respectfully,

Oldham, December, 1859. JUNIUS.

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Scrutator, (Worksop.)—The Council have no such power. The Poor-law Commissioners, however, can cancel his appointment as a Poor-law surgeon, provided it be proved that he treats the paupers committed to his charge on what are called "homœopathic principles."

Jedburgh.—The paragraph in the *Teviotdale Record* was probably inserted by an injudicious friend of Dr. Ballantine.

NAVAL MEDICAL OFFICERS.

To the Editor of THE LANCET.

Will you give insertion to the following statement of facts of recent occurrence, which will show the way in which the medical officers of the navy are treated by the present Board of Admiralty, and the determination of the Board not to comply with the terms of the Warrant of the 13th of May last.

The Warrant runs thus:—"An assistant-surgeon, after six years' service on full pay, shall rank as a captain in the army." Also, "a surgeon shall rank as major in the army." And then it goes on to say, "such relative rank shall carry with it all precedency and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters."

Such is the promise. Now for the performance.

An assistant-surgeon serving on shore, having completed six years' time, applies for captain's quarters. Application refused.

A surgeon of a ship is sent sick to hospital, the medical officer of which, guided by the Warrant, gives him quarters assigned to field officers—i. e., officers holding the rank of major. The captain superintendent of the hospital is of opinion that the surgeon is not entitled to these quarters, and refers the matter to our friend the Board of Admiralty, who reply that a surgeon is only entitled to the same quarters as the lieutenants and engineer of the ship.

With regard to the precedency and advantages granted. Several surgeons have been well snubbed for respectfully requesting that this clause should be carried out. In one case the octogenarian admiral tears up the surgeon's letter, saying that the Admiralty had quite enough to do without troubling themselves about such matters. In another, the surgeon is severely reprimanded and threatened with a court martial. The upshot of this being that, except in the matter of pay, surgeons are precisely in the same position as they have been all along.

The army medical officers have had a change made in their uniform since the issuing of their Warrant; but no change has been, or seems likely to be, made in that of their naval brethren.

I am, Sir, your obedient servant,

December, 1859. ANTI-TRICKERY.

One who has Passed.—He can certainly legally style himself an assistant by qualification.

Enquirer, (Birmingham.)—Under such circumstances, the master neither in law nor equity can be held responsible.

THE EDINBURGH AND LONDON COLLEGES AND THE NORTHERN UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I was glad to see by the letter of "F.R.C.S.," in your impression of the 24th December, that the Edinburgh College of Surgeons had carried out the recommendation of the Medical Council as regards the preliminary and professional examinations, and fully agree with him in his remarks as to the injustice of the London College in not having done the same. But if a preliminary examination is insisted on for a mere member of a corporation, how much more so ought it to be for the holder of a degree in medicine? Now, I am not aware that certain Universities north of Edinburgh have yet instituted a preliminary examination, and should it not be the case, it is equally worthy the consideration of the Medical Council. Your obedient servant,

December, 1859. M.R.C.S.

Delta.—We believe not. No regulation to such an effect, that we know of, is in force.

IF *Chirurgus* will append his name to his letter on the "Median Operation of Lithotomy," it shall be published in THE LANCET.

Dr. Brown-Séquard.—The paper referred to has not been received.

VACCINATION.

To the Editor of THE LANCET.

SIR,—On reading over the rules for vaccination issued by the Privy Council, which I presume to be intended to give confidence to the public, I beg to offer a few remarks on Order No. 1, in reference to children with eruptions being prohibited from being vaccinated, which I conceive to be an error, as it very frequently happens that a child suffering from cutaneous disease of certain descriptions, on being vaccinated and a tonic given, will lose the eruption on the successful issue of the vaccination. Indeed there are many children rarely ever free from eruptions, and to leave such cases unvaccinated would be leaving those the most liable to small-pox. Of course, no medical practitioner would think of taking virus from other than a healthy child.

I am, Sir, your obedient servant,

Highworth, January, 1860. CHARLES SMITH, L.S.A.

Mr. Marsh.—Watson's Practice of Medicine; Dr. Rigby's System of Midwifery; Miller and Erichsen on Surgery. But put not your trust in books.

Dr. Townley shall receive a private note.

Enquirer.—1. The examination was a practical one.—2. We think so, but it is doubtful.—3. Not as a M.D., but the qualification simply.

THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—Unless the Register be published at one shilling, it will not circulate through the medical profession. At four shillings, I think not more than a few dozen copies have been bought in Ireland, and there is not a second copy of it, I believe, in this county. As a mere collection of names, made by gentlemen well paid for doing so, without statistics or other information, and as a book of which it will be necessary to have a copy yearly, many think that the charge I name is sufficient. At a higher price it certainly will not sell. Besides, it should be the object of the Council to place it in every gentleman's way.

Your obedient servant,

Kilkenny, December, 1859. JOHN KEARNS, M.R.C.S. Eng.

Mr. R. Prosser, (Bromsgrove.)—We animadverted on the Order of Council in THE LANCET of December the 17th. Our correspondent will perceive, by reference to that article, that the views we enunciated are similar to his own.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—Two of your later numbers contain supplicatory epistles on the *merits* of unqualified assistantship. The communications referred to are for the most part alike in their tone of appeal, though in the one last published it would have been more becoming had its author refrained from the apparent gratification of adding an avowal of his own peculiar view on the subject, to the effect that "fifteen years' practical experience, without a diploma," (his own case,) "is preferable to the possession of College and Hall licences, obtained by dint of hard grinding," &c.

The cases of these two unqualified writers are, doubtless, unfortunate for themselves, and claim the sympathy of friends; but untoward as have been their endeavours or aspirations, they ought to know that in every other profession disappointments, arising from the causes and casualties which they have explained, have occurred, and will always be occurring. Distressing though it be to learn from these two gentlemen how luckless their medical efforts have proved, it is equally so to think how many (probably hundreds) more occupy similarly mistaken positions at the present period. Such instances, however, should not, must not, for one moment blind us to the palpable fact that every *unqualified* practitioner, assistant, or whatever else may be his designation, who gets employment within the pale of our profession, is, to a greater or less degree, wrongfully depriving its qualified members and its qualified assistants of what legally belongs to them, and to them alone, after years of toil, and possibly of privation. No ingenuity of pathetic argumentation, no specious style of forensic colouring, deduced from individual circumstances, could alter or ever ought to interfere with that very serious consideration. The individual who presumes to act in the capacity of a medical practitioner, when devoid of all appropriate qualification, may, with equal justice, assert a right to try his hand at *acting* the curate, the barrister, &c., without let or hindrance. Your obedient servant,

North Lancashire, December, 1859. ÆQUITAS.

Lymph from the Cow.—Mr. Drinkwater, Surgeon to the British and North American Royal Mail Steamship *Africa*, having written to us to inquire where he could obtain lymph direct from the cow, we forwarded his communication to Mr. Tomkins, the experienced Surgeon of the National Vaccine Establishment. Mr. Tomkins, in his reply to us, says:—

"I wrote to Mr. Drinkwater last week on this subject; told him that the vaccine lymph dispensed by the National Establishment is *not* derived directly from the cow; that the only person in England (so far as I know) who professes to supply such lymph to applicants is Mr. Battock, a chemist, at Brighton. I did not add (because it would have opened a controversy for which I have neither time nor inclination) that the lymph employed by us (the officers of the National Vaccine Establishment) is far preferable to any lymph 'direct from the cow,' being equally prophylactic, and much less liable to be followed by symptoms of excessive local and constitutional irritation. In more than one 'Report to the Houses of Parliament,' the Board of this Establishment has expressed its unabated confidence in the purity and protective powers of the lymph it disseminates."

Non-Medicus should forward his name and address, and he will receive a private note.

REGISTRATION OF MIDWIFERY CASES.

To the Editor of THE LANCET.

SIR,—In answer to "M.D.," I beg leave to state that I have for several years past found a very convenient form of register in the "Midwifery Register," published by Smith and Son, Long-acre.—Your obedient servant,

Upper Holloway, Dec. 1859. W. B. KESTEVEN, F.R.C.S.

*** Dr. W. Webb, of Wirksworth, Derbyshire, has also written to us, recommending "Smith's Register." A form of register will also appear in the forthcoming volume of the "Obstetrical Transactions."—ED. L.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. This information is regarded as confidential.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Henry Bennet; Dr. Brown-Séquard, Paris; Mr. Gant; Dr. Quain; Mr. Thorold; Mr. Geo. Reid; Dr. Basham; Dr. Tilt; Dr. Mackinlay; Mr. Harrison; Dr. Handyside; Mr. Canton; Mr. Henry Thompson; Mr. Stokoe, Maidstone; Mr. Lister, Littleborough, (with enclosure;) Mr. Littlewood, Wakefield; Mr. Spackman, Farringdon, (with enclosure;) Mr. Fitz-Patrick, Knotty Ash, (with enclosure;) Mr. Bell, Cockermouth, (with enclosure;) Dr. Nicholson, Lees, (with enclosure;) Dr. Robb, Inverkindie, (with enclosure;) Dr. Pritchard, Piley, (with enclosure;) Mr. Ashton, Walton-le-Dale, (with enclosure;) Dr. Kelly, Dublin; Dr. Plowman, St. Austel, (with enclosure;) Mr. Clarke, Lynton, (with enclosure;) Mr. Evans, Blaenant, (with enclosure;) Dr. Munro, Muirkirk, (with enclosure;) Mr. Hopson, East Dereham; Mr. Davis, Clevedon, (with enclosure;) Mr. Gould, Wateringbury, (with enclosure;) Mr. Stretton, Kidderminster, (with enclosure;) Mr. Freeborn, Oxford, (with enclosure;) Mr. Guppy, Falmouth, (with enclosure;) Mr. Summers, Rothbury, (with enclosure;) Dr. Crooke, Chorley; Dr. Wilder, Cosham; Mr. Barlow, Ardwick, (with enclosure;) Mr. Norman, Carlisle, (with enclosure;) Dr. Cuthill, Denny; Mr. Morris, Hereford, (with enclosure;) Mr. Stretton, Beverley; Mr. Higgs, Radnor; Mr. James, Woburn, (with enclosure;) Mr. Hemsley, Kegworth, (with enclosure;) Dr. Griffin, Southampton, (with enclosure;) Dr. Allen, Yealand Conyers, (with enclosure;) Mr. Smith, Chichester, (with enclosure;) Mr. Watkins, Worcester; Dr. Lomax, Sutton-in-Ashfield; Mr. Baker, Friar-gate, Derby, (with enclosure;) Mr. Swanwick, Congleton; Dr. Watts, Middlegate; Mr. Pilcher, Ramsgate; Mr. Oswald, Weymouth, (with enclosure;) Mr. Cantley, Killinghall; Mr. Hartley, Cheltenham; Mr. Baxter, Colchester, (with enclosure;) J. H. B., Winslow, (with enclosure;) W. P. D.; College of Physicians, Edinburgh; Hopeless; &c. &c.

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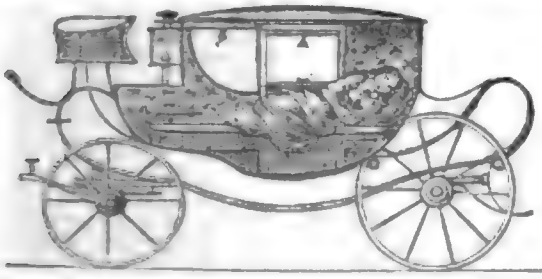

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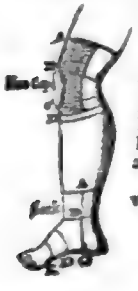

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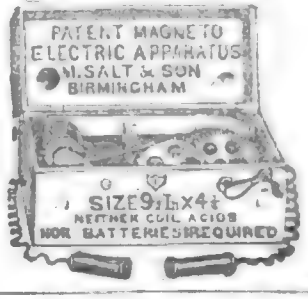

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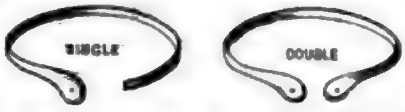

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Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

Royal Westminster Ophthalmic

HOSPITAL, King William-street, Charing-cross.—The COURSE of LECTURES on the "Diseases and Operative Surgery of the Eye," to be delivered at this Hospital by HENRY HANCOCK, Esq., and HENRY POWER, Esq., will commence on Monday, January 16th, and be continued on every succeeding Monday and Friday, at half-past Twelve o'clock P.M.

The "Microscopical Anatomy of the Eye and the Use of the Ophthalmoscope," by JABEZ HOGG, Esq.

Education for the Medical Profession.

Special facilities are offered to Pupils intended for the Medical Profession at St. John's School, Wakefield, the Principal of which was formerly a Master in the Medical College, Epsom. Terms inclusive.

R. M. B. College, Epsom.—The Rev.

F. R. PENTREATH, Second Master of this College, receives into his house, in Epsom, with the sanction of the Council, a limited number of PUPILS as BOARDERS.—For particulars, apply to Robert Freeman, Esq., Secretary, 37, Soho-square, London; to the Rev. R. Thornton, B.D., Head Master; or to the Rev. F. R. Pentreath, South-street, Epsom.

University of St. Andrews.—Notice

is hereby given, that the EXAMINATIONS for the Degree of DOCTOR of MEDICINE this year will commence on Monday, the 7th of May, on Monday, the 24th of September, and on Thursday, the 27th of December.

Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for Examination.

Every candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for Registration on Saturday, the 5th of May, on Saturday, the 22nd of September, and on Wednesday, the 26th of December.

By order of the Senatus Academicus,

St. Andrews, Jan. 2nd, 1860. JAMES MCBEAN, M.A., Sec.

King's College, London.—The Council

are ready to receive Applications from Candidates for Two Appointments of ASSISTANT-PHYSICIAN for DISEASES of WOMEN and CHILDREN, at King's College Hospital. For particulars, apply to

Dec. 19th, 1859. J. W. CUNNINGHAM, Secretary.

Natural History.—United Service

INSTITUTION, Whitehall-yard, S.W.—The Council, having been authorized, at a General Meeting of the Members, to dispose of the Specimens of Natural History in the Museum, hereby give notice, that the Collection will be open for Inspection daily from 11 to 4 (on application to the Secretary), from January 3rd to 31st, 1860. Offers for the Collection as a whole, or in groups, will be received by the Secretary.

The Collection consists of Stuffed Birds, Skins of Birds, Horns of Animals, Skulls of Animals, Reptiles, Fishes, Specimens illustrating Ethnology, Botanical Specimens, Shells, Crustaceans, Echinoderms, Corals, Insects, Miscellaneous Specimens.

By order of the Council,

Dec. 29th, 1859. S. J. BURGESS, Capt. R.N., Secretary.

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Education.—To Surgeons.—A Gentleman has Two valuable PRESENTATIONS, which he will be happy to lend for a period to a fellow-practitioner, to assist in Educating his Sons.—Address, N. O. P., 154, Leadenhall-street, City, London.

Royal Medical Benevolent College, EPSOM.—The Council have the pleasure to announce that the Right Hon. the LORD LEIGH has kindly consented to take the Chair at the EIGHTH ANNUAL FESTIVAL of the College, which will take place at the Freemasons' Tavern, on Thursday, the 26th of April next, when it is earnestly hoped there will be a large meeting of the friends of the Institution.

Gentlemen who are willing to fill the office of Steward on the occasion are requested to forward their names to the Treasurer, John Propert, Esq., 6, New Cavendish-street, W.; or to the Secretary, at the Office of the College, 37, Soho-square, W. A first list of Stewards will be advertised shortly. There is no liability attached to the office.

By order of the Council,

37, Soho-square, London, Jan. 5th, 1860. ROBERT FREEMAN, Sec. HERBERT WILLIAMS, Assist.-Sec.

The London Home, for Surgical DISEASES of WOMEN, 16, Stanley-terrace, Notting-hill, nearly opposite St. John's Church.

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Dr. Menzies, 12, Elizabeth-terrace, Westbourne-grove.
G. Spencer, Esq., 1, Horbury-terrace, Notting-hill.
Dr. Giles, Norfolk-terrace, Westbourne-grove West.

This Institution is established for the Treatment of Surgical Diseases peculiar to Women. It contains 20 beds.

A small sum is paid by each patient, weekly, towards the expenses of the Institution; the services of the Medical Officers being entirely honorary.

All qualified Medical Men are admitted to see the practice, on Thursdays, at 2 P.M., on application to one of the Medical Officers at "The Home."

GEO. FORBES, Hon. Sec.

Worcester General Infirmary.—A Vacancy in the Office of HOUSE-SURGEON to this Infirmary will occur, by resignation, on the 30th of next March. The salary is £80 per annum, with board and lodging. Every candidate for the Office must produce satisfactory testimonials of moral character, and must be registered as a Medical Practitioner under the Medical Act. Applications, with testimonials, to be sent to the Secretary, No. 50, Forgate-street, Worcester, before the 23rd inst. These applications and testimonials will in the first instance be laid before a Special Committee, who will report to the general body of Governors the candidates whom they consider the most eligible. The candidates will be informed of the day of Election.

By order of the Weekly Committee,

Board-room, Jan. 2nd, 1860. ALFRED P. WATKINS, Secretary.

A Dispensing Assistant Wanted for the country, for a fortnight or three weeks. References required.—Apply, stating terms, T. Z., 386, Oxford-street, London.

A Student of St. George's, who has lived with a Medical Man in the West-end for the last three years, wishes to reside with a Professional Man in the same quarter, whom he would Assist when disengaged from necessary hospital attendance.—For further particulars, address Mr. Sands, Post-office, Vigo-street, W.

Medical.—Wanted, by a young Man, twenty-two years of age, a Situation as Dispensing ASSISTANT. Has had nearly six years' experience. Can keep the Books (both private and union) if required. An Out-door Situation preferred.—Address, stating terms, &c., to J. H. R., Mr. Baldwin's, 17, Queen-street, King's-road, Chelsea, S.W.

Medical. — Wanted, in a Country Practice, a Man of gentlemanly habits, to Visit, Dispense, and attend Midwifery. A man of middle age or elderly appearance preferred, and one qualification is indispensable.—For particulars, apply by letter to W. H. S., Box 27, Post-office, Beverley, Yorkshire.

Medical.—A Member of the College of Surgeons of England and L.S.A., aged thirty-seven years, who has had considerable experience in Midwifery, is desirous to engage as ASSISTANT with a Medical Gentleman who, after a certain time, would give him a Share of his Practice on moderate terms. Unexceptionable references given.—Address, prepaid, Beta, THE LANCET Office, 423, Strand, W.C.

Medical Assistant. — A qualified gentleman, twenty-two years of age, is open to an ENGAGEMENT with a Medical Practitioner, to Visit and attend Midwifery. Testimonials as to professional and moral character most satisfactory.—Address, M. D., No. 9 Post-office, Carlisle.

To Surgeons and General Practitioners.—Wanted, a Situation as Dispensing ASSISTANT (in town or country), by a young gentleman who can Take Charge of an Open Surgery. Will be disengaged in about four or five weeks. A satisfactory reference will be given from present employer.—Address, stating terms, &c., Mr. Gowan, 2, Queen's-road, Haverstock-hill, London, N.W.

Out-door Assistant. — A highly-re- spectable married man, with the double qualification, who has had considerable experience in town and country Practice, can ride, desires an ENGAGEMENT. He would be glad if an arrangement could be made for a Share in the Practice, after a term, if agreeable.—Address, L. M., 1, Chepstow-place, Bayswater, W.

Attendance for the Insane. — A respectable Man Wanted in the above capacity, who is thoroughly used to his work. Good references required.—Apply to Mr. Clack, Bookseller, Stroud, Gloucestershire.

A Medical Gentleman, residing at a healthy seaport town, wishes to Receive into his family an eccentric (not insane) or invalid LADY or GENTLEMAN. There is a nice garden attached to the house.—Address, P. P., Post-office, Ramsgate.

To Invalids. — A married Medical Man, without family, wishes to Receive into his House an INVALID LADY, who will have her own rooms and servant. The house, which is large, is healthily situate in a town within a short distance of London by rail, and the surrounding country is beautiful. References to physicians, clergymen, and others.—For further particulars, address to A. B., 21, Harp-lane, London, E.C.

To be Sold, with one year's Intro- duction from the 1st inst., a GENERAL PRACTICE in a country town of 12,000 inhabitants, and its environs. Average receipts over £700 per annum.—Apply to Messrs. Wadsworth and Watson, Solicitors, Nottingham.

A small Medical General Practice, in London, is offered for Disposal, on moderate terms. Is capable of considerable increase. Would suit a young man commencing practice, and desirous of establishing himself in a populous neighbourhood.—Address, D. M., 6, Bolingbroke-terrace, Stoke Newington-green.

To be Disposed of, with immediate possession, in consequence of ill health, a genteel, unopposed, and old-established PRACTICE in a rural district. A Union appointment worth £100 per annum. Present receipts being upwards of £400 a year.—For terms, apply, by letter, to Alpha, THE LANCET Office, 423, Strand, London, W.C.

Immediate.—A married Gentleman, fully qualified, desires to Purchase a SHARE of £500 or £400 per annum in a respectable PRACTICE in a Western Suburb, or near London, or any agreeable town on the South Coast; Brighton or Hastings preferred. Or a Practice to like extent, but improvable. The advertiser is a good accoucheur, active, and of very steady, business habits.—Address, Medicus, care of THE LANCET Office, 423, Strand, W.C.

Partnership.—A Gentleman wishes to join a Country Practitioner, where the receipts are not less than £1000 per annum. Prepared to pay £500 down.—Address, M. D., THE LANCET Office, 423, Strand, W.C.

Partnership or Retail.—A Partner is desired in an old-established PRACTICE and RETAIL, among the middle and lower classes; or the Retail will be Sold, with permission to Practise. Terms, £500. Credit for part of purchase-money, upon satisfactory security, if wished.—Apply, by letter, prepaid, to C. D. E., Post-office, 44, Judd-street, Brunswick-square.

Partnership.—A M.R.C.S. & L.S.A., at present holding an hospital appointment, is desirous of obtaining a PARTNERSHIP with an elderly Medical Man in London. The highest testimonials as to professional knowledge and ability can be given. Terms; either an equal Share of the Partnership upon the advance of a money payment by the advertiser, or the receipt of a lesser portion of the profits by the advertiser for a term of years to be agreed upon.—Address, Rev. Thomas Pitman, Eastbourne.

Medical Partnership, and Succession subsequently, in an unopposed PRACTICE, a short distance from London. Established six years. Returns £240; can be increased by any active person. Thirteen miles in the district; population 4000. £50 from appointments, which may be doubled in March next. Mixed class of patients. Any elderly gentleman, with the aid of the present occupier, might carry on the business without exertion for life; or any young active man might succeed to the whole for £120 down or secured. Enquiries may be made in the neighbourhood as to facts, to limit correspondence.—Address by letter, J. W. G., 8, St. Mary-le-Strand-place, Old Kent-road, London.

To Surgeons and Chemists.—To be Disposed of, a CHEMIST'S SHOP, in a densely-populated neighbourhood. Hitherto the Business has been conducted by a Chemist solely, but is particularly eligible for a qualified Medical Man. Sum required, £250.—Apply to Mr. Rose, Medical Shop Fitter, Old-street-road, London.

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small town within sixty miles of London; at present confined to the better class; capable of great extension. Appointments can be had if desired. Rent and taxes of a comfortable and genteel cottage, under £20; expenses light, no horse being required. A good Introduction will be given, and very easy terms accepted to ensure an immediate successor.—Further particulars of Mr. Wilson, 26, Charles-street, Waterloo-place, St. James's-square, S.W.

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Also, several Qualified and Unqualified Gentlemen, for Town and Country Practices, as Resident Assistants, to Visit, Dispense, and attend Midwifery. Salaries liberal.

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Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

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Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

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Visiting Assistant.—Wanted, by a

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Out-door Assistant — Visiting, or

Visiting and Dispensing.—Wanted, the above, by a married M.R.C.S.L., aged thirty-two, in London or its vicinity. Is an experienced Accoucheur, and not afraid of hard work. Testimonials of the highest order.—Address, stating salary, &c., to D. D. D., Post-office, Chichester, Sussex.

Wanted, an Assistant, in the Country,

to Visit, attend Midwifery, and Dispense.—Apply, personally, if convenient, to A. B., 35, Tavistock-street, Covent-garden, W.C.

Wanted, by a Surgeon in extensive

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Practice, an In-door ASSISTANT, not less than twenty-five years of age, fully competent to Visit, Dispense, and attend Midwifery. One desirous of a permanent engagement preferred. References required.—Address, stating salary, &c., Mr. Lister, Littleborough, Lancashire.

Wanted, by an unqualified married

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Death in the Nursery. — Organization of the Irish Medical Officers. — Fear of Hydrophobia. —Violent Deaths in 1859. — City Churchyards. — A Disputed Legacy 43
King's College Hospital 45
Qualifications of Poor-law Medical Officers 46
Protest addressed to the President and Council of the Royal College of Surgeons by the Surgeons of Cheltenham 46
The London Medical Registration Association 47

CORRESPONDENCE.

Hyperæmia of the Eye 47
Median Lithotomy 48
Compulsory Vaccination 48
The Spread of Infectious Diseases by Street Cabs 48
Mr. Dickinson's Case of Imperforate Anus 48
Questions at the Written Examination for H.M. Indian Medical Service, December, 1859 48

MEDICAL NEWS.

Soap Bark of South America 27
Detection of Blood Stains 33
New Instrument for the Extraction of Musket-balls 40
Pass-list of Apothecaries' Hall. — Appointments.—The Wounded of the Spanish War.—Harveian Society. — Odontological Society of London. — College of Dentists of England.—The New Medical Act. —The Physician-Astronomer, Dr. Lescabault.—The Galvanic Cautery.—Hospitals of Rouen.—Cultivation of "Ginseng."—Queen Louisa of Sweden. — Quarantine. —Yarmouth Hospital.—How to render Muslins Fireproof.—Public Prizes.—New Hospital. —Health of the Metropolis 49
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Notices to Correspondents 52

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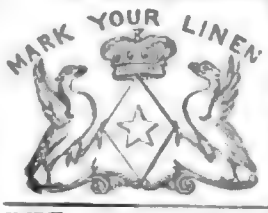

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WESTMINSTER HOSPITAL.

Practical Clinical Remarks ON PARTICULAR FORMS OF RENAL DISEASE.

By W. R. BASHAM, M.D.,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC. ETC.

RENAL ABSCESS.

GENTLEMEN,—The following case offers several points of interest for clinical study, and is valuable to the student as presenting favourable opportunities for observing the most characteristic and diagnostic symptoms of a form of renal disease of infrequent occurrence. Renal abscess from calculus of the kidney is certainly not rare, but renal abscess from a calculus impacted in the pelvis of one kidney, accompanied by intermissions of the purulent discharge, and, for days, complete absence of pus from the urine, is of unusual occurrence, and furnishes a most instructive subject for the attention of the student in clinical medicine.

Mary Anne C——, aged forty-one, was admitted into the Westminster Hospital in August last, suffering apparently from obscure symptoms of dysentery. She was treated, in my absence from town, for the diarrhœa which had been present for three weeks before admission. I did not see her till the first week in October, when I was at once struck with the presence of pus in the urine, which she stated had been present in greater or less quantity for a long time. Upon making an examination of the abdominal region, a greater fulness in the left lumbar space was detected, and accompanied by doubtful evidence of fluctuation. Pressure caused a sense of pain in the direction of the left groin, and at the bottom of the pubis. I am indebted to Mr. Middleton, the clinical assistant, for the following history before admission. It suggests the probability of a vesical calculus at one period; but in this the patient's account as to the sequel of the symptoms of calculus in the bladder is obscure. She stated that she lived in the West Indies for three years, returning to England in October, 1858. During her residence in the West Indies she appears to have suffered from dysentery, as well as from some disorder of the functions of the bladder. Her statement is, that she suffered from retention of urine and difficult micturition for some weeks. The urine was drawn off in small quantities from time to time by the catheter, at which period much constitutional disturbance, with fever, occurred. At that time her life was despaired of. The urine, she states, was always ropy, and could be drawn in shreds, and the bladder was frequently washed out with injections of warm water. In the midst of her sufferings she suddenly experienced a sensation as if something had given way, which was followed by the discharge from the bladder of a quantity of viscid, red, and purulent-looking fluid, and which continued in daily decreasing quantity. This gave her great relief. After her return to England in October, 1858, she continued to suffer severe lumbar pain, particularly aggravated on walking, or on the body being jarred in any way. This was accompanied by a yellow deposit in her urine. She states that during the past year she has suffered from dyspeptic symptoms, of which pyrosis appears the most prominent. During the month of August she suffered from diarrhœa, with pale-coloured dejections, stated to have been shreddy, and mixed with blood. In my absence she was treated for these symptoms; copious bulky fæcal dejections followed the treatment adopted by Dr. Fincham, from which she experienced much relief. It was in the first week of October that, finding she complained much of a constant severe pain in the left lumbar region, an examination of the abdomen was made, and the urine found to contain a notable deposit of pus. The examination of the abdomen demonstrated the following conditions:—The symmetry of its outline was not disturbed to the eye as regarded the anterior aspect; laterally, the hollow of the lumbar space of the left side was less, and appeared fuller than the opposite. Percussion at this period did not develop anything unusual. Grasping the lumbar space with the right hand, and making steady pressure with the thumb in front, caused considerable pain, amounting almost to a sense of sickness and faintness. No sense of fluctuation could be detected at this time. She stated that she had frequently experienced an aching pain at the crest of the ilium of that side, with a feeling of numbness extending down the thigh, in the direction of the external cutaneous crural nerve. She was occasionally troubled with frequency of micturition, and pain at the neck of the bladder, relieved, however, by the passing of urine. This fluid, when set at rest, separated into an upper, perfectly clear, and natural-looking urine, and a sediment, yellowish in colour, and creamy, but perfectly limpid in consistence. This, to the ordinary chemical reagents, and to examination by the microscope, afforded proof of its being pus. The clear supernatant urine was slightly albuminous, from the admixture with the liquor puris. That the bladder was not implicated was inferred from the absence of ropiness and mucosity from the urine, and the separation so readily of the pus as a distinct, well-defined sediment. Some epithelium from the ureters was once observed, but nothing else but pus-cells have ever been detected by the microscope. The opinion then formed was that there was renal abscess from a calculus impacted in one or both kidneys. At that time the urine was continuously purulent; each micturition contained pus. Although the direction of the symptoms led to the opinion that the left kidney was the more severely implicated, it was impossible then to pronounce, as the sequel enables me to do, that the right kidney was free from disease. She was ordered ten grains of Dover's powder each night, and to take the decoction of uva ursi three times a day. There was some apparent improvement at first; but after taking the astringent for three days, some blood appeared in the urine, and it was discontinued; it was resumed on the 14th of October, the purulent deposit remaining undiminished, but the patient becoming much freer from pain, and ostensibly improving in all other respects. There was, however, acute pain in the left lumbar region, and much aggravated by pressure.

And now (Oct. 28th) commenced a series of symptoms which, when read rightly, afford a most intelligible explanation, not only of the disease itself, but of the course it will probably run. The urine continued undiminished in quantity, but there was a *sudden*, not gradual, but sudden and abrupt disappearance of all purulent deposit. The urine was perfectly natural; not a trace of albumen, or cell-form, except vesical and urethral epithelium. But step by step with this visible return to healthy urine, the sufferings of the patient increased; the left lumbar region became sensibly fuller; the left iliac space filled up; the abdomen became larger to the left side, and unsymmetrical. A distinct sense of fluctuation could be detected, and the most acute suffering was induced by making pressure on the left side, the pain always darting pungently to the pubis in the direction of the neck of the bladder. There was some febrile disturbance, which was only partially allayed by diaphoretics, fomentations, and sinapisms. She found relief from large doses of opium, Battley's solution being the preparation employed. There could be no doubt now as to the explanation of these occurrences. The left kidney was the seat of a calculus, which, up to this period had, in all probability, been retained either within the calyces, or in the upper part of the pelvis of the kidney, where its presence had caused a daily, continuous, and unobstructed flow of pus mixed with the urine. This calculus gets displaced, and lodges in the infundibulum; it blocks the entrance to the ureter, and causes the purulent secretion to become suddenly arrested. The urine is no longer purulent; on the contrary, it is natural and healthy. We infer, therefore, that the right kidney is free in its functions, and healthy in its secretion. But corresponding to the abrupt disappearance of the pus from the urine is the slow but palpable increase of a fluctuating tumour in the position of the left kidney, and with an accompanying amount of suffering of the patient. Remedies fail to give relief, except the blunting influence of the narcotic, which procures a temporary lull to the anguish, darting and stabbing and shooting downwards, in the direction of the ureter to the neck of the bladder. Micturition was at this period very frequent, and there was much pain both before and after passing urine, with a pungent pain down the left hip and thigh.

These symptoms continued without any but temporary mitigation to November 10th, when pus began to reappear in the urine. On this day she experienced relief; the urine exhibited distinct evidence of the presence of pus. The perspiration,

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which had been excessive at night, subsided, and there was much less tenderness and fulness in the left lumbar region.

On the 11th and 12th November, the report speaks favourably of the change of symptoms: the bowels were very loose; the tongue was natural; pulse moderate and soft; and the appetite improved. The lumbar region is much decreased in fulness, and there is but little pain caused by pressure; the amount of pus in the urine increased daily. These favourable symptoms continued (Nov. 15th), when the urine became scanty and clear.

On the 16th, the fulness of the left side had notably increased, and there was much increase of suffering; shivering was complained of, and profuse perspiration broke out at night. Fomentations with hot flannels and opiates temporarily relieved her sufferings.

On the 21st of November, pus again made its appearance, and with a similar modification of the symptoms.

The urine continued purulent till the 26th, the lumbar region decreasing in fulness, the bowels remaining very active, and the sufferings of the patient materially relieved.

This state continued up to the evening of the 1st December; the patient had voluntarily omitted the opiate, and her appearance justified the conclusion that for several days she had been free from pain or uneasiness. On the evening of this day the urine again became clear, and lost all trace of pus, which was immediately associated with a sense of tightness and distress, and tenderness in the left lumbar region. Sympathetic pains extended to the crest of the ilium, to the groin, and symphysis pubis.

On the 9th, once more her sufferings were relieved by the presence of a copious deposit of pus in the urine, which continued for five days; the report of the 14th stating that the urine was quite clear, and the patient exhibiting painful signs of distress, which have now been so regularly associated with absence of pus in the urine and increase of the renal tumour, that the reappearance of the purulent deposit is looked for as the only certain source of relief to her sufferings.

This state continued to December 28th, the urine during the last fortnight never becoming more than slightly hazy by the presence of pus-corpuscles. The renal tumour has during this interval increased much in size. There is a much greater prominence of the abdominal wall to the left of the umbilicus. The lumbar or iliac space is filled up; distinct fluctuation can be detected. This kind of percussion produces much pain, and any amount of pressure excites a sensation of a stabbing character in the direction of the pubis. To the right of the umbilicus the natural resonance of the abdomen exists; on the left the absence of resonance extends not so far forward as it did, in consequence of the flatulent state of the large bowel. On the morning of this day, pus began to appear in increasing quantity, and throughout the day was estimated at more than a pint.

The urine, on the morning of the 29th, was opaque and milky, or rather of a creamy, yellow appearance; and when set at rest, it afforded a deposit which occupied more than half the glass. This great augmentation in the purulent discharge has brought a proportionate amount of relief to the patient: she slept better last night, and is much freer from pain. The tongue is clean, pulse quiet and natural, and the appetite moderate. The bowels continue much relaxed, but there is no appearance of pus in the dejections. The abdominal walls are not so tense as two days since, but soft, although prominent and tympanitic.

The nature of this case cannot be mistaken: it is an abscess of the left kidney, originally excited by the presence of a calculus. The disease commenced with symptoms of calculous pyelitis, or calculous nephritis—it is impossible to say which, as the early history of the symptoms of the patient is imperfect. From the moment, however, that attention was drawn to the state of the urine, with the accompanying symptoms, no doubt existed as to the origin of the pus, or the nature of the disease; but the subsequent progress of the symptoms is remarkable for the additional aid it affords to a correct diagnosis. If urine presents an opaque, milky, or cream-like appearance when passed—is limpid, and not viscid—readily separates into an upper clear portion, which is albuminous, and a lower deposit of a pale-yellow sediment—if that sediment, by the addition of liquor potassæ, be converted into a ropy, gelatinous magma—if the microscope exhibits numerous corpuscles, which the addition of acetic acid develops into a well-marked cell-wall, with a trefoiled or reniform nucleus,—then it may be certain that pus is present in the urine. The next point is to determine its source. It might be derived from the urinary passages, the bladder, or the kidneys. If from the urethra, evidence of local irritation is not difficult to obtain; moreover, the quantity of purulent discharge is never sufficient to form any very notable sediment. The microscope would exhibit the presence of pus-cells; but the number would never give to the urine an albuminous reaction by heat and nitric acid. Urethral disease is therefore excluded. But the bladder may be the source. Now, apart from the symptoms which are peculiarly characteristic of vesical inflammation and irritation, the urine always exhibits a peculiarity which is a valuable guide to the student. In all cases of vesical mischief, whether from the presence of calculus, or gouty inflammation, or simple catarrh of the bladder, the urine, as quickly as it enters the bladder, undergoes partial decomposition. The epithelium and mucous or exudation corpuscles set up a rapid molecular change in the urine; it quickly loses its acidity; it becomes neutral, or positively alkaline: and this state rapidly disintegrates the cells, their walls are dissolved, and the contained mucus set free; the whole fluid becomes viscid, tenacious, and ropy, and, poured from one vessel to another, exhibits a similar viscidity to that produced on pus by the addition of liquor potassæ. The urine is frequently in this state before it leaves the bladder; more frequently, however, it becomes so within an hour or two of its excretion. In such urine abundant prismatic crystals of the triple phosphate are always visible, from the rapid crystallization of this salt from neutral urines. The state and appearance of the urine, then, in this case, exclude the bladder as a probable source. Experience teaches, that renal abscess, from whatever cause, produces the largest and most characteristic supply of pus in the urine. When the kidneys become the seat of calculous deposit or of tubercular infiltration, pus is formed in abundance: in the latter disease, in a continuing and gradually augmenting quantity, accompanied by rapid emaciation and death by exhaustion; in the former, by the presence of pus intermitting in quantity, the urine occasionally being clear, and the general condition of the patient not deteriorating to any marked extent; the loss of strength and flesh not often being very marked, and never in proportion to the amount of pain experienced by the patient. The urine is opaque and turbid; but it is always fluid and free from viscosity when passed. It is faintly acid in its reaction, and the clear supernatant stratum yields proofs of the presence of albumen derived from the liquor puris. The action of liquor potassæ on the sediment is very characteristic. The opaque, turbid deposit gradually becomes clear, and acquires an appearance and viscidity strongly resembling white-of-egg as it pours from the shell. This viscidity is caused by the solution of the cell-wall in the alkali, and the escape of the contents of the cell in the form of mucin. Not until the lapse of many hours do any crystalline forms appear in the purulent fluid derived from the kidneys: then the prismatic crystals of the triple phosphates are formed, the result of the molecular changes produced by decomposition; such as happens, only more slowly, in healthy urine.

These, then, are the characteristic appearances of urine purulent from mischief in the kidney. Now let me examine the symptoms which more particularly demonstrate the source from which the pus is derived. Frequency of micturition, and the pain preceding, are of constant occurrence. These symptoms are, however, common to most diseases of the kidney—whether the inflammatory stage of acute albuminuria or the more chronic progress of the disease. Nevertheless, the pain referred to the neck of the bladder or extremity of the urethra—relieved by micturition, and acquiring intensity as small quantities of urine collect in the bladder—is more marked in those diseases of the kidney which are accompanied by the formation of pus. The next most characteristic symptom is the lumbar pain, with its associated sympathetic states of branches of the nerves derived from the lumbar plexus. The pain referred to one side or the other of the loins is, even in the early stage of these complaints, aggravated by pressure; and also by anything which suddenly jars the frame, such as walking on uneven ground, jumping, riding, either on horseback or in a carriage over a rough road. An aching sensation is often referred to the crest of the ilium, to the groin, or to the pubis; and frequently there is numbness down the outside of the thigh, and, in the male, retractation of the testicle on the side of the diseased kidney. Such symptoms as these are symptomatic of calculous disease of the kidney. A calculus may be, and often is, formed and impacted in one of the cup-shaped involutions of mucous membrane surrounding the apex of the cones—*the calyces*. Here it gives rise to all or most of the above-enumerated symptoms. But so long as it is confined to that spot, the purulent secretion formed by its presence has a free outlet, and the kidney undergoes no enlargement; but simply a pouch-like cavity is formed in which the calculus is retained. But frequently one of two events follows: either the calculus becomes disengaged from its position, escapes into the infundibulum, and, if not too large, passes down the ureter

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into the bladder, with, in some cases, well-marked symptoms of an aggravated colic; in others, this is not so apparent. The calculus may now either increase in size by apposition of layer on layer of uriniferous deposit, with all the characteristic signs of stone in the bladder, or, in some cases, particularly in females, it may escape, after giving some trouble, through the urethra. There is, in the history of this case, some obscure and doubtful evidence of such vesical trouble having occurred in the West Indies, when she passed such ropy urine, and when the bladder, according to her account, was frequently injected with tepid water. The other event is that the calculus, either originally too large, or rapidly increasing in size, for the most part by the accretion of urate of ammonia on its surface, becomes too large to pass down the ureter, but is fixed and lodged in the infundibulum or pelvis of the kidney. The larger the size of the calculus the more abundant the secretion of pus; the larger the size of the calculus, the more complete also will be the obstruction to the free escape, not only of the purulent matter, but also of the urine formed by the secreting portion of the organ hitherto uninjured. As the calculus grows, the impediment increases; and now a slow and gradual dilating force begins to be exercised by the accumulating contents, and a renal tumour becomes apparent; slight fluctuation is perceptible in the lumbar space; the pus, by degrees at first, but in subsequent stages often suddenly, ceases to appear; and corresponding with this disappearance is the increase in the size of the renal tumour, and a considerable aggravation of the patient's sufferings. But the dilating force going on within the kidney exercises often, and frequently in the early progress of such cases, such an expansive power as to cause the obstructed canal partially to yield and permit the escape of the urino-purulent contents of the now sacculated kidney. Relief follows, and continues so long as the discharge continues. Ultimately, however, in many cases, the passage by the ureter becomes permanently closed. The dilating force proceeds till all vestige of secreting structure becomes obliterated, and the wall of the sac consists of the cortex of the kidney with the cones or mammary bodies entirely lost, or only obscurely to be traced. In other cases, the patient dies before the dilatation has reached this extent, and the kidney presents the appearance of pouch-like enlargements, corresponding in number to the calyces. The former cases are rare; but I have known a temporary cure established by the opening of the sac by ulceration into the contiguous intestine, either the ascending colon, or the sigmoid flexure, according as the disease has been in the right or left kidney. A copious, sudden, and, for the time, exhausting diarrhœa, emptied the sac, and caused its subsequent collapse and condensation.

The case under consideration presents all the symptoms, both objective and subjective, which are pathognomonic of renal abscess from the presence of a calculus. The state of the urine, its purulent character at one time, with subsidence of the fulness in the lumbar region and a mitigation of symptoms; the cessation of the purulent drain, and a corresponding increase of fluctuation in the left side, and aggravation of suffering; the obscure history of some renal and vesical disorder in the West Indies; of a period when any sudden jar caused a darting pain in the left kidney; together with the sympathetic states of those cutaneous branches of nerves derived from the lumbar plexus, constitute a category of symptoms which may be considered decisively pathognomonic of abscess of the kidney from the presence of a calculus. It is not a little remarkable that the general health of such patients should apparently suffer so little. Years pass on, and although their sufferings are at times acute, yet neither loss of flesh nor appetite becomes very apparent. This will, of course, largely depend on the judgment with which they are treated; but with moderate care life may be prolonged, and considerable relief obtained from the pain, which recurs most poignantly at the periods of the disappearance of pus from the urine. There is yet one other matter in this case worthy of remark; it is the perfectly natural state of the urine at those periods when the pus disappears, and the tumour begins to increase in size. The natural inference from this fact is, that the right kidney is free from disease, and capable, for the present at least, of performing the depurating office of discharging from the system the excrementitious constituents of the urine.

SOAP BARK OF SOUTH AMERICA.—Some months since, a peculiar bark was introduced into European commerce, and recommended for employment in the process of washing and cleansing delicate textures, such as coloured woollens and silks. Professor Bleekrode, of Delft, has published the results of a careful chemical examination of this remarkable and interesting substance. Its emulsive powers as to oil are very great, and the cold prepared extract well deserves the name of Vegetable Soap: it is employed for washing.

OBSERVATIONS ON LITHOTRITY.

BY WILLIAM COULSON, ESQ.,
SURGEON TO ST. MARY'S HOSPITAL.

THIRTY-FIVE YEARS have now elapsed since the first operation of lithotrity was successfully performed by M. Civiale. The discussions to which this operation—or rather this particular mode of operating—gave rise are well known. By the most eminent French surgeons, lithotrity was denounced as a chimera; and in this country, from various causes, it did not at first receive the consideration which it deserved. Truth has at last prevailed, and lithotrity has now become one of the recognised operations of surgery.

In the observations which I am about to offer, I intend to confine myself to the principal points connected with the operation, and to such as my own experience has suggested to me.

The treatment of stone in the bladder is attended with this peculiarity, that the ordinary rule of treatment must be reversed, and the effect instead of the cause of the malady be attacked. Hence the first question which the surgeon has to determine in any curable case of stone in the bladder is, whether lithotomy or lithotrity should be employed. I shall take it for granted that no one will now deny the superiority of lithotrity over lithotomy in all cases to which the crushing operation is applicable. Hence the primary question—Is the case suited for lithotrity? In many cases the life of the patient and the reputation of the surgeon will depend on the way in which this question is solved. In simple cases the success of lithotrity is striking; by two or three operations, attended with little pain or danger, the stone is removed from the bladder. But this safe and simple process becomes one of a dangerous character when applied to cases to which it is inapplicable. Some cases are evidently suited for the operation, whilst others are evidently unfit for it. It is the intermediate class with which the difficulty arises. Thus, when the stone is small, and the genito-urinary organs are sound, a speedy cure may be confidently expected. On the other hand, when the stone is large and hard, and the urinary organs are much diseased, lithotrity is unsuitable to the case. But between these extremes there is a great number of cases where the indications are not so clear—where it is difficult, indeed, to determine whether the operation should be performed or rejected. Although each case must be decided on its own merits, a few general observations may not be without use.

Like all other surgical operations, lithotrity requires certain conditions which are essential to its successful performance. To understand what these conditions are, it is only necessary to recall to mind in what the operation of lithotrity consists. First, certain instruments are introduced into the bladder, which has previously received some fluid to protect it. Secondly, the calculus is seized and broken into small fragments. Thirdly, these fragments are passed from the bladder naturally, or are removed by the aid of injections and instruments. Lastly, it is an essential condition that these several steps of the operation should be completed without producing any injury to the urinary organs, or seriously disturbing the general health of the patient. To perform lithotrity in a scientific and successful manner, these different conditions must be strictly fulfilled; and in any case where it is probable that these conditions cannot be fulfilled, the operation of lithotrity is inapplicable.

It is evident, therefore, that in forming a judgment on the nature of any case previous to operating, two important points are to be regarded: First, the size of the stone to be removed; and next, the condition of the urinary organs. I do not dwell on the general health, because this usually depends on the state of the urinary organs, and is regulated by their condition. In every case, accurate information on these two points should be obtained before lithotrity is attempted, for neglect in this matter may be attended with serious consequences. This information can only be acquired by the most careful examination with those instruments and means which modern science has furnished.

Lithotrity is a peculiar operation. In nearly all other surgical procedures we see what we are about, or are assisted by the sensations of our fingers; whereas lithotrity is carried on from the beginning to the end in the dark, the sensations which guide us being conveyed through the medium of instruments, and not directly by the touch. Hence it is of the utmost importance that as much information as possible should be obtained before the operation is commenced.

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I have already shown that the principal difficulties of the operation are connected with the physical condition of the stone and the state of the urinary organs. Now, it is impossible to obtain precise information on these points without previous examination. In fact, this examination serves a double purpose: it enables us to determine whether lithotrity is suited to the case, and, next, it clears up many points on which the facility and ultimate success of the operation may depend.

The mode of conducting the first examination is as follows:—The patient being placed in the recumbent position, with the pelvis raised and the body depressed, four to six ounces of tepid water should be injected into the bladder. He should then be examined, either with a sound having the curved part short, or with a lithotrite, the curved portion of which is likewise short, while the blades are wide and flat. In ordinary cases the short-curved sound will be quite sufficient, but whenever there is difficulty in detecting the stone, or the coexistence of organic mischief is suspected, the lithotrite should be employed. The advantages of the lithotrite over the sound as an exploratory instrument have been clearly established. M. Civiale, in his fourth letter on Lithotrity, mentions some cases illustrative of this point; and most surgeons of experience in calculous cases have succeeded in detecting with the lithotrite a small stone which had eluded their search with the sound. In some cases, however, even with the aid of the lithotrite, it is difficult to detect the calculus. The causes of the difficulty are now, for the most part, well understood. The stone may be small and concealed behind an enlarged prostate, or the sensibility of the bladder may be so great as to render it extremely difficult to make the necessary examination. In other cases, the great capacity and feeble contractility of the bladder are obstacles to the discovery of a small stone. In ordinary instances, the calculus, when concealed behind an enlarged prostate, may be detected with the short-curved sound or the lithotrite, provided the instrument be first reversed, its handle then depressed and afterwards raised, so that the point of the instrument shall reach the bladder immediately behind the prostate. In these cases the instrument employed for the examination should be longer than those in ordinary use.

In some remarks on lithotritic instruments, in cases of enlarged prostate which I contributed to THE LANCET of Jan. 30th, 1858, I alluded to the changes in the genito-urinary organs produced by enlargement of the prostate, and requiring the use of peculiar lithotritic instruments. One constant effect of prostatic enlargement is elongation of the urethra, this elongation being mainly confined to the prostatic portion of the urethra. In these cases the orifice of the bladder is thrown backward in proportion to the development of the enlarged gland. Hence the surgeon is very likely to find the point of the instrument which he uses catch against the superior wall of the canal before it enters the bladder. The shorter the instrument he employs, the more likely it is that he will meet with this obstacle.

Another effect of prostatic enlargement, especially when confined to the middle lobe of the prostate, is to produce changes in the floor of the bladder. The extension of the middle lobe of the prostate backward forms a reservoir or sac behind the enlarged gland. In this saccular depression of the floor the urine dwells, and a calculus may be lodged, the detection of which is often very difficult.

In all these cases a longer lithotrite than that usually employed is indispensably necessary. The reasons may easily be made clear. The length of the canal is increased by at least an inch. The enlarged prostate encroaches another inch or more on the front part of the floor of the bladder. The calculus lies in a sort of pouch, before which the enlarged lobe of the gland rises like a bar. Hence the necessity for an instrument longer by two or three inches than that in ordinary use. I mentioned in the paper referred to, the case of a patient sent to me by Mr. James, surgeon, of Uxbridge, in whom I could not well reach the stone with ordinary instruments; and since that time, on a patient of Mr. Tatham, of Brighton, I was obliged to employ a yet longer instrument—one measuring fourteen inches. With this I could well reach the stone. With the long lithotrite it is not necessary to push the instrument up to the shoulder; but a short and sharply-curved beak must be used, and the pelvis must be raised. If the pelvis be not raised, the calculus may lie concealed behind the prostate. It is not sufficient merely to raise the lower extremities. But if the pelvis be raised, the calculus will be displaced towards the posterior wall of the bladder. In this way a cautious and practised hand will often fall upon the stone with remarkable ease.

If the stone cannot be felt by this method, we may succeed by examining the bladder in different states of its capacity. The best instrument for making this examination is the hollow lithoclaste of M. Civiale, from the use of which I have derived great assistance. This instrument is a small lithotrite, short in the blades, and having along the centre of the male branch a groove, through which any fluid in the bladder slowly escapes. The mode of using it is simple. Three or more ounces of tepid water are thrown into the bladder, and the lithoclaste is introduced before any of the fluid is allowed to escape. The instrument is now slightly opened, and while the fluid escapes through the central groove, the extremity of the opened instrument is slowly brought into contact with the different parts of the bladder. This method is likewise applicable to the final examination of the bladder after lithotrity, for the purpose of deciding whether any fragment of the stone remains behind.

Having recognised the presence of a stone in the bladder, and formed some opinion of its size, we also by this examination learn the degree of sensibility and the physical state of the urethra; we ascertain whether any considerable enlargement of the prostate exists, and discover the condition of the bladder; all which various conditions, it is unnecessary to observe, are those which influence the surgeon in the selection of lithotrity as the operation best suited to the case. When the urethra is in a healthy state, the prostate not much enlarged, and the bladder capable of retaining four or more ounces of fluid, the operation of lithotrity is easy of performance, and generally free from pain and danger.

CONTRIBUTIONS TO UTERINE PATHOLOGY.

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COMPLICATIONS OF UTERINE DISEASE—DYSPEPSIA, NEURALGIA, PARAPLEGIA.

BESIDES those flattering cases in which judicious treatment is repaid by proportional improvements, there must be some in which, for a long time, the best treatment will only be met by partial success. These exceptional cases satisfy neither the patient nor the physician; but it is much more useful to study them, in all their different bearings, than to relate simpler ones, in which the artist has an easy trumph to record.

Miss —— consulted me last August, walking into my study slowly, with difficulty, and dragging one leg after the other. She was twenty-five years of age, single, of middle stature, slender make, and delicate-looking. Her antecedents were good, and her own health had been excellent until her eighteenth year. Menstruation first appeared at fourteen, and was regular and normal until the eighteenth year, when, without any assignable cause, pain in the lower part of the back and sacrum first came on, and it has continued, combined with other symptoms, for seven years, during which period she has never been well for two months at a time. During this long course of sickness the patient has often suffered from severe pain in the lower part of the abdomen, and from leucorrhœa, as well as from habitual and considerable gastro-intestinal disturbance; and to remedy this state of things a very judicious selection of tonic and other medicines had been prescribed by Mr. Mott, of Walton, who had urged the importance of an examination. This was not permitted until rendered imperative by the severity of the symptoms, when I found the vagina irritable; the neck of the womb exquisitely sensitive, of proper size, but very red, without ulceration, excoriation, or abnormal hardness of tissue; the cervix full of its gelatinous secretion; and there was a creamy discharge in the vagina. The patient was no doubt suffering from subacute inflammation of the neck of the womb, but it was associated with a very obstinate morbid condition of the gastro-intestinal mucous membrane. The tongue was so thickly furred that it resembled a sheepskin door-mat seen through the wrong end of a telescope, indicating an analogous state of the lining membrane of the stomach and intestines. Digestion was often difficult and painful, but the pain was chiefly referred to the hypogastric region. Habitually dull and bearable, the pain was often so sharp and agonizing, that the patient gave it a substantive existence, speaking of it as "the spasm." It would come of its own accord, and be often brought on or increased by menstruation, or by the

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smallest quantity of food or drink, so much so that the patient often went without regular meals. Distension of the intestines often gives great pain, but in this case they were not much distended by flatus, and "the spasm" was quite independent of the cause of distress. The pain occasions nausea, but no sickness; indeed the patient is never sick, except when opium has been given.

But why should this dyspeptic condition have lasted so long? The skin has its interminable psoriasis, acne rosacea, and other affections, maintaining their ground, notwithstanding treatment and long lapse of years; why should we be surprised to meet with equally interminable affections of the internal skin, of the gastro-intestinal mucous membrane, and of the sexual mucous membrane?

Besides chronic disorder of the mucous membranes, there were unusually severe forms of neuralgia: neuralgia of the intestinal nerves, to which must be referred the fits of severe abdominal pain, perhaps the dyspeptic state, (although in another case, now under treatment, the abdominal pains are still more severe, and, nevertheless, the tongue is clean;) lumbo-abdominal neuralgia, numbness and pain in the back and in the lower limbs, with difficulty of walking; neuralgia of the neck of the womb itself—the irritable uterus of Gooch, who had no speculum wherewith to view the inflamed uterus. But notwithstanding this permanent torture of so many different nerves, the patient is not nervous, no *malade imaginaire*, but a sensible woman, reasoning soundly upon sufferings borne with fortitude indomitable; she is not hysterical, being subject neither to globus hystericus, nor to hysterical fits or convulsions. A near relative had speedily rallied under surgical treatment, so my patient anticipated similar results; but I explained that, in the case of her relative, a simple ulcer of the neck of the womb, in a lady of a good constitution, had quickly healed under energetic measures, whereas, in her own case, there was a chronic morbid condition of the whole uterine tissues, not warranting the use of strong caustic applications, thus precluding the hope of the speedy cure often the result of heroic measures. The rise of the complaint, without an external cause, implied a deep-rooted morbid tendency on the part of the sexual system, which had since then protracted the disease for seven years.

With regard to treatment, assuming that the uterine disease had incited and perpetuated the neuralgic and the dyspeptic conditions, I directed my chief attention to the treatment of the womb; and, indeed, all the usual remedies for neuralgia and dyspepsia had been repeatedly tried. Summer not being a suitable time for remaining in town, I ordered vaginal injections to be carefully made, twice a day, with a solution of acetate of lead, one drachm to the pint of water, a teaspoonful of laudanum to be added to each injection. I recommended injections to be also made, twice a day, into the bowels with two tablespoonfuls of warm milk, to which was to be added one tablespoonful of the following solution:—Tincture of hyoscyamus, one ounce; Battley's solution of opium, two drachms, to four ounces of water. The liniment to be applied, twice a day, to the abdomen, was to be made of chloroform, laudanum, and oil of turpentine, of each half an ounce, with two drachms of camphor, and two ounces and a half of sweet oil. Two tablespoonfuls of the following mixture were to be taken, three times a day, before meals:—Three drachms of diluted phosphoric acid, six of tincture of orange-peel, to five ounces of infusion of cascarilla. Fifteen drops of liquor potassæ were to be taken, in a wineglass of cold water, three times a day, directly after meals. Two grains of extract of hyoscyamus, with two grains of Dover's powder, were also prescribed as a pill to be taken every night for a few days, and then occasionally. Walking exercise was forbidden, as it greatly increased the patient's sufferings.

This plan of treatment was continued for some weeks with slight improvement; and, when the patient came to town, I painted the neck of the womb, inside and out, with a solution of nitrate of silver, forty grains to the ounce of distilled water, twice a week; the rest of the treatment previously advised was continued, with the exception of the mixture, which was replaced by the following:—Nitrate of bismuth, two drachms; diluted hydrocyanic acid, one scruple; mucilage, one ounce; distilled water, five ounces: one tablespoonful to be taken three times a day.

When Dr. Henry Bennet saw the patient, during my absence from town, he took my view of the case, and continued the same treatment until his retirement from London practice. On the patient's leaving town, after a six weeks' residence, there was slight improvement of the uterine affection; none in the neuralgic and dyspeptic phenomena. I recommended the careful continuance of the injections, and half-a-grain doses of oxide of silver, with two grains of extract of gentian, to be taken as a pill, twice a day. On returning home, the patient was very much better for two months, when she went to the seaside, neglected the injections, and was in about the same state, when I last saw her in December, as when I first prescribed for her.

I repeat, that in this case the uterine inflammation is the key-stone of the morbid arch; but the uterine inflammation is complicated by nerve-disease and by gastro-intestinal disease, and the treatment should be equally directed to all the elements of the case. I again urged persistence in the injections and local exhibition of sedatives, and represented the utility of again trying surgical treatment of the uterine affection for a fortnight, in two or three months, in order to test thereby the powers of the constitution, and to see whether the chronic uterine disease will not respond more favourably to treatment. Besides such alteratives and tonics as might be now useful, I suggested that in the summer some mineral water should be tried. Some of the German spas would suit, but none seems to me better indicated than Vichy. The deep-rooted morbid condition of most of the mucous membranes might be favourably modified by bathing, for hours, in its thermal kaline, and effervescent water, and by its internal exhibition, as well as by the total change of all the elements of nutrition, and the mental stimulus of a total change of scene and associations. To despair of being able to cure such a patient would be to evince little faith in the powers of nature and the resources of art, although the date of recovery cannot be fixed.

This case suggests to me many others, in which inflammation of the womb is associated with obstinate neuralgia and paraplegic phenomena, but I will reserve my remarks for a concluding paper.

Grosvenor-street, Jan. 1860.

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

By EDWIN CANTON, Esq., F.R.C.S.,

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PART II.

It is observed by Dr. G. Johnson,* that fatty degeneration of the arteries is, in various degrees, an extremely common morbid appearance in persons above the age of thirty who die in the London hospitals; and Mr. Stevens,† whose opportunities of examining this diseased state in Glasgow, under the auspices of the late Mr. Allan Burns, were very numerous, remarks, that in subjects who were upwards of thirty he almost uniformly found the arteries ossified, brittle, and weak, so that in attempting to inject them they almost invariably burst. With such frequency has Cruveilhier‡ noticed these degenerations that he states: "Sur huit cadavres d'adultes je puis assurer que cinque présenteront quelques altérations de ces vaisseaux." My own investigations enable me also to say, that this abnormal condition is of very frequent occurrence, even at the comparatively early ages above stated. There are, however, several circumstances which would appear to be peculiarly favourable to the ready invasion of the arterial system by such lesions—e. g., gout, rheumatism, chronic rheumatic arthritis, inveterate syphilis, the abuse of mercury, intemperance, and, according to some observers, scrofula. It will hence be seen, that we should not, in the consideration of this subject, regard these changes in the vessels as occurring in them alone, or as constituting a disease *per se*, but rather look to that general or systemic state whereon it is dependent, and which has included the bloodvessels in its effects, as it exerts its influence, also, on many and dissimilar tissues, though in the latter we may be unable often so readily to recognise the morbid alterations. Dr. Blakison§ has proposed to name this state of the constitution the *atheromatous diathesis;* and Dr. Bellingham,‖ in following out this view, observes, that "atheroma

* Med.-Chir. Trans. vol. xxix. p. 2. London, 1846.
† Ibid., vol. v., p. 433. 1814.
‡ Bulletin de la Soc. Méd. d'Emulation de Paris. Vol. I., No. 12, p. 462. Dec. 1815.
§ Pract. Obs. on certain Diseases of the Chest, p. 72. London, 1848.
‖ A Treatise on Diseases of the Heart, vol. ii., p. 356. Dublin, 1857.

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constitutes a form of fatty degeneration, and as such is not to be regarded simply as a local disease, but as part of a *constitutional diathesis;* we often, consequently, find it associated with fatty degeneration, or fatty deposit on the heart, or in other situations."

It must be borne in mind, that it is not alone in the particular diseases I have mentioned atheromatous and calcareous degeneration of the arteries is to be found, but merely that in these affections such changes are peculiarly prone to occur as the result of the impairment of nutrition which is so strikingly manifested in their progress. The same effect may ensue from many causes which have so lowered the healthy standard of vital power, that, in the due nutrition of textures being interfered with, atrophy succeeds, and, in process of time, degenerative processes supervene. Were a person to pass through a long succession of years with health unsullied by disease of mind or body, are we to anticipate that, after death, the bloodvessels would display the above changes? I should answer in the negative, and can fully understand how Otto failed to discover "ossified arteries in a very great number of aged persons *entirely free from dyscrasies.*" Nevertheless, we must not forget, that where the body is impressed with *great original vigour of constitution* recurrent disease may take place, and other sources of staminal deterioration prevail with these changes progressing even to an advanced degree, at the same time that extreme old age shall be attained. "The duration of our life depends neither on climate, food, nor variety; it depends upon nothing external; it depends only on the internal constitution, and, if I may so express it, on the intrinsic virtue of our organs."*

Dr. Southwood Smith† has pertinently asked—"Does the physiological age of any two individuals ever advance to precisely the same point in precisely the same number of years? Physically and mentally, are not some people older at fifty than others at seventy? And do not instances occasionally occur in which an old man who reaches even his hundredth year, retains as great a degree of juvenility as the majority of those who attain to eighty?" With the last question I may associate the following case, which will be found in Dr. Jameson's work:‡ "On the 26th of February, 1810, Thomas Gibson died in Dartford Workhouse, in Kent, *at the advanced age of 106 years*, as certified from Dover, the place of his nativity.§ He maintained himself by labouring incessantly at hop-planting until the age of 100; but was afterwards six years in the workhouse, and the master declared he was regularly intoxicated almost every day during his residence there, in consequence of money which was given him by strangers passing through the town. Six weeks before his death he met with an accident which, occasioning slight ulcerations of his legs, confined him to his bed; but of these sores he did not complain, and *boasted of never having taken any medicine in his life, as his health had always been good.* His face was strongly impressed with the lineaments of great age. He walked nearly double some time before his death; and his dissolution seemed to arise from natural decay."‖

Sir Astley Cooper obtained for Dr. Jameson an account of the autopsy from Mr. T. Oak, surgeon, of Greenwich. This latter gentleman reports: "On opening the body, in the presence of Dr. Sutton and Mr. Peate of Dartford, the lungs were found adhering partially to the pleura of the ribs, and there was a small quantity of water in the chest. The heart was not larger than usual, but all the great vessels, particularly the aorta, were enlarged to three times their natural size; and the coronary arteries were ossified. The coats of the larger arteries were so extremely thin that there was great difficulty in removing them from their situation. They were so completely changed in structure as to give way on the application of the smallest force. These were the most striking circumstances found on the examination of this man, for the viscera of the abdomen, kidneys, bladder and prostate were little changed from their adult appearance."

"Does the physiological age of any two individuals ever advance to the same point in precisely the same number of years? Physically and mentally, are not some people older at fifty than others at seventy?" The following cases came under my care in the Charing-cross Hospital, and may not inappropriately follow these questions:—

Ann S——, aged fifty-six; admitted June 1st, 1857, with intra-capsular fracture of the right cervix femoris. The treatment was by graduated pillows placed beneath the thigh and leg. No other than the above-named injury had been received. The patient's manner was characterized by a peculiar strangeness, and her expressions were at times noisy and incoherent. She gradually sank, and died on the fifteenth day from the date of her admission, though no especial indisposition had been complained of, or could be detected.

Autopsy.—The body was spare, and the flesh flabby. The physiognomy was considered to be more that of a person of seventy than of one whose age was but fifty-six. The hair was white and scanty. Around the cornea of each eye was a complete and well-marked circle of fatty degeneration. All the finger-joints of both hands were affected by rheumatic gout. —Head: Calvarium very thin; slight but tolerably uniform opacity of the arachnoid on the upper surface of the brain: in this situation, a large number of the cerebral arteries presented whitish-yellow atheromatous deposits—a condition pervading, to a great extent, even the smaller vessels dipping into the sulci. The arteries of the corpus callosum were greatly degenerated, as were the trunks also at the base of the brain, and every branch derived from them; indeed, I have never before seen the intra-cranial vessels so extensively or so universally affected by fatty degeneration. A small quantity of serum was at the base of the brain, and the substance of this organ was softer than natural.—Thorax: Cartilages of the ribs ossified. Lungs healthy. Heart of natural size, but with more than the normal amount of fat on its surface; in consistence it was flabby, and the muscular substance, especially of the left ventricle, presented, in a marked degree, the ordinary characters of fatty degeneration. Each coronary artery was studded with atheromatous patches, and by one of the deposits the calibre of the left vessel was considerably diminished. The aortic semilunar valves and the left auriculo-ventricular flaps were abnormally stiffened, the latter being, here and there, speckled by fatty matter between their layers. The aorta, in its whole length, presented scarcely a trace of healthy structure, so charged were its coats with atheromatous material. Some calcareous scales, too, were present, and a portion of the left common iliac artery was calcified.—Abdomen: Liver large, and of a lighter colour than natural. Kidneys remarkably small; the right one partially affected by granular degeneration; whilst in the left there was scarcely a vestige of normal texture, so completely did this granularity prevail. Both renal arteries and their branches were much thickened, so that, on section of the kidneys, these branches were all plainly discernible.

What a practical commentary does the above case offer on the observation of Galen!*—"We live on our forces: as long as these forces are sound, we can resist everything; when they become weak, a trifle injures us."

A few days previous to the death of this patient, I received into the Accident ward another female who had also experienced a fracture of the neck of the thigh bone within the capsular ligament. Her age was seventy-three, and her face bespoke her years. In the cornea of each eye was a well-marked circulus senilis. She made a good recovery, and hobbled out of the hospital by the aid of a crutch, and in comparative comfort. From the very frequent examinations I have made of the bodies of elderly persons in a large workhouse, I can speak with confidence in saying that in this latter case—had such opportunity been presented—I should have found the same order of changes as those I had met with in the prematurely aged woman who had numbered only fifty-six years. In her, however, these changes had taken place long before the system should have experienced them; but, in the older woman, such alterations were more in keeping with what are ordinarily regarded as the attributes of advanced years, and, in such sense, were *natural;* whereas, in the younger woman, they might fairly be considered in the light of *disease.* In each case a fracture only of a bone had taken place; the elder patient recovers, and the younger one dies. Mr. Paget† has well observed: "The changes of natural degeneration in advanced life have a direct importance in all pathology; because they may guide us to the interpretation of many similar anomalies which, while they occur in earlier life, we are apt to call diseases, but which are only premature degenerations, and

* Flourens: On Human Longevity. Translated by C. Martel. p. 52. London, 1855.

† The Philosophy of Health, p. 111. Lond. 1835.

‡ Loc. cit., p. 144.

§ This case possesses the rare merit of correctness of datum in regard to the numerical estimation of age.

‖ "When neither disease nor accident shortens what may be considered the normal term of life, there is a gradual diminution in every kind of vital activity until it entirely ceases; the formative power seems progressively to exhaust itself, until no assistance from artificial heat, no supply of the most nutritious food, can any longer avail for the generation of new tissue; and the nervo-muscular energy gradually declines, until, at last, even those actions on which the circulation and respiration entirely depend can no longer be performed; and with the cessation of these functions the life of the entire organism becomes extinct."—W. Carpenter, M.D.: "Principles of Human Physiology," 4th ed., p. 131. Lond. 1853.

* Method. Medendi, lib. xi., p. 59. (Venet. apud Juntas, 1597.)

† Lectures on Surgical Pathology, vol. i., p. 97. London, 1853.

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are to be considered, therefore, as methods of atrophy—as defects rather than as perversions of the nutritive process, or as diseases only in consideration of the time of their occurrence."

The following cases afford illustrations of extensive changes occurring in comparatively early life, and dependent on one of these causes of atrophy and degeneration of the bloodvessels to which reference has already been made—viz., inebriety; and when we reflect on the gross and artificial life led by the habitually intemperate man,—the wear and tear to which the constitution is subject through the continued antagonism of lethargy and stimulation induced by the introduction of narcotic and irritant fluids,—the constant excitation of thirst and sure subdual of hunger,—the waste of nervous energy and loss of muscular power, &c., can we wonder that he should, as a common rule, fall an easy prey to disease, or his life be readily cut short by injury, when the system is already so undermined by this self-inflicted, slow poisoning? and might we not fairly expect that, after death, the circulating fluid, with the various tissues of the body, would afford abundant evidence of chemical and physical changes stealthily, but surely, wrought by this toxæmic power? "If," says Dr. R. G. Dods,* "the thoughtless consumers or zealous advocates of stimulating beverages would accompany us to a few post-mortem examinations of individuals who had persevered in such habits, or were called to witness, like us, the sufferings they previously endured, they would feel horrified at their own folly and ignorance, and, if they were wise, would never touch the bowl again."

(To be continued.)

POISONING BY GOULARD'S EXTRACT OF LEAD.

By C. J. B. ALDIS, M.D.,
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LUCY ANN C——, aged twenty-one, an unfortunate female, residing at No. 12, Commercial-road South, Pimlico, was attacked on Saturday night, Dec. 24th, with pains in the abdomen; and having stated that she had swallowed a lotion contained in a bottle marked "Poison," and used for leucorrhœa, the doctor was sent for. He visited her immediately, at ten P.M., and found her in excruciating agony. There was violent pain in the epigastric and umbilical regions, which the patient frequently rubbed; the muscles of the belly were drawn inwards. The pain had commenced in the back and extended to the abdomen, and was of the same character as that produced in very violent colic. The pulse was extremely feeble, with tremor of the hands, and constant jactitation, the patient rocking her body from side to side as she writhed under her sufferings. It appeared that, being "unhappy," she wilfully swallowed, at first, small doses of Goulard's extract of lead, which were increased until about three quarters of a pint had been taken, when the symptoms became exceedingly urgent; they were also accompanied by heat in the throat and abdomen, with an anxious wish to vomit, and intense thirst. Her screams caused the superintendent of the house to visit her and to send for medical assistance.

A scruple of sulphate of zinc was administered, but as it did not act so soon as might be wished, another scruple was given, which soon caused vomiting, but not to a sufficient extent. A solution of sulphate of magnesia was then taken, which was followed by very copious vomiting, with marked relief to the symptoms; and, with the exception of obstinate constipation, the patient is going on favourably.

Chester-terrace, Chester-square, Jan. 1860.

DETECTION OF BLOOD STAINS.—In medico-legal inquiries, it is often of the utmost importance to determine the character of red spots on linen or steel, supposed to be blood stains. M. Brucke has recently published the following method, as being superior to those in common use:—"Wash the spot with cold distilled water. To the reddish liquor thus obtained add a solution of sea salt, and evaporate to dryness, *in vacuo*, over a vessel containing sulphuric acid. Examine the dry residue well through a microscope, in order to verify whether it contain any matter that might be mistaken for Tetchmann's crystals; then add a little highly concentrated acetic acid; evaporate again to dryness; moisten the residue with water; and then, if there really be blood in the spots, the microscope will reveal unmistakable crystals of hæmatin."

* Report from the Select Committee on Inquiry into Drunkenness, p. 225, Printed by Order, May 5th, 1834.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

LONDON HOSPITAL.

WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA, COMPLETELY SUCCESSFUL.

(Under the care of Mr. CURLING.)

IF we take the great range of surgical science, with its rapid strides towards conservatism, we shall find really very few improvements to be compared with that put in practice within we may say the last three or four years for the radical and complete cure of reducible inguinal hernia. How often has the question been asked, why a remedy could not be found to cure a rupture? And our wonder is that such a malady, which experience now proves is so amenable to treatment in early life, should have remained for so long a period one of the most incurable of surgical diseases. We have no doubt that in the course of another generation, when the method of performing a radical cure of inguinal hernia has become universally known, very few cases of this form of rupture, unless those suddenly occurring, will be seen in elderly individuals. And this leads to the question—Why cannot the same principles of treatment, only differently applied to suit anatomical differences, be resorted to for the cure of femoral hernia, which is the cause of death in so many females from neglected strangulation, and its unsuccessful, because tardy, means of relief?

The first series of operations for the radical cure of hernia were performed by Wützer, of Bonn, who devised an instrument for the purpose of exciting some amount of inflammation in the peritoneal sac of the hernia, or of its neck, so that its complete obliteration should be accomplished, and at the same time, by means of a plug, closing the hernial aperture, through invagination of the integuments. A drawing of his instrument, with a description, together with the first recorded cases in our "Mirror," appear in the second volume of this journal for 1856, p. 511, (see also vol. ii., 1857, p. 141.) Several other instances from time to time have been placed upon record in our pages; many of them cured by Wützer's operation, and others by modifications of it. One of the most important and successful of the latter was contrived by Mr. Wood, of King's College Hospital, and now goes by the name of Wood's operation. It is, indeed, entitled to the rank of a distinctive operation. It is more scientific and perhaps a little more difficult than Wutzer's; but then the cure is most satisfactory, without the slightest tendency to a return of the hernia. An engraving of Mr. Wood's instruments, together with a complete description of his operation, have already been given, (THE LANCET, vol. i., 1858, p. 531.) In our "Mirror" of December 24th, we briefly dwelt upon its success in fourteen instances in Mr. Wood's own hands. The preference would seem to be given to it now by many surgeons, not only in London, but in the provinces.

We place upon record to-day four instances in which an operation for the radical cure of inguinal hernia was attempted: with success in three, and a fatal result in the fourth—the first fatal case which has occurred in the hospitals of London, and perhaps in this country. We have watched nearly the whole of the cases which have been submitted to operation thus far, and success has been the usual result. This speaks much, indeed, for the cure of such a common malady, which has disqualified so many otherwise stout and able-bodied men from entering the public services. We understand that no objection is made to men who were once the subjects of hernia, provided they have been radically cured in the manner we are considering. And neither a sailor nor a soldier, who may become ruptured, is disabled from further service if he can be so readily cured. The cure is, if anything, more effectual and speedy in the more recent than in the older hernia.

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The fear of peritonitis to a dangerous extent, and the absence of adhesion of the parts at the inguinal canal and ring, are the objections that have been raised against this operation. Such occurrences are not, by any means, improbable; for one of the cases detailed further on, no doubt ended by peritonitis, and in an apparently healthy subject. But if the minimum amount of non-success hitherto experienced be taken into consideration, the greater number of surgeons will rank themselves as ardent supporters of almost any operation for the cure of reducible hernia.

The following case of inguinal hernia we saw submitted to operation on Wood's principle, and is interesting from the circumstance, as Mr. Curling remarked, that owing to the adhesion of the omentum and reduction of the sac, Wützer's operation was quite inapplicable. To this fact we would draw particular attention. The operation was so mild that the patient was able to return home, a distance of more than a hundred miles, on the eighteenth day after its performance. As no intestine descended, a milder operation was performed than Mr. Wood usually recommends, and it was not thought necessary to incur the risk of carrying the needle and ligature so deep as beneath the conjoined tendon.

The details of the operation are clearly set forth in the notes of the following case, which were taken by Mr. H. F. Hawthorn, the dresser of the patient:—

Henry H——, aged thirty, by occupation a smith, was admitted on the 7th of November, 1859. He is of a bilious temperament and abstemious in his habits, lives in Somersetshire, has enjoyed average health, and is married. He has been subject to hernia for seven years. It was produced by the violent exertion required to use the big hammer which is peculiar to his trade. The tumour was always present during the day; but when he retired to bed, it returned, unaided, into the abdomen. Trusses of various kinds were tried; but as they did not prevent the protrusion of the tumour, and, besides, gave him unendurable pain, they were discontinued. As the hernia increased in size, and all efforts to restrain it proved futile, he came up to London, and, by the advice of his surgeon, placed himself under the care of Mr. Curling, with the hope of having it completely cured by operation.

On examining him, Mr. Curling found an oblique inguinal omental hernia on the right side, of the size of a walnut. The omentum was adherent to the sac, and easily reducible *en masse*. On coughing, no intestine appeared to descend. The outer ring was capacious, readily admitting the finger. From his admission to the day of the operation, the man was allowed the full diet of the hospital, to take constitutional airings in the garden, and to lie on the bed the greater part of the day.

Dec. 1st.—Mr. Curling performed the operation, which was done in the following manner, under chloroform:—Having first reduced the hernia, an incision, three quarters of an inch long, was made in the scrotum, in a line with the spine of the pubis, and about an inch below it. The skin was then dissected from the superficial fascia to the extent of an inch in circumference. The next step was to carry the index finger through the incision, pushing before it the fascia, into the external ring. A large, firm needle, fixed in a handle armed with a ligature, was guided along the finger to the external pillar of the ring, through which, and the structures lying between it and the skin, it was thrust, and one end of the ligature was drawn through the opening. The needle was withdrawn, and the internal pillar was subjected to the same procedure. The skin was raised by an assistant before the external pillar was transfixed, and depressed whilst the internal pillar was pierced, so that in both instances the needle came out at the same opening. A glass pad was then laid on the skin, in the course of the inguinal canal, over which the ends of the ligature were firmly tied. A piece of wet lint was applied to the wound, and the man sent to bed. Ordered milk diet.

2nd.—Passed rather a restless night, troubled with dreams, and a slight cough; tongue white; pulse full, but not otherwise unnatural; passed urine freely; slight tenderness, but not more than might be expected; no pain in the cord or testicle. Ordered compound squill pill for cough.

3rd.—Not much febrile disturbance; appetite bad; troubled with wind; cough better; wound suppurating and healthy; tenderness around the ring slightly extended in the course of the cord; bowels moved twice during the day.

4th.—Tenderness has increased; passed a sleepless night; appetite bad.

5th.—Tenderness about the same; tongue white; skin hot; passed a bad night; diet causes flatulence, which prevents his sleeping; wound in scrotum healing. Mr. Curling removed the tube and ligature, when about two drachms of healthy pus escaped. To apply a bread poultice; to have half a pint of porter and a chop; bowels moved to-day.

6th.—Better; passed a good night; tenderness disappearing; very little pus; tongue clean.

7th.—Passed a poor night, on account of being disturbed; parts in the course of the inguinal canal rather swollen; less tenderness.

8th.—Health good; behind the lower wound there is pus, which, on pressure, escapes at the opening in the abdomen. Ordered full diet.

9th.—Passed the best night since the operation; no pus; parts very much thickened about the canal.

12th.—Going on well; induration about the ring increased; discharge of pus has ceased.

15th.—Wounds healed; parts firm. Mr. Curling examined him out of bed, and found the operation perfectly successful. In any posture there is not the slightest tendency to protrusion. To get up a few hours every day, and wear a truss with a large elongated pad and weak spring, to give gentle support to the inguinal canal.

18th.—Discharged cured.

KING'S COLLEGE HOSPITAL.

MODIFICATION OF WOOD'S OPERATION; DEATH.

(Under the care of Mr. FERGUSSON.)

THE patient who was the subject of the following case had a rupture from his birth, but it appears to have been reduced for some years after the age of fourteen. It, however, returned, from the causes mentioned in the history, and affected both groins; that in the left was comparatively recent. The hernia was so great on the right side that the aperture of protrusion was very much larger than usual, so much so that any kind of truss was useless. The patient was most anxious to undergo any treatment for relief, and Mr. Fergusson deemed it a fair case for the adoption of Wood's operation. It will be seen, however, from the description, that the procedure was a slight modification of the plan proposed and carried out by Mr. Wood. The man succumbed from peritonitis on the fifth day, but, as no post-mortem examination was permitted by his friends, it is impossible to state the true condition of the parts at the neck of the sac. It is the first fatal case which, so far, has been known to occur. For the notes of it we are indebted to Mr. Francis Mason, house-surgeon to the hospital:—

J. B——, aged forty-seven, admitted on Nov. 18th, 1859; he is a baker, and has always enjoyed good health, but accustomed to lift heavy weights. He says that from birth he has had a tumour in the right groin, which increased on his assuming the erect posture. He wore a truss up to the age of fourteen, and then considered that he was cured. On lifting a heavy load, however, about twenty years ago, the tumour reappeared, and has since gradually increased in size. He has also suffered, in a less degree, from an oblique inguinal hernia on the left side, and has worn a truss for it; but, about six months ago, upon using more than ordinary exertion, he found that a tumour, of the size of an orange, and of a painful character, appeared in the left groin. This also had been getting larger. On admission, the patient had a cheerful expression of countenance, and made little or no complaint. On examining the regions of the hernia, a tumour, of the size of a large cocoa-nut is seen on either side. This increases on coughing, and also on his assuming the erect posture, but disappears, to a great extent, on his lying down. When he is erect, the penis can be seen with difficulty. He has never suffered from constipation, and has had no symptom of strangulation. The bowels are regular, and the functions of the body are healthily performed. He does not complain of pain.

The patient, harassed by the unwieldy heaviness of the scrotal mass, was anxious to have something done to effect a radical cure. Mr. Fergusson, therefore, proceeded to operate on the 19th of November, in the following manner:—When narcotized by chloroform, a skin-deep incision, of about an inch in length, was made over the spermatic cord of the right side. The finger of the left hand was then introduced, and pushed up to the internal ring, carrying before it the subcutaneous structures. A needle, armed with a strong thread, was then passed up to the ring, guided by the finger, and was made to transfix the internal pillar; one end of the thread was drawn through, and left free. The needle was now withdrawn, and the same steps adopted to transfix the external

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pillar, the needle being brought through the same opening in the skin. The ends were then tied over a boxwood pad, a bandage was applied, and the patient sent to bed.

Nov. 21st.—He has had a good night, probably owing to his having taken an opiate; tongue slightly furred; pulse 112; has a sensation of nausea. No pain referred to the region of the wound.

22nd.—Has not slept so well, and complains very much of nausea; has had vomiting of what he has taken since yesterday. Pulse 128; tongue rather cleaner. The bandage was removed to-day. He makes no complaint of pain in the region of the hernia; no tenderness of the abdomen; bowels opened this morning.

23rd.—To-day the patient seems much exhausted, and has passed a restless night. Pulse 138; tongue dry and furred. The vomiting still continues, but to a less extent than yesterday. The skin is covered with cold perspiration.

24th.—The patient got weaker during the night, and died this morning at six o'clock. No post-mortem examination was allowed.

RADICAL CURE OF HERNIA; A NEW MODIFICATION OF WUTZER'S OPERATION.

(Under the care of Mr. HENRY LEE.)

In the following case, in which a new modification of Wützer's operation was performed, his instrument was wholly dispensed with, and the sides of the canal were brought together by a simple ligature. The ligature was allowed to remain and to ulcerate its way out, in order that any matter that might form should have a free exit. The consolidation of parts is produced not by the invaginated tissues so much as by the lymph effused around the ligature in the inguinal canal. Mr. Lee considered this modification of Wützer's operation safer than some others lately introduced, inasmuch as it involved no separation of the skin from the subjacent tissues, and was consequently less likely to be followed by cellular inflammation. The plan of allowing the ligature to ulcerate its way out Mr. Lee also thought was attended with a twofold advantage,—namely, 1st, it ensured an escape of any matter that might form in its course; 2nd, its prolonged presence in the inguinal canal rendered the obliteration of that canal by the effusion of lymph more certain.

Benjamin F——, aged sixteen, was admitted into the hospital on the 17th of September, 1859, with an oblique inguinal hernia of the right side. The hernia descended every time the patient stood up, but was again easily reduced. Below the external ring there was a permanent enlargement, caused by a hydrocele of the cord. This was quite distinct from the swelling produced by the hernia. On the day of admission, the skin of the scrotum was invaginated into the inguinal canal, and a ligature was passed, by means of a curved needle, along the invaginated portion of skin, through the internal wall of the inguinal canal, and out through the skin of the abdomen. The needle was then withdrawn, leaving one end of the ligature protruding through the opening. The needle was then again introduced, by the same opening into the invaginated skin, through the external wall of the inguinal canal and through the skin of the abdomen. One extremity of the ligature was left free, projecting through this opening, and the needle was withdrawn. The two ends of the ligature were now tightly tied together, bringing into conjunction the opposite sides of the inguinal canal, and embracing a portion of the superjacent skin. The needle, in being introduced, was purposely made to pierce the walls of the hydrocele of the cord, and some transparent fluid escaped. No disturbance of any kind followed the operation.

Sept. 22nd.—The invaginated portion of skin had descended to its natural position.

24th.—The ligature was tightened.

25th.—A considerable amount of pain produced by the ligature; general health very good.

26th.—Pain relieved; there is now no impulse on coughing in the inguinal canal; the wound discharges freely.

Oct. 4th.—There was a recurrence of the pain in the situation of the ligature during the night.

6th.—The pain had subsided; no constitutional irritation.

17th.—The ligature, being held by a piece of tendon or fascia, was removed; there is no impulse on coughing.

Nov. 4th.—Left the hospital a day or two after the last report, and has been at work since that period, wearing a truss; there is no impulse upon coughing; the external wound is healed; there is no mark on the scrotum where the ligature passed. The hydrocele of the cord had been apparently quite cured. He was directed to discontinue his truss.

Ten days later, he again presented himself, having continued his work without a truss. The pillars of the external ring could be felt separated, but above this the inguinal canal appeared quite closed.

Dec. 5th.—This patient again presented himself, having continued his work without a truss. The hernia appeared perfectly cured.

UNIVERSITY COLLEGE HOSPITAL.

WUTZER'S OPERATION FOR THE RADICAL CURE OF HERNIA; SUCCESSFUL RESULT.

(Under the care of Mr. HENRY THOMPSON.)

WE have seen Wützer's operation repeatedly practised by Mr. Erichsen at the above hospital, and invariably with success. The plug is kept in for a week, and is then withdrawn, and in a short time the patient is discharged, but wearing a truss for a few weeks afterwards to perfect the cure. It was performed by Mr. Henry Thompson on the 16th November last with success, in a case the notes of which are subjoined, taken by Mr. J. B. Lyon, the dresser of the patient. It was also done on the 4th inst. by Mr. Marshall upon a young man, aged twenty-one, with an inguinal hernia of the right side of four years' duration, who has been brought to the hospital twice since Christmas, with strangulation of the bowel. On each occasion the bowel was returned by Mr. Berkeley Hill, the house-surgeon, and the patient became anxious to undergo the operation for a radical cure, which seems to be successful up to the present time (the tenth day).

Henry B——, aged twenty-four, admitted Nov. 14th, 1859, under the care of Mr. Henry Thompson. Has been suffering from a reducible inguinal hernia of the left side for the last five or six years, brought on by lifting a heavy weight, and has worn a truss for the last six months. In addition to the hernia, he has a hydrocele on the right side, which was tapped, and exit given to about half a pint of fluid. A slightly varicose state of the left spermatic veins is also present. The ring was rather small, just admitting the tip of one finger.

On the 16th November, Mr. Thompson proceeded to operate as follows:—He first with his forefinger invaginated a portion of the scrotum, carrying it well into the canal, and then passed the plug, which consisted of three pieces well greased, along it; then the needle was thrust through the central piece of the plug, and the cover screwed tightly on. No chloroform was given. The patient was ordered to remain in bed, with the scrotum supported on a pillow, and passed a comfortable night.

20th.—Patient has some pain in the inguinal region, and there is a good deal of redness round the point of the needle; bowels opened to-day for the first time since the operation.

23rd.—There is a slight discharge of purulent matter from the puncture; the cover of the apparatus removed, but the wooden plug left in, supported by strips of plaster.

25th.—Suppuration still continues; the wooden cylinder was removed, when the plug of integument was found to remain firmly in place, being felt under the abdominal wall as a hard rounded mass. A suspensory bandage and spica to be applied.

Dec. 2nd.—A small slough came away from the point of emergence of the pin two or three days ago, leaving an ulcerated surface, which is now healing; the opposed surfaces of the invaginated portion of the scrotum have nearly united. The patient to have a truss with a weak spring and a large pad, and to get up out of bed and be discharged on the 6th December.

CLINICAL RECORDS.

DEATH FROM CEREBRAL DISEASE, AFTER LIGATURE OF THE CAROTID.

THE usual cause of the failure of a ligature placed upon the carotid artery is softening or some other disease of the brain, the result of defective nourishment, arising from an imperfect collateral circulation. Mr. Erichsen, in his "Science and Art of Surgery," quotes a table of Dr. Norris, of ligature of the carotid followed by fatal cerebral disease. Out of 149 cases of deligation of this artery, 32 were fatal, 18 of these resulting

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from cerebral disease. Curiously enough, in 10 cases in which both carotids were tied in the same patient, and where great cerebral disturbance might have been expected, only one death ensued. Disease of the brain, then, must arise from the inequality or imperfect balance of the circulation in the two hemispheres, when one of the carotids only is ligatured, but which, nevertheless, impairs the function and power of the entire cerebrum. With these observations, we have now to state that the case of ligature of the carotid artery, applied by Mr. Stanley at St. Bartholomew's Hospital on the 26th of October, for a supposed wound of that vessel in puncturing the tonsils, and published in our "Mirror" of the 19th of November last, terminated fatally, quite suddenly and unexpectedly, on the 24th ult.

Apparently, a most excellent recovery had ensued, and the patient was on the eve of leaving the hospital to spend Christmas day with his family, when he was seized with paralysis of the right side of his body, followed by insensibility, coma, and death within four hours, as we were informed by Mr. Rogers, Mr. Stanley's house-surgeon. It appears, however, that the poor man had been complaining of his head for about a week before this event happened.

After death, the posterior part of the brain was found softened and extensively disorganized—indeed, it was diffluent. A small abscess was present in its anterior, and three others in its posterior parts. There was no effusion of blood or serum. The jugular vein was sound, but the carotid artery was thickened, with suppuration in its interior up to the point of its bifurcation. Dissection further revealed a wound of the tonsillar artery, and not of the carotid, as was originally supposed.

It appears that this patient's constitution had been severely tried in various hot climates—he was in the Crimea, amongst other places; and lately has been on the strike, being by trade a handicraftsman.

HYDROCELE RADICALLY CURED BY THE WIRE SETON.

WITH some surgeons the use of metallic wires, in the radical cure of hydrocele, is finding much favour, from the fact of their application being easy, the cure tolerably speedy, and the pain of trifling amount: the last, we need not say, is a desideratum of importance. In the number of this journal for Sept. 10th last, we referred to five cases of hydrocele in which the silver wires were successfully employed by Mr. Pollock, at St. George's Hospital, one of them being an encysted hydrocele of the cord. Since then he has treated others. We saw these wires applied, in his eighth case, on Dec. 8th, in the person of a man with a large dropsy of the tunica vaginalis. This was tapped, a needle being passed into the canula, armed with a silver wire, and out through the scrotum. The canula was now withdrawn, and the two ends of the wire tied. This case subsequently did well, and was a good cure. Mr. Pollock afterwards stated that all injections for the cure of hydrocele were attended with some amount of pain, often very severe, the cure not unfrequently being tedious. Iodine, he observed, causes excessive distress and faintness, and will even fail to cure in some cases. He recollected an instance in which a man fainted from its use. The wire is simple, and causes no pain until secondary inflammation is set up. From thirty-six to forty-eight hours is the maximum time that he considered that the wire should be left in, when sharp pain and effusion occur, and then it is removed. The cure is effected in two weeks. If the wire be left in too long, the pain will be very severe. In one case, however, that of a young man with an encysted hydrocele of the cord, containing four or five ounces of serum, the wire was left in for a week, during which time he was walking about. Mr. Pollock thought there was not the same amount of risk when the dropsy is confined to the cord as when it exists in the old situation. The cyst was obliterated, and continued to be so, as verified by an examination some months after.

These wires we have seen Mr. Fergusson employ in similar cases at King's College Hospital, and with equally good results.

POLYPUS OF THE FEMALE URETHRA.

THE female urethra is known to be the subject of vascular excrescences, generally situated around the orifice, and are excessively painful and tender, and often bleed; but when seen, their true character is readily recognised. Distinct polypi of the urethra in the female are far less common, and may be mistaken for the former if care be not used in making examination. A case of this kind was submitted to operation on the 23rd of September, at Guy's Hospital, by Mr. Bryant, in the person of a young married woman, about twenty-five years of age. She had suffered from bearing-down and difficult micturition, which had been preceded by hæmaturia. On inspection, the end of a vascular tumour was visible at the commencement of the urethra. It was found to extend three-quarters of an inch into the urethral canal, and was discovered to be a small fibrous polypus. The urethra was therefore slit up, and the pedicle was cut off by means of a pair of scissors, since which time she has been free from all inconvenience.

The records of surgery mention but few of these cases. Mr. Birkett, of the same hospital, related, before one of the Societies, the case of a child under his care in whom a polypus existed which took its origin from the bladder and projected through the urethra. Dr. Gross mentions, in his "Pathological Anatomy," the case of a young lady, aged eighteen, from whose urethra he assisted to remove a polypus an inch and a half long, which was very sensitive, and of a bright florid-red colour.

Generally, patients complain of very great and continuous irritation, which may prevail throughout the whole pelvic region, and an examination should always be made to determine the cause of this; for in the majority of instances it will be found to depend upon either a vascular tumour, or perhaps a urethral polypus.

A short time back, a similar kind of polypus was removed from a female patient at the Middlesex Hospital by Mr. Nunn.

DISEASES OF THE SPLEEN.

THE well-recognised facts which have been brought forward to illustrate two special diseases in which the spleen is more or less engaged—namely, leucocythæmia splenica, and anæmia lymphatica, will help most materially in bringing the various conditions to which this singular organ is pathologically liable into something like a form for analysis and classification. Our knowledge of disease of the spleen, *per se*, is valueless, unless we associate some other condition with it. During life, almost the only abnormal state hitherto diagnosed is enlargement; and if there be an absence of white-cell blood, or lymphatic glandular disease, we must look to some other cause for an explanation of the morbid influence acting on the spleen. This reminds us of two cases of splenic enlargement which came under our observation many months back: one, a patient in Faith ward of St. Bartholomew's Hospital, was under Dr. Burrows' care. She was twenty-one years old, had considerable hypertrophy of the organ in question, a pleurisy of the right side, and brow ague. It was difficult to determine the nature of the disease here, and the ultimate result is unknown, because she left the hospital, and was lost to observation; although she could have survived but a few weeks, as she was in a very low and exhausted condition. The other case was a male patient, under Dr. Hawkins' care, in the Middlesex Hospital, in January, 1858, who had enlargement of the spleen only, accompanied with dysentery. Violent purging, and hæmorrhage from the stomach and bowels, arise in the course of disease of the spleen; and by-and-bye, it is to be hoped, as our knowledge extends, that we shall be enabled to understand and explain these symptoms.

The spleen is subject to inflammation, softening, tuberculosis, cancer, and other diseases, besides congestion and its consequences in intermittent fever. Many good examples in which this organ was diseased in various ways, will be found in the chapter on its pathology in Dr. Crisp's "Treatise on the Structure and Use of the Spleen."

TURPENTINE IN HÆMOPTYSIS.

THERE are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in

spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hæmorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup-and-water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hæmorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hæmorrhages from the urinary passages, and also from the uterus,—that is to say, in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which the bronchi are most certainly not the least important.

NUMEROUS SYMMETRICAL EXOSTOSES.

THE observation that when the spongy kinds of exostosis exist in a multiple form, they are mostly found symmetrical in their arrangement, is one that experience proves to be correct; and at the present time we can point to an illustration of its truth in the person of a young man, twenty-one years of age, a patient of Mr. Erichsen, in University College Hospital, who was admitted on the 8th of November. He has as many as fifteen groups altogether of symmetrical exostoses in various parts of his body, which are of a spongy or cancellous nature. They are chiefly situated on the inner malleoli, inner heads of the tibiæ, and inner parts of the thigh bone; the outer parts of the crests of both ilii, the acromial ends of both clavicles, and one on the right side of the breast, near the lower part of the sternum. And besides these, they exist here and there on the wrists and fingers. One situated on the great toe, answering to the description of Dupuytren's exostosis, was removed, in consequence of its producing great inconvenience. There does not appear to be any special cause for their presence in this man, and he has no hereditary predisposition to them. In their general characters they are somewhat diffused and spread out; and no doubt they will continue slowly to increase in dimensions until they become inconvenient, when they may receive further consideration. For the present nothing can be done to get rid of them. The patient is in good health, and has not suffered from syphilis, nor any other specific disease likely to account for their presence.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JAN. 4TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

THIS was the first annual meeting of the Society, and consequently a large number of Fellows and visitors were present. Twelve gentlemen, who were proposed for the fellowship on the 7th of December last, were duly elected; and the names and qualifications of ten candidates for admission into the Society were read.

Mr. SPENCER WELLS exhibited the plaster cast of a child's head, with a large encephaloid tumour growing from the side of the face and neck. The case was interesting as showing what a large mass might pass through the pelvis without injury. The child died a few days after birth. The mother was healthy, but the grandmother died of cancer of the uterus.

Dr. J. HALL DAVIS communicated the history of a case of intra-uterine fibro-plastic tumour, extensively adherent, removed by enucleation.

THE AUDITORS' REPORT

was then read. After payment of all the expenses incurred by the Society up to the 31st of December, 1859, a balance remained in the treasurer's hands of £159 9s. 4d. This report was received and adopted; and a vote of thanks to Dr. Tyler Smith, the treasurer, was carried unanimously.

LAWS OF THE SOCIETY.

Certain alterations and additions were submitted by the Council for consideration. The following were adopted:—

(1.) Chap. I., Sect. III., to stand thus:—"III. All medical practitioners, registered, or, if practising abroad, possessing a British qualification, shall be eligible for election as Fellows of the Society."

(2.) Chap. VI., at the end of Sect. III., the following to be inserted:—"In the selection of members of Council to remain in office, a preference shall be given to those who have attended the largest number of meetings of the Council."

(3.) Chap. XI., the following addition to be made:—"Sect. IV. That a committee of twelve referees shall be appointed by the Council annually, to examine any papers which the president may think ought to be referred to a committee previously to being read before the Society. The referees so appointed shall also examine all papers read before the Society, and report thereon to the Council, before their publication in the 'Transactions.' If a paper be refused for reading or publication by one referee, it shall then be submitted to a second, and, in case of disagreement, to a third referee, whose decision shall be final. Any writer of a paper shall have a right to object to one or more names on the list of referees to whom he may not be willing to have his paper submitted."

ELECTION OF OFFICERS FOR 1860.

The result of the ballot was read, and the following gentlemen were declared elected:—*Honorary President:* Sir Charles Locock, Bart., M.D.—*President:* Dr. Edward Rigby.—*Vice-Presidents:* Dr. Robert Barnes; Dr. Francis Elkington, Birmingham; Dr. A. B. Granville, F.R.S.; Dr. Edward W. Murphy; Dr. W. Tyler Smith; Dr. R. Uvedale West.—*Treasurer:* Dr. W. Tyler Smith.—*Honorary Secretaries:* Dr. Graily Hewitt; Dr. T. H. Tanner.—*Other Members of Council:* Mr. James Allen, York; Mr. Edward Batty, Liverpool; Dr. C. M. S. Babington, F.R.C.P.; Dr. W. Bloxam; Dr. W. D. Chowne; Mr. Joseph Cholmondeley; Mr. Robert Dunn, F.R.C.S.E.; Dr. Robert Druitt, M.R.C.P.; Dr. George D. Gibb; Mr. Robert Hardey, Hull; Dr. S. W. J. Merriman; Mr. J. T. Musgrave; Dr. Henry Oldham; Dr. W. O. Priestley; Dr. C. H. F. Routh; Mr. Samuel Smith, F.R.C.S.E, Leeds; Dr. Joseph G. Swayne, Bristol; Dr. J. Whitehead, Manchester.

THE ANNUAL ADDRESS

was then delivered by the PRESIDENT. Dr. Rigby commenced by saying that it was with feelings of no ordinary gratification and pride that he looked back upon the year just passed. From the earliest announcement of the formation of the Obstetrical Society of London, success was a matter of certainty; but it was impossible to anticipate such a prosperous career as the Society had already run. In eleven months 350 gentlemen—not a few of them of the highest standing in the profession—had been elected Fellows; and to many of these the Society was indebted for some most valuable contributions, which in a few weeks would be in the hands of every member. These papers would constitute the first volume of "The Transactions of the Obstetrical Society of London." The Council also had not been idle. An immense mass of work had been done in the way of drawing up the laws, and regulating the general affairs. Then a very important and carefully drawn-up memorial had been presented to the General Council of Medical Education and Registration, praying for a revision of the laws existing in the various examining bodies as respects the obstetric education of medical students. And lastly, a useful form had been drawn up by the Secretaries for the registration of midwifery cases. If each Fellow would use this form, statistical papers containing the most valuable information must in a few years accumulate, which one or two clear heads and willing hands could easily sift and rearrange, so that important points, now subjects of dispute, would be cleared up, and definitely settled.

A melancholy duty upon occasions like the present devolved upon the President. It was to give a brief notice of those who have been taken away from the Society by death during the past year. Three Fellows who took a warm interest in the success of these meetings have died—viz., Dr. Lever, Mr. Squibb, and Dr. Griffith. One honorary Fellow, Dr. Montgomery, has also been removed.

The career of Dr. Lever affords a striking instance of the success in professional life which may be achieved by indefatigable industry combined with moderate opportunities. He was born at Woolwich, where he served his apprenticeship to Mr. Butler. In due course he became a student at Guy's Hospital, at which time his physical strength was so great, that he

walked daily from Woolwich to London and back. His close attention to his studies, moreover, attracted the favourable notice of the medical officers of the institution, and he gained many honourable distinctions at the annual competitive examinations. Having finished his hospital studies in 1834, and become a member of the College of Surgeons, he commenced general practice in the Borough, while residing in which locality he took an active part in organizing the obstetrical department of Guy's Hospital. Shortly afterwards Dr. Lever obtained the degree of Doctor of Medicine in the University of Giessen; and in 1842 he was admitted a Licentiate of the Royal College of Physicians of London, and at the same time became a lecturer at the medical school of Guy's. The subsequent career of Dr. Lever is known to most medical men. His consultation practice was large, and he contributed to medical literature an important essay on the "Organic Diseases of the Uterus," as well as a series of papers to the "Guy's Hospital Reports." Dr. Lever was in his usual state of health until within a short period of his death, and he was present at the inaugural meeting of the Obstetrical Society, which was held on the 16th of December, 1858. Shortly afterwards he was seized with symptoms of a very severe kind; pericarditis and anasarca both manifested themselves, and he died on the 29th of December, 1858.

Mr. Squibb's death occurred in January, 1859. This gentleman was born in the year 1797, and he commenced practice about the year 1822, in partnership with Dr. Lemann, of Orchard-street. The activity and cheerfulness of character, as well as the kindliness of heart which distinguished Mr. Squibb, soon made him a general favourite, and his partner retiring, he was able not only to keep the practice, but to considerably extend it. Amid the duties of a busy practice the advance of science and the welfare of the profession were regarded with a lively interest. He afforded some contributions to the medical journals, and took an active part in the promotion of medical reform. Literature was made a relief to the more severe mental labour connected with his profession, and the results of it appeared in an essay relating to Dr. Johnson, communicated to the Royal Society of Literature. Till within a few weeks of his death enjoying the most robust health, it was difficult for him, when overtaken by disease, to lay aside his accustomed activity, and take that rest which his symptoms required. He resumed his duties while unfitted for exertion, and he soon experienced a relapse, which proved fatal.

The name of Samuel Griffith was first enrolled on the list of students of King's College, London, in 1843. His assiduity in the dissecting-room, laboratory, and wards of the hospital soon procured for him the friendship of the professors, and led to his being appointed house-physician to King's College Hospital after he had obtained his diplomas. His great exertions at this time and subsequently were incompatible with even his robust health and vigorous frame, and doubtless now were made the first inroads upon a sound constitution. At the completion of his hospital career, he took the degree of M.B. at the University of London, and became a member of the College of Physicians, and having been appointed assistant-accoucheur to St. Thomas's Hospital, as well as physician to the Royal Maternity Charity, he went to reside in the Borough. His labour was now excessive and uninterrupted, and continued so until the winter of 1857, when his overtaxed strength began to fail. On consulting Dr. Todd, it was found that one of his lungs was affected, and he was advised to desist from practice, and to visit Torquay. He remained in that town for two months, when he returned to London, and resumed practice as earnestly as before. In the following October he was seized with a severe attack of hæmoptysis, and again he went into Devonshire. In a few months, his health being recruited, he again came to town, his hopes of the future being bright; and notwithstanding the rude shocks his private practice had received, it rapidly increased. The improvement was, however, but temporary; severe hæmoptysis returned, and though able to make the journey to Torquay, yet great weakness set in, which ended in death on the 23rd June, 1859. Thus lived and died one who was respected and loved by all who knew him. A heartiness of character, a desire to please and to oblige, a firmness and integrity of purpose, a love of truth, and the possession of sterling moral and religious principles, brought him numerous friends, and made him beloved in life, and regretted in death.

The death of one of the most distinguished honorary Fellows of the Society, Dr. Montgomery, of Dublin, took place last month. This gentleman, whose name is known and honoured wherever midwifery is practised, can have but little added to his fame by any remarks now; for his contributions to medical literature are known to every student. Dr. Montgomery was sixty-two years of age; and he died rather unexpectedly, though he had for some time suffered from excruciating pains in the chest, and other symptoms of cardiac disease.

In closing his address, Dr. Rigby alluded in feeling terms to the kindness which had been shown to him by the Fellows of the Society at the different evening meetings; to the exertions of the Council, and the Treasurer, Dr. Tyler Smith; as well as to the assiduity of the Secretaries, Dr. Graily Hewitt and Dr. Tanner. "Long then," he said, "may the Obstetrical Society of London live and flourish, and may each succeeding year bring fresh strength and honour to it."

This address, admirably delivered, was listened to throughout most attentively; and on a vote of thanks to the author being proposed by Dr. Granville, it was carried by acclamation. The meeting then adjourned until the 1st of February.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

MR. DURHAM exhibited

THE TRUNK OF A SUBJECT IN WHICH THE LEFT KIDNEY WAS MOVABLE TO A MOST REMARKABLE EXTENT.

When the subject was lying upon the back, the kidney occupied its normal situation; but by changing the position of the body, or by gentle manipulation, the kidney passed, according to circumstances, up under cover of the ribs, down into the iliac fossa, or on to the front of the spine. This extreme mobility appeared to depend, in great measure, upon the disposition of the peritoneum, but there was no distinct meso-nephron. The descending colon, instead of forming the sigmoid flexure in the left iliac fossa, turned across the last lumbar vertebra to get to the right side of the sacrum. All the other viscera occupied their normal situations. The case will be again brought before the Society after the dissection has been made, the result of which will be stated.

Mr. TOYNBEE exhibited a specimen of

NECROSIS OF THE PETROSAL BONE.

The patient, a young woman aged twenty, had suffered from a discharge from each ear from early infancy. Two months before her death a polypus was removed from the left ear by a surgeon in the country. Intense pain followed; this was succeeded by symptoms of continued fever. On her recovery, headache and coma set in, and she died in three days.

Autopsy.—The dura mater over the left petrous bone was soft, there was an abscess in the fourth, and serous effusion into, with inflammatory congestion of and softening of the walls of the lateral ventricles. The pia mater investing the cerebellum and the base of the brain, extending into the spinal canal, was also infiltrated with pus. Dissection of the ear: In the external meatus was a small polypus. The membrana tympani was absent. The mucous membrane of the tympanum was very thick. The malleus and incus were absent, and all that remained of the stapes was its base and a portion of the anterior crus. New bone was deposited on the inner wall of the tympanum. The upper surface of the petrous bone was composed of newly-formed osseous matter, in the middle of which was buried a large portion of necrosed bone. The lower wall of the tympanum presented a carious orifice, which communicated with the fossa jugularis.

Mr. TOYNBEE also brought before the Society

THE DISSECTION OF THE EARS OF A YOUNG WOMAN WHO WAS DEAF AND DUMB.

In each ear the membrana tympani was absent, and the mucous membrane of the tympanum was very thick. The semicircular canals contained a larger quantity of otoconie than natural, and in the left ear the posterior semicircular canal was obstructed by crystals of otoconie for the distance of half a line, and the cochlea contained blood. In each ear the lamina spiralis of the cochlea, near to the vestibule, was so greatly hypertrophied as to fill the scala tympani, and to conceal the membrana fenestræ rotundæ.

Mr. SPENCER WELLS exhibited

SIX OVARIAN CYSTS AND TUMOURS REMOVED BY OVARIOTOMY.

1. *A Fibrous and Cystic Tumour*, removed from a married woman, twenty-nine years of age. It weighed seven pounds and a half, and consisted of a lower solid portion, simply fibrous in structure, and of a large cyst at the upper part, which had

contained several pints of fluid. Portions of fibrine were adherent to its inner coat. The patient died forty hours after operation, and about six pints of clear serum were found in the right pleural cavity. A portion of the abdominal wall, including the incision, was also shown, to illustrate the accuracy of union of the divided peritoneal edges of the wound, when these edges are folded together by passing metallic sutures through them.

2. *A multilocular Ovarian Cyst*, with masses of pseudo-colloid substance in its walls, successfully removed from a married woman, forty-seven years of age. In this case the pedicle was on the right side, but the left Fallopian tube, having been found diseased and adherent to the cyst, was also removed. The patient is now in robust health.

3. *A multilocular Ovarian Cyst*, successfully removed from a married woman, forty-one years of age. The chief point of interest in this case was the fact that tetanus had appeared a fortnight after the operation, and the patient had recovered during the use of woorara. The case had been brought before the Medico-Chirurgical Society.

4. *A multilocular Ovarian Cyst*, also successfully removed by ovariotomy from a single woman, twenty-nine years of age. The cyst and contents had weighed fifty-four pounds. Most of the cysts were very small, but they had been broken down one after the other, and the whole removed through a four-inch incision. The convalescence of the patient had been delayed by a bed-sore, but she was now quite well.

5. *The Fallopian Tube* and remains of the *Peduncle of a multilocular Ovarian Cyst*, successfully removed from a young lady, only seventeen years and three months old. The cyst and contents weighed thirty-eight pounds; but the whole had not been preserved on account of the difficulty of showing the numerous aggregations of small cysts of which it was composed. One point of interest in the case was, that the pedicle had been completely twisted round during the growth of the tumour. Mr. Wells alluded to a case in New York where such a twisting of the pedicle had led to strangulation, obstruction of the veins, and gangrene of the cyst, followed, of course, by the death of the patient.

6. *A semi-solid Ovarian Tumour*, weighing eleven pounds and a half, and two large cysts attached to it, which had contained forty-one pounds of fluid, forming together a very large tumour of the right ovary, which Mr. Wells had removed from a single woman in the Samaritan Hospital, on the day of meeting. It was an unfavourable case, but one in which it was decided to give the patient the chance of a cure, as it was clear that life could not be prolonged very much, and it was not thought right to leave the woman to an inevitable and painful death, when there was even a moderate hope of recovery after operation. Mr. Wells had seen her just before the meeting, and she was then going on remarkably well.

Mr. Wells added that he had now brought before the Society *all* the ovarian cysts and tumours of the cases in which he had performed ovariotomy. At the meeting of the Society on the 1st of November, he had shown a cyst removed four days before the meeting, and stated that the lady had gone on well since the operation. He had now to add, that she continued to do well until the eighth day, when tetanus came on, and she died two days afterwards. This case had been treated by woorara, and had also been brought before the Medico-Chirurgical Society. The general result of Mr. Wells' personal experience of ovariotomy in hospital and private practice had been nine recoveries and four deaths out of thirteen cases. The case last alluded to was the fourteenth.

Reviews and Notices of Books.

On Chronic Alcoholic Intoxication, or Alcoholic Stimulants in Connexion with the Nervous System; with a Synoptical Table of Cases. By W. MARCET, M.D., F.R.S., Assistant Physician to the Westminster Hospital. pp. 172. London: Churchill.

IN 1849 and 1851, an eminent Swedish physician, Dr. Magnus Huss, published a volume upon "Alcoholismus Chronicus," or chronic alcoholic disease. Both here and upon the continent, a high position has been awarded to the labours of Dr. Huss. The pathologic condition portrayed by this writer was included in "those groups of nervous symptoms which, affecting alike the motor and sensorial powers and the mental capacities of the individual affected, proceed generally in a slow and chronic course, and are not directly referable to any lesion of the nervous centres appreciable during life, or discoverable upon post-mortem examination, such symptoms being especially met with in persons who have for a long time consumed alcoholic fluids, and in excess." So far, however, from Dr. Huss believing that he was the first to draw attention to these and associated morbid phenomena, he cited a passage from the 95th Epistle of Seneca, to show that the use of hot wines produced upon the enervated Romans of the empire symptoms very analogous to those he himself was about to describe. It was also shown that an admirable description of the disease now known as chronic alcoholism was given by our countryman, Dr. Lettsom, who accurately recorded the loss of power of the arms and legs, and the accompanying anæsthesia; nor does he forget to notice the opposite character of excessive sensibility. When Dr. Huss first began his investigations, he was in doubt as to whether he had not been forestalled by the labours of Prus, Bayle, and other French writers. But he soon found that all of them, not even excepting Brierre de Boismont, described the disease only as associated with an advanced stage of mental disorder. Six varieties of chronic alcoholism were described by the Swedish physician; and from the severity of some forms, the peculiarity of others, and from the frequency of the disease generally, some pathologists were led to regard the affection in question as peculiar, in some respects, to Sweden. But all that can be safely said is, perhaps, that "chronic alcoholism" does not prevail here to the same extent that it does in the north; because dram-drinking, bad enough as it is amongst us, is yet not so general and excessive as in Sweden: and it is often more severe, and presents some peculiar symptoms, at Stockholm, from the spirit which is there consumed being distilled almost exclusively from potatoes. During this distillation, a deleterious narcotic oil, called "potato oil" (finkeloljan), is produced, as also a noxious volatile compound, vulgarly called "stick," from its suffocating vapour. The compound formed by these with the spirit may be regarded as highly detrimental to the nervous system.

Dr. Marcet, in his little volume, gives the result of an inquiry into forty-eight cases of chronic alcoholism which have been treated by him at the Westminster Hospital; whilst Huss has directed special attention to the symptoms and pathology of the disorder. Dr. Marcet tells us, that "in the present volume comparatively great stress has been laid on the predisposing and immediate causes of the illness, and especially on its mode of treatment." (p. vii.) A chief intention, indeed, of the author has been to show how often chronic alcoholism is attended by other diseases, more especially affections of the digestive organs, these secondary disorders being frequently, in his opinion, the immediate cause of the attack of the specific toxæmia. (p. 145.) But, perhaps, the main endeavour of Dr. Marcet is to show that—

"There exists a substance possessed of powerful and definite properties, and having the remarkable property of restoring to health, or, at all events, of greatly relieving the disordered nervous system of persons suffering from chronic alcoholism; the medicinal agent in question acting efficaciously in cases where the principal symptom may be either sleeplessness or hallucinations or trembling, or any other, and this substance is *oxide of zinc*." (p. 77.)

Though we have met with nothing very novel in Dr. Marcet's *brochure*, except this special application of the above-named drug, we can recommend its perusal as containing some useful and practical information, plainly related, and within an easily mastered compass.

Essays on Medical Science. 1. *On the Nature of Inflammation.* 2. *On the Encephalic Circulation and its Relation to the Physiology of the Brain.* By JAMES CAPPIE, M.D. Edin. pp. 103. Edinburgh: Sutherland and Knox. 1859.

DR. CAPPIE is a bold man: he here opens ground upon two fields of pathological warfare which have seen much professional

bloodshed. The *nature of inflammation* and the *circulation within the cranium* almost frighten us from our desk. It is but very modern days since Williams, Bennett, Carpenter, Paget, Thompson, and Wharton Jones tried at the exorcism of the first perturbed spirit; but, as Dr. Cappie tells us, it has been all in vain. Professors Alison and Virchow, it seems, have been a trifle more fortunate; but to Dr. Cappie it has been reserved to really lay the ghost. At least this is, we presume, Dr. Cappie's opinion: we cannot say it is ours. He very truly says—

"The physician or surgeon can lead us to the bedside, and, by a simple appeal to certain readily recognised phenomena, can declare authoritatively, *There* is inflammation. The problem he then puts to the pathologist is not, What is the essential phenomenon? (in the limited sense in which these terms are used by Dr. Bennett,) but, What is the essential condition—the first cause—of these effects? There must be some relation of these symptoms to a modified form of vital action in the tissue. Can that relation be traced? He does not require any other definition than that he has been accustomed to; but he wishes to have a theory or explanation."—p. 54.

The "theory or explanation" offered by Dr. Cappie is the *old-new* dogma—viz., "inflammation is essentially a form of abnormal nutrition." On this, of course, the author does not pique himself; but he rejoices in his explanation of the theory—in other words, the "respect in which the constituent phenomena of nutrition are modified when inflammatory action begins." As to how they are modified, Dr. Cappie thinks he has made that all clear. Poor Dr. Cappie! Shades of all the heroes of the departed theories of inflammation have mercy on him! Rise not, like the spirits in "Macbeth,"

> "With twenty mortal murders on your crowns,
> And push him from his stool."

The most refreshing part of Dr. Cappie's first Essay is his critique of Dr. Bennett.

The second Essay is mainly occupied with the reciprocal actions concerned between the brain and its circulation, and the relation of mental to cerebral activity. The production of sleep is a topic also of special discussion.

We have no doubt that when Dr. Cappie comes before us in connexion with less bewildering subjects than he has here chosen to meddle with, we shall feel disposed to award him more attention than we can upon the present occasion.

An Introduction to Practical Pharmacy, designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmaceutist. By EDWARD PARRISH. Second Edition, with 246 Illustrations. Philadelphia. Trübner and Co., Paternoster-row.

THE purposes of this volume, as set forth in the title-page, are fully realized in the work itself. It is an eminently practical and useful book, being written by an experienced and practical pharmaceutist. The fact of a second edition being so soon required is itself a proof of its merits; but this second issue is, in many respects, very superior to the first. The drawings with which it is so profusely illustrated add greatly to the utility of the work.

It is divided into FIVE parts:—

Part I. is preliminary, and treats of the implements necessary to dispensing, of weights and measures, of specific gravity, and of the United States Pharmacopœia. It may here be observed, that the United States are, and have been since 1820, in advance of ourselves in the possession of a National Pharmacopœia.

Part II. treats of Galenical Pharmacy, under which head the collection and desiccation of plants are described, the powdering of drugs, solution, filtration, maceration, percolation, evaporation, and distillation; also the processes for the preparation of the several classes of medicines, as the medicinal waters, infusions, tinctures, extracts, and syrups.

Part III. is devoted to Pharmacy in its relation to Organic Chemistry, and describes the classes of articles derived from the organic kingdom, as the starches, gums, sugars, vinegar, alcohol, fixed and volatile oils and extracts, organic acids and alkaloids, &c.

In Part IV., the different Inorganic Pharmaceutical Preparations are described.

Part V. is devoted to Extemporaneous Pharmacy; and in this division the language and writing of prescriptions are considered, the art of selecting and combining medicines; remarks are made upon the various classes of powders, pills, liquid preparations, and of external applications; the last chapter treating of the Art of Dispensing Medicines.

Judging from this work, it appears that pharmacy holds a high place in the United States. Altogether, the treatise of Professor Parrish may be cordially recommended as one admirably suited to the requirements of the practical pharmaceutist.

Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Vols. II. and III., *Pathological Anatomy.* Completed and Edited by SYDNEY JONES, M.B., F.R.C.S., Curator of the Museum, Lecturer on Anatomy, &c. London: Renshaw. 1859.

To obtain the advantages of a well-regulated and valuable museum, a catalogue in which all the preparations and other objects are properly classified is an essential requisite. This is to be seen in a manuscript form in almost every place of the kind, but can be available only to those who repair to the museum itself. Of the various hospitals and schools in this metropolis, we believe that, hitherto, St. Bartholomew's alone has published a catalogue of its pathological preparations; and it has been found of great service to those residing at a distance. It is with some satisfaction that we find another institution adopting a similar course, two volumes having just been published by order of the governors of St. Thomas's Hospital, giving a catalogue and a short description of all the pathological specimens in their museum. This responsible task has been ably performed by Mr. Sydney Jones, the curator. We learn from the preface that the labour was by no means a light one: for the entire collection required revision; one-third of the specimens had to be described; and many of the descriptions in the original manuscript required alteration or correction. This has been a labour of three years. The museum is pretty rich in urinary calculi; the catalogue describes 237 specimens, and amongst them are two of the rare cystic oxide variety.

The example set by St. Bartholomew's and St. Thomas's, in publishing catalogues of their museums, is worthy of imitation.

Willy's Book of Birds. By Mrs. MACKIE. Foolscap 4to. Sixteen coloured plates. London: Geologist Office, Strand.

As embracing a branch of natural history intended for the young, the present work—embellished with coloured plates of the sparrow, chaffinch, starling, lark, nightingale, and other birds, drawn from nature—commends itself to notice at this season of the year. The description of the birds, their habits and peculiarities, is written in a plain, intelligible, and particularly agreeable style, well adapted to the minds of the youth of both sexes. Indeed, the book can be perused with profit by those of mature age. The plates are good and faithful sketches of the feathered tribe, and assist greatly in carrying out the design of the author. We recommend this book with pleasure as an admirable specimen of natural history illustration.

NEW INSTRUMENT FOR THE EXTRACTION OF MUSKET-BALLS.—M. Langenbeck gives, in the *Deutsche Klinik* of 1859, the following description of this instrument. It consists of a rod, six inches and nine lines long; on one extremity is fixed a wooden handle, and on the other a movable cup, the latter being fenestrated so as to grasp conical balls easily. By pressing upon a spring placed by the side of the rod, the cup rises to a right angle with the latter; and when it is brought by the side of the ball, and a little beyond it, the latter is easily extracted. The instrument will act at the depth of six inches.

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THE LANCET.

SATURDAY, JANUARY 14,

BEING

No. 2

OF THAT JOURNAL FOR THE YEAR 1860.

Is cancer curable? What hopes and what fears hang upon the answer to that question! If "No" be the word pronounced by Science and Experience, it will ring like a sentence of death upon the ear of thousands. Yet even the victim of this dire disease will struggle against his doom; the fabled casket, which in mercy to mankind was closed in time to save a last consolation, still bears up the sufferer as he painfully travels along the Valley of the Shadow of Death. But Hope brings not relief without alloy. This feeling, growing into a passion too strong for human reason, disposes the agitated mind of the sufferer from reputed incurable disease to listen to the ear-kept promises of the avowed charlatan, or to the scarcely less culpable assertions of those pretenders of another kind, who proffer ignorant aid under the plea of disinterested charity. We cannot blame the victims of disease and quackery. This would be to censure the drowning man catching at a straw. But it is our duty on all fitting occasions to repeat the often unheeded caution against the more or less conscious impostures of the quack who works for money, and the amateur physician who cures incurable diseases for the love of GOD. We are well aware that the truthful voice of sober experience, when it speaks in doubt or condemnation of the capacity or integrity of the promisers of marvellous cures, is commonly met by the ready charge of jealousy and prejudice. No fear of such a charge, however, should deter members of the medical profession from pointing out the grounds upon which their opinions are based, from explaining the high principles which guide them in practice, from contrasting the frank and open proceedings of the legitimate practitioner with the mystery and cant of the pretender. If candour, if publicity be the test of honour and true science, then we may surely claim respect for our opinions. If juggling with concealed remedies afford a presumption of ignorance or knavery, then certainly we may know how to estimate the knowledge and honesty of the charlatan.

This is the only intelligible ground upon which the merits of persons claiming the character of great discoverers in science and benefactors of the human race can be examined. Scores of persons have declared to the Board of Works their readiness to purify the Thames; but, omitting to show how they propose to accomplish the object, their proposals are disregarded. Scores of amiable enthusiasts every year claim of the French Academy the reward for the discovery of the longitude; but somehow they fail to prove their case. In like manner, pages are filled with the lists of infallible cures for the cholera, all of which have been zealously tried, and yet cholera defies specifics, although, in many cases, it is amenable to scientific treatment. And yet, as sure as cholera shall visit us again, new prophets will find dupes; and their "cures," victims. And so it will always be. Just because there are diseases which, under particular conditions of locality, of virulence, of individual incapacity of resistance, and, we will frankly add, of yet imperfect medical knowledge, resist the best-directed efforts of science, there is always a succession of pretenders to medical omnipotence. As a general rule, their methods of treatment do not admit of being divulged—unless it be for a national grant of money; and some very indifferent bargains of this sort have been made by foreign Governments. In this country, however, it is found more profitable to embark in private speculations upon public credulity. The Government will, for a small fee, endorse a secret remedy with a stamp; but it prefers to share thus in the profits of charlatanry rather than to purchase inconvertible secrets. Its motto here is, "Caveat emptor:" let the buyer look to it, and the quack flourish.

Of course, all this is *à propos* of the last new secret "cancer-cure"—a cure which is probably no more new, and no more a cure, than are our arguments. We cannot be expected to refute delusions as old as the hills with objections ever new. All we can do is to prescribe the antidote as often as the morbid phenomena appear, in the hope that here and there it may be taken with good effect.

Be it known, then, that a greater than HIPPOCRATES, SYDENHAM, or JENNER has arisen in the person of a Reverend HUGH REED. He cures cholera, prevents small-pox without vaccination, cures phthisis, ovarian dropsy, and "many other incurable diseases," not forgetting cancer. What are his credentials? He is a clergyman of the Church of England, actually entrusted with a parochial cure. What should prevent so gifted a curate from ultra-crepidating and curing bodies as well as souls? It is, no doubt, more remunerative; and it is hard to fancy oneself "passing rich on forty pounds a year." But is not the special qualification of the Reverend HUGH REED further certified by Dr. EDWARD CRONIN? Dr. CRONIN is better than all men fitted to judge of clerical medicine. Does he not himself bear the archiepiscopal diploma of M.D.? And why should he not throw an edge of his ample healing mantle over his friend? Thus accredited, the Reverend Doctor is ushered before the world through the columns of *The Times*.

A clergyman who had been afflicted with some disease of the throat, which is not satisfactorily proved to have been cancer, first tries Dr. FELL; is relieved and relapses, and next tries Mr. REED; he is again relieved; he does not profess to be cured, but straightway, under a creditable emotion of gratitude, which overcomes his logic, writes to *The Times*, extolling the wonderful powers of the new cancer-curer. Here, then, is our Magnus Apollo fairly before the world. His good deeds are no longer to be whispered about in private circles. They court the widest inquiry, and challenge universal admiration. We withhold our admiration until we have inquired. Our first question is—Where are the cases, pronounced upon competent authority to be cancer, that have recovered under Mr. REED's care? Secondly, What is the length of time that has elapsed since the cessation of treatment, and the date of the alleged cures? Thirdly, in order that we may appreciate the influence of the remedies, we ask—What are the means that have been employed?

The only sort of reply that Mr. REED has thought fit to make to similar inquiries, has been to shelter himself under the vulgar subterfuge of imputing "violent prejudices" to those who invite him to justify his pretensions. It does not appear that even "his friend, Dr. CRONIN," has been made acquainted with more than "the general principles of the treatment, and many

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of the remedial agents employed." When it is intimated that mercury, to the extent of causing profuse salivation, is one of his remedies, Mr. REED, with characteristic candour and boldness, replies, that "salivation is no ground for supposing that mercurials have been used," and that he "in general uses very little of mercurial preparations." He vouchsafes to inform us that his process of curing cancer consists in "neutralizing the "cancer by means of gases, and of destroying the remaining "diseases by specifics which have presented themselves to his "experience"! With this we must be satisfied. We learn, however, from another source, that one of his "gases" is chlorine. The chemist and physician can judge of the power of this gas to "neutralize cancer" in the living tissues. Audacity reaches its climax at the conclusion of the reverend cancer-curer's letter. After a long series of evasions, in which he exhibits his skill in suppressing the truth, he exclaims that his motto is, "Magna est veritas et prævalebit"!—which means that he will wrap himself up in his virtue, and let the truth, which he could tell if he chose, prevail as it can. Prevail it will we have no doubt, but hardly to Mr. REED's credit.

It ought to be well known to the public, that the inquiries or conditions we have stated, are no more than what members of the medical profession exact from each other. We give, at least, this evidence of our good faith and freedom from prejudice, that our practice is open to the observation and criticism of all. The physician or surgeon who should come before his brethren with a secret remedy or method of treatment, would be scouted with ignominy from our ranks. We recognise no mystery in the exercise of the sacred trust reposed in us. If anyone of us thinks he has discovered a valuable means of cure, the first thing he does is to make it known, in order that others may repeat his observations, and put his practice to the test of extended experience. In our hospitals the treatment is pursued under public observation; and this in order that our treatment may be improved by the enlightened criticisms of others, and that the medical knowledge thus acquired may be promulgated throughout the world for the greater benefit of mankind. We need do no more than point to the wide difference between the ethical code of the legitimate professors of medicine and the veiled ignorance of the class amongst whom the Rev. Mr. REED has enrolled himself.

Nothing has given us more pain than to reflect in this manner on the conduct of a clergyman. Our first impression was, that Mr. REED might, through want of medical education and the teachings of medical experience, imagine himself to be in possession of a novel method of treating cancer successfully; and that Christian zeal to alleviate the sufferings of his fellow-creatures, under a most fatal and agonizing disease, had prompted him to depart for a time from the proper ministrations of his profession, and to disregard the laws of his country, in order the more effectually to make his remedy known. We grieve to find that we were in error. Modesty does not restrain him, for he pretends to cure cholera, ovarian dropsy, phthisis, and cancer. Humanity does not urge him, for he keeps his remedies secret. Christian benevolence does not move him, for he cures for money.

The Reverend HUGH REED, therefore, must be content to occupy the place he has selected for himself amongst that ignoble band, which numbers a MORISON, a HOLLOWAY, a VRIES, and others equally distinguished for science and philanthropy, amongst its members.

THE platitudes and meagreness of detail which frequently characterize a Royal speech, do not necessarily indicate that weighty affairs are not engaging the consideration of the high officers of State. On the contrary, the studied harmlessness of the language employed, and the delicate manner in which questions of moment are hinted at rather than expressed, denote often the gravity and complications of the subjects referred to; and it may be almost laid down as a rule, that the affairs treated of in such productions are the more important in proportion as the details respecting them are kept shrouded from observation. So long as no formidable enemies, plots, or dangers have to be encountered without or within, even State addresses and State papers may be found to contain an amount of circumstantial information calculated to enlighten the world in front of the curtain. But no sooner do these complications become developed than it is found necessary to preserve a wholesome silence, in order that no undue publicity may interfere with the means to be adopted for encountering evils, whether threatened or actually in existence. Hence the apparent meaningless tone which pervades some records officially made. The language of these often becomes "mysterious as of old," and almost assumes an Eleusinian darkness. What is true of Royal speeches, of ministerial explanations, of parliamentary committee reports, and certain other public announcements, may also become true, in a minor degree, of other records and official statements having a more limited scope and interest. It therefore by no means follows that no important business is transacted because little is said about it. Official persons sometimes very wisely bear in mind the axiom, that "Nature gave us two ears and one mouth that we should hear much and talk little."

The reports of the meetings and proceedings of the Committees of the London Medical Registration Association, some of which appear in the pages of the present and last numbers of THE LANCET, begin to wear an aspect of diplomatic mystery, which seems to indicate that much more usually transpires within closed doors on the evenings of meeting than it is deemed proper to commit to print. We believe that this surmise is correct. The Association, now organized as to its constitution, and its laws and regulations framed during the first year of its existence having become ratified by a general meeting of its members, has met with so much confidence on the part of the profession, that the meetings of its Committees are mainly occupied with the consideration of letters and communications relative to matters of a private nature, a reference to which in published reports would defeat the objects to be attained. It may, therefore, be fairly admitted that, if the reports we receive from that Association and other similar bodies do not contain a large amount of readable information, it is rather because such information is intentionally withheld, than that the materials for it are wanting. It would be a mere truism to assert that, if intelligence is conveyed relative to persons illegally practising medicine in various localities, or the advice of a Committee be asked as to the methods of proceeding in those cases, the steps to be taken in such matters might be effectually frustrated by undue publicity. It is with such occupation as that just alluded to, that the London Medical Registration Association has now chiefly to deal. It has come to be an important organ of medical police, and, like other bureaux of police, it has its secrets and its "black book," the particulars

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of which are by no means destined to be made patent until fitting opportunities occur.

In one instance, the report of the last meeting of its Committee, which we publish this day at page 47, departs from the obscurity which veils some of the proceedings. It records a resolution of the Committee to adopt a recommendation, that a remonstrance should be forwarded by the President of the Association to the President of the Medical Council, relative to the admission of Messrs. HORTON and MEREDITH as members of the Royal College of Surgeons. The Medical Council, having the control over medical education, and, by Clauses 20 and 21 of the Medical Act, over the curricula as adopted by the Colleges, has certainly the power to interfere with the proceedings of the College of Surgeons in such a case. Mr. FERGUSSON, the President of the London Medical Registration Association, and who took the chair at the last meeting of the Committee, made the announcement that he should feel it to be his duty, as President, to carry out the views of the Association by communicating the remonstrance in question to Sir BENJAMIN BRODIE; and the hearty spirit manifested by Mr. FERGUSSON in behalf of professional interests, as shown on this and other occasions in which the Association is concerned, affords cause for sincere congratulation.

THE proceedings of the Court of Examiners of the Royal College of Surgeons of England, in relation to the admission of uneducated persons to examination, is regarded by the great body of the profession with alarm and disgust. It was thought impossible that a corporate body, which is the nominal representative and guardian of the interests of English surgeons, should so far forget their duties and privileges as to place themselves in antagonism to their constituents, by setting at defiance an Act of Parliament which was enacted expressly for the protection of the public and the legitimate practitioners of surgery The Examiners of the College of Surgeons have inflicted a deep injury on their members by their late proceedings in regard to the admission of uneducated persons to the membership of the College. They have subverted or evaded the letter and spirit of an Act of Parliament. Instead of setting a wholesome example by complying, as was their manifest duty, with a beneficent and equitable statute, they have treated it with contempt, and given opportunities for offenders to escape the penalties which it enacts by throwing over them their corporate shield.

The surgeons of Cheltenham are about to address them on the subject. Their protest will be found at page 46 of the present number of THE LANCET. It is to be feared that much mischief has already been done—that numerous acts of injustice to the profession have been perpetrated; but we commend the example of the Cheltenham surgeons to our professional brethren throughout the country. Protests of a similar character should be forwarded from every town in the kingdom. They may not, possibly, succeed in arresting the suicidal course of the Board of Examiners, but they will tend to show that irresponsible body that public opinion is against them. That Board must eventually succumb to a power which controls the highest authorities; and if the protestors fail in this particular instance to stem the evil, they will cover with irretrievable shame those who, in despite of law and equity, pursue a course of conduct which stamps them with merited disgrace.

Medical Annotations.

"Ne quid nimis."

DEATH IN THE NURSERY.

VERY dangerous presents are often made to children. It is the peculiar happiness of juveniles to test, in many homely ways, the strength, flavour, and combustibility of whatever toys are placed in their hands. The tendency to apply the tongue to all painted toys affords a temptation which only the strongest-minded children can resist; and licking the face of a favourite doll, or the surface of a painted ball, appears to afford pleasure which few can forego. Remembering these infantile idiosyncrasies, kind mammas and generous uncles should endeavour to ascertain that such coloured toys as they give are not painted in mineral colours. Very serious accidents—if we mistake not, deaths—have occurred from licking the aërial bladders which were recently so popular in the nursery. Many of them were painted with arsenical pigments. A sad accident, which occurred this week, at Lyons, points to another favourite toy as a possible source of the most serious misadventure. The *concierge* of the theatre there had presented a box of paints, as a new year's gift, to his son, a boy of about ten years of age. The little fellow was highly delighted with his new acquisition, and passed the whole evening in colouring a large portrait of Garibaldi. Most probably he wetted his pencil or his paints with his tongue; for, in the middle of the night, he was attacked with a violent colic, and died in a few hours, evidently from poison. In the same way the drastic purgative properties of gamboge are not uncommonly developed to a very unpleasant extent. The unfortunate event above described affords an important caution, which will not, we hope, be lost in England.

ORGANIZATION OF THE IRISH MEDICAL OFFICERS.

THE agitation amongst the profession in Ireland which has followed the unjust treatment of Dr. Wall, medical officer of the Dunmanway Union Workhouse, is not likely to abate without solid and satisfactory results. The conduct of the Poor-law Commissioners has called down the strongest reprobation of all persons interested, whether medical or non-medical. His dismissal was the result of a partial investigation, held before a non-medical official, and one who was, as such, incompetent to pronounce an opinion on the case. That decision has been reversed by the universal opinion of the profession, and the board of guardians concerned. The subsequent conduct of the Commissioners was ludicrously dictatorial and shamefully oppressive. The guardians of the union—not remarkable in such cases for their sympathy with the medical officers—have shown their sense of the conduct of the Commissioners towards Dr. Wall by unanimously resolving to open a subscription "as a small expression of their feelings towards him." Their example in this respect has been followed by the medical associations of Cork and other parts of Ireland. The County Londonderry Medical Association have stigmatized the reply of the Poor-law Commissioners to the respectful remonstrance of the Irish Medical Association praying for a re-investigation of Dr. Wall's case, and signed by Dr. Whistler as chairman of the council of the Association, in the same terms which we applied to it—as discourteous and insulting to the profession; and the observations personally addressed to Dr. Whistler as an unconstitutional assumption of authority, and a tyrannical attempt to stifle that expression of feeling on a public question which is the undoubted privilege of every British subject. The attention of the local members of Parliament will be drawn to the matter, and their influence solicited. A general meeting of workhouse medical officers is also summoned for the 17th inst., to meet in Dublin, for the purpose of representing their body in reference to the proposed and other amendments

of the Poor Law and Medical Charities Act, and to appoint a standing committee to watch and protect their legitimate interests and those of the valuable institutions with which they are connected. Thus the union medical officers of Ireland are acting with a vigour and unanimity which augur success, and afford an example to their brethren in England.

FEAR OF HYDROPHOBIA.

THE lovers of Goldsmith will have a lively recollection of his "Elegy on the Death of a Mad Dog," who, having contracted an enmity to a man at Islington,

". . . . to gain his private ends,
Went mad, and bit the man.
. . . . . .
"The wound it seem'd both sore and sad
To every Christian eye;
And while they swore the dog was mad,
They swore the man would die.
"But soon a wonder came to light,
That shew'd the rogues they lied;
The man recover'd of the bite,
The dog it was that died."

This incident has been repeated, with some whimsical variations, in a singular case tried a few days since by the Civil Tribunal of Tours. It was an action brought by a physician of the name of La Grenadière against one of his neighbours, of the name of Soudié, to obtain 2989 francs, as damages for having been bitten by a dog belonging to him which he conceived to be mad. It appeared that as the physician was one day taking a walk, M. Soudié's dog suddenly rushed forward and bit him in the leg. The physician went home crying out that the dog was mad, and that consequently he himself was sure to die of hydrophobia. He then, with great resolution, applied burning-irons to the part bitten, and, according to his account, contemplated blowing out his brains, in order to avoid a more horrible death. By the advice of his friends he afterwards went to St. Lizaire to take sea-baths; but so convinced was he that he would become enraged, that he had himself accompanied by a keeper furnished with a strait waistcoat. He subsequently consulted M. Velpeau and other eminent practitioners, and from what they said he became somewhat calmer, but could not for a long time free himself from the idea that he was destined to become mad; and this idea was strengthened by the fact that when, on Soudié assuring him that the dog was not mad, he had requested that person to allow himself to be bitten by the animal in his presence, Soudié had declined. For all this anxiety of mind, and for the expense of consulting physicians, the plaintiff maintained that the sum he demanded was reasonable. M. Soudié, in answer to the action, represented that the physician was well known for his eccentricity, and that the action ought not to be considered serious; that, in fact, the charge of madness was altogether misplaced. As, however, the plaintiff had been bitten by the dog, he offered him 214 francs, which he considered was sufficient. The tribunal ordered 500 francs to be paid.

VIOLENT DEATHS IN 1859.

THE reports of violent deaths in 1859 are analyzed by a contemporary. These reports are, however, by no means complete. There were 26 cases of death by murder, and 5 by poison not wilfully taken; 9 by burns and scalds; 9 by drowning; 25 by suicide; 10 by explosions and machine accidents; and 36 by miscellaneous "accidents," so called, including railway accidents. One person was killed by lightning, 1 by hydrophobia, and 3 died of starvation or neglect. Three deaths were remarkable for the peculiarity of their causes: thus, a child was killed by a turkey; one person by a fall whilst somnambulising at night; and one, probably a soldier, by the tightness of his stock. The suicides are very numerous. Many were by poison, such as aconite, oil of vitriol, and prussic acid —the favourite means in this country of opening the door of escape from the evils of a troublesome world. One suicide burnt herself to death; and one, forcibly illustrating the unaccountability of tastes, sought what Owen Gertrude would have called "a muddy death" at the bottom of the Serpentine. In only one case did a coroner's jury return the unusual verdict of *felo de se*, the only effect of which *quoad* the suicide is, the refusal of funeral rites, and the burial of the body by torch-light—not in a cross-road, but in a cemetery.

CITY CHURCHYARDS.

DR. LETHEBY has communicated to the Common Council of London an important report of investigations into the state of church-vaults and burial-grounds of the City, undertaken at the request of Mr. Grainger. He found in seventy-one churches every available space between the floorings of the buildings gorged with putrefying matter—the remains of the dead that have for ages been there deposited. The vaults, aisles, and porches were crammed with corruption. Separated from this rank bed of noxious effluvia by a few inches of earth and a partition of wood or loose stones, worshipped the unconscious multitude; and as the air is rarefied by the heat of gas and fire, and the presence of many people, the rank vapours were thus especially drawn out in abundance, and the unconscious worshippers have breathed an atmosphere of corruption, and it is impossible to say how many have "sickened unto death."

Dr. Letheby indulges in a little declamation on the vanity of attempting to preserve the living amongst the dead, of which the object is very laudable. The peculiarly forcible style of Dr. Farr, and the Germanic profundity of the reports of Mr. Simon, have influenced the literary manner of modern sanitarians to a very remarkable degree. Medical Officers of Health write their reports as though they were inditing school theses; and we are astonished to find reports on dust-bins, rag-heaps, and slaughter-yards, glittering with classic ornament, and bristling with pointed antitheses. We can imagine that many worthy citizens will be greatly puzzled to understand Dr. Letheby's eloquent talk about the preordained circulation of organic matter, and the eternal fiats of Nature, who would very easily comprehend a simply-worded explanation of the defects of "air-tight coffins," at which Dr. Letheby's thunder is indirectly aimed. The solid value of such reports is, to our mind, rather deteriorated by their declamatory diffuseness.

The practical means employed have, however, been of an undoubtedly useful character. The vaults have been fumigated with chlorine; the coffins rearranged in dry earth, covered with powdered charcoal; and atmospheric ventilation provided. Dr. Letheby justly protests against utilization of graveyards as building-grounds, since it would not only be dangerous to the community to lay bare the putrid remains of the dead, but the inmates of the houses would suffer from the subjacent corruption. They should remain as grass-grown, open spaces, and in this way they will promote, as otherwise they would destroy, the health of the citizens.

A DISPUTED LEGACY.

THE will of the late Lord Seymour, made in Paris, contained a clause bequeathing the residue of his estate to the hospitals of Paris and London—"aux hospices de la ville de Paris et de Londres." This remarkably vague and comprehensive bequest is likely to be the subject of considerable legal discussion, and probably of litigation. The interpretation of all the words of the clause is open to doubt, and the executors have been advised by Mr. Calmer to state a case for Chancery. The whole affair is now, therefore, in the hands of the lawyers, who are likely to have some very pretty pickings. The first question to be decided is as to the meaning of the word "hospices." Does this mean merely hospitals, and not infirmaries or asylums? and, if so, what constitutes an hospital? Then, again, a difficulty arises as to the meaning of the words "ville

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de Paris et de Londres." Does this mean city of Paris and London, or city of Paris and city of London? The authorities of St. Bartholomew's Hospital are naturally disposed to put the latter interpretation on it; and as the Hospital of St. Bartholomew is the only hospital within the city of London, the whole of the London share of the legacy would fall to that hospital. This would, at least, simplify the matter. For, otherwise, after all these knotty points are decided, it remains to settle the question of proportions; and we are altogether unable to see how this can be done satisfactorily, or what principle can be invoked. If the extent and size of the large and rich hospitals govern the amount, then an obvious injustice will be done to smaller institutions which are wholly unendowed. We think, however, that it is not very difficult to see to whom will fall the oyster, and to whom the shell.

KING'S COLLEGE HOSPITAL.

(FROM A CORRESPONDENT.)

THE present state of, and proposed alterations in, the staff of King's College Hospital, have been forcibly brought under the notice of the profession by your correspondents during the last fortnight. Being of modern foundation, King's College Hospital differs from kindred institutions in not being in any way under the control of the subscribers or governors; for, by its Act of Incorporation, all power of government is vested in the Council of King's College—a body consisting of some twenty members. There is, of course, a Committee of Management at the hospital; but this has to do merely with the economics of the institution.

It has been certainly not for want of advertizing if the profession does not know that the staff of the hospital, for the last three years, has consisted of three physicians and three surgeons (with care of in-patients); one physician and two assistant-physicians, together with one surgeon and two assistant-surgeons (with care of out-patients); besides a physician-accoucheur, with care of both. These out-patient appointments attracted some little attention at the time they were made from the fact that equal rank was not accorded to all the officers; but it was generally understood that the senior rank was a species of brevet, and would not entail further promotion. Another novelty was, that the assistant officers were to be on duty for only six months at a time; but this, again, was explained by the fact, that one at least of these gentlemen also held an office in the College which fully occupied his time in the winter months.

Things appear to have worked smoothly enough up to Christmas last, when the assistant-physicians and surgeons were astounded at receiving a formal notice from the Council of the College that it proposed to re-elect them for a period of three years from May next, at the expiration of which period they would be ineligible for re-election. To this the assistant-physicians and surgeons reply in their memorial, that since at the time of their appointment they were told that they were subject to re-election for other three years, and not a syllable was said as to non-eligibility for further appointment, they had always considered that re-election would take place *every* three years as a matter of course, provided they gave satisfaction in the performance of their duties. I can bear witness as to this having been the general impression throughout the profession, which was confirmed by the fact that two members of the in-patient staff (Dr. Todd and Mr. Bowman) were appointed on similar terms—re-election every five years. It seems probable that this new resolve of the Council would have remained longer in abeyance but for the sudden resignation of Dr. Todd, owing to his increasing duties in private practice. Within a few days of that event, and at a period of the year when most of the members were out of town, a meeting of the Council was called, Dr. Beale's brevet was converted into substantive rank, —without any public notice of a vacancy amongst the in-patient physicians, or any invitation to candidates to come forward,—and the junior officers served with notice to quit.

I would ask whether it is fair to the public, or just to the profession, that important appointments at a public charitable institution should be made in this manner? It is with no wish to engage in personalities that I ask, has the officer who has been promoted so gained the confidence of his colleagues and pupils; or, on the other hand, have the officers who are to be cashiered so disgraced themselves, as to merit the several awards of the Council? It is understood that the plea of the Council for the arrangement regarding the juniors is, that it will give them a large number of men from whom to choose when any vacancy shall occur amongst the seniors; and, moreover, that the appointments will serve as prizes to the most diligent students, who will be able hereafter to tack on to their names "late assistant physician (or surgeon) to King's College Hospital." Now, King's College has long been notorious for its devotion to the prize system. Scholarships, medals, and prize-books abound, and no doubt form an attraction for students entering the profession, though what effect they may have upon their after-welfare is quite another question. Perchance these appointments may attract a few extra students, but what will the public, and the subscribers to the hospital especially, say to the poor being entrusted, without any supervision, to the care of inexperienced young men? As it is, the immense number of out-patients at the hospital obliges the medical officers to entrust a large proportion of them to the care of students, but there is always an experienced medical man to fall back upon in cases of urgency or danger. Soon, however, even this safeguard will be swept away.

But let us take a broader view of the whole question, and look at the effect such arrangements will have upon the profession. Such a proceeding at one hospital will be reflected upon the others. If it becomes known that the assistant physicians and surgeons at one are merely students, the public will naturally conclude that the officers at other hospitals are of the same standing, and thus irreparable damage will be done to able and learned men. Again, it is in the out-patient rooms that the student must learn to treat the diseases of every-day life, common enough it is true, but which form the staple of private practice. From whom will he gain instruction, or by whom will his attention be called to points of diagnosis, if the medical officers be men of little experience, and but slightly senior to himself?

It has hitherto been always supposed that hospital physicians and surgeons were men who have been content to devote years to the study and examination of cases of disease, and hence the value of their opinion in cases of difficulty. If we inquire at what period they had these opportunities for study, we find invariably that it was while filling the junior offices of an hospital during several, perhaps many, years. Should the plan of changing office every two years be carried out, we must say good-bye to all extended experience in years to come.

There is another point which must not be lost sight of as respects these appointments. It is to the juniors generally and naturally that we look, both from their time of life and their greater leisure, for original work and research, more particularly in pathology and morbid anatomy. Let the authorities of King's College look at the work done in the post-mortem rooms and museums at Guy's, St. Thomas's, the London, or St. George's, by the junior officers, and compare it with their own uncatalogued museum and imperfect post-mortem arrangements. Would it not be better to encourage able and intelligent men to devote some of their time to improving these matters, than to cast them adrift in the way proposed? The plan can only bring down dishonour and damage upon the institution in which it is carried out; and it is doubtful whether any honourable man can come forward to fill the vacancies thus caused.

QUALIFICATIONS OF POOR-LAW MEDICAL OFFICERS.

Poor-law Board, Whitehall, Jan. 3rd, 1860.

SIR,—I am directed by the Poor-law Board to transmit to the guardians a copy of a General Order which they have issued, relative to the qualification of medical officers to be hereafter appointed by the guardians.

The full qualification which has hitherto been required by this Board for such officers has consisted of a competent knowledge of medicine and surgery, and the legal capacity to exercise both those branches of medical science in England.

The then existing law did not enable any person to practise medicine in England who did not possess a diploma or licence conferred upon him by some public constituted authority of that country, and consequently the qualification for medical officers was specially limited in the General Consolidated Order, in regard to Medicine, in the manner prescribed in that order.

But the alteration in the law effected by the Medical Act of

1858 has removed the previous restrictions upon persons possessed of qualifications emanating from authorities out of England, and has enabled the persons registered under that Act to practise, according to their respective qualifications, medicine or surgery, or medicine and surgery, in any part of her Majesty's dominions.

The Board have therefore deemed it advisable to modify the provisions of the General Consolidated Order, and to enable any person who can establish his qualification to practise both medicine and surgery by the production of proper testimonials, issued by competent legal authority in any part of the United Kingdom, to be a candidate for the office of medical officer in the unions to which the order is directed.

The terms of the new order appear to the Board to be sufficiently explicit in themselves to render any detailed explanation unnecessary. The Board think, however, that it will be convenient if they point out to the guardians the nature of the testimonials which may be submitted to them, and what qualification will be established by such testimonials.

The following list will give the best information which the Board at present possess on the subject:—

Authority granting the Qualification.	Nature of Qualification.
The Royal College of Physicians of London	Licence in Medicine.
The Royal College of Physicians of Edinburgh	Licence in Medicine.
The Royal College of Surgeons of England	Licence in Surgery.
The Faculty of Physicians and Surgeons of Glasgow	Licence in Surgery.
The Royal College of Surgeons of Ireland	Licence in Surgery.
The Society of Apothecaries, London ...	Licence in Medicine.
The University of London	Degree in Medicine.
The University of Edinburgh	Degree in Medicine.
The University of Oxford	Degree in Medicine.
The University of Cambridge	Degree in Medicine.
The University of Glasgow	Degree in Medicine. Degree or Licence in Surgery.
The University and King's College, Aberdeen	Degree in Medicine.
The Marischal College and University, Aberdeen	Degree in Medicine.

The Board are aware that this list is not complete; but they have no adequate information at present as to the nature of the diplomas, degrees, or licences granted by any other bodies than those just specified. They wish the guardians, however, to bear in mind that the provisions of the order are general, and include all diplomas, degrees, or licences "granted or issued by competent legal authority in Great Britain and Ireland;" and they will readily afford the best advice in their power to the guardians in any case in which a candidate for the office of medical officer may submit to them testimonials of his qualification to practise medicine or surgery emanating from any body not enumerated in this circular.

In this order the Board have only provided for the complete qualification of the medical officer; and any special cases which may occasionally occur where a fully-qualified candidate cannot be obtained, must be provided for by the guardians under the provisions of the general order bearing date the 25th of May, 1857.

It will be observed that the order will only operate in respect of appointments to be made after the 1st of March next, and that it does not interfere with the registration of the officer, which is an additional requisite imposed by the above-mentioned Medical Act of 1858.

I am, Sir, your obedient servant,

To the Clerk to the Guardians. H. FLEMING, *Secretary.*

To the Guardians of the Poor of the several Unions named in the Schedules hereunto annexed; to the Clerk or Clerks to the Justices of the Petty Sessions held for the Division or Divisions in which the said several Unions are respectively situate; and to all others whom it may concern.

Whereas, by a General Order, bearing date the 24th day of July, 1847, addressed to the several unions named in the first schedule hereunto annexed, and by divers other orders addressed to the several unions named in the second schedule hereunto annexed, the Poor-law Commissioners and Poor-law Board respectively did prescribe the qualification for the office of medical officer in such unions;

And whereas by the Medical Act of 1858 it has been provided, that every person registered under that Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of her Majesty's dominions;

And whereas by the said Act it was also provided, that after the 1st day of January, 1859, which time was extended by an Act of the 22nd Vict. c. 21, to the 1st day of July last, no person should hold any appointment as a physician, surgeon, or other medical officer, in any house of industry, parochial or union workhouse or poorhouse, parish, union, or other public establishment, body, or institution, unless he be registered under the said Medical Act;

And whereas it is expedient that the regulations relating to the qualification for the office of medical officer in the unions aforesaid should be altered for the future;

Now, therefore, we, the Poor-law Board, acting in pursuance of the powers given in and by the Statutes in that behalf made and provided, hereby rescind, as regards every appointment to be made after the 1st day of March next, so much of any orders and regulations issued to the unions specified in the schedules aforesaid as prescribes the qualification for the office of the medical officers thereof.

And we hereby order as follows:—

ART. I.—After the said 1st day of March next, no person shall be qualified to be appointed to the office of medical officer under any of the orders above referred to unless he shall be registered as aforesaid, and shall be qualified by law to practise both medicine and surgery in England and Wales, such qualification being established by the production to the board of guardians of a diploma, certificate of a degree, licence, or other instrument granted or issued by competent legal authority, in Great Britain or Ireland, testifying to the medical or surgical, or medical and surgical, qualification or qualifications of the candidate for such office.

ART. II.—Evidence that any candidate was in practice as an apothecary on the 1st day of August, 1815, shall be taken to be equivalent to a certificate to practise from the Society of Apothecaries of London.

ART. III.—Any person being registered as aforesaid, who shall possess a warrant or commission as surgeon or assistant-surgeon in her Majesty's navy, or as surgeon or assistant-surgeon in the service of the honourable East India Company, dated previous to the 1st day of August, 1826, shall be qualified to be appointed to the office of medical officer as aforesaid.

ART. IV.—Nothing herein contained shall apply to the regulations contained in the General Order of this Board, bearing date the 25th day of May, 1857, which relate to the appointment or employment in special cases of persons not fully qualified.

[Here follows a list of unions included and not included in the General Consolidated Order.]

Given under our hands and seal of office, this 10th day of December, in the year 1859.

C. P. VILLIERS, *President.*
G. C. LEWIS.
W. E. GLADSTONE.
H. FLEMING, *Secretary.*

PROTEST ADDRESSED TO THE PRESIDENT AND COUNCIL OF THE ROYAL COLLEGE OF SURGEONS BY THE SURGEONS OF CHELTENHAM.

GENTLEMEN,—The undersigned have seen in THE LANCET and *Medical Times* a statement that the Council has granted the diploma of Member of the Royal College of Surgeons to two persons of the names of Horton and Meredith, who it appears have not passed through that course of education which the Council has made compulsory on all other candidates; who appear to have had no adequate qualifications for the honour conferred upon them; and whose chief merit apparently consists in the fact that some respectable gentlemen testified to their "general and surgical character."

The reply of the Council, through its secretary, to the memorial sent by the surgeons of Dudley has surprised and deeply pained us.

We regret that the Council should have violated its own rules of professional requirements, and completely ignored the exalted position which the Council is bound to maintain.

A Royal Charter was granted to the College of Surgeons to maintain the dignity of the profession, and to guarantee to the

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public the soundness of the education and character of its members.

We protest against the indulgence granted by the Council of the College, as subversive of its honour; as a violation of the sacred trust reposed in the College by the charter; as an infringement on the rights and privileges of the fellows and members, which the College was legally and morally bound to uphold; as tending to lower the status of the profession by the admission of uneducated persons; and as setting an evil example to other similar institutions and corporations to tamper with their duties on false and mischievous pretences of compassion.

We deny that the Council has any just power to make exceptions in favour of half-educated persons, or that it has any legal right to grant diplomas to individuals who have not complied with the course of instruction which has been imperatively demanded of all other members.

We contend that the answer of the Council is not merely unsatisfactory, but that it is frivolous and derogatory; and that it tends to nullify the wholesome enactments of the Medical Act.

We feel the more anxious to protest against these dereliction of a Council which should be the guardian and the embodiment of the honour of the profession, since we have recently discovered that a petition to the Council has been numerously signed by many of the clergy, magistrates, and other inhabitants of this town, on behalf of an unqualified and totally uneducated practitioner for permission to offer himself to be examined in surgery, &c., after only six or twelve months of hospital education, thus seeking to induce the Council to relax the regulations respecting the course of instruction which it has hitherto insisted upon.

We are ready to certify that this person keeps an hydropathic establishment; styles himself a doctor of the Reformed Medical College of New York; that he has never attended any course of medical instruction whatever; that the knowledge of medicine, surgery, and midwifery, which he professes to know and practise, was acquired exclusively by reading; and that he undertakes to cure all diseases by botanical means, and that he has so practised for several years in this town.

We desire to express distinctly that we have no personal animosity against this individual, but we cannot think it right that the College should be ignorant of these facts, neither should we be fulfilling our pledge to the College to maintain its dignity and honour by withholding this information.

We are the more stimulated to perform our duty, since the Council on two former occasions, seems to have forgotten what was due to its own honour and the honour of the fellows and members.

We grieve much to be compelled to set forth this protest, but we deem it is warranted on public grounds and a sense of duty to ourselves, with a view to check any future innovations, and to guard the portals of the College against the intrusion of unworthy members. And we think it no breach of courtesy or duty to condemn the acts of a Council into which it may have been inadvertently betrayed through doubtful motives of lenity.

(Signed by) DR. ALLARDYCE, M.R.C.S.
DR. GIBNEY, M.R.C.S.
DR. CANNON, M.R.C.S.
DR. COLLEDGE, F.R.C.S.
DR. WOLLASTON, F.R.C.S.
MR. EVES, F.R.C.S.
MR. RUMSEY, F.R.C.S.
MR. ELCUM, M.R.C.S.
MR. WINTERBOTHAM, M.R.C.S.
DR. HENRY BIRD, M.R.C.S.
MR. WM. DALTON, F.R.C.S.
MR. ANDREW SPITTALL, late of Coldstream Guards.

Cheltenham, Jan. 10th, 1860.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Committee was held, at the offices of the Association, No. 5, Charing-cross, on the evening of Friday, January 6th. Mr. Fergusson, F.R.S., President of the Association, took the chair, and the meeting was pretty fully attended by members of the Committee.

Much time was occupied in determining the mode in which special meetings should be called, this object not having been fully provided for in the bye-laws, and such meetings being now repeatedly required by the urgent business pressing frequently upon the attention of the Committee. The Report of the Vigilance Committee, in reference to their proceedings during the month of December last, stated, amongst other matters, that it had been recommended to the Devonport Medical Registration Association, from which a complaint had been received relative to the registration of an individual who was possessed only of an Erlangen degree, granted *in absentia*, to send a strong protest to the Medical Council against the exercise of the discretionary power which permitted the name of a person no further qualified to appear upon the Medical Register.

Numerous communications relative to the practice of unqualified persons, and the steps taken with the view of putting a stop to the same, were reported on by the Vigilance Committee, and others came under the immediate cognizance of the Committee then sitting. Upon the question of the conduct of the Council of the Royal College of Surgeons as to the admission of Messrs. Horton and Meredith as members being brought under notice, it was moved, seconded, and carried, "That the recommendation of the Vigilance Committee, to the effect that a communication on the subject from this body be made to the Medical Council, be acted upon." It may be remembered (as stated in the last LANCET) that the Vigilance Committee recommended that a remonstrance should be forwarded to the President of the Medical Council by the President of this Association, calling attention to the course pursued by the Council of the College of Surgeons, also to Clauses 20 and 21 of the new Medical Act, and to the injury which would be inflicted by a continuance of such procedures as those which the College Council had adopted. Resolutions providing for the drawing up of this remonstrance were then passed, and the President, Mr. Fergusson, announced that he should feel it to be his duty, if called upon as the chief officer of the Association, to sign and forward to the President of the Medical Council the document in question.

A letter was read from the Hull Medical Registration Association, enclosing a subscription to the funds of the central body, and some other communications of a confidential nature were considered, after which the meeting terminated.

Correspondence.

"Audi alteram partem."

HYPERÆMIA OF THE EYE.

To the Editor of THE LANCET.

SIR,—Whilst following the ophthalmic practice at Paris for the last few months, I have noticed so many cases of hyperæmia of the retinal papilla as to induce me to look a little more attentively into the most common sources of this particular form of amblyopia than I had hitherto done, and the following are the results of my investigation:—

By far the largest number of patients thus affected are of the male sex, of all possible varieties of complexion and temperament. The causes of this complaint are of two kinds—the one, ocular, affecting the young and healthy; the other, cerebral, those of more advanced age, and possessing constitutions enfeebled by hygienic irregularities. The younger patients, varying in age from eighteen to thirty-five, are for the most part presbytic, and exercise professions requiring prolonged fixation of the eye on minute objects, and often obliging a constant use of the lens; they are jewellers, watchmakers, engravers, &c., and belong to those callings in which vision is at all times heavily overtaxed. All complain of the same tensive pain in the globe shortly after beginning work, the same sensation of fulness and general warmth in the brow, and flushing of the face preceding the dimness of vision. The symptoms subside on closing the eye for a few minutes, to return on a resumption of work. This fatigue of the focussing powers (*fatigue de l'accomodation*, as it is here called) is due, doubtless, to overstress of the ciliary muscle, in its efforts to shorten the visual focus. It produces, first, congestion of the choroid, and secondarily, and probably by direct compression of the retinal veins, a similar state in the papilla, mostly confined to this spot; and at the outset, at all events, encroaching but little on the rest of the nervous expansion. In early life, when the circulation is vigorous and the vessels contracted, such a condition subsides during the night's repose, and little is thought of the affection until dim-

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ness of vision becomes persistent from derangement of the nutrition of the nervous substance. The patient then applies for relief, and the complaint is generally tractable enough in the early stages. Perfect rest of the eye, frequent cold douches, one or two cuppings or leechings, with an occasional blister and purgative, and weak neutral-tint convex glasses for any work that is unavoidable, very rapidly effect, if not a cure, at all events a great change for the better. The patient is, however, always subject to frequent and sudden relapses on returning to the same straining occupation.

The second common variety of this affection, the cerebral, is to be met with in persons of more advanced life, from forty upwards, and is the result of indulgence in alcoholic stimulants or in the excessive use of tobacco. The cerebro-ocular apparatus is partially paralysed (poisoned, in fact) by these toxical agents, and an obscure chronic form of delirium tremens co-exists with the amaurotic symptoms. This, then, is the dim sight so frequently noticed in habitual drunkards, smokers, and snuff-takers. The class most affected is the veteran pensioner, the old soldier who has introduced into his daily town-life the much-loved vices of the camp, and the sedentary *ouvrier*, who works in a garret, pipe in mouth, during the many hours of his toil. These patients very generally present unequivocal indications of cerebral disturbance; their speech, their movements, their memory, and general appearance, apart from the diminution of visual power, all point in the same direction. The ophthalmoscope reveals here a congestion far more extensive and of deeper red hue (concealing it may be the whole papilla) than is seen in the first variety, where this spot, though injected, is still easily definable, and of a less dark colour. In neither set of cases is apoplexy common. The distension in the first takes place in a system of vessels otherwise healthy and capable of resistance; in the second, it is gradual, and rupture is provided against by the much-enduring toleration of nature. Amblyopia of the last form is sometimes cured, and generally relieved, as far as my observations have gone, by treatment. The administration of opium in moderate doses (half a grain to two grains of the extract), night and morning, is a mode of practice which in M. Desmarre's hands I have seen particularly successful. The use of this drug here would at first sight seem empirical; but if we remember the valuable aid which it affords in real delirium tremens, we shall the more easily conceive its utility in a complaint of which the ocular symptoms are but a superficial manifestation of the deeper cerebral disorder.

I am, Sir, your obedient servant,

Paris, January, 1860. OPHTHALMOSCOPE.

MEDIAN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—An interesting case of median lithotomy, following a very instructive lecture by Mr. Erichsen on the same subject, appeared in your journal of December 24th; and a general disposition appears now to prevail to give the plan a fair trial. It is very evident, however, that a great misunderstanding exists on the subject. We do not want a substitute for the knife in the cases of children, for hardly any operation can be more safe than the usual mode of lithotomy in these; and we are therefore hardly justified in making experiments where no useful result is to be attained. What we are in need of is, a substitute for lateral lithotomy in the adult, or for lithotrity when peculiarities forbid the latter operation. If the stone be very small, no doubt it might be easily extracted by such a procedure as that adopted by Mr. Teale; but when this surgeon fills up his statistical table by counting three for three extractions of pea-sized calculi from the same individual within a short period, he lessens the value of his calculations. No amount of success in operating by the revived median operation on children will throw any light on the question whether it be suitable for adults where the stone *may* be large. There is nearly as much difference between the prostate of a child and that of an adult in respect to dilatability, as between plaster-of-Paris when it is yet in a soft plastic state and after it has set. Mr. Allarton, and the Italian surgeons mentioned in his book, confide in the finger as the dilator; and certainly, as respects simplicity, there is an advantage in this over the resuscitation, by Mr. Teale and others, of the blunt gorget; but still the question recurs, Will the finger be sufficient to dilate, and not lacerate, the adult prostate? I believe, with Mr. Erichsen, that statistics have not proved the superiority, in late times, of the median over the lateral operation in adults; and until a better dilator than the finger or Weiss's instrument can be found, I should avoid this plan in all adult cases where the size of the stone is doubtful; justifying my avoidance by the fact that it has proved fatal in several recently reported cases of adults, and by the remembrance of the terrible fatality from the Marian operation recorded by John Bell and others.

I am, Sir, your obedient servant,

January, 1860. CHIRURGUS.

COMPULSORY VACCINATION.

To the Editor of THE LANCET.

SIR,—In Mr. Cleveland's letter of the 31st of Dec. last, p. 670, occurs this passage:—"However disagreeable it may be to inform against and prosecute parties for non-compliance with the Act, it must come to this; and the sooner the Legislature devise some enactment for this purpose the better."

I would beg to call the attention of Mr. Cleveland and others of your readers interested to this clause of the 20th and 21st of Victoria, cap. 97, sect. 8, which runs thus:—"Proceedings for penalties may be taken on the complaint of any registrar, public vaccinator, or officer authorized by the board of guardians, or by the overseers, respectively; and the cost of such proceedings shall be defrayed out of the common fund of the union, or out of the poor-rates of any parish not included in a union."

It will be seen that this clause rectifies an important omission in the original Act, which, although it directed that penalties should be enforced, neither said who should proceed against offending parties, nor provided means for payment of the cost of such proceedings.

I am, Sir, your obedient servant,

Wells, Somerset, Jan. 1860. HENRY W. LIVETT, M.D.

THE SPREAD OF INFECTIOUS DISEASES BY STREET CABS.

To the Editor of THE LANCET.

SIR,—As from your position you must be in constant communication with Medical Boards of Health and officers connected with it, in behalf of the numerous class obliged to make use of public cabs, I appeal to you to exert your influence to induce the Legislature to adopt measures to compel the hospitals, workhouses, and cemeteries to keep their own vehicles for conveying patients and bodies, and making it a severe punishment for any cab-driver to take them. Surely every father, husband, and brother will arouse themselves and endeavour, by public meetings and petitions to Parliament, to prevent this great danger to themselves, their wives, and children. Trusting you will use your influence,

I am, Sir, yours respectfully,

Brompton, January, 1860. A FEARFUL MOTHER.

MR. DICKINSON'S CASE OF IMPERFORATE ANUS.

To the Editor of THE LANCET.

SIR,—In continuation of my paper on a case of "Imperforate Anus," (see THE LANCET, May 28th, 1859, p. 534,) I now beg to inform you that I have obtained information about my patient, and that the child died two months after its return home from bronchitis; and that, up to the time of its death, the fæces passed per anum, and never per penem. I thus fulfil the promise I made to chronicle the final result.

I remain, Sir, your obedient servant,

J. E. DICKINSON, M.R.C.S.E.,

Rangoon, October, 1859. Civil Surgeon of Rangoon.

QUESTIONS AT THE WRITTEN EXAMINATION FOR H.M. INDIAN MEDICAL SERVICE, DECEMBER, 1859.

NOTICE TO CANDIDATES.

IN determining the relative merits of the candidates, so far as they can be ascertained from answers to printed questions, regard will be had both to the number of questions answered, and to the accuracy and completeness of each answer. But it is not expected that all the questions will be fully answered by

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every candidate. For they are not only intended for ascertaining whether each candidate is qualified for an appointment, but for testing, by both their number and their difficulty, the relative abilities of the best candidates,—a design which is essential to a competitive examination, and which cannot be fulfilled unless some questions are asked to which only the best candidates can give good and complete answers.

NATURAL HISTORY, &c.

DR. HOOKER.

Answer five or more of the following questions—

1. Enumerate the vegetable anthelmintics, their scientific names, natural orders, and the countries whence they are obtained.
2. What are the principal substitutes for tea? Give their respective qualities and properties.
3. Enumerate the principal plants from which fermented drinks are prepared in different parts of the world.
4. What are the medical properties of the officinal plants in the natural order Compositæ? Give their names, and the tribes to which they belong.
5. What are the chief modifications of the flowers of grasses?
6. What natural orders of plants are characterized by an irregular monopetalous corolla with two or four epipetalous stamens?
7. Enumerate the integuments and contents of a dycotyledonous seed; and describe the process of germination.
8. What is meant by rotation of crops? and upon what physiological principles is it based?
9. What are the tribes of the class Aves? and how do they differ in structure and habits?
10. Describe the poison apparatus of the adder, bee, wasp, and scorpion, and their mode of action.
11. Enumerate the orders of Mollusca, giving an example of each.
12. What is chalk, chemically, structurally, and geologically?
13. Define tersely and accurately the terms fracture, articulation, intussusception, introversion, extrusion, adnate, polyhedral, elliptical, parabolic,—giving the derivation of each.
14. Give briefly the character and properties of proteine, fibrine, gluten, starch, caseine, elaine, stearine, and legumine.
15. What gases are given off from urinals and waterclosets? and how should the evils dependent on them be avoided in hospitals?

SURGERY.

MR. PAGET.

1. Describe the states named respectively "shock" and "reaction," as seen in such a case as that of a crushed limb.
2. Enumerate the chief varieties of inflammation of the testicle; and state the distinctive characters of each.
3. Give an account of secondary hæmorrhages, such as may occur after amputation, and of the best modes of treating them.
4. What ill consequences may follow dissection-wounds? and what are the best means of treatment, preventive and curative?
5. What are the chief means by which, in the reduction of hernia, the "taxis" may be assisted? and in what conditions is each of them most useful?
6. Describe the process of repair of a tendon after subcutaneous section.
7. Describe the several diseases of the eye that are connected with syphilis and gonorrhœa.
8. A man, fifty-three years old, while under treatment for slight stricture of the urethra, was exposed to cold, damp weather, and next day had a severe rigor, followed by heat and sweating, and completely lost the power of passing urine. On each of the next two days he had similar rigors; and on the third day, he was not only still unable to pass urine, but had constant straining and extreme pain in his attempts to do so. During three days more, these symptoms continued, with rigors; and there were gradually added to them, pain in the perinæum and about the anus, tenderness on deep pressure in front of the anus, and heavy forcing pain referred to the lower part of the rectum. The bladder was regularly emptied with a catheter, and was not painful on pressure; the urine was generally healthy. What would you suspect to be the disease in this case? and how would you prove and treat it?

ANATOMY AND PHYSIOLOGY.

MR. BUSK.

1. Give a general description of the spinal column, and of the course of its ossification.
2. Describe the mode of development of a vertebra in general, indicating the exceptional cases (exclusive of the sacrum and coccyx).
3. Enumerate the various muscles, and describe their respective actions, by which the deformity witnessed in the following fractures is probably caused:—
   (1.) Fracture of the neck of the femur.
   (2.) Fracture of the lower end of the femur immediately above the condyles.
   (3.) Fracture of the lower end of the radius (Colles's fracture).
4. Describe the arch of the aorta, the relations of its various portions, and the dissection necessary to examine it; mention also the principal variations in the position of its branches.
5. Describe the parts contained in the space bounded in front by the posterior border of the sterno-mastoid, behind by the anterior border of the trapezius, and below by the clavicle.
6. Give a general account of the lymphatic and lacteal system, including the minute structure of the lymphatic vessels and glands.
7. Describe the physiological effects of the division of the vagi nerves.
8. Mention the parts in other vertebrate animals which are homologous with the human hand, or parts of it.

MEDICINE.

DR. PARKES.

1. Describe the symptoms and post-mortem appearances of tubercular meningitis in children under five years of age.
2. Describe the alterations to which the cerebral arteries are liable; and state the possible consequences of such alterations.
3. What is the treatment of extensive double capillary bronchitis in children and adults?
4. What are the symptoms, anatomical appearances, and treatment of cirrhosis of the liver?
5. A woman, aged fifty-six, was admitted into hospital with great œdema of the face and the upper extremities, and with immense turgescence of the cervical veins. The body and legs were entirely free from anasarca, and there was no evidence of renal disease. The heart's sounds were feeble, but without murmur. There was very decided dullness, with slight pulsation, without murmur, under the first bone of the sternum. The pulsations of the radial arteries were equal in both wrists.

   Comment on these symptoms, and state what diseases would afford a reasonable explanation of them. Mention also any symptoms (not given above) which you suppose may have been present.
6. Describe the various forms of polypus of the uterus, their diagnosis and treatment.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Jan. 5th, 1860.

Glasier, George William, Lincoln.
Glenton, Frederick, Redcar, Yorkshire.
Hill, William Henry, Army.
Isherwood, Felix William, Clitheroe, Lancashire.

The following gentlemen also, on the same day, passed their first examination:—

Clift, George, Redruth, Cornwall.
Davies, Henry, Carmarthen.

APPOINTMENTS.—A. Ernest Sansom, Esq., M.B. Lond., has been appointed Medical Registrar to the Royal Westminster Ophthalmic Hospital.

Thomas Carr Jackson, Esq., has been elected Surgeon to the Spinal Hospital, Portland-road.

On the 5th instant, Crosby Leonard, Esq., was unanimously elected Surgeon to the Bristol Royal Infirmary, in place of Mr. Harrison, resigned.

THE WOUNDED OF THE SPANISH WAR.—All the hospitals at Ceuta are full, and steamers have been fitted up as floating hospital-ships.

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HARVEIAN SOCIETY.—The following is a list of officers for 1860:—*President:* Mr. Henry Thompson.—*Vice-Presidents:* Dr. Graily Hewitt, Mr. H. Haynes Walton, Dr. E. Headlam Greenhow, Mr. J. C. Langmore.—*Treasurer:* Dr. Henry Wm. Fuller.—*Hon. Secretaries:* Mr. Weeden Cooke, Mr. Henry Charles Stewart.—*Council:* Mr. William Adams, Mr. I. Baker Brown, Dr. R. H. Goolden, Mr. G. Reece, Dr. J. B. Sanderson, Dr. W. Wadham, Dr. Albert J. Bernays, Mr. Chas. Browning, Dr. Archibald Douglas, Mr. Henry H. Harrisson, Dr. Edward S. Haviland, Mr. William Sedgwick.

ODONTOLOGICAL SOCIETY OF LONDON.—At the annual meeting, held on the 9th inst., the following gentlemen were elected office-bearers:—*President:* Mr. W. A. Harrison.—*Vice-Presidents:* Messrs. W. M. Bigg, C. Bromley, J. Tomes, J. Martin, S. Cartwright, jun., and T. G. Palmer.—*Treasurer:* Mr. E. Saunders.—*Honorary Secretaries:* Mr. T. A. Rogers (for foreign correspondence); Messrs. A. Canton and G. A. Ibbetson (ordinary).—*Council:* Messrs. J. B. Fletcher, R. Brookhouse, E. Sercombe, J. Heath, J. Underwood, H. J. Barrett, S. S. Berend, T. R. M. English, and W. A. N. Cattlin.

COLLEGE OF DENTISTS OF ENGLAND.—On Tuesday evening the second conversazione of the present session was held at the College, Cavendish-square. At eight o'clock a large number of professional gentlemen were assembled; and having inspected the various interesting objects displayed on the walls and tables, the company were favoured with an able address from one of the members, Dr. Shortt, of Madras. Dr. Cobbold, Professor of Comparative Anatomy to the Metropolitan School of Dental Science, then followed by giving an extempore and lucid explanation of some of the numerous diagrams and specimens exhibited. The meeting, which was of a most gratifying character, terminated soon after ten o'clock.

THE NEW MEDICAL ACT.—Mr. John Storey appeared before the city magistrates, Manchester, on the 3rd inst., upon an information charging him with holding out himself to be a surgeon, contrary to the new Medical Act. Mr. Cobbett appeared for the Manchester Medico-Ethical Society, in support of the summons, and Mr. Torr, barrister, for the defendant. The case had been adjourned from a previous day.

Mr. RICHARDSON stated that he saw the defendant in his house, Butler-street, on the 17th of December; and on his door there was a brass plate, engraved "John Storey, Surgeon." He had examined the register of surgeons, and the defendant's name was not in it.

Mr. TORR said the defendant was a most respectable man, and had been in practice for twenty years. Now there was an Act of Parliament which stated that, because he had "surgeon" upon his door, he should be fined for "falsely pretending to be a surgeon."

Mr. MAUDE said it was intended by the Act that, when a "surgeon" was spoken of, it meant a man who was a member of some society mentioned in the Schedule. It meant that, if a man broke his leg in the street, and saw a brass plate on a door with "surgeon" upon it, it would be a guarantee that such a person had received a proper medical education; but certainly the words in the Act were not the clearest.

M. TORR said that, suppose an eminent and well-known French surgeon wanted to come to Manchester, and put up his name, with "chirurgeon," would he be convicted under that Act for falsely pretending to be a surgeon?

Mr. MAUDE thought he would not be at liberty to use any term which would mislead. A pleader in the French courts would not be allowed here to style himself a "barrister-at-law," without the usual qualification.

Mr. TORR said he understood the Act to point out, in Clause 40, three offences. The first was, in the case of any person who should wilfully and falsely pretend to take or use any title of physician, surgeon, or general practitioner; the second, or any title or description implying that he was registered under the Act; and, third, that he was recognised by law as a surgeon. The Act did not say that no man should call himself a surgeon, but that no man should "falsely and wilfully" call himself a surgeon. He suggested that the Society should not press the summons, but have the matter argued before the Court of Queen's Bench; or, at any rate, that the Bench should merely reaffirm the opinion previously given, and not impose a penalty.

Mr. MAUDE said he understood the Act to mean that a man should not wilfully use the term surgeon, or any name implying that he was registered under the Act; the term "surgeon" meant that a man was registered under the Act.

Mr. TORR.—The defendant put up his brass plate twenty years ago; he could not then pretend to be registered under the Act.

Mr. MAUDE, in giving his decision, remarked that there was nothing said against the defendant's ability. The case had been decided in several places, and always in the same way. He must be convicted in a penalty of £10.

Mr. TORR applied for a case, and remarked on the necessity of the Act being amended.

Mr. MAUDE, in stating that there was power to compel a case, said that, if the Act were amended, it would clench the point, and parties would be convicted by language more clear and definite.

THE PHYSICIAN-ASTRONOMER, DR. LESCABAULT, the discoverer of the new intra-Mercurial planet, as to which priority of discovery is claimed by Mr. Chamberlain Scott, is a physician living at Orgères (Eure-et-Loire). M. Leverrier reports that Dr. Lescabault is a man of great learning, universally respected, and considered to have but one fault—that of troubling himself too much about the stars! M. Leverrier found at Dr. Lescabault's abode a regular observatory, *with instruments chiefly contrived by the Doctor himself*, in consequence of his very limited financial means. This ingenious physician, not having a chronometer, had, nevertheless, made for himself a pendulum striking seconds, by means of an ivory ball and a bit of string. The Doctor's observatory being strangely deficient in paper, his calculations were generally in charcoal on a deal board; and when it was full, the Doctor used to plane it down by way of cleaning it. This precious deal board, charged with the calculations relative to the planet, M. Leverrier has obtained, and has presented it to the Academy.

THE GALVANIC CAUTERY.—M. Georges has presented to the Academy of Sciences of Paris an improved apparatus, by which he applies, instantaneously, the galvanic cautery to the nerve of a tooth, and, as he says, destroys it painlessly.

HOSPITALS OF ROUEN.—The Committee charged with the civil management of the hospitals of Rouen have just published their report for the year 1858. The total income of the Hôtel Dieu and Hospice Générale amounted in that year to 1,365,717 fr., and the expenditure to 1,330,125 fr., leaving a surplus of 35,592 fr. From a short introduction prefixed to the report, it appears that an hospital was first founded at Rouen in the eleventh century.

CULTIVATION OF "GINSENG."—A St. Petersburg letter of the 24th December announces the inauguration of a scientific expedition to the Chinese frontier, under the direction of M. Maak, "to describe the south-east of the Mantchou territory to the frontiers of Corea, and examine especially the *ginseng* (a renowned medicinal plant); to study the geographical extent of the Mantchou territory, where the plant is propagated, and particularly the places where it grows naturally, and to examine and describe the plantations of the Chinese who cultivate it." A great number of Russians propose to establish plantations of *ginseng*, as an important produce for trade with China.

QUEEN LOUISA OF SWEDEN has published, under the pseudonyme of "Jane Wincome," a volume to be sold for the benefit of an hospital founded by the Queen soon after her arrival at Stockholm. It is entitled, "The Labourers in the Lord's Vineyard."

QUARANTINE.—Notices have been issued at Lisbon that the ports of Spain in the Mediterranean are considered clean. Oran is believed to be infected with cholera morbus, and all the other ports of Algeria are suspected of infection. At Venice, the ports of Gambia and Western Africa, New Orleans and Louisiana, Mexico and Brazil, are all declared to be infected with yellow fever.

YARMOUTH HOSPITAL.—This institution appears to be in a flourishing financial condition, a considerable balance remaining in hand. At a special meeting of the governors, held on the 29th ult., a report was presented from a committee with reference to the appointment of a physician, and the election of medical officers for life.

The Committee stated that the first question was, whether it was desirable to abolish the office of physician? and upon this point they were nearly equally divided in opinion. It was thought that it would be sufficient to have the services of surgeons; but it was recommended that a consulting physician, practising solely as such, should be appointed, and that three surgeons should be elected for life.

Mr. J. H. ORDS, in moving the adoption of the report, said

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he thought the appointment of a consulting physician would add to the status of the institution.

The Rev. J. L. WORSHIP, on the contrary, moved,—"That the words 'consulting physician' be expunged from the report."

Mr. SEWELL said the appointment of a parish surgeon (Mr. C. Palmer) to the hospital was contrary to law, and had lowered the standard of the institution.

Mr. DOWSON replied that he was not aware of any law against such appointment. Mr. Palmer was an excellent surgeon, and had come forward when no one else would.

Mr. BURROUGHS said, if Mr. Palmer practised solely as a parish surgeon, it might be a subject for complaint; but such was not the fact.

The Rev. H. R. NEVILL observed that, at present, no gentleman in Yarmouth practised purely as a physician; and if any gentleman of sufficient eminence were to come, he would no doubt be elected.

It was then moved by Mr. ORDE,—"That one consulting physician, a graduate of any legally constituted university in the United Kingdom, and practising purely as such; and three surgeons, legally qualified to practise as such, and all having such qualification as the Committee may require, be elected, in future, for life."

The amendment, however, proposed by Mr. Worship, was repeated by that gentleman, and carried by 8 to 7. No physician will, therefore, be appointed.

HOW TO RENDER MUSLINS FIREPROOF.—Messrs. Versmann and Oppenheim, whose researches on this subject have been most carefully and scientifically conducted, advise the use of the following solution as the only one which can be recommended for laundry purposes:—A concentrated neutral solution of tungstate of soda is diluted with water to 28° Twaddle, and then mixed with three per cent. of phosphate of soda. This solution is found to keep, and to answer well. It has been introduced into her Majesty's laundry, where it is being constantly used. It is stated to be neither injurious to the texture or colours, nor in any degree difficult of application in the washing process. Its protecting power against fire is perfect.

PUBLIC PRIZES.—The Superior School of Pharmacy in Paris has been authorized by imperial decree to accept 500 fr. rentes, offered by M. Menier, pharmacien, for the foundation of an annual special prize for medical science. It will bear the name of the Menier prize. We should be glad to see such examples more frequent in this country.

NEW HOSPITAL.—A Coburg letter states that the King of the Belgians has just founded an hospital in that town, under the name of the "Leopold Foundation for the Treatment of the Sick," and endowed it with 100,000 florins. Corporate privileges have been conferred on the managers by the Duke.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 7TH, 1860.—The deaths in London, which rose to 1677 in the last week of 1859, fell to 1281 in the first week of the new year. This favourable result is due to a warmer state of the air, the mean temperature of which for the last fortnight has been as high as 44°, or about 8° above the average. It is satisfactory to notice a further decline in scarlatina. Adding diphtheria to this head, the numbers of deaths in the last three weeks were 99, 77, and 68. There were 20 fatal cases last week from diphtheria, 32 from measles. Small-pox was less fatal than in some previous weeks; the cases recorded declined to 32. Bronchitis was fatal in 159 cases; pneumonia in 98 cases. Four persons died of intemperance, 2 of delirium tremens; 9 children died by suffocation, 3 were murdered. Eight persons (all women) died at 90 and 92 years of age.

Last week the births of 1003 boys and 1005 girls, in all 2008 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1604.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th ult., at St. James's-place, Old Kent-road, the wife of J. Anderson, M.D., of a son.

On the 7th inst., at Baker-street, Portman-square, the wife of Wm. Henry Watts, Esq., M.R.C.S.E., of a daughter.

On the 7th inst., at York-place, Edinburgh, the wife of H. D. Littlejohn, M.D., of a daughter.

On the 8th inst., at Bute-road, Cardiff, the wife of Frederick Pearse, Esq., M.R.C.S., L.R.C.P. Edin., of a son.

On the 10th inst., at Thayer-street, Manchester-square, the wife of Henry G. Times, Esq., M.R.C.S. & L.M., of a son.

On the 10th inst., at Soham, Cambridgeshire, the wife of R. Cockerton, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 27th ult., at the parish church, Hove, Chas. Swaby Smith, Esq., M.R.C.S., Burbage, Wilts, to Margaret Tyssen, youngest daughter of the Rev. Francis Tebbutt, of St. Catherine's-terrace, Hove, Brighton.

On the 4th inst., at the parish church, Teigh, Rutland, Greville Tait, Esq., Medical Staff, Rifle Depôt Battalion, Winchester, to Antoinette Roberts, youngest daughter of the Rev. A. S. Atcheson, rector of Teigh.

On the 5th inst., at St. John's Church, North Brixton, Surrey, Wm. Richard Edwin Smart, M.D., K.L.H., Deputy Inspector-General of Hospitals and Fleets, to Emily, youngest daughter of James Adams, Esq., of Stockwell, Surrey.

On the 8th inst., at St. Pancras, Henry Sandland, Esq., of Lyons, France, to Sarah Ann, eldest daughter of Geo. Furber, Esq., M.R.C.S., of Melville-terrace, Camden-town, formerly of Malpas, Cheshire.

DEATHS.

On the 3rd ult., of lock-jaw, at Dharwar, Bombay, Edward Dawson Allinson, Esq., Staff-surgeon, aged 33.

On the 25th ult., at Dorset-square, Henry, aged one day; and on the 5th inst., Lionel George, aged 12 days, infant children of Geo. Saunders, Esq., Surgeon, Bengal Army.

On the 8th inst., at Oakley-square, aged 3 years and 11 months, Catherine Jane, only daughter of Edward Griffith, Esq., surgeon.

On the 8th inst., at Dawlish, Devon, Mary, wife of J. G. Welch, M.D.

On the 9th inst., at Park-place, London, E., from caries of the temporal bone, Elizabella, wife of Arthur Helsham, M.D., in her 60th year.

MEDICAL DIARY OF THE WEEK.

MONDAY, JAN. 16	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, JAN. 17	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Birds and Reptiles." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, JAN. 18	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M. ETHNOLOGICAL SOCIETY.—8½ P.M. Continuation of the discussion on Mr. Baines's paper, "On the Races of the Cape Colony and the adjoining districts of South Africa."—Mr. John Crawfurd, "On the Relation of Domesticated Animals to Civilization."
THURSDAY, JAN. 19	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." HARVEIAN SOCIETY.—7½ P.M. Meeting of Council.
FRIDAY, JAN. 20	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. Tyndall, "On the Influence of Magnetic Force on the Electric Discharge." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Mr. C. Hunter, "On the Importance of Free Respiration in Certain Conditions of the Brain."
SATURDAY, JAN. 21	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

"*John Browne.*"—Under the Medical Act, a licentiate of the Apothecaries' Society cannot be registered under the designation of "surgeon." An apothecary is one thing, a surgeon is another. But we think it would be a needless act of punctiliousness to insist upon the apothecary dropping the title of "surgeon" as his general designation. Courtesy allows a licentiate of a College of Physicians to style himself "doctor," and, in like manner, courtesy should allow an educated member of the profession to style himself "surgeon."

A Constant Reader.—It would reckon as a medical diploma; but the possessor could not practise as an apothecary.

A late Scholar of King's College, and late Assistant-Physician to King's College Hospital, (North Wales.)—The publication of the letter would expose us to an action for libel. The subject will, however, receive our earnest attention, and it is to be hoped that the proceedings of the Council may be arrested.

A Visitor.—A card of admission to the Friday evening meetings can be obtained from a member of the Royal Institution.

Mr. T. Carr Jackson, (Weymouth-street.)—The communication shall be inserted.

THE MEDICAL REGISTER AND THE PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Can you kindly inform your numerous anxious readers what it is that causes the untoward delay in the printing and publishing the Medical Register? Last autumn, on attaining an additional medical title, I was told that on forwarding the particulars before the 1st of November, and on making a further payment of five shillings, (I had already paid two pounds,) I could ensure its insertion in the Register, which would be published on the 1st January, 1860. I was also informed from the Office, in the same letter, that the Pharmacopœia "would be published in a few weeks." I am now instructed from the same quarter that the former will not appear until the 1st February, and the latter till some indefinite period, beyond the middle of the current year. Surely there must be something radically wrong to cause such delays in the face of a specific Act of Parliament.

My friend, Mr. Kearns, of Kilkenny, has, I see, very wisely addressed you on the subject of the price of the Medical Register, and as I have it direct from the Office that the amount has not yet been fixed, I trust it will be such as to place it in the hands of every legally-qualified practitioner. It should not, and must not, be made a source of profit, but one of benefit and utility to the profession at large.

Your obedient servant,

Pembroke Dock, January, 1860. W. THOMAS, L.R.C.P.E.

M. A.—The offices of the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity are at 53, Berners-street, Oxford-street. Dr. S. W. J. Merriman is the Secretary, who will supply any other information required.

A Plaintiff.—It has been decided by a county court judge, that the plaintiff in an action must adduce evidence of his right to recover by the production of the Medical Register, in which his name must appear.

WE have received a letter from *Professor Owen*, enclosing documents relative to John Hunter's work on Geology. They arrived too late for insertion in this week's number of THE LANCET, but shall appear in our next impression.

Henley.—We are not acquainted with any work on the subject.

Mr. Joseph Watts (Peshawur) will oblige by forwarding a report of the cases to which his communication refers.

Homo.—Our correspondent is referred to the regulations of the Poor-law Board, published in this number. We fear the qualification is not sufficient. He might apply to the Medical Council.

Jurenis.—The qualification can be registered on the payment of five shillings.

Another Student, F. B., A Subscriber to the Hospital, A Young Physician.—We have not space to insert the letters that have been forwarded to us with the above signatures. It would be well if our correspondents would address the Council of the College on the subject. The course pursued by that body is not only most unpopular, but unjust, calculated to inflict serious injury on unoffending individuals, and to bring disgrace upon the hospital itself.

Query.—Next week.

E. M., a Reader, though not Professional, of THE LANCET.—Such questions cannot be properly answered in the pages of a public journal. Any respectable medical practitioner would be able to solve the difficulty under which our correspondent appears to labour.

Enquirer may read with advantage an excellent paper by "A Physician" in the last number of "Bentley's Magazine."

Alpha.—Dr. Marris Wilson's work, published by Tallant and Allen, Paternoster-row.

Mr. D. H. Sharpe.—Mr. Bishop, Bernard-street, Russell-square.

OBSTINATE FLOW OF TEARS.

To the Editor of THE LANCET.

SIR,—In reply to "Junius" on the above subject, I beg to remark, that if the excessive lachrymation is purely idiopathic, it would be well to apply a blister behind each ear, and keep it open if necessary by a repetition of the same. If there is any pain on pressure over the lachrymal gland, let him apply a leech or two to each temple. Collyrii are likely to do more harm than good. The following pill will be found of advantage:—Sulphate of zinc, one or two grains; powder of cantharides, quarter of a grain; extract of nux vomica, half a grain; extract of rhubarb, sufficient quantity: one pill to be taken after breakfast and dinner. If quinine is indicated, one grain or half a grain, with one drop or half a drop of the strongest sulphuric acid, may be substituted for the extract of rhubarb in each pill, to be made up with gum. Good diet, gentle exercise, and the cold douche to the orbits, ought not to be neglected.

The only cases of undue lachrymation which have come under the treatment of the writer were produced by onanism; at all events the affection was rendered chronic by this vice. "Junius" will do well to take a note of this.

I am, Sir, yours truly,

Liverpool, January, 1860. AMICUS.

Dr. H. will perceive, by reference to the present LANCET, page 45, that the qualifications which he possesses will entitle him, under the new regulations, to hold a Poor-law appointment.

Mr. W. A. Harrison.—Attention shall be paid to the request.

A Constant Reader, (Edinburgh.)—The report of Mr. Ernest Hart's case of "Popliteal Aneurism, successfully treated by Flexion of the Knee-joint," is reported in vol. xlii. of the "Medico-Chirurgical Transactions."

A Merchant.—There is no law to prohibit it.

THE publication of *Mr. Henry Thompson's* paper, "The Great Importance of Early Diagnosis and Treatment for Stone in the Bladder," is unavoidably postponed until next week.

Mr. A. W. shall receive the documents by post.

W. S.—The substance mentioned might, under judicious advice, be useful occasionally; but the disease requires to be observed and treated on scientific principles.

Mr. L. Harper.—No time is announced for its appearance.

OPEN SURGERIES AND BRANCH PRACTICES.

To the Editor of THE LANCET.

SIR,—My attention having been drawn to a notice inserted in THE LANCET of the 10th December last, whereby it appears complaints have reached you from several quarters of the injustice of the "Parrotts, who have borne the highest reputation for half a century," having opened a surgery at Tooting, and dispensed medicines almost gratuitously to the patients of medical practitioners resident in the parish, I have to inform you that my father, Mr. John Parrott, sen., has never been in any way interested in the above, as by certain arrangements with his son, Mr. J. C. Parrott, he retired from his professional duties on January 1st, 1859. I beg leave to add that I am fully persuaded your "many correspondents," who may be known to my father, will admit that he was the last man who would be desirous of encroaching on the rights, privileges, or just expectations of his neighbouring brother practitioners.

I remain, Sir, your obedient servant,

Stock Exchange, January, 1860. SEPTIMUS PARROTT.

COMMUNICATIONS, LETTERS, &c., have been received from — Professor Owen; Dr. Brinton; Mr. Leonard, Bristol; Mr. Henry Thompson; Mr. Pearse; Dr. Tweedie; Dr. Henry Barber; Dr. Tilt; Mr. Canton; Dr. Basham; Mr. T. J. Woodhouse; Mr. Coulson; Mr. C. D. Doig; Dr. Sieveking; Mr. Reilly, Yoxford, (with enclosure;) Mr. Cooper, Cromer; Mr. Woodd, Gunnislake; Mr. Chick, Manchester, (with enclosure;) Mr. Crowe, Liverpool; Mr. Littlewood, (with enclosure;) Mr. France, Dronfield; Mr. Mackinder, Gainsborough; Mr. Smith, Cosely, (with enclosure;) Mr. Martin, Chatham; Mr. Wills, Childe Okeford, (with enclosure;) Mr. Carruthers, Kegworth, (with enclosure;) Mr. Kennelly, Birmingham; Mr. Maltby, Shelton, (with enclosure;) Dr. Taylor, Deptford, (with enclosure;) Mr. Freeman, Isle of Wight; Mr. Caskie, Largs, (with enclosure;) Mr. Rowlands, Aberystwith, (with enclosure;) Mr. Lovell, Compton Martin, (with enclosure;) Mr. Cæsar, Pinner, (with enclosure;) Mr. Tullock, Colchester, (with enclosure;) Mr. Pitman, Eastbourne, (with enclosure;) Mr. Sawyer, Norwich, (with enclosure;) Mr. Lewis, Oldham, (with enclosure;) Dr. Sharpe, Coleraine, (with enclosure;) Dr. Corry, Belfast, (with enclosure;) Mr. Cadge, Norwich, (with enclosure;) Mr. Bowker, Appleby, (with enclosure;) Mr. Pilcher, Margate, (with enclosure;) Dr. Gwynne, Culverlands; Dr. Smallman, Willingham; Mr. Pickop, Blackburn, (with enclosure;) Dr. R. Knox; Mr. Wilson; Unfortunately Unqualified; It's all Humbug; A late Scholar of King's College; A Medical Assistant; A Constant Reader, Edinburgh; &c.

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REPORT PRESENTED AT THE ANNUAL GENERAL MEETING, HELD NOVEMBER 25, 1859.

The Directors have the pleasure to report that, during the year ending June 30th last, 451 Policies were granted, covering Assurances for £235,395, and producing in Annual Premiums £7793.

The income of the year was £179,119; £127,601 having been derived from Premiums, and £51,518 from Interest on Investments.

After the payment of £96,581 for Claims by Death and for Bonuses—the return of £9391 for the surrender of Policies—and the liquidation of charges and expenses of every kind, the sum of £64,790 was carried to the Consolidated or Assurance Fund, thereby increasing that Fund to £1,255,531.

On several occasions the Directors have drawn attention to the large sums that have been laid by within the year, and they cannot now refrain from giving prominence to a feature of such great importance. The aggregate of the accumulations, during the three years which have elapsed of the current quinquennial period, amounts to £201,899; while that of the corresponding three years of the period which preceded the last Division was £140,487, being an increase of £52,412.

This result appears to the Directors highly satisfactory, both as indicating the continued prosperity of the Office, and as fully justifying the expectation that the future Bonuses will be such as to sustain the reputation of the Society, and to strengthen the confidence of the Assured.

The following are some of the distinctive features of the Society:—

One-half of the Annual Premiums on Policies for the whole of life may for the first five years remain on credit, and may either continue as a debt on the Policy, or be paid off at any time.

Policies for TERMS OF YEARS may be effected at Rates peculiarly favourable to Assurers.

INVALID LIVES may be assured at Premiums proportioned to the increased risk.

Policies participate in the Profits in proportion to the number and amount of the Premiums paid between every division. The books close for the next Bonus on the 30th June, 1861: and persons who effect Policies *before the 30th June next* will be entitled to one year's additional share of Profits over later Assurers.

Six Bonuses have been declared; at the last, in January, 1857, the sum of £232,479 was added to the Policies, producing a Reversionary Bonus averaging 46 per cent., or varying, with the different ages, from 31 to 85 per cent., on the Premiums received since June, 1851. The Cash Bonus averaged 27 per cent. on the Premiums received during the same period. The future Bonuses may be taken in *Cash*, or otherwise applied at the option of the Assured.

Service in any Volunteer Corps allowed within the United Kingdom, without the payment of any extra premium.

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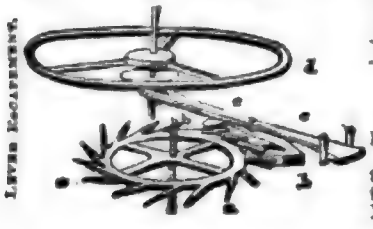

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* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Brisbetean, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

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Sollett attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

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F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *atherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.
16, MOORGATE STREET, NEAR THE BANK, LONDON, E.C.

SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers,
28, Conduit-street, New Bond-street, London.

Surgical Instruments, and every

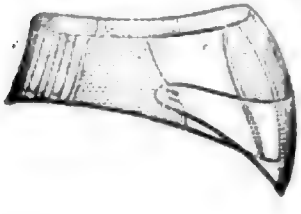
Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN STREET, begs to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.—N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.



Directions for measurement sent by post.
N.B. A liberal Discount to the Profession.
A female to attend on Ladies.

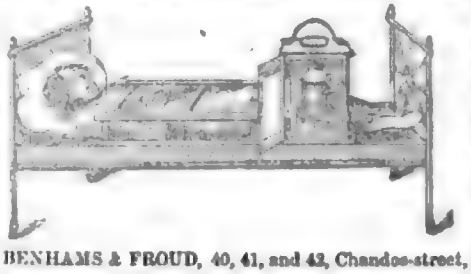
Davis & Kidder's Magnetic Machine.

Wholesale (only) from J. ATKINSON'S American Stores, 37, Manchester-street, Liverpool. This Machine has now become one of the most essential instruments in all medical men's use. Numbers of spurious imitations have sprung up, which in a very short time lose their power, and become a constant tax upon the purchaser.—N.B. Ask for Davis and Kidder's.

These Machines may be had from all the respectable Surgical Instrument Makers in the United Kingdom.

Noedl's Patent Vapour Bath—

a very simple and useful Apparatus for Private Use or for Public Institutions.



Price reduced to Four Guineas, including japanned outer case.

A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

Manufactured and sold by
BENHAMS & FROUD, 40, 41, and 42, Chandos-street, Charing-cross, W.C.

Mr. Bourjeaurd's Spiral Elastic

COMPRESSIONAL APPLIANCES, Registered, to be obtained only at No. 11, Davies-street, Berkeley-square, W.; at 11, Rue des Beaux Arts, Paris, and through medical practitioners.

Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressional Principle in Surgical Appliances, and for the continuance of innumerable recommendations in all parts of the kingdom. At the same time he feels it incumbent upon him to remind his friends that this invention was registered by him in February, 1848, and, immediately after, advertised in the medical journals; thus affording an undeniable contradiction to the assertions of the unblushing appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registers, &c., of the Spiral Principle. The advantage of qualifying antecedents, and being a member of the Surgical Profession, have enabled Mr. B., by confining his attention to the superintendence of the manufacture and adjustment of his appliances, to attain great proficiency; and he considers it essential, especially in difficult cases, that patients should be attended by himself or his assistants, or, if not practicable, by a member of the profession, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of hernia to persons totally ignorant of anatomical or physiological laws.

Mr. Bourjeaurd's charges are only moderately remunerative, and indeed, estimating the amount of benefit afforded, less than the prices of the imitations. He invites an inspection, as well as of the certificates confirming his entire claim to the inventions.

N.B.—Near Mivart's Hotel: 11, Davies-street, Berkeley-square. The Establishment is strictly private.—At home from 10 till 6.

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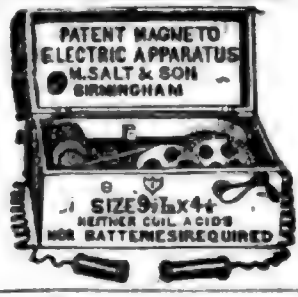

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.

Priced and Illustrated Catalogues on application to

E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

For Varicose Veins and Weakness.

—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

POPE and PLANTE, 4, Waterloo-place, Pall-mall, London.

The Profession, Trade, and Hospitals supplied.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset, June 20th, 1858.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,

J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
430, Oxford-street."

To Students and others.—You will

do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

TO SURGEONS, DENTISTS, ETC.

The best House in London for

SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.

A large Stock of New Instruments always on Sale, all warranted.

Instruments Bought, Sold, or Exchanged.

N.B.—The largest Stock of Second-hand Dissecting Cases in London.

Frome Union.—The Guardians of

this Union will, at their Meeting on the 13th day of March next, proceed to the appointment of a MEDICAL GENTLEMAN, duly qualified according to the general order of the Poor-law Board, for the fourth Medical District of the Union, comprising the Parishes of Kilmersdon, Writhlington, Forscote, Babington, Hardington, and Hemington. Area, 9034 acres; population, 3122. Salary, £56 per annum; such salary to include all extras except Midwifery, for which a fee of 10s. will be paid for each case, when legally called to attend. Vaccination will also be paid for by fees of 1s. 6d. and 2s. 6d. each case, according to distance.

Gentlemen intending to apply for the Appointment are requested to forward their applications, with qualifications and testimonials, to the Clerk, on or before Tuesday, the 28th day of February next, and, if written to for such purpose, attend personally at the Board-room, on Tuesday, the 13th day of March, at noon.

By order of the Board,

Poor-law Offices, Bath-street, Frome, Jan. 9th, 1860. GEO. W. BRADBURY, Clerk.

Royal Westminster Ophthalmic

HOSPITAL, King William-street, Charing-cross.—The COURSE of LECTURES on the "Diseases and Operative Surgery of the Eye," to be delivered at this Hospital by HENRY HANCOCK, Esq., and HENRY POWER, Esq., will commence on Monday, January 16th, and be continued on every succeeding Monday and Friday, at half-past Twelve o'clock P.M.

The "Microscopical Anatomy of the Eye and the Use of the Ophthalmoscope," by JABEZ HOGG, Esq.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

Dr. Lankester will deliver, by per-

mission of the Committee of Council on Education, a COURSE of SIX LECTURES on FOOD, on the following Wednesday evenings, at 8 o'clock, in the Theatre of the SOUTH KENSINGTON MUSEUM:—

Lecture I. Jan. 18.—On Salt and Mineral Food.
Lecture II. Feb. 1.—On Oleaginous Food.
Lecture III. Feb. 15.—On Animal Food.
Lecture IV. Feb. 29.—On Animals Used as Food.
Lecture V. March 14.—On Condiments and Spices.
Lecture VI. March 31.—On the Adulteration of Food.

Tickets of Admission to be obtained at Messrs. Chapman and Hall's, 193, Piccadilly, and at the Museum.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

M.D. St. Andrews, &c.—Gentlemen

can be Prepared for the M.D. and other Professional Examinations either in Class, Privately, or by Correspondence. Candidates intending to present themselves for the May Examination are recommended to commence immediately.—Address, Medical Tutor, Lewis's Medical Library, Gower-street North, W.C.

Education for the Medical Profession.

Special facilities are offered to Pupils intended for the Medical Profession at St. John's School, Wakefield, the Principal of which was formerly a Master in the Medical College, Epsom. Terms inclusive.

R. M. B. College, Epsom.—The Rev.

F. R. PENTREATH, Second Master of this College, receives into his house, in Epsom, with the sanction of the Council, a limited number of PUPILS as BOARDERS.—For particulars, apply to Robert Freeman, Esq., Secretary, 37, Soho-square, London; to the Rev. R. Thornton, B.D., Head Master; or to the Rev. F. R. Pentreath, South-street, Epsom.

Poplar Hospital.—A Vacancy for a

SURGEON to this Institution has occurred upon the resignation of Dr. Bloomfield. Gentlemen desirous of becoming candidates are hereby requested to send their letter of application, with testimonials, to the Honorary Secretary, on or before 12 o'clock on Monday next, the 16th instant.

29, Threadneedle-street, E.C., Jan. 9th, 1860. SAMUEL BROWN, Hon. Sec.

Farringdon General Dispensary and

LYING-IN CHARITY, 17, Bartlett's Buildings, Holborn.—Vacancies having occurred in the Honorary Medical Staff of this Institution for TWO PHYSICIANS, the Committee invite gentlemen willing to accept such appointments, and who (per rule) must be Fellows or Licentiates of the Royal College of Physicians of London, qualified to practise in London, and not practising in any other branch of the profession, to present their testimonials to the Committee, at the Institution, on Wednesday evening, January 25th, at Seven o'clock, or to forward the same to the Honorary Secretary, Mr. J. L. Shute, 33, Farringdon-street, before that time.

Practical Midwifery.—Birmingham

and MIDLAND COUNTIES LYING-IN HOSPITAL and DISPENSARY for the DISEASES of WOMEN and CHILDREN.—There is at the present time a Vacancy for one RESIDENT SURGEON in the above Institution. To gentlemen possessing medical or surgical qualifications, and who may be desirous of acquiring a thoroughly practical acquaintance with these important departments of the profession previous to engaging in the responsibilities of private practice, this opportunity offers unusual facilities. The Resident Surgeons are three in number, whose duties are to attend all cases both in and out of the Hospital, under the superintendence of the Honorary Surgeons. The salary is £30 per annum, with board and lodgings. The gentleman appointed will be expected to hold the situation twelve months. Applications, accompanied with testimonials and diplomas of qualifications, to be addressed to Mr. J. Kennelly, Secretary of the Hospital, on or before Tuesday, the 24th inst.

Board-room, Broad-street, January 11th, 1860.

Orsett Union.—The Guardians of the

Poor of the above Union will, at their Meeting to be held on Thursday, the 19th day of January instant, be prepared to receive applications from gentlemen duly qualified for the Appointment of MEDICAL OFFICER of the Grays District. The District comprises an area of 8838 acres, with a population, according to the last census, of 3208 persons. The remuneration is £60 per annum, together with such extras as are allowed by the General Consolidated Order of the Poor-law Board. The applications must be accompanied with diplomas and testimonials, and the Election will take place on Thursday, the 2nd of February next.

By order of the Board,

Romford, Jan. 7th, 1860. NORTH SURRIDGE, Clerk.

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A Medical Man is Required for a GENERAL DISPENSARY, to be established in Jersey. Salary £100, with apartments.—For further particulars, apply to Rev. P. A. Le Femre, Honorary Secretary, Oak-walk, Jersey.

St. Mary's Hospital, Paddington, W. The Office of MEDICAL REGISTRAR having become Vacant, candidates for the Appointment are requested to forward their testimonials, addressed to the Secretary, and endorsed "Medical Registrar," on or before Saturday, the 21st instant. Particulars of the duties, which are honorary, can be learned on application at the Hospital.

Jan. 9th, 1860. JOS. G. WILKINSON, Secretary.

Western General Dispensary, Marylebone-road.—Notice is hereby given, that a Special General Meeting of the Governors will be held at the Dispensary-house, on Wednesday, the 8th of February next, for the Election of a PHYSICIAN, in the room of Dr. Sanderson, appointed to the Hospital for Consumption. The ballot, should one be required, will be open at 3, and close at 5 o'clock.

Candidates are required by the Laws to be Fellows or Licentiates of the Royal College of Physicians, and are requested to forward their applications, accompanied by qualifications and testimonials, addressed to the Secretary, before Monday, January 30th instant.

By order,

Jan. 9th, 1860. J. MARTIN, Secretary.

Royal Maternity Charity, No. 2, Chatham-place, Bridge-street, Blackfriars, E.C. Instituted 1757, for Delivering Poor Married Women at their own habitations.

Patron—Her Most Gracious Majesty the Queen.

The General Committee hereby declare a Vacancy for a PHYSICIAN-ACCOUCHEUR in the Districts South of the River Thames. Candidates for the Appointment must be Fellows or Licentiates of the Royal College of Physicians of London, and the Physician elected must reside in the appointed District. Applications and testimonials to be left, on or before Saturday, the 21st of January instant, at the Office of the Charity as above, where full particulars may be obtained.

Jan. 10th, 1860. JOHN SEARBOOK, Secretary.

Cancer Hospital, London.—This Hospital was established in the year 1851, for the exclusive treatment of Cancer, during which period 3324 afflicted persons have received its benefits. The number of beds is at present limited, but on the completion of the first part of the new building, now being erected at Brompton, 60 beds will be provided; and when the Hospital is complete, it will afford accommodation for 300 patients. Out-door cases are treated at a house taken for that special purpose at No. 167, Piccadilly, where they are investigated, and the necessary remedies supplied. The expenses for Medicine and other Appliances for Out-door cases are very heavy, as well as for the In-door patients, in addition to their maintenance, which is required to be of the most nutritious and generous kind. The Hospital has to rely entirely on Bequests, Donations, and Annual Subscriptions. Pecuniary aid is earnestly solicited, and will be thankfully received by the Treasurer, William Loxham Farrer, Esq., 66, Lincoln's-inn-fields, and by the Bankers, Messrs. Coutts and Co., Strand. All information relative to this Charity may be obtained at the Secretary's Office, 167, Piccadilly.

By order,

Board-room. W. J. COCKERILL, Secretary.

N.B.—The treatment adopted at this Hospital is open to all legally-qualified Medical Men.

A married Medical Man, residing at Cardiff, has a Vacancy for a PUPIL. A comfortable home is offered. Terms moderate.—Address, X. Y. Z., care of Mr. Drane, Chemist, Cardiff.

Wanted, by a fully-qualified Medical Practitioner, a well-educated, gentlemanly Youth as PUPIL. He will have ample opportunities of seeing Medical and Surgical practice.—For terms and further particulars, address H. T. Woodd, Surgeon, &c., Gunnislake, near Tavistock, Devon.

To Invalids.—A married Medical Man, without family, wishes to Receive into his House an INVALID LADY, who will have her own rooms and servant. The house, which is large, is healthily situate in a town within a short distance of London by rail, and the surrounding country is beautiful. References to physicians, clergymen, and others.—For further particulars, address to A. B., 21, Harp-lane, London, E.C.

A M.R.C.S. Eng. & L.S.A. (registered), aged twenty-six, requires an ASSISTANCY, with a view to Partnership or Incession; or he would Assist a gentleman of infirm health. Good testimonials.—Address, A. B., 4, Claremont-terrace, Wandsworth-road, Surrey.

A L.S.A. desires an Engagement with a Gentleman in or near London. Board, &c., with a few hours daily, in lieu of salary. Good Accoucheur. First-class references.—Address, Alpha, 33, East-street, Bloomsbury, W.C.

Medical Assistant.—A Gentleman aged thirty, and married (unqualified), wishes for an Out-door SITUATION, to Visit, Dispense, and attend Midwifery. Has been accustomed to Union and Club practice, both town and country, and can ride. Unexceptionable references.—Address, M. R. S., Clayton's Cottage, Yoxford, Suffolk.

Locum Tenens or Assistant.—A Registered M.R.C.S. and L.S.A., with excellent references, offers his services as ASSISTANT or LOCUM TENENS. Would prove a useful auxiliary where a substitute for the principal is required, and would appreciate a comfortable home. Eligible for Partnership or Succession.—Address, A. Z., 19, Cambridge-terrace, Hyde-park, W.

Dr. Foster, late of 33, Cedar-road, Fulham, is requested to communicate immediately with J. H. on business.

Wanted, an In-door Dispensing ASSISTANT.—Apply before 10 or after 7 o'clock, at 43, Gower-street, Bedford-square.

Wanted, in the country, an Assistant, to Visit, Dispense, and attend Midwifery.—Address, stating age and salary required, to Edward T. France, Surgeon, Dronfield, near Sheffield.

Wanted, by a Surgeon, a Situation, to take Charge of a Branch Practice, or as ASSISTANT to a Surgeon, with a prospect of Partnership or Succession.—Address, G. D., THE LANCET Office, 423, Strand, W.C.

Wanted immediately, by a General Practitioner, a young gentleman, about twenty-one years of age, as ASSISTANT, where the duties are light. Salary, £30 a year.—Address, Medicus, Post-office, Halifax.

Wanted immediately, in a large General Practice, town and country, a qualified Visiting and Dispensing ASSISTANT. Salary, £50.—Apply, stating age, &c., to F. R. C. S., Post-office, Gainsborough.

Wanted immediately, an Assistant of gentlemanly address, qualified, and capable of Visiting first-class patients. Work very easy; very little night-work or poor practice. Salary liberal.—Address, stating age, terms, and with references, to R., care of Mr. H. K. Lewis, 15, Gower-street North, W.C.

Wanted immediately, an Out-door Qualified ASSISTANT (knowledge of the Welsh language requisite), to Visit, Dispense, and attend Midwifery.—Address, stating age, reference, salary, &c., to D. Davis, Bryngoling, Aberdare, South Wales.

Wanted, in the Country, an In-door ASSISTANT, with, at least, one qualification. One accustomed to Union and Club practice preferred.—Applications to be made to Messrs. Gale and Oldfield, 15, Bouverie-street, Fleet-street.

Wanted, by a Young Man, a Situation as Visiting and Dispensing ASSISTANT. Has completed his Second Year, and has good reference from present employer.—Address, H. H., Hope House, Oldham.

Wanted, an Out-door Dispenser; one would be preferred who could attend a case of Midwifery in the absence of the Visiting Assistant.—Address, stating age, references, and salary required, to Mr. Edwards, Surgeon, Crewe, Cheshire.

Medical.—Wanted, by the Son of a Medical Man, eighteen years of age, a Situation as DISPENSER with a General Practitioner, in or near London, the principal object of the advertiser being improvement. A nominal salary only expected.—Address, R. G. B., 51, Goswell-road, E.C.

Medical.—Wanted, an In-door ASSISTANT, qualified, to Visit, Dispense, and attend Midwifery. A Gentleman desirous of a permanent Situation preferred. None need apply without good references.—Address, stating age, salary, &c., Nathaniel Moore, Montgomery House, Sheffield.

Medical.—A Gentleman, who has had many years' experience in the profession, wishes for an Engagement with a Surgeon as ASSISTANT, to Dispense, Visit, &c.—Address, Omicron, THE LANCET Office, 423, Strand, W.C.

Medical Assistant.—Wanted, by a Medical Firm in the Country, a qualified Visiting and Dispensing ASSISTANT. He will reside out of the house. Salary, £100 per annum.—Apply to Messrs. Corbyn and Co., 300, Holborn.

Assistant Wanted immediately, to Visit and Dispense. Must be a good practical Accoucheur, and have unquestionable references; not very young. Salary, £40.—Apply to Dr. C. Tayler, High-street, Deptford.

To Unqualified Assistants.—Wanted by a Surgeon in the Country, a Visiting and Dispensing ASSISTANT. The duties are light.—Address, enclosing references and stating salary, Delta, care of Mr. Thomas Nevill, Dam-street, Lichfield.

Epilepsy.—There is a Vacancy for one in the Advertiser's Establishment for a limited number of young subjects of Epilepsy. A removal from the ordinary home appears in most cases of Epilepsy essential to any beneficial change. Their peculiar requirements in reference to diet, habits, exercise, and every influence bearing on the daily life, require unremitting and competent attention. The Advertiser having for several years received a few Epileptic Invalids to reside in his family, with very satisfactory results, would be glad to give full particulars and references to any Medical Gentleman wishing the same.—Address, F. S., Block's, Stationer, Hampstead, N.W.

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Messrs. Lara and Walters,

(late LANE and LARA,)

MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
6, PUMP-COURT, TEMPLE, E.C.

PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

Partnership.—Price £800, Two-Fifths of a very old-established PRACTICE, pleasantly situated within a few miles of town, and producing, with appointments, between £1000 and £1100 a year. Double qualification essential.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

Partnership.—Price £500, the Half of a well-established PRACTICE, in a north-eastern suburb of Town. Receipts in 1858, £786; regularly increasing each year. Succession to the whole may be obtained at the end of two years by a further payment of £400, or otherwise, as may be arranged.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

No opposition within three miles.— Four months' gratuitous Introduction to a PRACTICE of over £600, in a large and pleasant village in the West of England. Premium, £650. Satisfactory reasons for the Transfer. The vendor established it upwards of twenty years ago.

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First-class Provincial Practice for Disposal, with a lengthened Introduction by Partnership. A year and a half's purchase of the cash receipts in 1858 is the fixed price, half down, and the remainder on the retirement of the vendor. The command of between £300 and £2000 is indispensable.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

A good-class Practice, pleasantly and healthily situated where living is very cheap, is offered, with a month's Introduction, for £300. There is no opposition. Receipts last year, £400, of which £100 was ready money. No midwifery under £1 1s. Rent of house, facing the sea, £32. Satisfactory reason for selling.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

MESSRS.

LOCKWOOD, LOCKWOOD, & SYMES,

MEDICAL AND CHEMICAL AGENTS AND VALUERS,

1, BURWOOD PLACE, EDGWARE ROAD, HYDE PARK, LONDON, W.,

transact for Gentlemen in the Medical Profession every description of Agency connected with their Practices, Estates, or other property.

Terms for attendance in any part of the United Kingdom may be ascertained on application.

Office Hours, 10 to 5. Established 1840. Agents to the Globe Life and Fire Insurance Company.

Medical Agency, Canning Dock SURGERY, 17, Strand-street, Liverpool.

Surgeons Appointed to Ships sailing to all parts of the Globe.
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MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society:
On the Influence of Tropical Climates on the Rise and Progress of Inflammatory Affections of the Womb.—Brief Notes of a Visit to the Leper Hospital at Granada 63

Medical Society of London:
On the Great Importance of Early Diagnosis and Treatment of Stone in the Bladder 65

Pathological Society of London:
Exhibition of Specimens of Disease of various Organs 65

REVIEWS AND NOTICES OF BOOKS.

Des Anomalies Dentaires et de leur Influence sur la Production des Maladies des Os Maxillaires. Par A. M. Forget, M.D. 66
The Journals for the Quarter 66

Protest addressed to the President and Council of the Royal College of Surgeons by the Surgeons of Margate 67
Quarantine in the Levant 67

LEADING ARTICLES.

Church Vaults in the City 68
The Council of the College of Surgeons and the Preface to the Hunterian MS. on Geology 69
The Medical Reform Society of Nottingham Exposed 70

MEDICAL ANNOTATIONS.

The Safeguards of the Eye.—Probable Doom of German Degrees.—Metropolitan Vaccination.—Animal Physiology.—The Medical Act.—How to Poison Correspondents 71

CORRESPONDENCE.

Rev. H. Reed and Cancer 67
John Hunter's MS. on Geology 73
Degrees of Bachelor and Doctor of Science 73
Qualifications of Poor-law Medical Officers 73
Fatal Hæmorrhage from Varicose Veins 74

Medical Trials.—Wingham Petty Sessions: Conviction for Illegal Practice.—Newark County Petty Sessions 74
Hospital Ships for China 75
Parisian Medical Intelligence 75

MEDICAL NEWS.

Extrophy of the Bladder 59
Mortality on Board the *Accrington* 63
Pass-lists of Apothecaries' Hall, Army Medical Department, and Royal College of Surgeons, Edinburgh.—Anthropological Society of Paris.—Appointment.—Scientific Amusements.—Medical Benevolent College.—Sir Benjamin Brodie on Hygiene.—Classical Treatment of Blennorrhagia.—Hospital Statistics of Paris for 1860.—Health of the Metropolis . 76
Obituary.—R. Freeman, Esq.—Dr. J. Ayre, of Hull 77
Medical Diary of the Week 77
Notices to Correspondents 78

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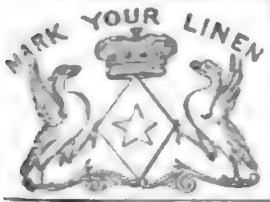

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ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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1s. 0d. Bottles	...	...	...	...	8s.	per Dozen.
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6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d.	per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d.	,,
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6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d.	per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d.	,,
¼ oz. White Moulded Phials	Of a very superior quality.	4s. 6d.	,,
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Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

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When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

South African Port and Sherry, 20s.

per dozen, free from acidity. Four dozen Cases carriage free to all railway stations in England.—WOOD & WATSON, 16, Clement's-lane, City, E.C.

Pale India Ale and Stout 4s. 6d. per

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They are pure, delicate, wholesome, and in every way suitable for either dinner or dessert.

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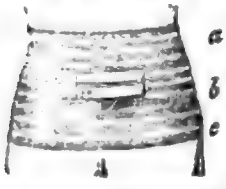

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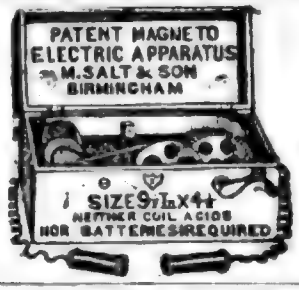

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TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1st MARCH.

POLICIES EFFECTED ON OR BEFORE 1st MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1st MARCH, 1865.

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The Annual Revenue...	187,240
The Accumulated Fund (arising solely from the Contributions of Members)	1,194,657

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The Amount Insured was ..... £2,601,925 10s. 8d.
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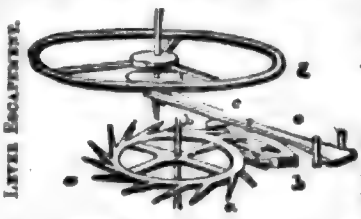

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Observe the Proprietor's Signature over the cork.

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PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

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OLD FURNIVAL'S DISTILLERY, HOLBORN

Sept. 7th, 1857.

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE II.

The identity or non-identity of typhus and enteric fever considered; arguments in support of their identity.—Analogy between these two forms and the exanthematous or eruptive fevers.

GENTLEMEN,—Before going into the arguments bearing on the question of the identity or non-identity of typhus and enteric fever, let me make a few remarks on the early history of enteric fever—the *typhoid affection*, as it has been termed by my distinguished friend, M. Louis.

I have already drawn your attention to the pathological differences between the one and the other, and I am satisfied that enteric fever has long existed in this country, though unrecognised as a distinct form until a comparatively recent date.

While lately examining the splendid pathological collection at the College of Surgeons, I discovered several specimens of well-marked ulceration of Peyer's patches, showing that the disease had not escaped the notice of John Hunter. In the Pathological Museum of this College there are also specimens of intestinal ulcerations by Dr. William Hunter and Dr. Baillie, which are represented in the engravings illustrative of Dr. Baillie's work on Morbid Anatomy, proving that this form of fever, though it had not been described, was not unknown in their day.

The morbid anatomy of enteric fever was, as far as I have been able to discover, first investigated by Rœderer and Wagler in 1762; and subsequently by Prost, a diligent pathologist of Paris (in 1804); by Petit and Serres (in 1813); by Bretonneau of Tours, and his pupil, M. Trousseau (in 1826), and in 1827, by our countryman, Dr. Bright.

In 1829, M. Louis published his remarkable work,* so comprehensive and accurate in details, as to leave subsequent observers little to add to the conclusions he formed; and although subsequent pathologists, and more especially American authors, have taken no small credit for their researches, they have only shown that enteric fever—this same typhoid affection—is the endemic fever of the United States, as it is known also to be that of France, Germany, Switzerland, and a not infrequent form of fever in Great Britain and Ireland.

M. Louis, however, was evidently not acquainted with our British typhus, as he admitted to Dr. Christison and myself, when we had repeated interesting conversations with him in Paris in 1838. He entered fully into the subject with us, and candidly avowed his belief (which he re-stated in his second edition) in the existence of another form of fever—the British typhus as he termed it,—which, as he had never witnessed it, was unknown to him except by the description he had received of it in his intercourse with British physicians.

Soon after my visit to Paris, Dr. Shattuck (a favourite pupil of M. Louis, and now Professor of Clinical Medicine in Boston, United States) came to London, if not with the express object of investigating the pathology of fevers, this subject, at all events, engaged a good deal of his attention. At the request of Louis, he visited the wards of the Fever Hospital, in which he spent much time, and therefore had the opportunity of observing the cases as they were admitted; and I well remember the difficulty he felt in diagnosing the two forms presented to his observation.*

Want of time prevents my noticing, in detail, the more recent researches of many distinguished writers on the pathology of fevers; but I must, however, allude to a most valuable paper by Dr. Stewart,† now physician to the Middlesex Hospital, which was read before the Medical Society of Paris in 1840, tending to prove the distinct nature of the two forms of fever. It embodied results of investigations he had made in the Glasgow Fever Hospital, his object being to prove by comparison of the symptoms during life with the lesions after death, that no two acute diseases can differ more widely from each other than the two forms of fever he described, the characteristics of each being so marked, if attentively observed, as to defy misconception. I am satisfied that a perusal of this paper will even now convey much practical information. It certainly gave the first impulse in this country to the investigation of the much-vexed question—the identity or non-identity of typhus and enteric fever.

Again, from communications sent to England by Mr. Scriven and Dr. Ewart, of the Bengal Medical Service, both of whom, having seen the two forms of fever in the hospitals of London, are entitled to credit, it appears that enteric fever, as well as typhus, exists in India and Burmah. Mr. Scriven has given the history and morbid appearances of two well-marked cases of enteric fever, in both of which the intestinal lesion was distinct.‡ Dr. Ewart gives the history of six fatal cases which came under his care at the Ajmeer Jail, Bengal—four of enteric fever and two of typhus; and from his observations it would appear that the rose spots so characteristic of the former are not generally visible in the native Indians—not that they do not occur, but they cannot always be seen through the dark-coloured layers of the native integuments. He states, on this point, that there is no reason to believe that the peculiar condition of the blood and capillaries which leads to the development of maculæ is not invariably the same, whether the disease (enteric fever) makes its appearance in a black or a white subject. But the examinations made after death put the question as to the nature of the two forms of fever beyond dispute. Peyer's patches were found more or less altered in the four cases of enteric fever; in the other two (typhus) they were normal.§

I may now mention that the first work brought out by myself in 1828 ("Clinical Illustrations of Fever") was not in the first instance intended for publication, but originated with my friend, the late Professor Alison, of Edinburgh, who, wishing to have more accurate details than he had been able to obtain in regard to the pathology of fevers as they came under my observation in London, requested me to reply to certain questions connected with this class of diseases. Hence the origin of this *brochure*.

I admit that at that time, and for many years afterwards, in common with almost every physician in this country, I looked upon the two forms as identical, explaining the intestinal lesion as one of the complications incidental to continued fevers—in short, that typhus and enteric fever were not distinct fevers—and I continued to entertain this view when I wrote the article "Fever" in the "Cyclopædia of Practical Medicine."

It is due to my own reputation, no less than to the cause of truth, frankly to avow, that more mature reflection, aided materially by recent investigations, more particularly those made in the wards of the Fever Hospital, under my immediate inspection, by my distinguished friend and colleague, Dr. Jenner, and carefully weighing the arguments and deductions of other recent writers—those of Dr. Stewart, and Dr. Wilks, of Guy's Hospital, as well as those made by various

* Recherches Anatomiques, Pathologiques et Thérapeutiques, sur la Maladie connue sur les noms de Gastro-Entérite, &c. Par P. Ch. A. Louis, M.D.

* The cases observed, and the deductions Dr. Shattuck made, are recorded in the Arch. Gén. de Méd., with elaborate comments by M. Valleix.

† Edin. Med. and Surg. Journ., vol. liv.

‡ Medical Times and Gazette, vol. viii. new series, p. 79.

§ Indian Annals of Medical Science, part vii., p. 65.

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continental and American writers, that there are at least two distinct forms of continued fever, easily distinguished from each other during life—the one by its invariably present specific lesion—the other by the equally invariable absence of it. In short, that the two forms, though closely resembling each other in the general symptoms, and having many features in common, are as distinct from each other, as they are from the periodic or from the exanthematous fevers.

Let me shortly lay before you the arguments which appear to me to establish this proposition.

1. The symptoms and mode of access (as I shall presently point out), though at first somewhat similar, are more gradual in enteric than in typhus fever. In enteric fever, the abdominal symptoms, more especially diarrhœa, are almost invariably present, while, after death, alteration in Peyer's patches and corresponding mesenteric glands, is always found. In typhus, the symptoms come on more suddenly, the muscular prostration is more early and marked, the cerebral disturbance more severe and constant, while the gastric symptoms, so predominant in enteric fever, are never observed. The morbid appearances, however, after death, or rather the absence of constantly present characteristic lesions, if there existed doubts during life, is sufficient to decide the question. Not only are the abdominal symptoms seldom if ever present, but there is no instance on record, on which the slightest reliance can be placed, in which the intestinal lesion and corresponding mesenteric changes have been found after death.

2. The duration of the symptoms is another point of distinction, in respect of which the two fevers differ materially. The duration of uncomplicated typhus may be assumed to be from fourteen to twenty-one days; that of enteric fever, not less than thirty days; though mild cases of either terminate at earlier periods. Again, typhus runs a more rapid course, if uncomplicated, either to convalescence or to a fatal termination, than enteric fever; it is, in fact, considerably shorter, its progress more definite, and it terminates more frequently by some evident crisis, such as prolonged sleep, or perspiration. Enteric fever, on the other hand, as a general rule, is of longer duration, and less regular in its course, some cases being short, others prolonged. Moreover, typhus, if it terminate unfavourably, generally does so in the second week; while enteric fever, though it may destroy life in the early stages, more usually carries off its victim from the third to the fifth week, or even later.

3. The eruption peculiar to each form points strongly to their non-identity. The small, circular, bright-red, isolated spot peculiar to enteric fever, limited in most cases to the trunk, each spot being slightly raised, disappearing on pressure, and lasting for a few days, then disappearing, to be succeeded by a fresh crop or eruption,—forms a sufficiently striking contrast to the more abundant, brick-dust, confluent, morbillous eruption, scarcely elevated, not fading on pressure, persisting until the period of convalescence, so characteristic of typhus. Indeed, the two eruptions are so different, so peculiarly attached each to its own disease, as to constitute a very important guide in the diagnosis—to the practised eye, quite as distinct as the eruption of measles is from that of scarlet fever.

4. *Age.*—Statistical investigations have shown a difference in the susceptibility to the two forms at certain periods of life. Enteric fever, we have seen, is, with few exceptions, limited to the middle periods, being seldom observed (as a general rule) after the age of fifty. Typhus, on the other hand, is unlimited as to age, one-half of the cases being thirty years of age and upwards, and one-eighth above fifty. I have seen the disease in several persons above sixty, and it has been known to occur at the advanced age of seventy-five.

5. *Etiology.*—Arguments may be drawn, bearing closely on the question of the non-identity of the two forms, from a consideration of their supposed causes, which, even after the rigid scrutiny this department of the pathology of fever has undergone, are confessedly obscure.

The scope of the present lectures prevents my attempting to give even an outline of the etiology of fevers, nor is this called for after the searching inquiries of Dr. Jenner, and more recently of Dr. Murchison. I may observe, however, that there is certainly an obvious difference in the origin of the one form compared with that of the other.

For example, the possibility of typhus being engendered by overcrowding, in infirmaries for the sick, prisons, workhouses, transport ships, and dwellings of the poor, is a fact so well established, that no one in the present day attempts to dispute the statement. We have only to examine the records of epidemic visitations to be satisfied of the truth of this axiom; and, under whatever circumstances the disease may have arisen, its propagation by contagion explains its often rapid extension—a twofold cause being in operation.

Again, famine and destitution are most powerful predisposing as well as exciting causes of typhus. In my last lecture I drew your attention to the various outbreaks of fever in Ireland during the periods of scarcity and privation, in which it was often observed that the disease first attacked those who had suffered the greatest privations; and it may be conceived how rapidly it spread amongst persons exposed to the horrors of starvation and want of shelter and clothing, in hovels densely crowded with human beings under the most complicated misery. The form the fever assumed was invariably typhus, no cases bearing the least resemblance to enteric fever being noted in the reports. In short, united experience testifies to the fact, that epidemics of typhus have been preceded or accompanied by famine and destitution.

If we inquire into the circumstances that seem to favour the development of enteric fever, we find that the disease does not select the indigent alone for its victims, nor can any connexion be traced between it and destitution. We meet with it, on the contrary, in the habitations of the middle classes, and even in the mansions and palaces of the rich—generally in isolated cases—the subjects of it having been previously in good health and in the enjoyment of worldly comforts. We must therefore look for other causes for its production; and, from the testimony of all who have inquired into this subject, it appears that the causes, whatever they may be, are local and limited, not widespread, as in typhus.

It is asserted and believed by many whose opinions are entitled to consideration, that the emanations from decaying or decomposed organic matter are the immediate cause of enteric fever; and it would seem that whether the emanations are the product of decomposed animal or vegetable matter, the result is the same. Without attaching more weight than they deserve to the well-known experiments of Gaspard and Magendie, which have been often quoted in proof of this point, I may simply state the fact, that those physiologists were able by injecting putrid fluids into the veins of dogs, to induce symptoms in many respects resembling those of enteric fever, and that on examination after death, the mucous lining of the small intestines was found in a state of congestion. These experiments on animals do not, however, go for much; they show merely that the introduction of putrid matters into their blood is followed by symptoms and morbid appearances supposed to resemble, in some respects, those of enteric fever in the human subject.

In a paper of Dr. Murchison* you will find illustrations of the supposed connexion between enteric fever and the emanations from drains, especially if uncovered—sewers, cesspools, untrapped privies, and other sources.

But the two most recent instances of the extensive prevalence of enteric typhus, supposed to be connected with defective drainage, are those of Croydon and Windsor. I had ample opportunities of observing the Croydon epidemic, and, having been in constant—almost daily—attendance on many of its victims, I can bear testimony to the nature of the disease, which was essentially enteric fever of a severe character. It prevailed amongst the better class of inhabitants, and not unfrequently selected the inmates of the apparently best-designed dwellings; and though it generally attacked one or two members of a family only, it now and then spread as if some common cause were in operation. The gentlemen appointed by the Government to investigate the origin of this outbreak reported as their joint opinion, that it arose from want of due precaution in executing the works connected with the drainage of the town, more particularly in the removal of the cesspools into which the house drainage had been previously received.

A report of the Windsor epidemic has been recently drawn up by Mr. Simon. Its origin has been ascribed by that gentleman and those associated with him to defects in the main sewer of the town, and the generally imperfect system of house-drainage.

In connexion with this subject, I may incidentally allude to the opinion expressed by Dr. William Budd, of Bristol, who, while concurring in the opinion of those who believe that enteric fever may be propagated by drainage, thinks that the effluvia from defective sewers have no power to communicate this form of fever, except when they are charged with the specific poison contained in the secretions from the diseased bowels of persons already affected.† Dr. Murchison meets this view with the remark, that it seems difficult to account for

* Med.-Chir. Transactions, vol. xii.
† Association Journal, 1855, p. 208.

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the outbreak of the disease in isolated country houses where there has been no traceable sources of introduction, or for the full influence of autumn over its prevalence.*

On this subject—the supposed connexion of enteric fever with emanations from decomposed organic matters—I must confess my scepticism. I am aware that on this point I differ from many whose opinions are entitled to great consideration. I admit that there are some striking facts tending to show that persons who have been exposed suddenly to the emanations from covered drains or cesspools have soon after been seized with severe gastric symptoms, and even with well-marked enteric fever, so that it appears probable that emanations from such sources, when long confined, acquire concentration and poisonous properties capable of inducing a powerful effect on those who may become exposed to their influence. In this way enteric fever has been occasionally traced.

On the other hand, it must be remembered, that in some localities in which a few cases of enteric fever have occurred, a very large bulk of the population have been exposed to the same supposed exciting causes—putrescent emanations—without, apparently, suffering in health; nay, the fever may cease entirely in such places without any sanitary measures having been adopted, and may not appear again even for years, though the same influences continue in operation. I cannot, therefore, bring my mind to admit that cause and effect are, in such cases, brought into such logical sequence as is generally believed.

If, again, we reflect on the immunity from fever—enteric as well as typhus and relapsing—which has been so notorious for the last few years, not only in and around London, but in other populous places,—Edinburgh and Glasgow, for example,—in which, in former years, one or other of the forms of fever has at times prevailed so extensively, or, indeed, has scarcely been absent, while the same pestiferous influences have been in full operation, it must be admitted that some other explanation of the origin of enteric fever must be sought for.

The cause of the immunity from typhus is more easily explained by the improved condition of the operative classes, who have had constant employment, as well as by the removal of so large a number of this class of the population by emigration, by which overcrowding in dwelling-places has been in a great degree lessened.

Much also has lately been said of the unhealthy condition of our noble river—the Thames—and the disgusting effluvia it has emitted in the summer and autumn months for some years past; yet there has been notoriously less than the average number of cases of fever within the Bills of Mortality, and certainly the banks of the river on either side have been remarkably free from any epidemic visitation. No one will assert that this river is more pure than it was a dozen years ago; on the contrary, it has become the disgusting receptacle of the accumulated drainage of this overgrown metropolis, and yet fever has not of late years been even ordinarily prevalent.

But let me not be misunderstood in giving my opinion on this important subject. I have always been a sanitary reformer, and supported the present laudable attempt to improve our system of drainage, as well as the dwellings of the labouring classes; not that I conceive that the connexion between fever and defective drainage has been clearly established, but because I am satisfied that exposure to emanations from decayed organic matters, as well as living in overcrowded dwellings, gradually undermine the health by lowering the tone of the system, and, when long continued, the principles of the blood become thereby deteriorated. Under such circumstances but a spark is required to light up a fever probably of a protracted and dangerous type.

In short, it may be safely admitted, that enteric fever is under the influence of local causes; that it partakes more of an endemic than of an epidemic character; that it occurs in isolated places or dwellings, and that though its causes are often obscure and unexplained, they may be occasionally traced to malarious emanations.

It is also observed, that while typhus does not appear to be influenced by the season of the year, enteric fever, though it may prevail at any period, is much more common in the autumn months, (August, September, and October.)

We find, moreover, that while enteric fever may exist wherever typhus prevails, it is met with in localities in which typhus is never seen.

It seems to be pretty well established, that the two forms of fever—enteric and typhus—do not prevail together. Dr. Jenner traced to their respective localities all the cases of fever admitted into the Fever Hospital in 1847–48–49. In 1848 one-fourth of all the patients had enteric fever, and out of forty-four localities which furnished collectively 101 cases of *typhus*, there was but *one* instance in which one patient with typhus and another with enteric fever came from the same house. Of the localities which furnished during the same year nine cases of enteric fever, the same statement held good. The same result happened when the cases admitted in 1847 and 1849 were traced. But the fact that one house had furnished a case of typhus and one of enteric fever, at the same time only shows that the general rule is not without exceptions; so that if it turn out that the special cause of typhus, whatever it is, or whencesoever derived, is peculiar to it—that, is, never gives rise to enteric fever—and conversely in respect of the special causes of the latter (enteric fever), a strong argument in favour of their non-identity is established.

I may, in connexion with this subject (the etiology of enteric fever), put a question rather for your consideration than for present discussion, May not this fever have a spontaneous origin? I have long thought that it may—an opinion that explains the occurrence of many isolated cases under circumstances which render the supposition of their origin in exposure to emanations more than problematical.

6. *Contagion.*—Another important point of distinction is the contagion of the two forms. The spread of typhus from person to person, from room to room, from house to house, is so often observed as to leave the question of contagion, as regards typhus, without a shadow of doubt. There are also facts tending to prove the possibility of enteric fever being communicated from one person to another.

The question, however, is more as to the degree of communicability of the two forms. It is no difficult matter to bring abundant proof of the contagiousness of typhus; but so rarely does enteric fever prove infectious, that unquestionable proof, on competent authority, is not often afforded. If we attempt to obtain conclusive evidence from hospitals, in which both forms are under treatment, the contagiousness of enteric fever rarely comes under observation. I have certainly known a patient admitted into our wards with another disease—scarlet fever for example—contract enteric fever; but it is a matter of observation that, while all who are on duty in the wards of the Fever Hospital are equally exposed to both forms, of the many I have seen attacked, the form has almost been invariably typhus, very rarely indeed enteric fever.

Dr. Murchison has taken the trouble to ascertain, by examining the records of the Fever Hospital, the form of fever in those cases in which it has originated, during ten years, amongst the nurses, medical attendants, or patients admitted with other diseases. In those ten years, forty-eight cases of typhus originated in the hospital, but only eight of enteric fever.

It thus appears conclusive, that the difference of the two forms, so far as their contagiousness as a distinctive characteristic is concerned, must have reference to degree; but certainly the highly contagious nature of typhus, when contrasted with the extreme infrequency of the spread of enteric fever from person to person by contagion, may, amongst other arguments, have its due weight in the balance in determining the question of the identity or non-identity of the two diseases.

7. *Treatment.*—The results of the treatment of the two forms should not be overlooked in discussing their identity or non-identity. As a general rule, we find that remedies have a much more striking influence on the one than on the other. Stimulants are more early required, and to a much greater amount, in typhus; and if any local complication arise in enteric fever, depleting remedies are much better borne than in typhus.

I remember Dr. Jenner remarking to me, as he investigated the records of the cases kept in the Fever Hospital, that when the leading characters of the two diseases had not been noted, or at all events so carefully as they have been within the last ten years, he could, in the absence of the diagnostic symptoms, form a tolerably good idea of the type of the fever by the treatment that had been adopted; for while in the typhus cases considerable quantities of wine and brandy had been often prescribed, in the enteric, stimulants had been either withheld or ordered in sparing amount.

Let me now allude shortly to the analogy between those two forms and the exanthematous fevers.

I need scarcely recall to your recollection, that under the exanthematous or eruptive fevers are comprehended small-pox, measles, and scarlet fever; and that the distinctive characters of this group are—1, that they are contagious; 2, that, as a general rule, they do not recur—that is, that they affect individuals only once in their life; and, 3, that each is characterized by a peculiar eruption.

Now let me inquire how far typhus and enteric fever have in

* Med.-Chir. Transactions, vol. xii., p. 57.

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all, or any of their characteristics, an analogy to the exanthemata.

My own opinion is, that they have a strong resemblance in many essential features.

As to the first point—their contagion—notwithstanding the doubts of a few, it may be assumed as proved, that typhus is a contagious disease, and that even enteric fever may, under certain circumstances, be communicated. In this respect there is, therefore, an analogy between the continued and the eruptive fevers.

The second point—that they are limited to a single attack during life—is, perhaps, less easily determined; but the evidence adduced in the affirmative by trustworthy observers is such as to render it more than probable, that those who have once had either form may be considered safe from another attack of the same fever. In some instances, individuals have been admitted into the hospital who had previously passed through an attack of enteric fever; and on close examination of the patient, and reference to the history of the first attack recorded in the journals, it has been discovered that all the characters of the former fever presented themselves; but such cases are, on the whole, few in number, and form an exception to the general law, just as we know that during the prevalence of other epidemics, (small-pox, measles, or scarlet fever, for example,) the same person is occasionally, though rarely, attacked a second time.

The evidence of Chomel, on this point, is worthy of attention. He states that, notwithstanding the care with which patients affected with enteric fever are interrogated, on entering the hospital, on this point,—and they amounted to 130,—no one gave such a reply as would lead to the inference that there had been a previous attack; indeed, the almost invariable statement was, that it was the first time they had been ill; and, he adds, that the result of the facts hitherto collected tend to prove that enteric fever, in ordinary circumstances, affects the same individual only once.*

Dr. Lombard, of Geneva, in his observations on the difference between British and Continental typhus, mentions that in one remarkable point of view both agree—viz., that no one is known, or at least is very rarely known, to have the eruptive typhus twice. "With us (in Geneva) such instances are scarcely ever met with; and I am informed," he goes on to state, "that with you" (that is, in this country) "a person once attacked with typhus attended with the measles-like eruption, may safely calculate upon immunity from the disease for the future."†

The facts also adduced by Drs. Barker and Cheyne give great strength to this view. They state that at the Cork-street Hospital only one physician and the apothecary had an attack of fever; but then, most of the physicians had laboured under that disease on some occasion previous to the epidemic.

Similar testimony is given by Dr. Davidson, in his Essay on Fever. He tells us that almost all the clerks and nurses of the Glasgow Fever Hospital, for the last six or seven years, have had typhus characterized by the eruption, "and not one of them, so far as we have been able to learn, have ever had it since, while almost all of them consider themselves now perfectly secure against a second attack, although constantly exposed to the effluvia arising from fever patients."

The idea has been suggested by some physicians—and it is a plausible one—that contagious typhus, like the exanthematous fevers, if accompanied by its characteristic eruption, produces in its course some changes in the system, by which an individual having once undergone the disease is, as a general rule, secured against a second attack. This theory has been argued by Dr. Penny, of Glasgow, in his elaborate paper on Fever.‡ He thinks that in those instances of second attacks which form exceptions to the general rule, the fever appears in a mild and modified form, the crisis taking place on the seventh, ninth, or eleventh day. He has come to these conclusions, he adds, after careful observation of 4000 cases.

Others, again—Hildenbrand amongst the number—suggest that the miasm of typhus, after having produced the fever, destroys, almost always for a certain time, the susceptibility to a similar contagion, rarely, however, for the whole period of life, as small-pox and measles do. But whether the explanations given be received or not, the question is full of interest in many points of view, and well worthy of further investigation.

The third point of analogy is the exanthema or rash. The distinctive characters of the rash peculiar to each form of fever has been already cursorily brought under your notice—the proportion of cases, as we shall afterwards see, in which it appears being so large, that the exceptions may be said to prove the rule. In the one—the lenticular rose spot, the period of the fever when it appears, its continuing a certain number of days and then vanishing, to be succeeded by a fresh crop, to go through the same changes; while in that of the other—typhus—the darker, morbillous, or mulberry eruption, differs in one important particular, that it is persistent so long as the fever lasts.

The occurrence of these two peculiar eruptions, dissimilar as in some respects they are, shows a marked analogy in both to the exanthematous fevers. The exceptional cases—those in which the eruption is absent—cannot be urged against this view, since in one of the eruptive fevers, the scarlet fever, the rash is occasionally absent, though in other respects the whole phenomena of the disease are manifest. Even in measles, the efflorescence is occasionally either absent, or so evanescent or ill developed, as often to lead to great difficulty and doubt in the diagnosis.

Besides these three points, in which the analogy is well marked, I may allude to the *duration* of the two forms as constituting a point of resemblance. We know that in typhus, if uncomplicated, the symptoms decline about the fifteenth day; the duration of enteric fever is much more protracted, being generally from twenty to thirty days, often much beyond. The eruptive fevers, when not complicated, run a pretty regular course, both as to the time of the appearance and decline of their distinctive rash (which differs in each), so that in their duration, as well as in the several particulars thus briefly adverted to, there is, to say the least, a great resemblance between the two forms of continued, and the exanthematous or eruptive fevers.

* Chomel, vol. i., pp. 321, 333, and 309.

† Dublin Journal, vol. x., p. 22.

‡ Edinburgh Medical Journal, vol. xiv., p. 67.

ON THE GREAT IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT FOR STONE IN THE BLADDER.

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THERE are few amongst the maladies which afflict humanity that are generally regarded, both by the patient and the surgeon, as fraught with graver import, than stone in the bladder. There are no cases that are observed in our hospitals with greater interest, and there are none in which the surgical procedures commonly adopted for their relief involve greater responsibility on the part of the operator, or are more attractive to the surgical student, from the momentous importance which attaches to them. Grave in the highest degree, however, as, by universal consent, is the situation of the adult patient with a calculus of considerable size in his bladder, it is a fact worthy to be well and deeply considered, that the existence of such a calculus is, in the great majority of cases, a matter wholly preventible; and that, within certain limits, it must be regarded as a result which, by the exercise of a moderate amount of intelligence and care, may be rendered extremely uncommon. It is so, because the presence of a vesical calculus may almost always be ascertained in an early stage; and because its destruction in that stage is an operation which, with a fair amount of skill, may generally be accomplished with certainty, and with safety to the patient. The first indication—namely, to prevent the formation of a stone of moderate or average size—is insured by an intelligent appreciation of the early signs which it produces; in other words, by a diagnosis of its existence while it is yet quite small. The second indication may generally be fulfilled by crushing it in that stage.

In reference to the subject of counteracting a constitutional tendency to calculous formation, it is not within the limit of this article to enter on the important and fertile theme of medical treatment for its prevention. The question here is only that of early diagnosis, and the treatment which is desirable when the existence of a small stone is verified. Before entering on this, I shall cite briefly a few cases in illustration of the proposition, that under these circumstances the cure of the complaint is safe and simple.

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CASE 1.—A gentleman, aged thirty-nine, while staying in Malta on his return from India, was recommended to consult me by my friend Mr. Filliter, then in practice there. He had suffered for some months from irritability of the bladder and severe pain after passing urine, with occasional pains in the back and loins. There had been no bleeding observed, and no pain in the glans penis. Instruments had been passed in India; no stricture was discovered. The general health was somewhat impaired. I saw him first on October 16th, 1857, and after investigating his case suspected the presence of stone. It was agreed that he should be sounded in a few days. The urine exhibited on two occasions the presence of blood, although in quantities only to be appreciated by the microscope.

Oct. 24th.—The pelvis being well elevated, I introduced a lithotrite; and, after some little searching, caught a small stone, and effectually crushed it. He was in bed, and remained so during the day.

25th and 26th.—Irritability increased; several fragments came away, which he carefully preserved. From their appearance I was inclined to think there must have been two small calculi.

29th.—Much better. I introduced the lithotrite, and found one fragment, which was crushed.

Nov. 1st.—More *débris* has been passed.

15th.—Perfectly free from all symptoms.

CASE 2.—A gentleman, aged thirty-one years, was brought to consult me by my friend, Mr. Tweed, of Brook-street, on Sept. 8th, 1857. During the last eighteen months he has suffered severely from urinary derangement; and for fifteen months there have been fistulæ in the perinæum. In France, where he resided during the summer, he was advised to pass all his urine by catheter, in order to give them a chance of closing. He did so, and with the desired effect. They have since, however, reopened, and they exist now. On examination, no stricture nor any disease of the prostate is detected, and there appears no reason to believe that either has existed. I then introduced a sound, and discovered a small calculus.

The next day, Sept. 9th, he paid me a second visit, when I introduced a lithotrite, and crushed at once a small calculus, about the size of a bean. He walked home to his house in Brook-street. During the week he passed *débris*, which were all phosphatic.

Sept. 16th.—I introduced a lithotrite, but could find nothing in the bladder. Symptoms continue, although diminished in intensity.

22nd.—Again introduced the lithotrite, found a small piece, and crushed it. The *débris* passed next day.

Oct. 1st.—He left town perfectly free from symptoms; but he passed a few small fragments during the month.

After this he completely recovered, and enjoyed excellent health for more than a year. He had, however, wholly neglected to adopt a system of diet and medicine which we were anxious he should follow perseveringly, as there was reason to believe a constitutional tendency to form phosphatic matter existed, the urine being still always alkaline and phosphatic.

In May, 1859, he reappeared with a calculus of considerable size, and in completely broken health, having suffered severely upwards of a year. After due preparation, I attacked the calculus, and successfully removed it after six applications of the lithotrite. He is now enjoying excellent health. The fact only is mentioned here as the former part of the case illustrates the subject of this paper.

CASE 3.—A gentleman, aged forty-five, was under my care in September, 1858, for stricture of the urethra, which was successfully treated by dilatation in the ordinary manner. Some symptoms of urinary derangement remained after No. 11 sound had been reached, which evidently demanded further investigation. Accordingly, I introduced a lithotrite, and, after some searching, discovered a calculus, measuring three-eighths of an inch, according to the scale of the instrument. I crushed it at once at the patient's rooms.

Next day, Oct. 12th, some fragments of urate of soda passed, and *débris* followed on succeeding days.

Oct. 19th.—Again crushed two or three fragments. After three days, no more *débris* passed, and the symptoms disappeared. A week afterwards the patient was carefully sounded, but nothing was discovered. He has been perfectly free ever since. The calculus was urate of soda.

CASE 4.—H. A——, aged thirty-six, and supposed to be the subject of stricture, was sent to me as an out-patient at University College Hospital, Feb. 25th, 1859, with some symptoms, not very urgent, of urinary derangement. I passed an instrument, and found that there was no contraction, or other cause for his complaints in the urethra or prostate, and then introduced a sound into the bladder, and soon discovered a small stone. His urine was examined, found healthy, but depositing octahedra of oxalate of lime. He was directed to come at my next visit, March 1st, when I introduced a lithotrite, and in the presence of a number of pupils, without any pain worth mentioning as he said, and certainly without any expression of it, I crushed at once a calculus about the size of a nut. It is almost unnecessary to say that he had no chloroform. There were no traces of bleeding, and no signs of irritation following. Consequently, after an hour's rest, I desired him to walk slowly, not to ride, to Camden-town, where he lived. Two succeeding crushings followed—one on the 6th, the other on the 9th of March, small *débris* passing easily after each sitting. The calculus was oxalate of lime. Being perfectly relieved of all his symptoms, he returned to his work at Pickford's, as night-porter, on the 16th of March, being the fifteenth day from his first sitting. He has continued at work ever since, and is perfectly free from all his old symptoms, having called at the hospital during the last month to tell me so.

It is by no means uncommon to find small calculi forming in connexion with stricture of the urethra. These may be spontaneously voided after dilatation has been fully completed, or their removal may be accomplished by some mechanical aid from the surgeon. Such occurrences are to be looked for when symptoms persist after the urethral obstruction has been removed. By so doing we may be the means of freeing the patient from the presence of a small concretion, and may probably save him from the grave consequences of serious calculous formation hereafter. I have several such small calculi, which have been removed or expelled from different patients in such circumstances. Of these, the following case is an interesting example:—

A gentleman was recently brought to me with an extremely obstinate stricture, by Mr. Davis, of Hanley, Staffordshire, who staid with him during the treatment. This consisted, at first, in introducing a very slender silver catheter, which, after some time and trouble, I succeeded in accomplishing; in tying it in, and subsequently replacing it by gum catheters, also tied in, until a tolerable size had been reached. During the progress, a symptom or two occurred, which led us to suspect a small calculus, and on one occasion I was satisfied that I had felt it with the gum catheter. Next day I engaged it in the eye of the catheter, and drew it along the urethra as far as to the stricture, beyond which it could not be made to pass. Twenty-four hours more of tying-in dilated this still further, and next day it was again caught, and ultimately came away. It was about the size of a grain of wheat, but longer. Had it not been removed in this early stage, it would undoubtedly have formed the nucleus of a larger calculus, and it is on this account mentioned here as another illustration of the principle laid down.

It appears to me to be desirable also, in the cases of children, to ascertain, if possible, at an early period the existence of calculus. A very small one, having made its descent from the kidney to the bladder, instantly gives rise to symptoms in young subjects; and before it reaches the size of an apple-pip, is often the cause of great distress. Many, doubtless, have seen the operation of lateral lithotomy performed for a concretion even smaller than that. In such a case, I prefer a small lithotrite, of which the diameter is between 5 and 6 of the ordinary catheter scale, made for me by Mr. Coxeter; it does not require a screw, which simplifies the instrument greatly, the power applied by simple pressure of the hand being amply sufficient for such purposes. With this the stone is seized, and if the scale indicates that its size is very small, it may be crushed at once; if it is larger than a pea, I think it is better to cut, as the expulsion of any but small fragments is attended with much difficulty, while the cutting operation is generally as happy in its results in children, as it is hazardous in the adult. After lithotrity in them, the efforts of the bladder are very powerful, while the urethra is so narrow and delicate, that, except in the smallest calculi, the removal of fragments may occasion much difficulty, and then, no doubt, lithotomy, especially the median, would be both simpler and safer. The great object, however, should be to detect the calculus when it is, as all are at first, extremely small.

The application of the principle is easy; a case which occurred about a month ago, at University College Hospital, will illustrate this:—

A little boy, aged three years and a half, was brought to me at the out-patients' room on the 30th of November, 1859, with symptoms of urinary derangement, said to be of four months' duration. He had been under medical treatment two months without benefit. Suspecting calculus, he was put under chloro-

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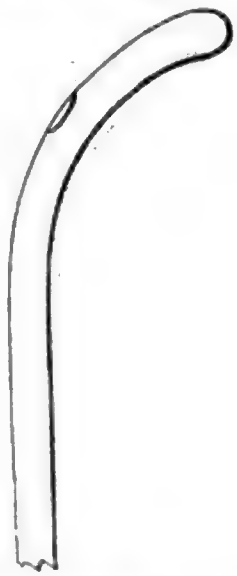
form. I sounded him, and found one, which, from the bladder having expelled its contents, appeared to be small. He was desired to come again in a week's time, intending, if it proved to be so, to crush it.

Dec. 9th.—Under chloroform, I introduced the small lithotrite, and caught a stone which measured half an inch in diameter. I decided at once to make no attempts to crush it, but to cut him, which I did on the 14th by the median operation, removing a stone the size of a marble. He made a rapid recovery, and left the hospital on the 30th.

Had the stone been half the size, I could easily have reduced it to powder with the small lithotrite—the essential proceeding in the case of children—its flat blades, not fenestrated, being especially adapted for reducing fragments to a state of powder, which passes easily.

It is important to inquire what are the signs which indicate the existence of calculus in that form of small concretion which it must always assume in the early stage, and which in most cases it maintains for a considerable period of time during the early history of its progress. The ordinary and most obvious symptoms of stone are usually regarded as the following:—Pain at the close of the act of passing urine; pain in the glans penis; pain increased by sudden movements of the body; sudden stopping of the stream of urine during its flow, and its reappearance after change of position in the body; occasionally blood in the urine after exercise. In addition to these are frequent wants to micturate—a symptom met with more or less in all complaints of the urinary organs. In most cases, also, there is some change in the urine itself, produced by organic or inorganic additions to the normal elements. In elderly subjects with enlarged prostate, the urine sometimes affords more marked evidence than the subjective symptoms, which may be masked by the condition of the prostate, or confounded with the symptoms arising therefrom. Amongst the numerous patients who complain chiefly of irritability of bladder, and some pains associated with micturition, we may rely upon it that in nineteen out of twenty there is some material and recognisable cause. There is either inflammation of some portion of the track from the kidney to the urethra inclusive, the locality of which may be determined; or there is obstruction, the precise nature of which can be ascertained; or there is some adventitious growth or deposit, or some organic change taking place in some part, and presenting symptoms or imparting characters to the urine which are almost unmistakable. Now, in the early stage of vesical calculus, its discovery is due at first to the observation of the negative rather than of the positive signs. Frequent and painful micturition being complained of, the absence of inflammation of the urethra or bladder, or at all events its non-existence as a primary state, is ascertained by reference to the present condition and to the history; while catheterism determines the absence of obstruction; and urinary examination, in connexion with the general symptoms, indicates whether or no organic disease exists. Having thus excluded all these causes, the occurrence of marked pain at the end of micturition, the occasional appearance of a little blood in the urine, although only microscopic, with the persistence of some crystalline deposit and of some pus, however slight in amount, in the urine, should awaken a strong suspicion of the existence of a calculus. A careful examination by the microscope of the urine passed on several successive days should generally be made, always in cases of obscurity, since the indications just alluded to, and which are so obtained, are often extremely valuable. If, in addition to these signs, there is any distinct history of recent pain, more or less acute, in the course of either ureter, and lasting for a few hours, the suspicion will be greatly strengthened. Whether this last-named sign have been present or not, a patient in the circumstances above described ought to be sounded. In the operation of searching for the calculus itself, it is necessary to remember that a small stone is less easy to detect than one of ordinary size, and that it is as difficult sometimes to miss the one as to find the other. In order to sound efficiently, but especially in a case where there is reason to believe that the stone is small, a sound of appropriate form is necessary. It is barely possible to search a bladder thoroughly with a sound curved like the ordinary catheter, inasmuch as every part of the cavity cannot be explored by such an instrument. The sound should have a very short and well-curved extremity, which can be rotated in the bladder without difficulty, and without causing pain to the patient, so that the floor of the bladder behind the prostate can be searched as freely as any other part by turning the short beak downwards. It is manifestly impossible thus to explore if the curved portion of the sound be long, and the defects of such an instrument are still more obvious when the prostate is materially enlarged. Next, the sound should be hollow, so that water can be injected through it into the bladder, or flow outwards from it, in order that the surgeon may possess the advantage of sounding while the bladder is in various degrees of distension, indeed in every intermediate condition between full and empty. The patient should lie on his back, with the pelvis elevated from four to six inches above the shoulders. If nothing is found, supposing the search to have commenced with about ten ounces of fluid in the bladder, about half may be allowed to run off as the searching continues. At this point, if nothing is discovered, the patient may be carefully raised into the upright position, and the bladder then be permitted to empty itself through the sound, which being gently moved will scarcely fail to detect a very small calculus, if such a one be present, since it is almost certain to be brought down against the sound with the last portion of the outflowing current.

Perhaps the best situation for the eye of a hollow sound is on the convex part of the curve, and not at its extremity, which being thus left solid and heavy affords more certain indication to the operator than if hollowed, and consequently feeling light in the hand. (See engraving.) The material advantage gained by employing the hollow sound is, that the introduction of a single instrument only, suffices for the whole process of emptying, injecting, and searching the bladder. The lithotrite itself answers very well as a sound; and, if it possesses a small channel through it so as to admit the flow of fluid, is equal to the instrument just described, with the single drawback of its being less rounded in its surface and outline, and thus a little less easily borne by the patient. On the other hand, it enables the operator to crush a small calculus at the same time, without further manipulation, if thought desirable.



Extremity of sound of natural size. The instrument is hollow throughout up to the opening seen at the bend, beyond which it is solid.

It is my firm belief that the early diagnosis of calculus might, in the great majority of cases, be made without difficulty, if suspicious symptoms were more sedulously observed when they first arise, and the necessary examination made when simple means had failed to dispel them. For it may be safely affirmed that there are very few patients indeed who will not seek professional advice against the troubles which arise during the early stages of the formation, these being quite sufficient to awaken their anxious attention. Granting the truth of this proposition, and holding the certainty and safety of lithotrity for small calculi as a universally admitted fact, there inevitably results the following deduction, the importance of which it is impossible to over-estimate, namely—

That stone in the bladder—one of the direst of human maladies, and in the removal of which one of the most severe and fatal operations is still most commonly performed—may, through the exercise of ordinary intelligence and skill, be deprived of nearly all its severity, and of its danger to life.

I cannot doubt that the time is not very far distant when the gravity of the affection will in this manner be greatly diminished. It will be so in proportion to the increased vigilance which is exercised in practice. Much as our art accomplishes in the cure of established disease, its value is most

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apparent, and its applications are really fraught with the highest benefits to humanity, when exercised mainly by way of prevention. Its greatest achievements, and most honourable, are those by which evil has been averted from the frame, not those by which such evil is removed or palliated. My object now is to press upon the attention of my professional brethren the convictions which have been recorded here, and the grounds of which I have endeavoured, briefly and imperfectly, to show both by reason and by practical illustration. If they are correct, the study of calculous diseases offers another example to those already existing of the extreme value, in relation to therapeutics, of all that tends to perfect the art of Diagnosis—a principle the truth of which has been demonstrated by almost every improvement which has marked the progress of medicine and surgery during the present century.

Wimpole-street, Jan. 1860.

ON THE CURABILITY OF CANCER.

By JAMES ARNOTT, M.D.

THAT a "vis medicatrix naturæ" operates in all diseases to which the body is subject, and that this may be generally sufficient to remove them, are, I believe, universally admitted propositions. There is a great difference, however, between diseases in respect to the certainty or facility with which nature alone accomplishes a cure. A catarrh, or boil, may, if not very severe, be confided to her powers exclusively; but very rarely will these be found adequate in consumption or cancer.

The question which we have to consider is, have any means been discovered of supplanting, or aiding, the efforts of nature in the cure of cancer; or is it likely that any such means will be discovered? I shall speak first of internal remedies, or such as may be supposed capable of influencing the constitution of the patient.

Hemlock, arsenic, iodine, mercury, and other potent medicines, have at various times, and by various respectable practitioners, been declared to be effectual remedies of cancer, and many narratives of cases have been published in proof of these assertions. I do not say that cancer may not have been cured by some, if not all, of these methods, whether regarded as adjuvants of nature merely, or as agents independent of her efforts. Judging from the properties of some of these substances, there is nothing very improbable in the assertion. They strongly influence the constitution, and this powerful action may, perhaps, supersede the morbid action constituting cancer, on the principle laid down by Hunter,—that no two powerful morbid actions can coexist in the same body. Other plausible theories may be brought in favour of this opinion. Many years ago when I had the opportunity of witnessing the extraordinary curative effects of large doses of mercury administered in the diseases of India, I was led to the conclusion (which I have expressed in a work on the use of mercury in these diseases), that as a rule every acute inflammatory disease can be arrested by mercurial salivation, if effected before any disorganization has occurred; and, generally speaking, when employed in time, and due discrimination is made, the hazard of the remedy itself is much overbalanced by its curative advantage. But if mercury were given as profusely in those chronic diseases which are generally reckoned incurable, much mischief would be the result. A few cures, perhaps, might be effected, but many patients would be quickly cut off by this potent agent, who might otherwise have a prolonged and comfortable existence, and who might even be cured by the efforts of nature. Such a practice must, therefore, be pronounced rash and unjustifiable. The exposure of a patient to the infection of small-pox might cure him of some other obstinate disease with which he was afflicted, (and we have lately had an interesting illustration of this recorded by Dr. Adams,) but who would dream of making a practice of using so dangerous an expedient?

We are told in Lady Holland's Memoir of the Rev. Sydney Smith, that he was at one period in his life a dabbler in physic amongst his parishioners; and, perhaps, from there being no regular medical advice easily accessible in the remote district where he then lived, such dabbling may not only have been pardonable, but commendable. Like the medical gardener mentioned by Sir Walter Scott, his "simples" were probably "calamy" and "laudamy," but an unexpected salivation produced by the first of these so alarmed him as to put a stop to his medical career. The reverend gentleman, whose medical exploits have been lately engaging public attention, is made of sterner stuff; he has no such fear of mischief, and he thoroughly understands the advantage that may be obtained by the publication of one apparently successful case from the administration of this hazardous remedy. That mercury may, perhaps, be useful in certain cases of cancer might be admitted, but there is no sufficient proof that the patient whose case has been reported as an instance of cure from its use laboured under this disease, for neither the history of the case, nor the symptoms, were those of cancer.

Remedies applied locally in cancer are generally supposed to be only palliative. The knife and caustic remove cancerous disease only for a time. The principal objection to the knife is the danger of the operation itself proving fatal, for Mr. Paget and other writers have shown that ten per cent. of those operated upon die from it; and the principal objection to caustic is the dreadful and prostrating suffering caused by it. There is no mode as yet known of removing the first of these objections: we have no preventive of pyæmia, of erysipelas, or of sudden death from chloroform. But it is not so as regards the second expedient: we can prevent the pain from caustic by intense or benumbing cold. Granting, for the sake of argument, that cancer is, on all occasions, and in every stage of the disease, a constitutional affection, still as it always, or almost always, proves fatal by the irritation and exhaustion produced by its local effects, if these can be prevented by a safe and painless mode of removal, what must be deemed a close approximation to cure will be accomplished. But this is not the only use of intense cold in cancer. Whether it operates by destroying the vitality of the cancer-cell, by obviating inflammation, or other means, it will, in many cases, either cause the disappearance of the tumour, or reduce it to a torpid or apparently lifeless condition, like a bullet in the flesh; and, while this is being accomplished, it relieves the dreadful pain which so often accompanies the disease. It is much to be regretted that an agent possessing these properties should have suffered in reputation from the unskilful manner in which it has been too often employed. In cases of open or ulcerated cancer, when the sore cannot be healed, and where it might almost be supposed to act as a safety-valve, or means of eliminating the poison from the blood, we have, in a judicious use of congelation, a powerful repressant of the irritation that would otherwise torture the patient, and rapidly bring his life to a close.

As instances of an imperfect mode of using cold in cancer, I will (paradoxical as it may appear) adduce two published reports of cures said to be effected by it. In these two cases, it might, indeed, have proved effectual; but it certainly would not do so in the vast majority of cases if employed in the same manner, and differing so much from that which I have recommended. The first may be found, reported by Mr. Simon, in one of the early volumes of the "Transactions of the Pathological Society;" but as the disease recurred after a year, in another part of the body, (a circumstance, however, proving that it was really cancerous,) the case is not very satisfactory. The second was published in the *Bulletin de Thérapeutique* of Paris for the 15th of April last. A large tumour, pronounced to be cancerous by Velpeau, Manec, and other surgeons, was completely removed by about twenty applications of a frigorific mixture applied in such a manner as rarely to produce congelation. If it was the cold that operated beneficially on these two occasions, a different explanation of its *modus operandi* must be given from that suggested in the above observations.

York-street, Portman-square, Jan. 1860.

EXTROPHY OF THE BLADDER.—The surgical efforts to remedy this repulsive and distressing deformity have hitherto met with the most disastrous failure. Mr. Ayres, of New York, has, however, managed to successfully treat such a case. It was in the person of a female, aged eighteen, and accompanied by prolapsus uteri. To cover the bladder, Mr. Ayres took a flap from the upper part of the skin of the abdomen, the base of the flap being immediately above the bladder; this flap he turned down. To obtain a pouch or reservoir for the urine, Mr. Ayres covered the external or bleeding place by a hypogastric flap, with its base below. He adopted remarkable precautions to prevent gangrene, and his success was perfect. A photograph accompanying his *brochure* gives an excellent view of the deformity.

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A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

SATURNINE DISEASE, IN A GAS ENGINEER, FROM CONTACT WITH RED AND WHITE LEAD.

(Under the care of Dr. CHAMBERS.)

THE study of the influence of the various elementary bodies, especially of the metals, upon the animal economy is one of surpassing interest. We purpose bringing forward in our "Mirror" illustrations of some of the more important as opportunity offers, and on this occasion we present several examples, forcibly showing the deleterious effects of lead unconsciously absorbed into the system. But before relating these, we shall make a few remarks on the saturnine disease now commonly known as colica Pictonum, or the painters' colic.

As encountered in this country, this affection is usually met with in painters, who have to do with the various preparations of lead, of which the carbonate is the most common, because it enters into the composition of ordinary white paint. There are other classes of persons, however, who present themselves with well-marked symptoms of lead poisoning, which are readily traceable to that substance, either by contact with the skin, by inhalation of the vapour of paint, by drinking fluids contaminated with the salts of lead, or by the use of snuff adulterated with it.

The chief characteristics of lead poisoning are severe colic and obstinate constipation. These may be the only symptoms present in even repeated attacks; but occasionally from the first there is pain in the head and limbs, simulating rheumatism, with cramps, as illustrated in some of the following cases. Epilepsy and coma result from the same cause. Besides the usual symptoms of colic and constipation, there is at last paralysis of both hands and wrists, sometimes of only one, known as *wrist-drop*, because the extensors of the hands and fingers become palsied, and thus permit the hand to drop down utterly powerless. But at the present time these symptoms, *per se*, are not solely relied upon. There is usually a characteristic blue line discernible on the margins of the gums, which is a true sulphuret of lead, formed by the contact of the decomposing matter around the teeth charged with sulphuretted hydrogen with the lead in the gums, probably an oxide. That it is a true sulphuret of lead is proved by the influence of sulphur baths upon patients thus affected, for a large part of the cutaneous surface becomes quite black from the union of the sulphur with the lead. We have even observed the blue line along the gums under such circumstances become almost black, and this appearance has been seen also on the face. The peculiar odour of the breath in these cases has received the name of saturnine breath.

This blue line on the gums can be produced by giving repeated doses of the acetate of lead, and it has been found that it remains still more distinct after death. Its nature and importance as a diagnostic sign are thus commented upon by Dr. Watson in his "Lectures on the Practice of Physic:—"It may afford valuable information, therefore, to the medical jurist in cases of suspected poisoning with the salts of lead. It is, I say, an *early* consequence of the absorption of lead. It may teach us, as the mercurial affection of the gums teaches us, that the medicine is pervading the system, and admonish us to look out for and guard against colic. It may apprise workers in lead that their caution has been insufficient, that the poison has entered, and that they are in peril of bellyaches and palsy. It is a capital diagnostic sign also between colic so arising and colic from other causes, and between colica Pictonum and the pain of inflammation of the bowels."

The state of the palsied muscles is that of atrophy—wasting away; and it is probable that they undergo some important organic change which never permits of complete normal restoration, although comparative health and power may be regained by obviating the causes that are producing it. Not unfrequently, however, the sufferer falls into a state of saturnismus, or lead cachexy, which becomes the foundation for serious cerebral mischief, ending in epilepsy or coma.

Painters' colic is a disease of historical interest, long familiarly known as the bellain, or Derbyshire colic; the dry bellyache of the West Indies; and colica Pictonum: the last taking its origin from the Pictones, or inhabitants of Poictou, who suffered most extensively from drinking the wines of the country, which contained lead to prevent their turning sour. This was openly practised, but was not suspected as the cause of the colic at the time an account of the disease was published by Francis Citois, in 1617. "Saturnine disease" is a more significant and a better expression, as it takes in all the symptoms in any class of persons.

In the treatment of this peculiar malady, the great point is to get the bowels well relieved, and then to attend to the other indications, especially that of relieving the pain. Dr. A. Triberti, the chief physician of the hospital at Milan, treats the saturnine disease solely by doses of opium frequently repeated; and his experience goes to prove that the drug does not produce any constipation, but, on the contrary, provokes evacuations.* The capability of opium to produce relaxation of the bowels after its continued use for a certain period of time, is no doubt familiar to most physicians. For the wrist-drop, the mechanical support of a splint affords great comfort and accelerates the recovery. To this may be added friction or electricity. At the present day small doses of strychnine are occasionally employed, as recommended by Andral. Preparations of iodine are known to exert a specific effect upon the poison of lead, and we would suggest a trial of the bromide in obstinate cases.

On a careful review of all the facts connected with this subject, we would urge the adoption of certain rules on the part of those who work in lead, in order to prevent the absorption of the metal. Of these cleanliness is the most important, particularly the employment of ablution before meals. Eating a good deal of fat at breakfast is recommended as a prophylactic. In the second volume of this journal for 1842, Mr. Benson, the manager of the British White-lead Works in Birmingham, is said to have arrested the long prevalence of colic there by the employment, as a beverage for the workmen, of *treacle beer*, to which sulphuric acid was added. Sulphuric acid lemonade is also said to be used successfully in certain lead factories in France. This converts the soluble salts of lead into an *insoluble* sulphate, which is inert.

The following case, for which we are indebted to Dr. Broadbent, the resident medical officer, well illustrates the disease in a gas engineer, who became affected after working at his trade for eighteen years, and who during that time was constantly in the habit of using red and white lead. He completely recovered under the remedies employed. The present was his third attack.

James P——, aged thirty-six, gas engineer, was admitted on the 18th of November, 1859, into St. Mary's Hospital, under the care of Dr. Chambers.

History.—On the 10th of November, while at work, he felt griping pains in the bowels; he, however, worked on as well as he could till the 12th, the pains increasing in severity, and the bowels becoming greatly constipated. He has been seen by two or three medical men, who have prescribed for him, but with no relief. Has had three similar attacks within the last eighteen months. He uses a great deal of red and white lead in his trade, at which he has worked for eighteen years, but never felt any ill effects till eighteen months ago.

He is a dark-complexioned man, usually pale, but now somewhat flushed. He complains of constant intense griping pain in the lower part of the abdomen, relieved by pressure. The bowels have been confined ever since the first occurrence of the pain a week ago. The skin is warm and moist; tongue dry, and covered with yellow fur; breath extremely fœtid; gums pale, with a blue line along the edges. Ordered a warm bath at once, to be repeated if required; a warm enema of senna mixture and two ounces of castor oil, to be repeated if necessary; afterwards, warm fomentations to the abdomen. At five P.M. the bowels were moved, but the pain was no better.

Nov. 19th.—Had no sleep; pain quite as severe; has scalding on micturition; urine acid, specific gravity 1025. To have half an ounce of castor oil, and the sixteenth part of a grain of

* De la Colique Saturnine traitée et guérie par les Opiacés. Par le Dr. A. Triberti. Traduit de l'Italien par le Dr. F. Cazalis. Montpellier, 1846.

strychnine, with ten drops of laudanum, every alternate hour; warm fomentations to the abdomen, with a drachm of chloroform.

20th.—Passed a good night; bowels freely opened six or seven times; pain much easier; skin cool. Omit strychnine.

22nd.—Has much less pain; bowels moved twice this morning. Repeat the oil, with strychnine, until four doses have been taken.

23rd.—Has very little pain; complexion clear; bowels moved thrice yesterday, and once to-day.

25th.—Some trifling degree of pain.

26th.—No lead in the urine. To have four grains of iodide of potassium three times a day.

Under this treatment he steadily improved, and, with the exception of a slight cold, completely recovered, and was discharged cured on the 2nd of December.

GUY'S HOSPITAL.

SATURNINE DISEASE, FROM THE USE OF SNUFF ADULTERATED WITH LEAD; PALSY OF THE UPPER EXTREMITIES.

(Under the care of Dr. OWEN REES.)

IN the Reports of the Analytical Sanitary Commission which have appeared in the pages of this journal, amongst other articles which were mentioned as having been examined was snuff. Out of forty-three samples of various kinds of this form of tobacco, purchased from different dealers in the metropolis, the chromate of lead was found to be present in nine, and the oxide of lead (probably in the form of red lead) in three cases,* very clearly showing the employment of this metallic compound as an article of adulteration. Its detection is a very simple matter by the usual chemical tests.

The long-continued use of snuff adulterated with lead will often occasion saturnine disease, with perhaps some graver symptoms than those ordinarily encountered. Indeed, in one instance this mixture of snuff and lead is supposed to have actually caused death, and in another it produced very alarming symptoms. We are enabled to present the details of a case, from notes taken by Mr. J. H. Gatton, clinical clerk, of severe saturnine disease arising from the cause mentioned. Besides the ordinary manifestations, there was complete paralysis of the upper extremities, with wrist-drop and headache. The patient subsequently became delirious, and suddenly left the hospital. The termination of the case is therefore unknown.

The accidental contamination of snuff by oxidation of the lead in the vessels in which it is contained was recently discovered from saturnine symptoms having been most unmistakably traced to the use of the powder.

Thomas J——, aged forty-six, a blacksmith, residing at Limehouse, was admitted, on the 14th of December last, into Job ward, under the care of Dr. Rees. His general health has been good, and his habits said to be temperate. On admission he presented the appearance of a person suffering from lead poisoning; his general aspect and dropped hands immediately suggesting the above as the cause. Accordingly, on examination, a distinct blue line is found round the edge of the gums. He, however, strongly repudiates the idea, and indignantly asserts that he is free from lead. There is no loss of sensation in the upper extremities, but complete paralysis of motion. He complains greatly of colicky pain in front of the abdomen; he also suffers from headache. He has an impediment in his speech, rendering articulation difficult. This, he states, is congenital. The heart sounds and respiratory murmur normal; pulse 90, regular and compressible; tongue slightly furred; bowels confined. He states that four months ago he first perceived a weakness in his wrists. This came on after walking some distance in a wet shirt, and gradually increased until he lost all power over his upper extremities; the legs, however, remaining strong, and the control over the sphincters perfect. He is in the habit of taking a large quantity of snuff—more than half an ounce daily. Some of this was examined by Mr. Gatton, and found to contain a considerable quantity of lead, also iron in great abundance, and some chalk.

Dec. 14th.—Ordered six drachms of castor oil immediately; middle diet.

15th.—The oil has not operated. To have fifteen grains of colocynth and calomel pill at once; and six drachms of castor oil after the pill had operated. The bowels were slightly moved after the pill. To take two grains of iodide of potassium three times a day.

16th.—Was completely delirious last night, getting out of bed and knocking his head against the floor, &c., during which process he inflicted a wound over the left eye. Tongue dry, furred, and brown; skin hot; pulse 102, irregular and intermittent. To omit medicine, and to have six ounces of brandy.

17th.—Tongue remains the same; pulse 74, irregular in force, and frequently intermittent; has still delirium, &c.

19th.—Went out to day (still extremely ill) of his own accord, having never quite recovered from the shock of the lead discovery.

SATURNINE DISEASE, FROM DRINKING WATER CONTAMINATED WITH LEAD; WRIST-DROP.

(Under the care of Dr. OWEN REES.)

Lead-poisoning in women is not often witnessed, because they are not so much exposed to the causes which produce it as are the opposite sex. In the following case, it was, very probably correctly, attributed to drinking water contaminated by it, as no other cause could be clearly made out. The patient had, however, wrist-drop, the blue line along the gums, and colic, but left the hospital relieved.

At the present time, there is a female under Dr. Farre's care at St. Bartholomew's Hospital, who was admitted on the 22nd of December, 1859, with wrist-drop, pains in the limbs, and a dark-blue line on the gums. She has been employed in a lead factory, and has had constantly to handle the metal, which explains her illness. She has had three sulphur baths: the first made her very black about the anterior part of the body, and deepened the colour of the line on the gums; the second and third produced no effects of this kind. Her forearms and hands are placed upon splints to prevent contraction of the flexors.

The notes of the following case were taken by Mr. G. Griffith:—

Mary Ann D——, aged fifty-seven, residing at Hexly-heath, Kent, was admitted into Mary ward on the 1st of November, 1859, under Dr. Rees. She says that she has always been delicate. About last July she had a severe attack of colic, lost the power of both hands shortly afterwards, and felt very weak. The patient says she has heard it stated that the water the inhabitants drink contains lead.

When admitted, she complained of the above symptoms. There is a blue line, well marked, on the gums. Ordered, six drachms of castor oil, with six minims of laudanum, at once; and julep of ammonia thrice a day.

Nov. 15th.—A little better; has very little use of her hands.

22nd.—Has a slight cough. To have a pill of Dover's powder, with squills, five grains, thrice a day; middle diet, and two ounces of brandy.

25th.—She feels stronger; has more power in her hands.

30th.—She gradually gains power in her hands, and feels stronger than when admitted.

Dec. 15th.—She states that she is daily improving, and can move her hands a little.

24th.—Left the hospital, much relieved.

KING'S COLLEGE HOSPITAL.

SATURNINE DISEASE, PRODUCED BY THE DAILY SCOURING OF PEWTER POTS.

(Under the care of Dr. GEORGE JOHNSON.)

IT could hardly have been supposed that such an operation as the daily cleaning and scouring of several dozens of pewter pots should produce lead-poisoning. If the pots were composed of the better kinds of pewter, wherein there is either no lead at all or a very small proportion of it, no injurious effects would be produced. In the common pewter, on the other hand, which contains about a fifth of lead, the constant daily contact, combined with friction, is quite sufficient to permit of absorption of the metal, as occurred in the following case, the notes of which were taken by Mr. C. H. Baines, and in which the usual symptoms of lead disease were developed. The patient left the hospital much relieved, but the constipation was at first extremely difficult to overcome.

John B——, aged thirty-three, was admitted into King's College Hospital on June 25th, 1859. Is a native of Devonshire. When about seven years of age, he went to sea in the

* THE LANCET, vol. ii., 1858, p. 532.

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merchant service, in which he continued for five years; since then he has been engaged at hotels. For the last five years he has been occupied as potman and waiter, and has generally every morning scoured between five and six dozen of pewter pots. About twelve or fourteen years ago he had a sore on the penis, for which he used some black wash; he does not appear to have taken any mercury, or to have had any secondary symptoms. On the 22nd June, he felt a violent pain in the abdomen, with cramps in his legs; he was very sick, and had no appetite. The following day (23rd) he applied at the hospital as an out-patient. Some castor oil was prescribed for him, half to be taken directly, and the remainder on the ensuing morning. He rejected the first dose, and the same evening took half an ounce of salts; about four o'clock the following morning he took another half ounce, both of which doses he vomited. About twelve o'clock he took the other dose of oil, which he likewise rejected. He then applied to a surgeon, who gave him a dose, which he threw up as soon as he reached home.

On June 25th, he applied for admission at this hospital. The house-physician saw him, and ordered warm fomentations to the abdomen. He still continued sick, with pain and spasm, and on the same evening he was admitted. His tongue was coated in the centre with a brown fur; pulse 70; has great pain in the abdomen, which is much relieved by pressure and warmth. Bowels had been constipated since the 23rd. There is a decided blue line on the gums at the margins of the teeth; the breath is rather fœtid; urine healthy, acid, no albumen present. Ordered five grains of compound soap pill every four hours, and an enema of warm water.

28th.—Yesterday morning he had castor oil, and the enema was repeated. He does not now feel much griping pain in the abdomen. The bowels were twice relieved on the evening of his admission, and once on the day following (26th). To have two colocynth pills; and three grains of iodide of potassium and one of sulphate of iron thrice a day in water.

30th.—Bowels have not been relieved since the 27th. He has occasionally ardor urinæ; no cramps in his limbs; pain in the abdomen comes on now and then, but has abated much in severity. Appetite good.

July 2nd.—Bowels have not been relieved since the 30th. He does not feel much pain; appetite good; urine still scalds very much; sleeps well. To have half a drachm of acetate of potass in an infusion of quassia thrice a day.

5th.—Has a little pain occasionally in the left groin; tongue clean; the pain on micturition continues; urine rather deficient in quantity.

7th.—He has passed more urine, and does not suffer from any pain whatever, but feels weak. Appetite good.

9th.—Left the hospital yesterday. Blue line on the gums much diminished.

CLINICAL RECORDS.

PALSY AND WASTING OF THE FLEXORS OF THE FOREARM, FROM HAT-PRESSING.

IN wrist-drop, or palsy of the forearm and hand, in persons who are subject to the poisonous influence of lead, the extensor muscles are chiefly affected, and wrist-drop is the result. The fingers are seen to be flexed upon the hand, and the hand upon the forearm. The affection is a peculiar one, and not easily mistaken. We had the opportunity of seeing an opposite condition to the above at Guy's Hospital, on the 6th December, in the person of a young woman, aged twenty-two years, whose occupation was that of a hat-presser. In her there was paralysis of the flexors of the forearm and hand, with wasting of the muscles. For five years, whilst employed in her avocation, this affection had been gradually coming on, and at last she had to give it up, as her hands and forearms were almost useless. When she first came under the care of Mr. Bryant, about twelve months ago, the bones of the metacarpus could be plainly seen and felt in the palm, and the entire anterior aspect of the forearm was shrunken and wasted. She could not flex the hands upon the wrists, and could scarcely hold anything. Under the use of galvanism three times a week for nearly a year, she can now, however, flex the wrist pretty freely, and can grasp any substance with the fingers only, but the latter do not freely bend into the palm of the hand. The fleshy portion of the flexors of the forearm has, to some extent, regained its normal size, but the tendency of the hands and wrists is to bend backwards. The backs of both hands appear natural, but the forefingers and thumbs cannot be used. She of course gave up her old occupation when she first came under treatment. Her general health has always been good.

A short time back we saw a case under Mr. Erichsen's care, at University College Hospital, of a man who had temporary paralysis of the supinators of his right forearm, from the constant use of tailors' shears.

GOITRE SUCCESSFULLY TREATED BY LARGE DOSES OF BROMIDE OF POTASSIUM AND LIQUOR POTASSÆ.

CASES of goitre, and especially those of long standing, are some of the most troublesome and unsatisfactory that fall under the notice of practitioners. In many of them, even where treatment has been successful for a time, it sometimes happens that from very trifling exciting causes the gland enlarges to as great a size as ever. During the past year we had the opportunity of seeing over a dozen examples of goitre, under Dr. O'Connor's care at the Royal Free Hospital. In a few of those cases, iodide of potassium, in small doses, gradually increased to much larger ones, with the external application of strong iodine paint, was tried without benefit. The same remedies in combination with steel, and generous living, were equally unsuccessful. Bromide of potassium, in doses of five grains, with ten minims of liquor potassæ in infusion of quassia, was next tried, and continued for some time, with benefit, the bromide being gradually increased to doses of twenty-five grains, three times a day, with forty minims of liquor potassæ. In all the instances in which it was given for a proper length of time, the result was a complete disappearance of the glandular enlargement. The minimum dose of the bromide now administered in these cases by Dr. O'Connor is ten grains, with twenty minims of liquor potassæ and infusion of quassia. There are now three patients under treatment in whom the progressively beneficial effects of this remedy are clearly discernible. In many of these cases strong iodine paint is used as an application. We have heard Dr. O'Connor state, that the bromide of potassium does not produce any of the depressing effects of the iodide, which is a practical point of very great importance.

BRONCHOCELE COMMON TO MANY OF THE ENGLISH COUNTIES.

THE name of Derbyshire neck used to be given to goitre, or enlargement of the thyroid glands, from the remarkable prevalence of the affection at one time in the county of Derby. This malady is, however, met with sporadically in other counties. Thus some of the cases which we have seen at the Royal Free Hospital were from Kent, Surrey, Bedford, &c.; and we lately saw one, under Dr. Willshire's care, at the Charing-cross Hospital, from Hampshire, the patient being a woman of about twenty-two years of age, who was born and brought up in that county. She had a very large bronchocele extending to both sides of the neck, and was given three or four gains of iodide of potassium, with twenty minims of the tincture of iodine during the day, iodine being used externally as well. It is probable she might have improved had her health not otherwise given way. She was a stout woman, with a ruddy complexion, accustomed to much exercise, and the mere change from country to town air evidently disagreed with her, for she became pale, and the catamenia ceased, whilst under treatment. She, therefore, left the hospital, and returned to her native county. It would appear that the great majority of cases of bronchocele met with in London come from the metropolitan counties.

HÆMORRHAGE FROM THE REMOVAL OF DEAD BONE.

IN the union of a severely comminuted and compound fracture, the normal position of parts will sometimes become changed, and the course of even one of the larger bloodvessels may be altered. This is only to be discovered when any operation is subsequently required, such as the removal of a piece of dead bone. An illustration in point was presented to our notice at St. George's Hospital on the 22nd of December. An elderly man was brought into the operating theatre with necrosed bone over the site of a fracture of the left tibia, which occurred two years ago. The bone was broken into several pieces, and a wound communicated with the fracture. The leg was carefully put up, and union ensued, with some slight deformity, but nevertheless a good limb was saved. Some

dead bone remained, and was the cause of much trouble. Mr. Cæsar Hawkins used the trephine, and removed the whole of it. It was necessary to employ the scalpel in reflecting back the tissues, and in doing this the anterior tibial artery was wounded; its course had somewhat deviated across the fracture, and it seemed to be lodged in a fossa formed by a projecting piece of bone. Attempts were made to take up the vessel with the forceps, and to apply a ligature, but all were unsuccessful, until a square mass was dissected away and isolated, including the vessel, when a ligature, placed over all, stopped further bleeding. The hæmorrhage, however, was most difficult to control until this process of isolation was adopted by Mr. Pollock. The patient is going on well, and free suppuration has been established.

TUMID ABDOMEN WITH AN UMBILICAL HERNIA.

Of all the varieties of hernia of the abdominal cavity, it is somewhat rare to find the umbilical form come on late in life, unless the patient has been subject to it shortly after birth. Women who have had the abdomen frequently and greatly distended by giving birth to numerous children have become ruptured a little to one side of the umbilicus.

There was very lately a female patient, forty-six years of age, in St. Bartholomew's Hospital, under Dr. Farre's care, the subject of an irreducible umbilical hernia for the last ten years. She is not the mother of a large family, but at the period mentioned she was greatly fatigued from nursing a little boy; this not unfrequently caused much straining, which gave rise to the tumour. She was seen, at Dr. Farre's request, by Mr. Lloyd, who found that nothing could be done in the way of reduction. This patient was admitted on Dec. 15th, with tumidity of the abdomen and constipation. With the exception of these symptoms, her health is pretty good, and she has long worn an abdominal belt. She is not, however, easy unless the bowels are moved some five or six times a day; they are seldom regular, and when that is the case she suffers great pain, and the hernia becomes purple.

As the radical cure of hernia is now occupying the attention of surgeons, could not something be done to relieve such a case?

THE EFFECTS OF THE PERCHLORIDE OF IRON.

THE influence of this powerful styptic was well shown in the arrest of dangerous hæmorrhage from the tonsils, in a case which we noticed in our "Mirror" of the 19th November last, under Mr. Henry Thompson's care at the Marylebone Infirmary. We have seen it used at University College Hospital for the coagulation of the blood in varicose veins, but in one instance it produced suppuration over the vein and much constitutional disturbance. It has been employed by Mr. Prescott Hewett, at St. George's Hospital, upon a mass of veins situated on the inner ankle of a young woman, with partial benefit; but the veins were large, and difficult to reduce either in number or bulk. In the same hospital we saw, on the 22nd ult., an infant who had a large congenital nævus of the left cheek. This had been treated by the injection of the perchloride of iron by a general practitioner out of the hospital, but with the effect of producing the most intense inflammation, and sloughing of the central portion of the nævus right down to the mucous membrane. Mr. Hewett has completely obliterated all the vessels of this nævus by a series of operations, which consisted in the passage of needles through its various parts, for the purpose of pressure and strangulation. The cure has been a tedious one, but nevertheless satisfactory.

The perchloride of iron would seem to be beneficial in some cases when it is introduced subcutaneously, but in others it sets up some amount of inflammation, which may so impair the vitality of the parts as to produce actual destruction of tissue, as occurred in the last-mentioned instance. It requires to be used with care.

THE MORTALITY ON BOARD THE "ACCRINGTON."—Subsequent letters seem to confirm the reports of sinister dealings on board this ship, in which the mortality amongst the women and children has been horrible. Letters have been published complaining of shameful barbarities. Fifty-six of the children died, "and mainly owing to the inattention of the doctor, who was known to be drunk for four days together, and not able to attend upon the poor sufferers. The captain and chief mate, accused of infamous cruelties, have been poisoned." We earnestly trust that further investigation may release the surgeon from the charges alleged against him.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 10TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE INFLUENCE OF TROPICAL CLIMATES ON THE RISE AND PROGRESS OF INFLAMMATORY AFFECTIONS OF THE WOMB.

BY E. J. TILT, M.D., M.R.C.P.,

SENIOR PHYSICIAN TO THE PADDINGTON GENERAL DISPENSARY AND LYING-IN CHARITY.

THE scantiness of our information upon this point was first noticed by Dr. Tilt, whose attention had been drawn to it by having had to attend, during the last ten years, patients invalided by uterine inflammation, in the East or West Indies, in China, and Brazil. Proceeding to investigate the etiology of uterine disease amongst Europeans in tropical climates, Dr. Tilt took India as an example, and pointed out how, even if the menstrual function had been previously regular in young women going out to India, it became irregular from travelling and the sea voyage; how, without passing through a period of repose, on arriving in India, and before the menstrual function had had time to "right itself," these emigrants were launched into the fatigues and gaities of society, often marrying at too early an age, and even before menstruation had become regular. Dr. Tilt observed that, little accustomed to the heat of India, the inexperienced European often imprudently exposed herself, during the menstrual period, to the raw, chilly night air, or to the north-wester, or made too frequent a use of cold water at that time. The pathology of tropical climates was represented as being principally abdominal, Europeans becoming occasionally subject to liver disease and dysentery, which tend to produce uterine inflammation, even when they occur in temperate climates. The frequent liability of the European to some form of intermittent or remittent fever was insisted on, as well as the fact that these affections sought out the weakest organ, increasing its tendency to congestion and inflammation. Another cause of uterine inflammation was found in that anæmia and intense debility which usually followed a prolonged residence in a tropical climate.

The progress of inflammation of the womb, in Europeans, during their residence in tropical climates, was described as unusually rapid, owing to the patients remaining subject to those climatorial influences which had produced the disease.

The pathological conditions of those who return to Europe from the tropics on account of uterine disease were next inquired into. The inflammatory lesions, as well as the general symptoms, were represented as unusually severe, considering the duration of the complaint. It was stated that, even after their return to England, the march of uterine inflammation is often complicated by partially subdued tropical complaints, such as ague, remittent fever, liver derangement, and chronic dysentery. These complications were spoken of as interfering with the treatment of the case, and protracting it much beyond its usual duration; the uterine inflammation requiring surgical treatment, in accordance with the principles laid down in the author's and in Dr. H. Bennet's work on "Uterine Inflammation," without, however, neglecting to take into serious account those complications which frequently arise, or that deep-rooted debility which seems to be sometimes the only reason why the patient will not rally, although judiciously treated.

Dr. Tilt concluded by observing that he had sometimes seen young women taken to India in whom the menstrual flow was so irregular as to preclude the possibility of health being long preserved in a tropical climate; that he had attended patients whose health had been ruined by too long a stay in India, after uterine disease had become severe; and others who, having returned to India before they were quite cured of an inflammatory affection of the womb, were soon obliged to come home on account of a severe relapse of the uterine complaint: and this led him to recommend the following practical rules relative to the prevention of uterine inflammation amongst Europeans in tropical climates:—

1. Those in whom the menstrual flow is habitually morbid in a temperate climate should not settle in a tropical region.

2. Those who have frequently suffered from inflammatory uterine affections in a temperate climate should not settle in a tropical region.

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3. Those who become severely afflicted with uterine disease in a tropical climate should remove to a temperate one.

4. Those who come to Europe for the cure of any inflammatory affection of the womb from a tropical region should not return to it until some months after the uterine affection has been cured.

Sir JAMES MURRAY eulogized the use of oxyphosphate of iron as an injection in uterine affections. It was prepared by precipitation from a solution of red oxide of iron and muriatic acid by phosphate of soda. The precipitate, being well washed with distilled water, was brought to a pasty consistence, and rubbed up with mucilage for the purpose of detaining it where it was to be lodged, and also to blunt any acridity or ulcerations existing in the passages. He suggested that in some cases it was absorbed into the system, as he had seen many women attain to a healthy appearance after its use as an injection, though previously they had been worn and anæmiated by disease and the influence of hot climates. The speaker then denounced, in energetic terms, the system which prevailed of substituting impure for pure articles, and illustrated his remarks more especially with reference to the preparations of magnesia, many of which contained not a grain of this drug, or if they did, it was merely in the form of the sulphate.

BRIEF NOTES OF A VISIT TO THE LEPER HOSPITAL AT GRANADA.

BY J. WEBSTER, M.D., F.R.S., ETC.

The author, having recently visited the ancient Leper Hospital founded at Granada by Ferdinand and Isabella upwards of 350 years ago, brought before the Society some facts respecting that institution which he thought interesting. When inspected, last September, Dr. Webster found 53 inmates, 39 being male, with 14 female patients, and thereby showing the greater frequency of lepra amongst the former than the latter sex, which has always been a characteristic feature of that malady. It affected persons of every age, from a girl in her fourteenth year to others who had passed their climacteric. The disease also exhibited various conditions, some inmates being recent sufferers, while others had arrived at the last stages; the face, neck, and arms appearing the parts usually attacked. In advanced cases, the malady even assumed a cancerous aspect, parts of the face, nose, and mouth then becoming ulcerated, so as to produce a hideous expression. Several were bed-ridden, and some like a mass of bodily corruption. One remarkable symptom Dr. Webster specially noticed, even in those quite helpless—viz., almost invariably they seemed happy and contented with their sad condition, the inmates generally being merry, singing, and enjoying themselves, either when idle, or occupied in their work-rooms. This characteristic, the director told Dr. Webster, was common amongst leprous patients; and also that many were lascivious in their conversation, and would be so in conduct, were great care not taken to keep both sexes separate, the *libido inexplebilis* noticed by ancient authors being a prominent pathognomic phase of true leprosy. The author next alluded to the districts where this disease oftenest prevailed in Spain, and stated it was most common on the south-eastern coasts of the Mediterranean, but very rarely in the interior. The disease would also appear to be increasing amongst the Spanish population, more victims being now recognised than formerly, 284 lepers having been ascertained as alive, during 1851, in only nine provinces. Contrasted with England, this fact is remarkable, since leprosy is now very rarely met with amongst natives who have never left Great Britain, but where the malady throughout more ancient times was so frequent. The last instance of true lepra in England with which the author was cognizant as being really indigenous was one under Dr. Addison, at Guy's Hospital, and reported by Dr. Wilks. This patient had lived twelve years in Croydon and London, after leaving Cork, his native city, but never visited any other country; notwithstanding which he was attacked with the malady, as shown by a drawing exhibited to the meeting through Dr. Wilks' kindness, which Dr. Webster said exactly resembled similar cases seen at the Granada Leper Hospital. The author next adverted to the causes which seemed to produce leprosy. Hereditary tendency, he thought, did not appear to have any influence; being born and living in districts where leprosy prevailed appeared much more powerful, especially when dwelling in insalubrious localities. Defective diet, filth, and poverty also conduced to its production. In short, the author stated that lepra, in his opinion, was analogous to cretinism, goitre, pellagra, or ague, and might be very fairly classed in the category of endemic diseases. Subsequently, Dr. Webster remarked that lepra rarely, if ever, attacked the middle classes or persons removed from poverty, and that it was almost confined to maritime districts or amongst a marine population. Respecting the treatment of leprosy adopted at the Granada hospital, the author reported that very little benefit followed any plan pursued, as the disease generally proved fatal after its continuance from eight to ten years, and in spite of any remedy employed. Attention to diet, cleanliness, frequent bathing, proper clothing, the judicious employment of patients in manual occupations, according to their physical strength and individual capacity, by remaining much in the shady courtyards or adjacent gardens of the institution, where an open, pure air could be breathed, and aided by recreations, good effects towards alleviating the sad condition of inmates might, however, be obtained. In fact, the system pursued resembled, as the author added, that commonly followed at well-regulated lunatic asylums. After making other remarks, Dr. Webster concluded his communication with the following inferences, based upon previous statements, which he thought might be legitimately deduced:—

1. Leprosy chiefly affects the male sex, as it has always done heretofore.
2. All ages are liable to its attacks after puberty.
3. The malady is not infectious, in the strict sense of that designation.
4. It seems to be endemic.
5. Occurs only amongst the lower ranks of society at present.
6. Residents on the sea-coast are its chief victims.
7. The principal apparent causes are, putrid, indigestible aliment, poverty, filth, occupying insalubrious dwellings in marshy, miasmatous soils, and a humid, variable, marine atmosphere; while it may be communicated by inoculation.
8. The disease is incurable, and all medical treatment proves unavailing.
9. Lastly, although true leprosy is now nearly extinct, having almost disappeared from every other European country excepting Norway, it still prevails to a considerable extent in Spain, especially amongst poverty-stricken natives, living on, or near, the southern Mediterranean shores of that peninsula.

Mr. ACTON did not agree with the author that the disease was easily recognisable. Ancient writers afforded us no means of diagnosing leprosy. In this country, in most of the cases, a large portion of the face was removed by ulceration, and it was difficult to say what the disease really was. He had seen cases from Jamaica called "yaws;" but if we did not know whence they came, it would be extremely difficult to say whether they were "yaws" or what is called "sibbens" in Scotland, or "button scurvy" in Ireland, or cases of cachectic disease, such as was occasionally prevalent amongst the poorer classes in this country. Might not the cheerfulness noticed by Dr. Webster be due to the excellent provision made for the poor creatures, when taken in contrast with their former wretched circumstances?—and might not their lasciviousness be the result of their comparative idleness? In his (Mr. Acton's) opinion, many of the cases in Spain and elsewhere called "leprosy" were, in reality, syphilis. It was very difficult, indeed, in the advanced stages of the latter disease to say whether it was tertiary syphilis or leprosy. Dr. Livingstone has stated that syphilis made great ravages amongst the natives of Africa, but only in those residing near the sea. In the cases of leprosy that had come under his (Mr. Acton's) care, there was no fear of infection. Modern writers on the disease did not regard it as infectious any more than they did tertiary syphilis. In former times, however, the regulations of the Leper Hospitals were so strict, that all communication with the patients was prohibited, except by the medium of sticks. He regretted to hear that so little could be effected in the way of treatment. The modern treatment of cancer, lupus, and syphilis had produced a marked improvement in these cases, not so much by the influence of any particular agent as by the use of such remedies as were indicated by the state of the patient.

Mr. HOLMES COOTE had seen the disease on the borders of Asiatic Turkey, and his colleague, Dr. Rolleston, had visited the leper huts in the neighbourhood of Jerusalem, where the malady existed in the form in which it was described in the Old Testament. He (Mr. Coote) had been induced to examine carefully the cases brought under his notice. He was of opinion that the disease often existed, but in small and poor communities, badly supplied with food, it was overlooked. There was a broad distinction, he was sure, between the leprosy of the ancients and syphilis. Dr. Rolleston found that the fear of infection was very prevalent amongst the people, but he went fearlessly amongst them. In many cases the face and palate were affected, and sometimes the fingers fell off, leaving scars behind; in some cases the uvula was destroyed. In this coun-

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try he had seen a few cases, in which the same amount of destructive ulceration had taken place. In such cases a ready solution was usually offered. If the soft palate was destroyed, the patient was told he had syphilis; if he denied this, he was informed that it must have come from his father or mother; and if this were also denied, the patient was not believed. Leprosy was found in badly-fed communities; but as civilization advanced, the disease would become more rare, and would disappear entirely under proper hygienic laws.

Dr. TILT had visited the Leper Hospital of Damascus in 1847, which contained about a dozen cases resembling the worst instances of the most virulent forms of disease met with in scrofulous or syphilitic wards. The poor creatures had large ulcerations on the face, the lower eyelid was everted, the bridge of the nose broken down, and the bones of the palate destroyed. Dr. R. Thompson, who then practised at Damascus, drew his attention to the several stages of the malady. In the first, the skin was fiery red and itching; in the second, it assumed a furfuraceous, whitened appearance; and in the third, it was tubercular. In some instances a finger had dropped off, and nothing remained but the cicatrix. The patients were not subject to any seclusion, but moved about freely amongst a population of 200,000. These patients were not from the sea-coast, but came chiefly from the neighbourhood of Nablous. Iodide of potassium had been given by Dr. Thompson—the best remedy in these cases.

Dr. MERYON was sorry that Dr. Webster had not entered into a more minute detail of the peculiar symptoms of the disease, with a view to determine to what extent it might be found to differ from syphilis. Dr. Friend had entered into a long and elaborate inquiry into this question, and had come to the conclusion that syphilis differed in an unquestionable manner from leprosy, which was in existence previous to the voyage of Columbus, who is said to have introduced syphilis into this country.

Dr. PRIESTLEY had seen two cases of leprosy under the care of Professor Syme in Edinburgh, and one under that of Dr. Simpson. One case was that of a young man residing in a fishing village on the north coast of Scotland, who laboured under a well-marked tubercular form of this disease. The subject of the second case was a young woman, one of whose fingers was first attacked with a circular patch of ulceration, which gradually surrounded the digit. Amputation of the hand was resorted to, but the disease broke out higher up, and accordingly the arm was removed; but the disease still extending, a third operation was under consideration when he last saw the patient. In Dr. Simpson's case there were no tubercles on the face, but there were nodular tuberosities on the fingers, which had spread, without ulceration, as high as the elbow on the ulnar side of the arm.

Dr. WEBSTER, in reply, observed that no doubt many cases said to be leprosy were, in reality, syphilis. Persons who had never left this country rarely, if ever, suffered from the disease. It seemed to be proved that poverty of living, especially the want of animal food, had a great tendency to develop leprosy. The small number of lepers seen at Damascus by Dr. Tilt was favourable to the view he (Dr. Webster) had expressed as to the effect of proximity of the sea-coast on the production of the disease. Had the hospitals been situated near the sea-shore, the number, doubtless, would have been greater. Medical practitioners in Spain who had investigated the disease, believed that it was on the increase. In former times it attacked all classes of persons, but it was now almost entirely confined to the poorer classes. He believed it was incurable when it had reached a certain stage.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 9TH, 1860.

MR. HILTON, F.R.S., PRESIDENT.

MR. HENRY THOMPSON read a paper on

THE GREAT IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT OF STONE IN THE BLADDER,

(see p. 56,) illustrated by several cases, the calculi from which were exhibited.

Sir JAMES MURRAY, after expressing his warm approval of the paper and the principles laid down, begged leave to touch on the question of the prevention of calculus by internal remedies. He had long devoted himself to that question, and was of opinion that much was to be done in preventing uric acid deposits by the continued use of magnesia held in solution by carbonic acid. It neutralized acidity throughout the system, and prevented the deposits of urate of soda both in the tissues and in the cavities of the body; indeed it often reduced and dissolved them. For phosphatic calculi, he believed the solution of carbonic acid in water, or indeed as it exists in the soluble magnesia, was highly useful, especially when injected into the bladder, in dissolving phosphatic matter.

Mr. GAY believed that there could be no dissent from the principles expressed by the author. He should, however, like to ask him whether he would so completely limit lithotrity to very small stones in children?—whether in some of those cases of strumous and very weak children, with stones of a larger size, it might not be more desirable than lithotomy, partly on account of the tendency to fistulous passage which often existed in such, and which often long remained, to their great discomfort? He would also ask whether Mr. Thompson thought small quantities of blood and pus were always present in the urine in calculous cases, and if their presence there was always highly significant of stone in the bladder? He had seen a large calculus present with but slight symptoms.

Mr. HILTON observed that if greater vigilance were employed by all practitioners, no doubt almost all calculi might be discovered at an early period, to the great advantage of the patient. Many very small stones might be removed by simply dilating the urethra; he had often removed them in that way. In reference to the subject of the median operation, he had seen it performed several times by his colleague, Mr. Cock, at Guy's Hospital, and it did not appear to be accompanied by less bleeding than the lateral operation. He had seen excellent results from carrying the incision into the rectum where the stone was large.

Mr. BRYANT corroborated Mr. Hilton's remark respecting the blood lost in median lithotomy. There had been several cases at Guy's, but not one had been fatal.

Mr. THOMPSON, in reply, objected to lithotrity in children for any but the smallest calculi, and not less in weak subjects than in robust ones, on the ground of the prolonged irritation which the removal of fragments gave rise to. It had been fully tried in Paris, and such was the result of their experience. Added to this, the results of cutting in children were so satisfactory, and he believed that by the median operation they might be made still more so. In reference to the existence of blood and pus in the urine as a sign of stone, nothing could be asserted with regard to pus, which was always present in microscopic quantity in any irritation of the bladder, except of the most transient kind; but a *persistent* deposit of blood-corpuscles and crystals together, especially of oxalates, was a fact of much significance in relation to stone. His object had been to show how much evil might be averted by a more general vigilance in relation to the early signs of calculous formation.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 17TH, 1860.

MR. FERGUSSON, PRESIDENT.

MR. FERGUSSON exhibited a specimen of

RECURRENT FIBROID TUMOUR

from the lower third of the thigh. It was removed for the seventh time during eight years. The patient enjoys good health.

Mr. ARNOTT had seen the case at the outset, and had been disposed to take an unfavourable view of it.

Dr. Bristowe and Dr. Salter were requested to examine microscopically the specimen.

Dr. SYDNEY JONES exhibited

EPITHELIAL DISEASE OF LARYNX AND PHARYNX,

rendering deglutition impossible. Gastrotomy was performed in July last, and the patient died thirty-six hours afterwards of exhaustion. She was fed by the artificial opening, and it was interesting to observe that the sensations of hunger and thirst were appeased instantly.

Dr. SYDNEY JONES also showed various parts from a patient who had long been afflicted with epilepsy, and who was known to have been castrated for it some time ago without relief. He had taken much nitrate of silver, and some metallic silver reduced from the choroid plexuses was exhibited. Asperities of the inner table of the skull were strongly marked. A blue tinge was observable in the heart and lungs, liver and kidneys,

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particularly the latter. The blue tinge of the skin was remarkable.

Mr. HEATH was present at the operation of castration, and examined the testicles afterwards; they were also very strongly stained.

Mr. ARTHUR DURHAM showed a diagram of

A MOVABLE KIDNEY

which he had before exhibited, completing the examination necessary to illustrate the case.

Mr. DURHAM also exhibited a specimen of

MISPLACED KIDNEY.

The patient had felt a tumour in the abdomen during life. He died of pulmonary disease, and at the autopsy it proved to be a kidney lying in front of the sacrum. Other cases were described and compared with this.—Also a

CANCEROUS TUMOUR OF THE HUMERUS,

from a woman, removed by Mr. Poland, at Guy's Hospital.

Mr. OBRÉ showed a specimen of

TRUE BONE REMOVED FROM A HUMAN EYE.

Thirty years ago the patient received an injury in the eye. Owing to very severe pain, Mr. Obré removed the eyeball. The specimen was stated to exhibit true bony structure, and microscopical drawings of it were shown.

Dr. BRISTOWE exhibited three specimens of

CANCER OF THE LIVER.

Nos. 1 and 2 were remarkable for the cyst-like character the tumours presented. No. 3 was peculiar for the cancer deposit taking solely the course of Glisson's capsule, no tumours existing.

Dr. BRISTOWE also related a case of

CANCER OF THE OVARIES;

common cystic disease previously existing.

Dr. FULLER showed a specimen of

EXTENSIVE ULCERATION OF THE INTESTINES.

During life there were great emaciation and debility, the cause of which was obscure. The bowels were regular, the motions healthy, and the patient ate and slept well. After this, symptoms of lung disease rapidly appeared, and he died in a few days; when the cause of death was found to be very extensive ulceration of the lower part of the small intestine. It was very remarkable that there was no sign of this during life.

Mr. TOYNBEE exhibited a specimen of

HÆMATOMA AURIS,

or ossification of the cartilage of the ear, from an insane patient. A permanent tumefied condition of the pinna was the result.

Dr. WOOD had seen such tumours amongst insane patients.

Mr. HENRY THOMPSON inquired whether they were not due to violence; giving an example of a case under his care in which a similar tumour had occurred in a pugilist from that cause.

Mr. HULKE had recently seen the same thing in the case of a pugilist, at King's College Hospital.

Dr. PEACOCK had seen them in the insane, and believed them to be peculiar, and independent of violence.

Mr. TOYNBEE said it was once supposed that violence was the cause, but it was certain that these tumours appeared when no violence had been employed.

Mr. PARTRIDGE exhibited

A RUPTURED LIVER

from a boy, brought into King's College Hospital, who had been just run over by a cart. He died almost immediately. There was no external bruising whatever. He died of hæmorrhage from the lacerated liver.—Also a case of

FIBROID TUMOUR FROM THE MUSCLE OF THE NECK,

close to the cervical spine, and deeply situated.—Likewise specimens of

SPERMATIC FLUID

from a patient, aged twenty-five, with two testicles in the belly. Several specimens had been examined, and no spermatozoa were found. Another case had been examined, and the same result obtained. It was probable that a misplaced testicle was a non-prolific one.

Mr. CURLING corroborated this view by two cases examined by himself.

Mr. BRYANT showed an example of

HÆMATOCELE

of the size of a cocoa-nut.

Mr. WOOD exhibited a specimen of

WARTY GROWTH FROM THE VENTRICLES OF THE LARYNX,

from a child, which produced death by obstructing the rima glottidis. Tracheotomy was performed. Death ultimately took place.

Dr. J. R. BENNETT presented a specimen of

HYPERTROPHY OF THE HEART, WITH RUPTURE OF AN AORTIC VALVE.

Also,

A LUNG FROM A PHTHISICAL PATIENT;

death caused by hæmorrhage; emphysema present in considerable quantity.

Reviews and Notices of Books.

Des Anomalies Dentaires et de leur Influence sur la Production des Maladies des Os Maxillaires. Par A. M. FORGET, Docteur en Médecine, &c. Mémoire couronné par l'Académie des Sciences dans la Séance du 14 Mars, 1859. Paris, 1859. pp. 60, et 6 Planches.

On Dental Anomalies, and their Influence in the Production of Diseases of the Maxillary Bones. By A. M. FORGET, M.D., &c. Paris, 1859.

WHILST the bones of the face are subject to the structural changes which are common to other portions of the system of support, they are also prone to certain organic lesions, which appear to depend upon modifications of the nutrition and position of the teeth. To demonstrate by pathological anatomy the part taken by the latter in the production of disease of the maxillary bones, and to evolve the primary characters which are to be appreciated by the surgeon in order that he may become cognizant of such "dentary anomalies," and hence forewarned of the pathologic consequences which may result, are the chief aims of this successful prize essay of M. Forget. A not less important endeavour of the author, however, is to point out, as a necessary corollary from the particular causation of maxillary disease he deals with, that the well-informed surgeon should be rightly aware of the nature of certain ossific tumours of the jaw, and which will authorize him to confine his operative procedures to the part alone diseased, instead of extending the ablation beyond the region of the "dentary anomaly." M. Forget's essay is essentially a practical one, and well worthy the consideration of every operative surgeon. The plates accompanying it are admirably executed, and expose at a glance the true nature of the disease which has been discussed so much to the point in the preceding pages.

THE JOURNALS FOR THE QUARTER.

THE *British and Foreign Medico-Chirurgical Review* (No. XLIX.) opens with a critical examination of the subject of "Diphtheria." Amongst the original communications is to be found also "Contributions to the Pathology of Diphtheritic Sore-throat, and other Kindred Affections," by Dr. J. Burdon Sanderson. In the first article, an able, clearly-written, common-sense, and unpretending clinical view of the matter is presented to the reader; whilst, in the latter, he is treated to anatomical and microscopical considerations. Other original contributors are—Dr. Tripe (on Sausage Poisoning), Dr. Harley (on Digestion), and Dr. Peacock (on French Millstone-makers' Phthisis). The more directly professional topics are relieved by articles upon "Social Physiology," the "Emotions and the Will," &c.

The North American Medico-Chirurgical Review (Vol. III.,

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No. 6) commences with an elaborate article upon "Legal Medicine," chiefly of an historical character. It is based upon the last French treatise of MM. Briand and Chaudé. Dr. Brinton's work upon "Diseases of the Stomach" is amply noticed; and Mr. Lizars' fulminations against Tobacco are introduced to the reader. The reviewer of the latter tells us that he closes his notice of them "with no great prepossession in their favour." We have finished what the reviewer has had to say with much the same feelings. A critic who indulges in such exaggerated views as the following implies is scarcely to be trusted:—

"Oh, what a beast! What a sad perversion of man's noble organs! But so it is. We may write and talk and scold about the use of tobacco as long as we please, and still chewing and smoking and snuffing will go on at the same pace as ever—perhaps, indeed, all the faster for our opposition, such is the world's stubbornness. If we were an autocrat, we would send everyone to the mines that indulges in these filthy practices, and confiscate his estate into the bargain—nay, more, we would deny him the benefit of clergy in his dying moments. We should eradicate the use of the poisonous weed at all hazard, even at the risk of exterminating a goodly portion of the human race."

The new number of the *Journal of Psychological Medicine* (No. XVII.) presents us, as do the *Westminster Review* and some other quarterlies, with an article upon the recent "Religious Revivals." Our own opinions upon this matter are more in accordance with those expressed in the *Westminster Review*. "Cullen," "Paradoxical Psychology," and "Lesions of the Cutaneous Sensibility among the Insane," are some of the more important subjects treated of in the number before us.

The Fifth Part of the *Edinburgh Veterinary Review* is upon our table. We can recommend its perusal as containing both useful and interesting matter. We may particularly refer to Mr. John Gamgee's address upon "The Requirements of the Veterinary Profession," and to Mr. Arthur Gamgee's paper "On Certain Forms of Cardiac Polypi."

The *Australian Medical Journal* (No. XVI.) just received, confirms what we had previously learnt, that diphtheria had arrived at the antipodes, bringing with it all the intractability and mortality which have so widely characterized it in this country. Mr. Martin's paper on the subject may be referred to for further information. Some remarks by Mr. Mackenna "On Difficulties of Diagnosis in Diseases of the Chest" afford some useful practical hints. This Australian serial indicates progress amongst the profession in our distant colony.

PROTEST ADDRESSED TO THE PRESIDENT AND COUNCIL OF THE ROYAL COLLEGE OF SURGEONS BY THE SURGEONS OF MARGATE.

To the President and Council of the Royal College of Surgeons, England.

GENTLEMEN,—Through the medium of the medical journals, we have been made acquainted with the fact that two persons have been admitted to the membership of the College without complying with the necessary curriculum as established by law.

In protesting against this act of the College, we do not feel it to be necessary to enter into the subject in detail; the more so, as we thoroughly agree in the sentiments embodied in the protest already addressed to you by our professional brethren in Cheltenham.

(Signed by) DR. PRICE, F.R.C.S.
MR. G. YEATES HUNTER, F.R.C.S.
MR. G. H. HOFFMAN, M.R.C.S.
MR. A. P. OWEN, M.R.C.S.
MR. J. STEADMAN, M.R.C.S.
MR. AMBROSE WILLY, M.R.C.S.
MR. W. HY. THORNTON, M.R.C.S.
DR. T. SMITH ROWE, M.R.C.S.
DR. G. M. PITTOCK, M.R.C.S.
DR. WM. PRICE, M.R.C.S.

QUARANTINE IN THE LEVANT.

(FROM A CORRESPONDENT.)

SOME time ago, reference was made in THE LANCET to the labours of Dr. Foote at Constantinople on the subject of quarantine in the Levant, and the endeavours he was making to obtain the necessary information to found a proper and authentic report on this subject.

Lately, the evils of quarantine have been so overbearing, that a very influential meeting was held on the 29th ult. at Galata, in Constantinople. Several resolutions were passed, but perhaps the most important one is this—"That Hugh Taylor, Esq., M.P. for Tynemouth, be requested to move for a return of the copies of all documents sent from the Levant to the Foreign Office, and to move for the appointment of a royal commission to take the whole subject of quarantine into consideration." This was proposed by Mr. C. Grace, a well-known merchant in Constantinople; and seconded by Mr. T. Swann, well known at Tynemouth.

It is, however, necessary not to omit to mention that, recently, a vessel, of 365 English tons burden, brought from Kertch 1225 human beings; and that since then the captain has died of typhus, and the second mate and six of the crew are in the hospital, suffering from the worst form of this disease.

How long shall such a state of things be permitted to exist?—upwards of 1200 dirty people allowed to land without inspection, out of 1225 who had arrived from Kertch. Verily, this is real quarantine in Turkey!

REV. H. REED AND CANCER.

To the Editor of THE LANCET.

SIR,—Will you allow me to place at your service a few facts of a case that has just come under my notice, and which shows remarkably well the gross humbug and ignorance of the above gentleman?

On Saturday, the 14th inst., I was requested by Mr. Spencer, of Horbury-terrace, to visit a lady, a patient of his, whom he had been attending for some years with some malignant disease originating in the rectum. I will briefly describe the state in which she now is, as you will then be better able to judge of the value of her interview with Mr. Reed.

A tall, well-made lady has been suffering for twenty years with stricture of the rectum, gradually getting worse. There is a fistula ani connected with the diseased mass. Some few weeks ago the glands in one groin began gradually to enlarge, and became painful. At the present time there is a mass in the groin of the size of a large fist, very hard, and beginning to stretch and involve the skin. There is acute pain in the part itself and in the whole course of the obturator nerves. Examination per rectum showed a stricture of about three inches in length, rough and hard, but not much nodulated, and with great difficulty allowing the passage of the finger. Examination per vaginam showed the whole pelvis filled with a mass of deposit, moulded as it were into the shape of the bones under the fascia, and evidently intimately connected with the mass in the groin. This is enough of her present state for our purpose.

A fortnight ago, hearing of Mr. Reed, she consulted him. She states her case, and he proposes to examine the tumour. She accedes, and showing the tumour, he, in a most awkward manner (her own words) takes a cursory glance. She speaks of the disease in the rectum. He pooh-poohs it as not of the least consequence. She wishes to know whether he would like to examine it. "Oh no, it is not of the least consequence; there is no necessity whatever." She mentions the fistula. That also is of no consequence. He (Mr. Reed) is the only man who cures fistula without the use of a knife. "Do you think you can do me any good?" "Yes, I will ease and remove the pain in two days, and restore you to perfect health in a very few weeks!" "But do you say you will cure the stricture of the rectum?" "Oh yes, without any doubt at all. It will all be removed by the gases I shall apply to the tumour in the thigh, and the medicines I shall give you internally!" "I shall be quite well?" "Yes, perfectly restored to health!" "What will be your fee?" "My fee is fifty guineas." "That is a large sum." "No such thing; most persons would charge you a hundred. You must pay me in three instalments, and I must receive the first portion before I do anything whatever to you."

Such, in short, is the interview, and I think it requires no comment whatever to prove what sort of person Mr. Reed is.

PHILIP H. HARPER, F.R.C.S. (Exam.)

Cambridge-street, Hyde-park, Jan. 1860.

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THE LANCET.

SATURDAY, JANUARY 21,

BEING

No. 3

OF THAT JOURNAL FOR THE YEAR 1860.

OUR ancestors have left us, amongst other inheritances, the care of their mortal remains. Not content with the purely spiritual aspiration after a future existence, they have sought to prolong their material hold upon earth and posterity by placing their decomposing bodies in the most favourable position for perpetuating their memories amongst their descendants. Vanity surviving the grave, and even turning the grave into its instrument, prompted them to bequeath their corruptible dust to the sacred edifices in which their children were to meet together to worship their Creator. Surely never did human folly and priestly greed concur in the perpetration of a more foul and hideous desecration of the temple of GOD. The mural tablet arresting the wandering eye of the devout might surely be enough to recall the titles and virtues of the departed, and to chasten exultant life by reminding us of the inevitable destiny of all. What useful purpose could be served, or even what rational sentiment could be gratified, by heaping up the bodies of the dead under the floors of our churches, it is difficult to conceive. They might be encased in a triple enclosure of elm, lead, and oak; but it was no more possible to withdraw them from the eternal law of the circulation of elements, than again to breathe into them the breath of life. The corpse of DIVES could not be thus secured greater respect or freedom from desecration, than the corpse of LAZARUS which is covered with a foot of earth under the open sky; nor indeed so much. Decay and regeneration is the fiat of Nature. Man, if he would live in the memory and hearts of posterity, must cultivate his intellectual part, and not think of the vile clay that he leaves behind.

None but those who, following the example of GEORGE ALFRED WALKER, have actually inspected the burial-vaults of some of our churches, can form an adequate idea of the physical and moral horrors of the scene. Respect for the dead! You see those costly and once solid coffins slowly but surely rotting away; the sweltering corpses within emitting a horrible, unctuous liquid, and generating putrefactive gases which attack the lead, eat numerous holes, and make their escape; the wood rots; the lead sinks in under the superincumbent weight; decomposition is accelerated, and the most deadly vapours are diffused. But not so revolting or so deadly as to screen those poor remnants of vanity from desecration. The vaults have in several instances been entered by thieves who have stolen the wood for burning, and the lead for melting. Even those elaborately ornamented plates upon which were engraved the names of the buried have been removed, thus not leaving a trace for the identification of those remains which were supposed to rest in hallowed security in the sanctuary of the church. The leaden coffins once pierced by the agency of putrefactive gases, or stripped by the sacrilegious hand, corruption has full play. The vault becomes a laboratory of the most subtle and dangerous poisons. Through chinks in doorways, through bricks and mortar, through slabs of stone, and through ventilating grates, the foul gases make their way. Their generation cannot be stayed; nor can they be imprisoned. Under the influence of that silent but never-ceasing law of gaseous diffusion, the vault keeps up a constant interchange of its products with the surrounding atmosphere. Thus diluted, but ever renewed, the horrible miasm steals along, and spreads throughout the church. The process is at times quickened by natural agency, and at times by the unconscious ignorance of man. In the summer, under peculiar thermal, barometric, and static conditions of the air, not only does putrefaction proceed more rapidly, but gaseous diffusion or admixture goes on with increased energy. If the air is hot and still, with no currents to dilute and bear away the venomous gases as they escape from the vault, then they hang about the immediate vicinity in greater concentration, and act upon the unconscious worshipers with more deadly force. In the winter a similar effect is produced by the agency of fires and lights. The rarefaction induced by heat in the body of the church brings up currents of air laden with the products of the vaults; and in some places, the inspections have brought to light contrivances for warming that would seem to have been designed for the express purpose of diffusing the vault-gases into the lungs of the congregation. Stoves were found in the vaults adjoining the charnel-houses, which threw up warmed air drawn from this delectable source into the aisles! What perverse ingenuity! Surely there was and is room for the reforming march of the medical health-inspector. Did clergy, churchwardens, clerks, or congregations know these things; or did they trace to their true cause the heavy air that oppressed the sense as they entered the church, and the sickness that not seldom accompanied the worshiper home?

The extent of this revolting evil may be judged of by the statement of Dr. LETHEBY in his recent Report to the City Sewers Commission, that there are about 250 vaults in the City churches, half of which are public, containing, there is reason to believe, not far short of 11,000 corpses, and hundreds more in the graves of the aisles and porches. The inspectors have counted 120 ventilating gratings, which open directly into the streets, in many cases within a few feet of the windows of inhabited houses.

The measures taken to put an end to or to mitigate this monstrous evil are—first, the abolition of all church burials for the future; secondly, the disposal of the existing corpses in such a manner as to render the escape of the products of decomposition impossible, or much less active. The vaults have been opened for ventilation, and then fumigated with chlorine; the coffins have been disposed in decent order on a level, covered with two feet of dry earth, and over this has been laid a stratum of vegetable charcoal two inches thick. In some cases ventilating shafts have been carried from the crown of the vaults to the roofs of the churches, in order to discharge the gases, all other outlets being closed. That these measures are generally calculated to effect the object contemplated, we have every reason to believe. But we are of opinion that in particular instances, where the vaults are so situated as to admit of free thorough ventilation by large windows, the special shafts may be usefully dispensed with, especially where the church stands in a large open space remote from houses, and exposed to the wind from all quarters. It is gratifying to

know that the year 1859 has been marked by an almost universal activity in this matter. Not only in the City, but throughout the metropolis, under the willing co-operation of Mr. GRAINGER and the Medical Officers of Health, the burial vaults have been inspected, and treated in the manner we have described. Our ancestors are at length decently interred; their remains are now free from sacrilege; nor will they be held in less honour, because they will no longer recall their past existence by rising in the spectral form of pestilential exhalations, to the horror and detriment of their descendants.

But it is rumoured that an attempt will be made to compensate for the abolition of this loathsome source of profit, by the conversion of the sites of the churches into building ground. This project, so revolting for its mercenary spirit, and its disregard of all sanitary laws, claims a more special notice.

LIFE is fertile in the incredible. We would not have believed one-half the things we do believe, but that they have been forced upon us by the evidence of the senses. We act throughout life upon certain foregone conclusions, which are contradicted by daily experience. Yet they must be related to innermost truth, since we constantly recur to them. We assume in the main that things are as they appear to be, when in very truth they are not. To such a man, bearing a sanctified exterior, we give credit for the virtues which are typified by his phylacteries. In another, hearty candour and a red face carry home to us the assurance of frankness and honesty; official slowness bears with it to our mind the impress of deliberation; corporate solemnity evokes a corresponding reverence; and public official charges carry with them conviction.

It is true that every day brings new facts to invalidate these ancient principles; yet were we, and yet were all the world, so much the fools of custom, that when the Council of the Royal College of Surgeons officially printed in an imposing quarto form a lost manuscript of JOHN HUNTER, with an appreciative and self-laudatory Preface, we felt that they were well entitled to the praise which they claimed. When they publicly regretted the delay of twenty years in publishing this manuscript, we concluded that they had been unavoidably prevented from fulfilling that pleasing duty. When they stated that this unavoidable delay was due to the fact that their Hunterian Professor had long kept the MS. from their knowledge—when they explained that he had unexpectedly produced it after the Hunterian Fossil Catalogue had been already completed, then we could not but look to the fact that the distinguished man of whom they spoke had devoted the best years of his life to such a study and amplification of the Hunterian collections as had made him and them alike famous throughout the scientific world, and we were grieved that such a painful shadow of disrepute should at the last darken their united fame. We could not doubt that these charges of the Council, gravely uttered "in sorrow rather than in anger," were well founded in their own view of the facts; but we entertained and expressed the hope that the same facts, looked at from another aspect by the Hunterian Professor, might be susceptible of a less painful interpretation.

To our brief challenge Professor OWEN responded. To the bewilderment of the whole profession, he replied that the charge of the College was simply a calumny; that the facts stated were untruly stated; and that at the time of publishing them the Council were in the possession of printed documents, issued by themselves, which disproved their assertions. To the indignation and surprise of all men, the Council now officially confess, in the correspondence published in another part of the present LANCET, that this is so. They acknowledge that the MS. was read from the chair in 1855; that it was expounded and analyzed in three consecutive lectures wholly devoted to the exposition. They confess, then, that it was not only brought before them, but even forced on their notice by Professor OWEN, prior to the completion of the Fossil Catalogue. They do not, however, "remember" his application to the Museum Committee for permission to print the MS. in that Catalogue. *Non mi ricordo.* In their Preface they affected regret, and implied indignation, at the delay: they now confess themselves the authors, not passive and ignorant, but active and conscious, of that delay. They insinuated suppression, and asserted neglect, as the faults of their Hunterian Professor: they now acknowledge that they made these charges while holding in their hands the proofs that these faults were their own. They would have had it to be understood that they hastened spontaneously to perform this duty to their illustrious founder when they "unexpectedly" became conscious of the possession of this treasure; and now they have to admit that all the eloquence of a philosopher had been wasted in pointing out the interest and the merits of the MS., until they suddenly became aware that he was about to print it. Then they bethought themselves, "What will the world say?" and under fear of Mrs. GRUNDY, they secretly determined themselves rapidly to push on the printing, to forestall the Professor. So that, after all, they have some fear of Mrs. GRUNDY, and to propitiate her have committed themselves to a series of misstatements and erroneous charges.

But although the Council admit that their statements are erroneous, and that the painful charges founded on them express the very reverse of truth, yet they have not one word to offer of explanation or apology. And, indeed, the offence is almost too grave to be covered by any form of official apology consistent with the dignity of a high professional body. How shall they apologize for calumny—how explain slander—how varnish falsehood? Is it possible to throw the ægis of even corporate infallibility over faults and injuries such as these?

For consider the gravity and the shamelessness of a groundless charge like this, which, in the face of the most accessible printed evidence to the contrary, alleges against a *savant* of repute a great moral offence. Consider what a spotless reputation is to a man of such science. It is to him what wealth is to the miser, and possession is to the prince. Such a man is known far and wide. If his literary or scientific morality be attainted, his labours become from that moment suspected—almost worthless.

Yet the Council of the College of Surgeons officially imputed the suppression of HUNTER'S MS. to Professor OWEN, in a work which they forwarded to foreign academies and institutes in which his name is enrolled with honour—to colleges and universities where his teachings are accepted—and to the great public libraries where students congregate. And for this injury they have no word of apology or regret.

They offer what they probably wish to be considered a sort of reparation. They will expunge the false charge from the Preface. It is somewhat too late, after a hundred copies have been distributed, chiefly to public bodies. Unfortunately, also, it is

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impossible not to remember that "expunging" is a peculiar College device for testifying shame and concealing impenitence. It is not the first time, in their dealings with Professor OWEN, that the Council have "expunged" a portion of their proceedings. It will be remembered by many, that when, upon a certain occasion, a deputation waited upon the Home Secretary, the following circumstances were stated:—When the QUEEN had been pleased to offer Sheen Lodge to Professor OWEN as a place of residence, the Museum Committee had called the Professor before them, and, congratulating him on this mark of the royal favour, had observed that, as his services could not be so considerable now that he came from Richmond in the morning, and returned in the evening, they proposed that his salary should be reduced from five hundred to four hundred pounds a year!—this, too, when members of the Board of Examiners were in the receipt of much larger amounts for their services. That proposition they accordingly brought before the Council. After a stormy discussion, it was negatived. The Home Secretary was indisposed to believe such a statement. He wrote to the College to ask if it were true. He was answered that the College books had been searched, and no minutes of such a proposition or discussion could be found. There was a remarkable truth concealed by this Jesuitical answer: the minutes of these proceedings had been previously expunged.

We think, then, that it is unfortunate that the Council content themselves on this occasion with "expunging" their printed and circulated charge, without spontaneously offering such apologies as they may for the late groundless attack upon their former Hunterian Professor.

There is one possible excuse for the omission. In speaking of these acts, we are compelled to describe them as the acts of the Council, for they are put forth as such. The whole body are responsible for whatever is done officially in their name; yet all must feel that that Committee is mainly composed of honourable and high-spirited gentlemen, largely imbued with a love of science and a sympathy with its professors; but the strength of a chain is that of its weakest link, and the honour of a corporation is too often degraded to the standard of that of its least worthy members. The neglect of the Hunterian MSS. cannot be consonant with the feelings of the majority; but it is not the first time that the public have learned how indifferent are some of the members of the Council to these valuable deposits. Mr. LAWRENCE replied publicly to Mr. WARBURTON before the Committee of Public Education in 1834, *à propos* of the destruction of the Hunterian MSS., that "he was not "aware that there had been any neglect, or that the manu-"scripts were public property."

The burden of this present shame is, we think, more than the Council should bear for the sake of any individual. The general honour is painfully compromised by what we cannot believe to be an act of the general body. The author of the Preface is at present Nobody; it were very desirable that he should be somewhat more distinctly individualized.

A CERTAIN portion of the newspaper press has been infested for some time past with the advertisements of a pretended Medical Reform Society at Nottingham, which professes to be in possession of a cure for dyspepsia and nervous complaints. The "Society" is actuated by pure benevolence—a suggestion that may be recommended to the Rev. HUGH REED; "no fee or gratuity is accepted;" and yet, somehow, profits are made. The Mayor of Nottingham, having been applied to for information as to the existence of this benevolent "Society," has made inquiries on the subject, and, as a consequence, publicly exposed the imposture. The conduct of the worthy magistrate has been most judicious, and such as to entitle him to the thanks of the community. The terse report of Mr. Superintendent RAYNOR is the very embodiment of common sense in a man accustomed to detect fraud and shams.

"During a sitting of the magistrates at the Police-office, the Mayor (E. Patchitt, Esq.) drew the attention of the court to various communications he had received from the metropolis and elsewhere relative to the following advertisements, which have appeared in the London and some of the provincial newspapers. His Worship said he had directed Mr. Superintendent Raynor to make inquiries, and, having read the advertisements, he would lay before the court the report which he had made thereon.

"'A FACT FOR PHYSIOLOGISTS.—It is a singular fact that in this enlightened age and country the treatment generally adopted by the faculty in cases of dyspepsia and indigestion is the result of a false theory, indicating a lamentable ignorance of the physiology of the stomach and digestive organs, which is in most cases calculated to establish and confirm the malady it is intended to remove. The secretary of the Nottingham Botanic Institute will feel a pleasure in forwarding, free to all applicants, an excellent botanic remedy for indigestion, bilious and liver complaints, recently discovered by Professor Webster of Philadelphia. The Medical Reform Society, at whose cost these announcements appear, wish it to be perfectly understood that they will not, under any circumstances whatever, accept any contribution, fee, or gratuity for this recipe, the object of the Society being to demonstrate the superiority of the botanic from every other medicine, and in return only desire that those who may be signally benefited by it will forward to the Society a statement of the case. Enclose a directed envelope to the secretary of the Botanic Institute, Nottingham.'

His Worship had also been furnished with the following advertisement, which appeared in the *Standard* of December 10th, 1859:—

"'Our nervous readers, whose disorders may be traced to indigestion, would do well to enclose a directed envelope to the secretary of the Medical Reform Society at Nottingham, who will send, post free, a new and eminently successful remedy, discovered by Professor Webster, of Philadelphia. No fee or gratuity, under any circumstances, accepted; and it is not requisite that poor applicants should enclose a stamp.'

The Mayor continued—As he had said before, he had received a great many communications from all parts of the kingdom, asking whether such an institution really existed. He therefore directed inquiries to be made. Mr. Superintendent Raynor reported to him on the subject, but he had not taken any notice of it until now. He addressed a communication to Mr. McKenny, the so-called proprietor of the institution, asking him to meet him at the police-office, and hear what he intended to say upon the subject. Mr. McKenny did not answer that application, but having received, last week, another communication, he again addressed another note to him, asking him to meet him that (Monday) morning at the police-office. He (the Mayor) would be only doing justice to all parties to read the following report which Mr. Raynor had made on the subject:—

"'I beg to report, for the information of the Worshipful the Mayor, that I have caused inquiries to be made respecting the Medical Reform Society, and learn there is no such society in Nottingham. There was a small establishment in Castlegate, and now in Carrington-street, called the Botanic Institute, kept by a man named McKenny, who employs a number of men to travel the country for the purpose of advertising in different newspapers and getting orders in the name of the above-named society, and they are nothing better than a lot of quacks.'

After some further observations, the Mayor went on to say that he had received that morning the following letter from Mr. McKenny through Mr. Webster:—

"'Botanic Institute, Nottingham, Jan. 7th, 1860.

"'SIR,—I am desired by Mr. McKenny to say that when he solicited an interview to explain the business of the Botanic

Institute, he did not contemplate appearing at the police-office. He cannot imagine what the parties have to complain of who have written to your worship. Since he purchased the business, he can answer to the respectability of its management; for hundreds of testimonials from persons of rank and influence could show that the specific for dyspepsia furnished by the Botanic Institute has been productive of immense benefit, and he will be glad to forward a number of these testimonials (original letters) for your perusal, which, he hopes, will alter your opinion of the establishment in question. He is moreover prepared to defend himself from the imputation of having imposed upon any one.

"'I am, Sir, yours very obediently,
"'Pro Mr. McKenny,
"'C. H. Webster.

"'E. Patchitt, Esq., Mayor of Nottingham.'

"The Mayor said, from the inquiries which the police had made, it was quite clear that no such establishment as the 'Medical Reform Society' existed in Nottingham. He had learnt, from good authority, that no such person as Professor Webster ever resided in Philadelphia. The advertisements were, therefore, altogether false."

Medical Annotations.

"Ne quid nimis."

THE SAFEGUARDS OF THE EYE.

The higher phenomena of physical science are but little studied in their physiological relations. This is probably due to the rare combination of great physical acquirements with anatomical or physiological instruction. When physiology shall have assumed its rightful place amongst the studies of our higher schools and universities, we shall no longer have to complain of the barrenness of mathematical science in the explanation of vital phenomena.

M. Regnault, in an interesting paper, endeavours now to establish the respective part of the chemical rays, and the various elements of the visual apparatus, in the exercise of sight. Everyone knows that light includes three varieties of rays—luminous, calorific, and chemical. The latter are especially found in the violet and ultra-violet (non-luminous) parts of the spectrum. Again, certain bodies, such as the sulphate of quinine, uranium, &c., have been shown to possess the property of fixing these rays, and thus becoming *fluorescent*.

These principles of optic science M. Regnault has proceeded to apply to the study of the optical phenomena of the eye, by the aid of some very exquisite experiments. By the help of some beautiful proceedings, he procured ultra-violet chemical rays, and assured himself that the constituent parts of the eye were fluorescent—that is, absorbent of the chemical rays. This property was well marked in the peripheric layers of the crystalline; somewhat less so in the cornea. The retina, also, is slightly fluorescent.

It results from these experiments that we may regard the lenticular apparatus of the eye as a veritable shield to the retina. Giving passage to the luminous rays, which alone are necessary to sight, and retaining the chemical rays, which might injure the retina, they must henceforth be accounted as amongst the tutamina oculi. If the iris and the lashes regulate the quantity, we may regard this apparatus as regulating the quality of the rays which impinge upon the optic nerve.

The retina itself is slightly fluorescent. Probably, then, the retina, like the skin, is served by the absorption of a moderate proportion of these rays, and injured by the excess. So, also, with the crystalline and cornea.

This limited power of fixing the chemical rays is so adapted to external nature, that the rays commonly reflected from the various objects do not contain a greater proportion of those rays than can be controlled by this remarkable provision. But, on the other hand, when gazing at substances which are themselves wholly devoid of fluorescence, as sand and snow, we painfully feel the injurious influence of the excess of chemical rays reflected upon the retina. And if this trying exercise be continued, not only the retina, but the lens and cornea will suffer from the strain. The most severe results have followed such exposure.

An interesting application of these studies of M. Regnault is suggested by the fluorescent property of the glass of uranium, which has a remarkable power of protecting the sight in this respect, since its fluorescent qualities are of the highest. Those who suffer from the reflection of light,—from sand, chalk-cliff, glacier, or snow plain,—may avail themselves of such a protection. The electric light is peculiarly intolerable by reason of the excess of chemical rays; transmitted through uranium they would be less intolerable, and the invention might be thus, perhaps, more generally utilized. The researches of M. Regnault are at once scientifically interesting and highly suggestive of practical results.

PROBABLE DOOM OF GERMAN DEGREES.

The German Universities have been long in awaking to a sense of shame for the scandalous abuses practised by some of their number in conferring the degree of Doctor in Medicine. In the very home of learning, the medical and philosophical faculties of some of the poorer universities have allowed themselves to carry on an all but open traffic in diplomas of this important nature. An examination was required as a mere matter of form; but as this was limited to the simple production of papers or theses previously prepared, the veriest impostors were easily enabled to avail themselves of its facilities. An affirmation was indeed required of the authenticity of the thesis, but this occasioned no difficulties of conscience to the majority of the worthless fellows who chose to wear the doctorial cloak. The only excuse that could ever be put forth for the continuance of a practice which has long been no other than a fraud upon the public, and an invaluable aid to the most mischievous and wicked impostors, was found in the mediæval origin of the custom. The system originated in a time when the numbers who took degrees were few, and their characters well known beforehand. Negotiations are at present on foot amongst the universities, which will lead, it may be hoped, to the abolition of a traffic which, although continued by four only out of twenty-four German universities, has certainly tended to the disparagement of all. It may be anticipated that henceforth the venereal quacks of London will no longer be enabled to take a short trip to Germany, in order to go through the process which, by means of a certain expenditure, transforms a bungling shoemaker into a sham doctor.

METROPOLITAN VACCINATION.

The vestries of the western parishes have been aroused to the necessity of the immediate adoption of steps to prevent the spreading of small-pox in their districts, as it has done in the eastern and southern districts of the metropolis. The Committee of the Privy Council have appointed some public inspectors of vaccination to communicate with the vestries and managing powers of the western parishes. The results of their interviews with the various boards have shown that the vestries are not insensible to the necessity of dealing with the question. But they are inclined to postpone its consideration until Parliament shall have met, and have satisfactorily disposed of the difficulties in the present Act. That the present system of registration is most defective, in respect to vaccination, we have long pointed out; and the absence of any prosecuting power is greatly felt.

Dr. Seaton has been in communication with the western parishes on this matter, on behalf of the Lords of the Privy Council, and he has very properly urged upon them the necessity of working with the law as it is. Parliament is not now sitting and if it were, no alteration of the law could be effected with

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out a delay of which the pressing necessity of the case scarcely admits. The most important measure is a house-to-house visitation; and this is being carried out now under the superintendence of the Health Officers of parishes, and of special superintendents of vaccination acting under their direction.

ANIMAL PHYSIOLOGY.

WE have long, and not altogether unsuccessfully, advocated the introduction of animal physiology in the higher forms of schools, and in the curricula of universities, as an essential element in the education of all intelligent men. The new degrees in Science of the University of London will, no doubt, directly and powerfully encourage the study. We receive with satisfaction an authoritative endorsement of these views by Sir Benjamin Brodie from the presidential chair of the Royal Society:—

"Is there anyone in any situation of life to whom it would not be a benefit to know something of animal physiology, of the functions of his own body, and of the influence which his bodily condition exercises over those moral and intellectual faculties by which he is distinguished from the rest of the animal creation? If it did not teach him how to cure disease, it might be useful for him to know how far disease may cure itself, and what are the limits of nature in this respect. To man, looking at him as an individual, there is no art so important as that of understanding and managing himself—an art so simply and well expressed by the two significant words which were inscribed over the heathen oracle of Delphi. To correct bad habits, when once acquired, is no easy task. A strong sense and a strong will, such as only a limited number of persons possess, are necessary for the purpose. But it would go far towards preventing the acquirement of such habits, if young persons during the time of their education were made to understand the ill consequences to which they must inevitably lead, and how, eventually, the body must suffer and the mind be stupefied and degraded, not by the reasonable indulgence, but by the abuse of the animal instincts."

THE MEDICAL ACT.

A LATE interpretation of the Medical Act by Mr. Mansfield, late stipendiary magistrate for the borough of Liverpool, raises a fresh difficulty in the prosecution of quacks and pretenders under that Act. In an action by the Liverpool Medical Registration Association against a person named Hamilton, it was proved that the defendant had signed a medical certificate of the cause of death, adding to his name the title "Surgeon of the College of Boston, U.S.," and also that he had acted as a surgeon by visiting and giving medicine, &c., for which he was paid. These facts were not contradicted; nevertheless, Mr. Mansfield dismissed the case, on the ground that the defendant did not allege that he was registered under the Act, but, on the contrary, that he had guarded himself against such an assumption by the addition of the title "College of Boston." If Mr. Mansfield's interpretation of the Act be correct, and his decision sound, the Medical Act becomes a dead letter, since it will be extremely easy for all unqualified persons thus to assume the title of "surgeon," and, nevertheless, to shield themselves by the addition of the name of an imaginary and far-distant College. This decision is, however, adverse, we think, to others already given, as at Bristol, where a similar pretence was made, and adverse also to the common sense interpretation of the Act. It is the word "surgeon" of which the false assumption is penal, and the addition of the name College of Boston does not at all wipe off the fraud, or bear upon the face of it non-pretence of registration; since, if such a College really existed in any legal sense, the degree might be registered as those of other foreign Universities and Colleges have been registered. It is true that only uneducated and ill-informed persons are likely to be deceived by so clumsy an imposition; but these are the persons amongst whom the quacks chiefly practise, and whom they successfully labour to deceive. We trust that the appeal against Mr. Mansfield's decision will be vigorously prosecuted. If the decision be not reversed, it will be necessary to obtain an amendment of the Act during the next session for such purposes.

HOW TO POISON CORRESPONDENTS.

THE state of mind belonging to the modest and highly informed individuals who undertake to furnish medical replies to invalid querists affords a curious subject for speculation. Assuming such utterances to be responsive to questions actually addressed,—which in some instances they are, and in more are not,—the notions of responsibility attaching to medical advice must be singularly cloudy in the minds of those who thus print *ex cathedrâ* directions for the sick, upon the ridiculously imperfect data afforded by the crude, unreliable, and incorrect statements of ailing correspondents. The almost inevitable dangers of misconception—the probable accidents from misapplication of the remedies—the almost certainty that the character of the affections described will undergo unforeseen modification—are considerations that should deter all conscientious persons from undertaking so difficult and so dubious a task. Occasionally, accidents of the most unexpected kind will occur to increase the innate dangers of such public prescriptions. Thus our attention has been called to page 32 of a late number of *Reynolds' Miscellany*, where we find the following remedy advised for palpitation of the heart:—

"PALPITATION OF THE HEART.—When this arises from nervous irritability, take the following draught: Tincture of foxglove, *ten drachms* (!); camphor julep, ten drachms; tincture of calumbo, one drachm. Mix."

It is a cure in the same sense that the dagger and the bowl are a cure for all worldly ills. But those who might be troubled with that palpitation should consider, before committing themselves to this draught, whether they are prepared satisfactorily to answer all those terrible questions with which Hamlet puzzled himself, and which have daunted successive aspirants for more than earthly repose.

There is enough of digitalis here to poison at least six people. It is earnestly to be hoped that no palpitating reader of the *Miscellany* has by this agency been lulled into eternal peace. It is sufficient for us to note the fault—a printer's error, doubtless—and to express a modest wish that, if the medical oracle of the *Miscellany* will not consent, as we would suggest, to be altogether dumb to his suppliants, he should, at least, be very careful to correct the press, and avoid such fatal errata.

Correspondence.

"Audi alteram partem."

JOHN HUNTER'S MS. ON GEOLOGY.

To the Editor of THE LANCET.

SIR,—I should have been reluctant, if I had not had pledge to fulfil, in asking you to give to the enclosed correspondence a space in your columns which otherwise would be occupied by more useful and edifying matter.

I am, Sir, your obedient servant,

Sheen Lodge, Richmond-park, Jan. 12th, 1860. RICHARD OWEN.

To the President and Council of the Royal College of Surgeons.

MR. PRESIDENT AND GENTLEMEN,—In the volume containing the Hunterian manuscript "On Geology," of which a copy was transmitted to me on the 23rd instant by direction of the President, the Council, in their Preface, have published the following statement:—

"This Introduction, on which Mr. Hunter had bestowed so much thought and labour, to within a short time of his death, re-

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vising and correcting it from time to time, was not prefixed, as he had intended, to the Catalogue of his Collection of Fossils, and is neither mentioned nor alluded to in either of the three volumes of the 'Descriptive Catalogue of the Fossil Organic Remains' in the College Museum, published respectively in 1845, 1854, and 1856. It is greatly to be regretted that it was not brought under the notice, either of the Museum Committee, or of the Council of the College. The attention of the Council was, however, unexpectedly drawn to it in 1856, when it was read from the chair by the then Hunterian Professor."

Now, this involves a grave charge against me. As it is generally known that I was that Professor, and at the same time Curator of your Museum, to whom, as is recorded in your minutes, you had confided the preparation of the first two and part of the third, of the volumes of the Catalogue referred to, it will be as generally inferred and believed that I have been guilty of the breach of trust implied in the above allegation.

It ought to be in the memory of members of the Museum Committee, and on the minutes of a meeting, at which the late Mr. Guthrie was present, that I mentioned in, I believe, the month of February, 1855, the propriety of publishing the manuscript in question in the concluding volume of the Catalogue of Fossils, then in course of preparation. Mr. Guthrie, on my replying to his questions, that the manuscript did not contain any descriptions of the specimens, and would require certain annotations, objected to the consideration of its publication at that time, as an element of delay, stating that what was then imperatively wanted was the completion of the Catalogue of the Specimens. Believing that the Museum Committee had not rightly appreciated my explanation of the nature and value of this manuscript, I thought it my duty to make it the subject of the Introductory Lectures to my Hunterian Course on Fossil Remains of the year 1855. Those lectures were delivered in the theatre of the College on the 6th, 8th, and 10th of March, 1855. I enclose a copy of the "Synopsis," published by the College, of those lectures, a duplicate of which will be found, with the other printed collegiate documents, in the archives of the College.

The charge against me, as the Hunterian Professor and the Curator of the Museum, to whom had been confided the preparation of the Catalogue of Fossils, of having failed to bring under the notice of the Museum Committee or Council of the College the existence of the Hunterian manuscript on Fossils until the year 1856, and by implication, when it was too late to append it to the final volume of the Catalogue printed in that year, is chiefly based upon the substitution by the Council, in their Preface, of a wrong date—viz., 1856—for the true date, 1855, when I read the manuscript in question from the Hunterian chair.

The minutes and Council for the year 1855 will show the fact and date of the resolution of the Council to suspend the lectures for the year 1856.

I therefore call upon you, the President and Council of the College of Surgeons, after you have assured yourselves of the accuracy of the date of the public lectures in which your attention was fully and emphatically drawn to the Hunterian manuscript in question, to publicly acknowledge the inaccuracy of the grounds of your published charge, and to exonerate me from the grave consequences of such alleged breach of confidence and duty as attaches to me in the said allegation in this Preface, prefixed by your sanction and authority to the work entitled "Observations and Reflections on Geology," by John Hunter, F.R.S. (4to, London, 1859).

I must add that, if, according to the spirit of our English procedures, the nature of the charge reflecting upon your Hunterian Professor, and your officer entrusted with the preparation of the Catalogue in question, had been submitted to me prior to the infliction of the official publication of such charge, I should have been able to furnish the Council with the proofs above cited, which would have shown that I had drawn their attention to the Hunterian manuscript on Fossils more than a year before the last volume of their Catalogue of Fossils was published.

I rely upon the honour of the Council to do me promptly the justice I now demand; for you must be aware that meanwhile I am subject to the invidious insinuations which may be based upon a statement involving a charge preferred by so important a professional and social body—in a public allegation, moreover, contradicted by the actual facts, which might have been known to you on the most cursory inquiry, and which are patent upon the face of a published document emanating from the Council itself. I am, &c.,

(Signed) RICHARD OWEN.

Sheen Lodge, Richmond-park, Dec. 29th, 1859.

I again wrote to the Council, on the 2nd of January, urging a speedy reply.

Lincoln's-inn-fields, W.C., Jan. 9th, 1860.

SIR,—The Council of the Royal College of Surgeons of England have had under their consideration your letters of the 29th December and 2nd January, drawing their attention to a passage in the Preface to the proposed publication of the Hunterian Manuscript on Geology, which you consider to involve injurious reflections upon you, and calling upon them, after assuring themselves of the accuracy of the dates to which you refer, to publicly acknowledge the inaccuracy of the grounds of the charge of breach of confidence and duty on your part which you conceive the Preface to allege against you.

In consequence of your letters, inquiry has been made, and the Council find that the date of your lectures as Hunterian Professor is, as you mention, inaccurately referred to in the Preface, and that the actual date was 1855, not 1856.

The Council therefore consider it to be due to you, as well as to themselves, to express their regret that such a mistake should have occurred, and to withdraw all imputations which the passage in question can be considered to cast upon you. They have also directed that the passage be expunged, and the Preface reprinted without it.

I beg to add that there is no such minute of the Museum Committee as you suppose, and that neither of the living members of the Committee have any recollection of your having suggested to them the propriety of publishing the Manuscript.

Professor Owen, &c. &c. &c. EDM. BELFOUR, *Secretary*.

DEGREES OF BACHELOR AND DOCTOR OF SCIENCE.

To the Editor of THE LANCET.

SIR,—The Senate of the University of London having recently instituted, in accordance with representations made to it by many of the most eminent men of science in this country, the degrees of Bachelor and Doctor of Science, I beg to forward you a copy of the regulations relating to these degrees; and shall be glad if you can draw the attention of the public, through your columns, not only to the fact that such degrees may now be obtained, but also to the general conditions on which they will be granted. It is provided by these regulations that the acquirements of the candidate shall in the first place be tested by the Matriculation Examination, which candidates for the other degrees conferred by the University are required to pass before entering on their special courses of study;—that the degree of *Bachelor* of Science shall take rank with that of Bachelor of Arts, being conferred (like it) after two consecutive examinations at an interval of a year from each other and from the Matriculation Examination, and attesting the general knowledge acquired by the graduate of the fundamental principles and most important facts of the chief divisions of science;—and that the degree of *Doctor* of Science shall be conferred only upon such candidates as have not merely given evidence of general scientific attainment, but have shown themselves to possess a very high proficiency, both theoretical and practical, in some one branch of scientific knowledge.

In following the course of study required as a preparation for these degrees, candidates are left to their own free choice, both as to locality and as to instructors; and it might be well if you would take the opportunity of informing the public, that by the new Charter recently granted to the University, candidates for its degrees in *Arts* now enjoy the same liberty (as you will see by the Regulations of which I enclose a copy), so that these degrees also are now open to everyone who can stand the test of the successive examinations to which candidates for them are subjected.

I have the honour to be, Sir, your obedient servant,

WILLIAM B. CARPENTER, M.D., F.R.S.,
Registrar.

University of London, Jan. 1860.

*** We publish the above letter with much satisfaction. Before the scheme of the Senate was promulgated in its present complete form we drew attention to the subject. We shall not fail to recur to it on an early occasion.—ED. L.

QUALIFICATIONS OF POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—In last Saturday's number of THE LANCET, there is given a reprint of documents lately issued by the Poor-law Board, including a list of the licensing bodies whose diplomas are to be

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recognised in the election of Poor-law Medical Officers. From this list the name of the Royal College of Surgeons of Edinburgh, recognised as giving a surgical licence, has been omitted. This must have occurred *per incuriam*, as the original official documents, received by me this day, contain the name of this College in its proper position. As this omission in your widely circulated periodical will be productive of injury to the interests of the College and its numerous licentiates in England, I have to request that you will correct it in your next number in such a manner that the correction may be as readily observable as the error in THE LANCET of the 14th instant.

I am, Sir, your obedient servant,

DOUGLAS MACLAGAN,

President of the Royal College of Surgeons, Edinburgh.

The Royal College of Surgeons, Edinburgh, Jan. 16th, 1860.

*** The omission was purely accidental.

To the Editor of THE LANCET.

SIR,—The General Order just issued by the Poor-law Board, on the qualifications of their medical officers, is an interesting one at the present crisis in medical politics. It is observable, however, that gentlemen possessing the very first qualification enumerated in the list are practically disqualified from holding office under boards of guardians, for the obvious reason that they are prohibited by their College from practising pharmacy, while their contract with the guardians would bind them to "supply the requisite medicines" to their union patients. While, therefore, the L.R.C.P. Lond. is admitted to office by the Poor-law Board, he is prohibited from such office by his own College; so there is an end of him, at any rate. But what have the Universities of Dublin, Durham, and St. Andrews—"Universities of the United Kingdom," all of them—done that they should be left out of the list? They are legalized by the Medical Act, the provisions of which are referred to by the Board as calling for the General Order, and they may, if they choose, "supply the requisite medicines" to their patients.

"The Poor-law Board have," they say, "at present no adequate information as to the nature" of their degrees and licences; so they reject them or admit them only on the degrading condition of a special petition or application under a generalizing clause, and that while they admit the L.R.C.P. Lond., of the nature of whose qualification their "information" cannot be *very* "adequate," assuming, as they clearly do by allowing the contract, that he can "supply the requisite medicines to his patients!"

I am, Sir, your obedient servant,

January, 1860. M.D. ST. AND. & L.R.C.P. EDIN.

*** Members of the London College of Physicians are not excluded. The qualification is not incompatible with holding a workhouse appointment; indeed, there is at least one example of this.

FATAL HÆMORRHAGE FROM VARICOSE VEINS.

To the Editor of THE LANCET.

SIR,—About five years since, I attended the wife of a milkman in Northampton with a varicose ulcer of the leg, which yielded to the ordinary treatment of rest and bandaging, and the wound healed up. I gave her strict injunction to wear the bandage for life, and pointed out the danger of leaving it off; notwithstanding which, about twelve months afterwards she discontinued its use, and on her return homewards from the town hæmorrhage occurred, and when she arrived at home she became faint, fell down on the floor, and expired. I was sent for, and found her lying in a pool of blood.

JAMES MASH,

Senior Surgeon to the General Hospital, Northampton.

January, 1860.

MEDICAL TRIALS.

WINGHAM PETTY SESSIONS.

CONVICTION FOR ILLEGAL PRACTICE.

THURSDAY, JAN. 12TH.

CHARLES HOVELL, son of the late Charles Hovell, surgeon, of Canterbury, was charged with practising as a surgeon without proper qualification. There were two informations against the defendant—one for using the term surgeon, as applied to himself; and the other for practising. Both informations were laid under an Act of Parliament passed in 1858, and quoted as "The Medical Registration Act," and the proceedings had been taken in accordance with instructions from the East Kent Medical Registration Association. The defendant pleaded "Not guilty."

Mr. Fielding, of Canterbury, appeared in support of the information.

The defendant denied the charge of falsely using the name of surgeon, implying thereby, or with a view of making the public believe, that he was registered under the new Medical Act, or that he had a diploma.

Mr. FIELDING referred to the Act, and briefly described its various provisions. Section 27 was a rather important one, bearing on the case then before the Bench. It provided for the publication, under the supervision of the General Council in London, of an official Register, which should be taken as evidence in a court of justice. The absence of the name of any party practising as a physician must be taken as *prima facie* evidence of his not being qualified, and the onus of proving legal qualification would, in such a case, rest upon the defendant. He would hand in the Register, which did not contain the name of any Charles Hovell residing in the county of Kent. He would now proceed to the circumstances of the charge against the defendant Hovell. He should be able to show to the Bench that the defendant resided in Wingham, and that on the day mentioned in the summons he had a plate on his door containing the words "Hovell, surgeon." If, as he should be able to show, the defendant resided in the house, it must be taken to apply to him, unless he could prove to the satisfaction of the Bench that it applied to some other party there. He should prove that the defendant paid the rates for the house.

CLEMENT HARRIS, overseer, proved there was a brass plate on the street-door, engraved "Hovell, surgeon." The plate was on the door up to this week, but was removed on Monday night. It had been there two years or more.

Mr. FIELDING.—That is the case, your worship.

The defendant, in reply to the charge, said he had acted as assistant to his late father ever since he had been home from sea. In the first instance he resided at Ash, where the plate upon the door was used by his father, who practised there as a surgeon until the defendant removed to Wingham. It was then removed, by his father's orders, to the house at Wingham, which was taken by his father, and where he (defendant) resided and acted as his father's assistant. Up to the time of his death, his father used to come to Wingham to see patients, and the business was always carried on in his name. When his father was not there, the patients were, of course, introduced to him (defendant); but it was well understood that he acted as his father's assistant, and that he was not qualified to practise on his own account. When his father died, he received no instructions from the executors to remove the plate from the door, and the necessity for doing so never occurred to his mind. But by the keeping it on the door he never intended to deceive the public, as all his late father's patients were fully aware that he did not hold a diploma from any of the halls of medicine or surgery. The plate was removed from the door on the Monday night previously by some of his many friends in the parish, who thought by so doing they would be rendering him a service, but it appeared they were mistaken. He did not give any order for its removal, nor was he aware by whom it was removed.

Mr. Fielding then proceeded with the second case, the charge being for practising as a surgeon in the parish of Ash, without being duly qualified. He then called

Mr. J. L. LASS, who deposed—I reside at Sandwich, and am Registrar of Births and Deaths. I produce the certificate of the death of John Wall, which was received by me on the 27th of October.

The certificate produced by the witness was one of those which the defendant stated he was authorized, as assistant to his father, to fill up. It stated that the deceased had been attended during his illness by the defendant, as assistant to "Charles Hovell, surgeon, late R.N."

Mr. Fielding then put in evidence a certified copy of the registry of the death of Chas. Hovell, Surgeon, of Canterbury, which took place in July last.

This was the case for the prosecution.

The defendant explained how he came to give the certificate. His father used to supply him with a number of forms properly signed, which only required filling up. At his father's death he had a number of those forms by him, and that produced by the witness Lass was one of them. There was no intention,

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however, to mislead the public in any way, as his father's death was duly notified to his patients.

The CHAIRMAN said the Bench had no hesitation whatever in convicting the defendant of the charges laid against him by Mr. Fielding, in accordance with the instructions from the East Kent Medical Registration Association. But as that was the first case which had occurred in the neighbourhood, the Bench were not disposed to inflict the full penalty, and Mr. Fielding had stated his intention not to press for a conviction in both cases. One of the charges would, therefore, be withdrawn; and in the other the Bench would inflict a penalty of £10, which would be levied by distress, in the first place, but failing that the defendant would be committed to prison for six weeks.

The defendant applied to be allowed till the next meeting of the Court to pay the fine, and the magistrates granted the application.

NEWARK COUNTY PETTY SESSIONS.

WEDNESDAY, JAN. 11TH.

A CASE of considerable interest to the medical profession and the public came before the Bench. The defendant was Mr. Joseph Chamberlain, who has recently come to reside at Syerston, near Newark, and has passed as a medical practitioner. Mr. W. Scarborough, of the same village, was the informant, and charged Mr. Chamberlain with wilfully and falsely pretending to be a surgeon on the 16th of June last.

From the evidence of Mr. Scarborough and other witnesses, it appeared that at the time named in the information, as well as before and subsequent to it, the defendant represented himself to be a surgeon, verbally and by having fixed on the gate leading to his lodgings a board bearing his name and the title of "surgeon," and the issuing of cards with similar words printed on them. The board was daubed over about the 19th of September, and another sign was put up bearing the words "legally qualified and registered medical practitioner."

The Medical Register was then put in by Mr. HEATHCOTE, on the part of the prosecution, in which the defendant's name appeared only as "Licentiate of the Society of Apothecaries," and not as a surgeon.

Mr. PRATT, for Mr. Chamberlain, objected that the Register was not evidence that his client was not registered on the 16th of June, as it only contained the names registered to the 1st of January, 1859, and a person might have been registered since, and the prosecution ought to produce evidence that his client had not been so registered.

The Bench, however, after referring to the Act of Parliament, decided that it was for Mr. Pratt to show he had been registered, and in the absence of such proof the defendant was convicted in the mitigated penalty of £5 and costs.

Mr. PRATT then gave notice that he should demand a case for the opinion of a superior court, whether the magistrates were right in requiring him to prove the subsequent registration, to which the Bench consented.

*** It will be perceived that in this case the onus of showing that the defendant had been registered as a surgeon since the publication of the Medical Register was held by the Court to rest with himself—a decision entirely opposite to that of Mr. Jardine at Bow-street, in the case of Henry Scott.

HOSPITAL SHIPS FOR CHINA.

THE Secretary of State for War having decided upon the employment of hospital ships for the war in China, the Army Medical Department has been busily engaged in carrying out the plans for that important service.

The vessels appointed by the Admiralty are four in number. Two of the largest, already in the Chinese seas, are to be "stationary hospital ships," being anchored in localities most favourable for the health of the patients. The others—to be employed as "temporary hospital ships"—have just left for their destination, having been fitted out at Deptford, under the personal direction and supervision of Mr. Alexander, Director-General, Army Medical Department; and Dr. Mapleton, an officer who, it will be remembered, so satisfactorily discharged a similar duty during the Crimean war. The temporary hospital ships are screw steamers—the *Melbourne* and the *Mauritius*. They will receive the sick and wounded from the shore, and convey them to the stationary hospitals.

Each vessel has accommodation for 200 sick. The arrangement of the beds and other details are admirably adapted to the comfort and health of those brave fellows whose limbs and constitutions suffer in their country's cause. Every bed is provided with a kind of cradle underneath, for the occupant's knapsack, clothes, &c. Over his head is a swinging tray, raised or lowered at pleasure, for holding medicine, cooling drink, or meals; and also within reach, a long handle attached to a rope, by means of which he can turn or raise himself in bed without assistance.

The subject of ventilation has evidently received maturest consideration, and looking at the number of funnels and air-shafts (made so as to exclude water), there can be no doubt that in this respect also complete success will be attained. About two hundred men of the new "Army Hospital Corps" are on their way in these vessels, to be distributed, on arriving in China, amongst the four hospital ships, where their duties will be confined exclusively to attendance upon the sick. New patent bakeries are fitted up on deck for the supply of bread. There are also washing machines, lavatories, and baths; and appliances of every conceivable description for the use of the patients. Medicines of all kinds (not forgetting the most essential one, "quinine,") and medical comforts in abundance; in fact, everything that foresight could suggest, has been liberally provided by the authorities.

On the deck of the *Mauritius* is an apparatus capable of producing forty gallons of distilled water a day. This was erected at the captain's own expense, he knowing from experience that the water to be obtained in China is loaded with impure matters, especially hurtful to invalids. The surgeries, —judiciously placed near the centre of the vessels—are roomy and well lighted; the bottles, jars, and drawers, neatly labelled and arranged, give the whole the appearance of a London dispensary, and, for all practical purposes, there is no difference between them. Messrs. Savory and Moore, of Bond-street, having been entrusted with this part of the proceedings, all poisonous medicines are contained in their patent safeguard bottles (described in THE LANCET of Feb. 19th, 1859). An operating table (upon an improved plan) stands in the middle of the surgery, under a skylight, the top of which is movable, so that wounded men requiring surgical assistance can be lowered directly on to it, instead of being carried down the companion.

Altogether these ships are fitted up in a very superior manner, and give evidence throughout of much anxious thought and sound judgment, as well as zeal and energy, in the design and execution of the work, for which too much praise cannot be bestowed upon the Medical Department of the Army.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR CORRESPONDENT.)

M. VRIES, alias Dr. Noir, is so well known to the readers of THE LANCET, that I need not draw his portrait. I may, however, inform you, that the facts elicited in the course of his trial, which has now terminated, have excited a great deal of ill-feeling against our venerable *maître* Velpeau. When Prof. Velpeau allows himself to be misled by M. Broca and others to trouble the Académie des Sciences with the hocus-pocus of hypnotism, it can have no other effect than that of lowering, for the time being, the legislature of science, and of affording a few days' amusement in the cliniques until the subject is consigned to Lethe. But the consequences are mischievous when he takes up such subjects as Vriès.

The history of that individual is rather remarkable. His age is fifty-five; a native of Surinam. In 1852, he made his *début* in London in the capacity of a religious reformer, where he tried to attract public attention by placards announcing a crusade against popery, and to collect funds for the erection of a temple for a new sect of his own creation. Still later, he offered his services to the London Cancer Hospital, where, after some trial, he was declared to be a swindler. In 1854, we find him in Paris pestering the authorities with a new invention of his "to substitute the use of electro-magnetism for that of steam," and a commission was appointed to examine into the nature of his alleged new discovery. His next move was to prison for debt, where he spent seven months. This time was no loss to him or to the world, for he used his leisure hours to mature new plans of *escroquerie*. He met there with a kindred spirit, M. Tennesse, whom he engaged to act as an adjuvant in his future campaign.

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He emerged from prison quite new-born, christened Dr. Noir (although he is not black); and his secretary, Tonnesse, filled the newspapers with lucubrations about his master's wonderful cures. He addressed letters to the President of the Académie de Médecine, and to Dr. Conneau, the Emperor's physician, representing himself as a "M.D. of the University of Leyden, who had spent the greater part of his life at the tropics, and there made properties of plants his special study, and found the quinquina of cancer, and remedies for all diseases considered as incurable," &c. Dr. Bazin, of the Hôpital Saint Louis, was induced, by such audacious pretensions, to entrust Vriès with some incurable cancer patients in his wards, and the result proving the same as in the London Cancer Hospital, the doors of Saint Louis were shut against him.

In 1856, Dr. Noir resumed his old trade as religious reformer. But this time it was no crusade against the Pope, Cardinal Wiseman, or the Jesuits, but it was the burden of a new Revelation from Heaven, with the commission to build a marble temple at the Champs Elysées as a monument of the kingdom of reconciliation between the whole human race; Vriès himself acting, of course, as the apostle and *treasurer* of the new scheme.

His secretary published two pamphlets on the subject, which are worthy specimens of the man's impudence. All the architects of the country being at the same time requested to compete in forwarding plans for the new temple, one artist was really so credulous as to send in a plan, for which Vriès never paid him.

Passing by a great many interludes of our hero's career—viz., public dinners at the Hôtel de Louvre, and other exhibitions, to attract attention,—we arrive at the most important period of 1859, when Professor Velpeau admitted him into the Charité, and gave him seventeen patients to try his skill upon. The result of that experiment is well known. After three months' trial, seven of the patients died. He was dismissed, and Professor Velpeau reported accordingly that "Seven died, and the rest are on the point of death; and the analysis of his drugs proved that he had no secret remedy whatever. Many substances he uses are inert, others poisonous, &c." Yet that was no unfortunate circumstance; it was all Vriès wanted. It was generally thought that, by admitting him into the Charité, Professor Velpeau misled the public in giving him a standing. This opinion is now confirmed by the fact, established in the course of his trial, that Vriès is no graduate of any university, but a downright swindler in the proper acceptation of the term.

Those who defend such a procedure on the ground of its being calculated to put down rather than to encourage pretensions, seem to forget that the public do not trouble themselves with the details of such questions, but they judge from the outline. To admit persons of that tribe into public institutions to experiment, is to raise them from the degree of street criers and to attach an importance to their name, to the damage of the public and to science.

There is another point of view which we ought not to disregard in the consideration of such questions—namely, Is any surgeon of an hospital justified in handing over unfortunate patients, who confide in him, to the care of such persons as this, without even examining his credentials?

The judgment passed upon Vriès is very mild indeed. Fifteen months' imprisonment and 500 francs fine are not much for such an extensive system of *escroquerie* of the most dangerous kind. Whilst, therefore, he has no reason to complain, it is to be hoped that his history will convey a moral and salutary lesson to others.

Paris, Jan. 14th, 1860.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Jan. 12th, 1860.

Catt, Alfred, Brighton.
Collins, John Boniface, Yapton, Sussex.
Irvine, John William, Galgate, Lancaster.
Jessop, Thomas Richard, Brighouse.
Jones, Thomas, Brecon, S. Wales.
Starke, Anthony George Hayden, Honiton, Devon.
Thomson, Walter Trevelyan, Gainsborough, Yorkshire.

The following gentlemen also, on the same day, passed their first examination:—

Stillwell, James, London.
Waterson, John, Birmingham.

ARMY MEDICAL DEPARTMENT.—The competitive examination for assistant-surgeoncies took place on the 9th instant and five succeeding days, and was conducted by James Paget, Esq., F.R.S.; George Busk, Esq., F.R.S.; Dr. E. A. Parkes, F.R.C.P.; and Dr. Hooker, F.R.S. The following gentlemen were successful, and their names are placed in order of merit:—

A. Bruen.	J. Wales.
F. Falwasser.	J. F. Ashley.
R. Waters, M.D.	J. R. Gaussen, M.B.
J. B. Hamilton, M.D.	J. L. Power.
E. D. Tomlinson.	P. W. Stafford.
J. G. Chappell, M.D.	T. H. White, M.D.
M. J. Fagan.	W. H. Hill.
W. Cherry.	T. Quinlan.
G. E. Maunsell.	O. Owen.
E. W. Smith.	J. Ferguson.
W. Traile, M.D.	E. J. Boulton.
N. Avent.	J. Stevenson.
M. J. Burke.	G. E. Will.
W. C. Robinson.	

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen obtained the Diploma, and were admitted Licentiates of this College on the 17th inst.:—

Allan, William Wright, Joppa, Midlothian.
Baydon, John, Methley, Wakefield.
Campbell, George Andrew, Toronto, C. W.

ANTHROPOLOGICAL SOCIETY OF PARIS.—At the meeting of this Society, held on the 5th instant, Dr. Knox was unanimously elected a "Foreign Corresponding Associate," being the first foreigner on whom they have conferred that distinction.

APPOINTMENT.—Dr. Robert Bennet has been elected one of the honorary surgeons to the Devonshire Hospital, Buxton.

SCIENTIFIC AMUSEMENTS.—Amongst the institutions of the metropolis which are worthy of a visit by the old and young is the *Royal Polytechnic Institution*. Here, in addition to the various works of art and science, together with splendid new phantasmagoria, lectures are given on various subjects of scientific interest.—At the *Great Globe* there are new dioramas of the wars in China and Italy, scenes in India and Japan, and a tour up the Rhine. Lectures of much interest are delivered on the researches of Franklin, and on the relics discovered of this celebrated Arctic voyager. The model of the earth still continues to attract numerous spectators.—At the *Royal Coliseum*, in addition to the staple attractions of the establishment, there is a lecture on China, with some fine dioramic views of various places in that country. The spirited manager has succeeded in furnishing for his audience a most interesting and instructive morning and evening entertainment.

MEDICAL BENEVOLENT COLLEGE.—A few weeks ago, it was our painful duty to record the death of Dr. Yell, who for many years devoted his energies, and we believe also sacrificed his private means, in the maintenance of the Queen Adelaide's Lying-in Hospital, founded by the late Dr. Jewel. In the position of superintending physician to this institution, Dr. Yell did good service by keeping open an excellent school of practical midwifery. Here many gentlemen learned to esteem Dr. Yell's character and kind disposition, and profited by the opportunities he provided for them. By his death, after a protracted illness of three years, which still further exhausted his resources, he has left a widow and four children. We sincerely trust that, by the efforts of her husband's friends and of the profession generally, the heavy burden cast upon the widow, of supporting her children by the exercise of her talents as a teacher of music, may be lightened to the extent of procuring her son admission into the College.

SIR BENJAMIN BRODIE ON HYGIENE.—Sir Benjamin delivered the Presidential Address at the last meeting of the Royal Society. It contained some allusions to subjects of medical or physiological interest. In relation to hygiene, he observed: "If sanitary and other improvements (these being the results of greater knowledge) have added to the average length of human life, be it observed that this fact includes another fact—namely, that they have added to human happiness; for true it is that the causes which tend to the shortening of life are, with few exceptions, such as produce either physical pain or moral suffering." And, in speaking of the M'Clintock expedition, he thus introduced the name of Dr. Walker: "Nor ought I to omit to notice the name of Dr. Walker, who, being engaged as surgeon, acted also as naturalist to the expedition, and availed himself of such scanty opportunities as those ice-bound countries afford, of extending his researches in natural history. Of the results which he has been able to obtain I am not in a condition to give you an account at present, but they will, I doubt not, in due time be communicated to the public."

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CLASSICAL TREATMENT OF BLENNORRHAGIA.—Professor Forget, of Strasbourg, calls attention to the continually increasing number of modes of treatment which are applied to urethritis and other diseases. He concludes that the newest are not the best; and relates cures by the old and classic treatment by leeches, baths, mercurial inunction, and purgatives. He passes in review the methods of treatment by reproducing the urethral discharge; by scarifying the testicle (method of Vidal); by puncturing the tunica vaginalis with the lancet or bistoury, in order to evacuate the serosity; by compression with strapping or collodion. All these methods Professor Forget considers hazarous, inefficacious, or tedious. Irrigation with cold water is useful, but in acute cases insufficient. There is a useful lesson to be learnt from such a therapeutic review by a professor of reputation, since novelty has too often peculiar charms which outweigh other considerations; and it is a salutary example to recall attention to old, vulgar, but effective practices.

HOSPITAL STATISTICS OF PARIS FOR 1860.—The report of the Préfet of the Seine announces that in Paris, during the year 1860, 7172 beds will be prepared for the sick, 7835 for the old and infirm, 2195 for the insane, 609 for foundlings: in all, 17,814 beds; to which should be added 50 contained in two little asylums for the old, belonging to the former communes of Montmartre and Belleville. During the ensuing year 3,924,646 enrolments of sick and infirm are anticipated. Besides these, 1600 insane persons, for want of room in Paris, will be supported in county asylums; 14,422 children are placed with private persons, in private establishments, and in the agricultural colonies of France and Algiers; and, in addition, 600 children will receive out-door relief, and remain under the paternal surveillance of the Administration of Public Relief.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 14TH.—The deaths registered in London, which were 1281 in the first week of the year, rose to 1344 in the week that ended on Saturday last. In the ten years 1850-59 the average number of deaths in the weeks corresponding with last week was 1213; but as the deaths in the present return occurred in a population which has increased, they should be compared with the average raised in proportion to the increase, namely, with 1334. The comparison shows that the actual number exceeds, but only in a slight amount, the number estimated for the second week of the year. The deaths from small-pox again rose last week to 41, of which 8 occurred to persons between the ages of 20 and 40 years; 3 were recorded in the sub-district of St. John, Marylebone, 5 in that of St. Giles South. There were 62 from scarlatina; and 5 of these occurred in Kensington Town sub-district. Diphtheria was returned in 7 cases. Six deaths, which occurred to children, were referred to remittent fever, 2 of which took place in the workhouse at Greenwich. Bronchitis rose from 159 in the previous week to 188 last week; and in the same time pneumonia rose from 98 to 120. Exclusive of phthisis and whooping-cough, diseases of the organs of respiration were fatal to 346 persons, whilst the corrected average for corresponding weeks is 310. Nine nonagenarians, of whom the two eldest were 95 and 98 years, died in the week; also a centenarian (a woman), whose age is attested by the baptismal register of St. Olave, Southwark: she lived the greater part of her life in Peckham, and died there. A man, aged 72 years, died in the workhouse, Mile-end New Town, from effusion on the brain accelerated by want of necessaries. Of bricklayers 3 died in the week, of bricklayers' wives 4, of bricklayers' children 9; of carpenters 6 died, of carpenters' wives 5, of carpenters' children 19; of masons 1 died, of masons' wives 2, of masons' children 1; of painters 10 died, of painters' wives 2, of painters' children 11; of plasterers' wives 1 died, of plasterers' children 8.

Last week the births of 985 boys and 953 girls, in all 1938 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1645.

Obituary.

ROWLAND FREEMAN, ESQ.

THIS gentleman was engaged for nearly half a century in an extensive medical practice at the village of Minster. His father was the Rev. Anthony Freeman, for many years chaplain to the 85th Regiment of the British Army, and later in life vicar of Badgworth, Shurdington, and Helmstone Hardwick, three parishes in the neighbourhood of Cheltenham and Gloucester. The late Mr. Rowland Freeman was born at the Vicarage House, Presbury, near Cheltenham, in 1778. After being articled for the usual number of years to a surgeon named Nott, at Stratford-on-Avon (brother to the celebrated Dr. Nott), he completed his professional education at Guy's Hospital, London. He then settled in practice at Cheltenham, but remained there only a very short time. On leaving Cheltenham, he took up his residence in London, where he was attacked with typhus fever. After a confinement of several months, he went to Margate for change of air, and was then, in 1805, by some accidental circumstances induced to make a permanent settlement at Minster.

He married, in 1801, Martha, daughter of Mr. John Taylor, of London. The issue by this marriage consisted of ten sons and one daughter, of whom the latter and four sons now survive. In 1846, Mr. Freeman resigned his active duties to his son, and went to reside in America, where two of his other sons were settled. He came back to England in 1850, and remained four more years at Minster, since which he resided for about two years at Cheltenham, and for a similar period at Harborne, a village near Birmingham. He died suddenly of heart disease, at the latter place, on the 1st inst.

He was, in many respects, a man of remarkable character. As a medical practitioner, he was universally revered and trusted by the extensive circle over which his labours extended. He was a man of great benevolence, always ready to assist in a charitable work to the utmost of his ability. He was endued with intellectual powers of a very high order, and was extensively read in general literature. Amongst his public deeds may be mentioned his founding the Isle of Thanet Book Society, the Minster Benefit Club, and, in conjunction with Lieutenant (now Admiral) Chappell, the "Thanet Magazine." His chief published work is entitled "Kentish Poets," in two volumes, which was printed and published at Canterbury. Another of his works is "Regulbium," a poem in blank verse; and he contributed numerous articles to the newspapers of the county of Kent.

The "good old doctor" was buried at Harborne on the 5th instant.

On the 15th inst., at Hull, Joseph Ayre, M.D.

On the 14th inst., at Bicester, Oxfordshire, G. Woodward, Esq., surgeon, aged 76.

MEDICAL DIARY OF THE WEEK.

MONDAY, JAN. 23	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Gibb, "On the Sanguinaria Canadensis; its History, Composition, Properties, and Medical Uses."
TUESDAY, JAN. 24	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Birds and Reptiles." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. R. L. Bowles, "On Stertor." — Mr. Henry Lee, "On Secondary Syphilitic Inoculation." COLLEGE OF DENTISTS.—Mr. Erichsen's concluding Lecture "On the Surgery of the Mouth and Jaws."
WEDNESDAY, JAN. 25	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
THURSDAY, JAN. 26	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."
FRIDAY, JAN. 27	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. Owen, "On the Cerebral Classification of the Class Mammalia."
SATURDAY, JAN. 28	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. Lankester, "On the Relation of the Animal Kingdom to the Industry of Man."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

A Pupil of St. Thomas's Hospital, A Father, and others.—We are fully acquainted with all the circumstances which now agitate the governors and medical staff of St. Thomas's Hospital. At the proper time we shall be prepared to discuss these matters. No doubt, publicity in all such cases is desirable; but public discussion at the present moment would be premature. On a future occasion it may be well to investigate the causes which have led to the comparative failure of St. Thomas's Hospital as a place of medical instruction. It would be invidious, pending the inquiry, to single out individuals for public criticism; but eventually full justice will be done in the pages of THE LANCET to all the interested parties.

M.R.C.S.L., (West Bromwich.)—A member of the Royal College of Surgeons of England is not entitled to practise as an apothecary. The Apothecaries Act was not repealed by the Medical Act. The latter distinctly states that a gentleman can only practise according to his qualifications. Those qualifications are defined with sufficient clearness; and although in some cases a strict observance of its provisions may inflict injustice upon individuals, they are, taken as a whole, equitable and just. By them equal privileges and equal rights are conferred upon all practitioners, provided they have complied with the requisitions which Acts of Parliament have imposed upon them.

Dr. Budd (Clifton) shall receive a private note.

A Mother.—Much difference of opinion exists on the subject. The causes of infantile mortality have been frequently discussed in our pages. No legislative enactment will be sufficient to arrest the evil of which our correspondent complains; that evil must be combated and remedied by improved knowledge on the part of the public. "The Ladies' Sanitary Committee" have been actively engaged in the matter for some time past. Though we cannot assent to all the propositions which they have enunciated, it is only fair to admit that the Committee have done good service, and that their reports are entitled to serious consideration.

Mr. Prichard.—M. Boissonneau's residence at Paris is 11, Rue de Moncean. He will be in London next April; his arrival will be announced in THE LANCET.

UNEDUCATED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Not having the honour, if such it can any longer be considered, of being a member of the Royal College of Surgeons, I could not add my name to the very proper protest of the Cheltenham surgeons to the President and Council of their College. I, however, as a member of the medical profession, can and do protest against the unseemly interference of clergymen and others in matters that they wot not of. A certain course of study and examination is required of everyone previous to admission into any of the learned professions, as a guarantee to the public that their cases, medical or otherwise, may be safely entrusted to the hands of those who have undergone such preliminaries. Such guarantee formerly the Council of the College of Surgeons gave to the public, good faith with whom, however, no longer exists, and, strange anomaly! this breach of faith has been brought about at the request of the public themselves. That cases of hardship should occur in the medical as in other professions is not to be wondered at; but surely it is better that one or two individuals should suffer than that the public security should be endangered.

I remain, Sir, yours truly,

Cheltenham, January, 1860. R. S. SISSON, M.D.

A. B. C.—Instances in which professional etiquette has been violated are constantly forwarded to us. To ensure attention, they must not only be duly authenticated, but embrace a complete history of the various transactions to which they refer. It is desirable that the alleged offenders should be made acquainted with the intended publication of any criticisms upon their conduct. Unless this wholesome rule be complied with, injustice may be done to really unoffending parties. In such matters we hold our correspondents liable for the accuracy of their statements, not with a view of placing unnecessary obligations upon them, but to enable us to justify the publication of those matters of fact to which they call our attention.

Arg. Nitras.—Unless it can be shown satisfactorily that Dr. Davies was instrumental in inserting the notice of the "extraordinary cure" in the *Wrexham Advertiser*, he is not obnoxious to our criticism.

R. G. S.—There is no restriction upon the possessor of a registered foreign diploma, or any other person, on opening a drug shop.

Mr. Clarke, (Westminster Hospital.)—Such announcements, to be of use, must be forwarded to us by 10 A.M. on Thursday morning at the latest.

A Sufferer.—Properly authenticated cases of pretended cures of cancer, if forwarded to us, shall be inserted. Anonymous communications on such a subject will fail to have any influence on the public mind.

Zoophyte.—Next week.

A City Surgeon will perceive that the disgraceful state of the City churches has not escaped our attention.

M.R.C.S.—The patient was clearly under the care of his "own medical attendant." As, however, F. had been previously called in, it would have been courteous and proper to invite him to attend the case in consultation. As a rule of professional etiquette, nothing is more definite than that the usual attendant on a family is the proper person to take the principal charge of such a case.

Mackrelyow.—Any bookseller can supply Smith's Visiting List or Letts' Diary.

An Indignant Member of the Royal College of Surgeons of England.—Individual remonstrances to the Council, with respect to their late proceedings regarding the admission of uneducated candidates for examination, might with propriety be forwarded to the proper quarter. The Medical Council have the power to arrest the proceedings of the Board of Examiners. It is manifestly their duty to do so. The interests of the public and the profession demand that a stop should be put to proceedings which are subversive of all principles of law and justice. The irresponsible Board is not independent of public opinion. If that public opinion be energetically and properly expressed, it cannot fail of effecting its object.

M.R.C.S., (Oldham.)—The full particulars of the case should be forwarded to the Secretary of the London Medical Registration Association.

Pustule.—No, it will not have a retrospective effect.

THE continuation of *Mr. Coulson's* paper, "On Lithotrity," is unavoidably postponed until next week.

W. J.—Since the M.D. St. Andrews is entitled to be registered, there can be no doubt that the degree will be accepted along with a recognised surgical diploma, as affording the requisite double qualification of the Poor-law Board.

COMPULSORY VACCINATION.

To the Editor of THE LANCET.

SIR,—In your last number there appeared a note from Dr. Livett, of Wells, contradicting an assertion of Mr. Cleveland. The latter gentleman is right, and Dr. Livett is wrong. By the 22nd and 23rd Vict., cap. 3, the 8th section of cap. 97 of the former session is repealed, and there is no fund from which costs can come. I have stated the case to the Privy Council; but the truth is that the so-called "Compulsory" Vaccination Act is completely invalid, and of not the slightest use. Here people openly defy it, and the magistrates are unable to compel obedience. Your obedient servant,

January, 1860. A PUBLIC VACCINATOR.

Medicus, (Aberdeen.)—1. Everyone who is successful at the competitive examination for assistant-surgeons in the Army *must* subsequently attend the Military School at Chatham.—2. No *married* man is allowed to present himself for examination.—3. A married assistant-surgeon would find it very difficult to live on his pay alone.

F. F. B.—It is impossible to insert in this place the information required by our correspondent. If he will refer to "Waring's Manual of Therapeutics," he will find most, if not all, of the information he requires.

E. L. S. shall receive a private note if he will forward his address.

M.R.C.S. Eng.—The examination is conducted as follows:—

"The candidate shall be examined in physiology, in pathology, and in therapeutics, in three separate examinations, by written questions as well as *viva voce*, before three meetings of the Censors' Board. In each of the examinations in writing, as well as at each of the *viva voce* examinations, he shall be required to translate into Latin or English a passage from a Greek medical work, and into English a passage from a Latin medical work; or he may, in lieu of translating the Greek passage, give proof of a competent knowledge of one or more of the modern European languages. At or in connexion with the second examination before the Censors' Board, the candidate's knowledge of practical medicine may be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the candidate shall, if required, declare in writing at what university or schools he has studied general literature and science, and what honours have been conferred upon him, in regard to his knowledge of literature, science, or medicine; and such declaration shall, if it seem fit, be recorded in the annals of the College."

Sawbones.—1. He must have a medical qualification for the Army, and general practice.—2. Any qualification which entitles the possessor to practise medicine in this country.

J. M. P.—Johnson's and Martin's works on Tropical Climates.

An Assistant.—The regulation comes into operation on October 1st, 1861. Our correspondent, if he "enter" next October, will be exempt.

SEVERAL correspondents must remain unanswered until next week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Kirby; Mr. Bigg; Professor Owen; Mr. Burton; Dr. J. Arnott; Mr. W. T. Hamilton; Mr. Canton; Mr. Hayward, Isle of Wight; Mr. Lithgow, Weymouth, (with enclosure;) Mr. Michael, Swansea, (with enclosure;) Mr. Mackintosh, Sheerness, (with enclosure;) Mr. Wilson, Whitehaven, (with enclosure;) Mr. Davies, Dunmow, (with enclosure;) Mr. Woodd, Gunnislake, (with enclosure;) Mr. Rattray, Queenstown; Mr. Smith, Manningtree, (with enclosure;) Mr. Lunnis, Saxmundham, (with enclosure;) Mr. Sanders, Nottingham; Mr. Morris, Chartham; Mr. Hebblethwaite, Bawtry, (with enclosure;) Dr. Crabb, Poole, (with enclosure;) Mr. Jackson, Gateshead; Mr. Pearse, Cardiff, (with enclosure;) Mr. Gibbon, Wolverhampton, (with enclosure;) Mr. Caldwell, Dreghorn, (with enclosure;) Mr. Horner, Cradley, (with enclosure;) Mr. Hopkins, Glasgow, (with enclosure;) Mr. Wilson, Madeira; Mr. Partridge, Ludlow, (with enclosure;) Mr. Shaw, Scarborough; Mr. Daveney, Norwich, (with enclosure;) Mr. Boulton, Northleach, (with enclosure;) Mr. Haworth, York, (with enclosure;) Dr. James, Braintree, (with enclosure;) Mr. Partridge, Birmingham, (with enclosure;) Mr. Cooper, Cromer, (with enclosure;) Mr. Fraser, Kilsyth; Mr. Green, Colchester, (with enclosure;) Mr. Sylvester, Westbury-on-Tyne; Mr. Higgs, Kington, (with enclosure;) Mr. Simpson, Sudbury, (with enclosure;) Dr. Davies, Wrexham; Mr. Miller, Glasgow, (with enclosure;) Mr. Glenton, Redcar, (with enclosure;) Mr. Bell, Aberystwith, (with enclosure;) Mr. Jotham, Kidderminster, (with enclosure;) Mr. French, Bungay, (with enclosure;) Mrs. Taylor, Queenshead; Mr. Bennett, Worksop, (with enclosure;) Mr. Lloyd, Carmarthen, (with enclosure;) Mr. Sharpe, Hull, (with enclosure;) Mr. Bailey, Coleshill, Warwickshire; Mr. Neale, Ringwood Union, (with enclosure;) Mr. Crummey, Darlington; Mr. Lewis, Cheltenham; Mr. Haines, Cowbridge, (with enclosure;) Mr. Walker, Liverpool, (with enclosure;) Mr. Starling, Higham Ferrers; Mr. Jones, Dalston, (with enclosure;) Mr. A. L. Godfrey; Manchester School of Medicine, (with enclosure;) &c. &c.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., EX-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

MEDICAL PROPERTIES:—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the Isle of England, is published by permission:—

..... "And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—i.e., cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication—i.e., irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is, what is perhaps better, a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., Eng.;
Formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"*To the Editor of the* MEDICAL TIMES AND GAZETTE.

"Sir,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling sure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm; one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"Sir,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Surgeon, Egham, Surrey.

"Sir,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"SIR,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. B. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr. J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per Ounce, and in quantity of 10 Ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist,
33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2s.; 16 oz. 3s. 6d.; 20 oz. 4s.; 40 oz. 7s. 6d.; 80 oz. 14s. each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Coned., 5s. 6d. and 10s. 6d. Liq. Taraz., 6s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES. "The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street, and all respectable Wholesale Druggists and Patent Medicine Houses.

CAUTION.

Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than DR. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

DR. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely, solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, DR. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of DR. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. DR. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: March 30th, 1844.—Having upon several occasions used Mr. MACORD'S Transparent Plaster, both in operations and cases of wounds, I feel justified in saying that it excels any I have before employed. Its neatness, its firmness, its transparency, and its freedom from all unpleasant odour, render it in my opinion an improvement upon all that have preceded its introduction.—T. G. PETTIGREW, F.R.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 40, Haymarket, London, and all the most important Chemists.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Moorson and Son, Southampton-row; Savory and Sons, Bond-street. Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Moorson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 58, Minories.—Chemical Works, Battersea, S.W.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them from their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Disease, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting Digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(Vide THE LANCET, *June 11th, 1859.)*

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMSTED, of the University College Hospital, writes thus:—

"October 29th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, **CURTIS & CO.**, Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional nervous derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Medical Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

Hogg's Supercarbonated Mineral WATERS.—Mr. HOGG begs to inform the Profession that he prepares the Lithia Water by the directions of Dr. Garrod, alone, and in combination with Potash and Ammonia. He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Rheumatic Gout:—Citrate of Potash Water, containing 30 grs.; Citrate of Potash and Iron, 30 grs. and 5 grs.; Citrate of Magnesia, 2 drs.; and Ammonia, 30 grs.; Bicarbonate of Potash, 30 grs.; and Soda Water, 15 grs. Seltzer, Vichy, and Pullna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-square.

Aërated Lithia Water.—The exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession. These Waters are as agreeable in favour as the ordinary aërated beverages now so generally used, and are sent out in bottles of similar size.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

Every cork and bottle sent from this Establishment bear the name and address of the Proprietors,

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Education for the Medical Profession. Special facilities are offered to Pupils intended for the Medical Profession at St. John's School, Wakefield, the Principal of which was formerly a Master in the Medical College, Epsom. Terms inclusive.

The Guardians of the Poor of the NOTTINGHAM UNION will, on the 28th day of February next, at 9 A.M., proceed to the Appointment of Two MEDICAL OFFICERS in Districts No. 2 and No. 3 in the said Union. Salary of each, £120 per annum. To District No. 2 is annexed a Vaccination District, which may, with proper attention, be made to realize £30 and upwards per annum extra.

No candidate need apply who does not hold one of the qualifications required by the Poor-law Board, or is not willing to enter into an agreement with the Board to conform strictly to the orders of the Guardians, to abstain from private practice, and give his whole time to the duties of his office.

Applications and testimonials must be sent to me, and superscribed "Application for Medical Officer," on or before the 25th day of February next.

N.B.—Drugs, appliances, and surgical instruments are provided, and all medicines are made up by the Dispenser at the Union Surgery, and no extras or fees (except those for vaccination, for attendances in certifying lunatics, and for quarterly visits, under 16 & 17 Vic., cap. 97, sec. 66) will be allowed.

By order,

JOHN SANDERS, Clerk to the Guardians.

Nottingham Union, January, 1860.

Examination at the Hall.—A Gentleman, residing in the centre of the City, gives Private LESSONS in CHEMISTRY only.—Address, X. Y. Z., Post-office, Skinner-street, E.C.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

University of London, &c.—A First-class B.A. and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

M.D. St. Andrews, &c.—Gentlemen can be Prepared for the M.D. and other Professional Examinations either in Class, Privately, or by Correspondence. Candidates intending to present themselves for the May Examination are recommended to commence immediately.—Address, Medical Tutor, Lewis's Medical Library, Gower-street North, W.C.

Evening Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

R. M. B. College, Epsom.—The Rev. F. R. PENTREATH, Second Master of this College, receives into his house, in Epsom, with the sanction of the Council, a limited number of PUPILS as BOARDERS.—For particulars, apply to Robert Freeman, Esq., Secretary, 37, Soho-square, London; to the Rev. R. Thornton, D.D., Head Master; or to the Rev. F. R. Pentreath, South-street, Epsom.

College of Dentists of England, 5, Cavendish-square, London, W.—The ANNUAL GENERAL MEETING of the Members of the College of Dentists of England is appointed to take place at the College, on Thursday, the 26th instant, at Seven o'clock in the evening precisely, to receive the Reports of the Council, Treasurer, and Curator; to elect officers for the present year; and to transact the general business of the College. By order,

S. L. RYMER, A. HOCKLEY, } Hon. Secs.

January 12th, 1860.

A Medical Man is Required for a GENERAL DISPENSARY, to be established in Jersey. Salary £100, with apartments.—For further particulars, apply to Rev. P. A. Le Feuvre, Honorary Secretary, Oak-walk, Jersey.

Metropolitan Free Hospital, Devon-shire-square, Bishopsgate-street, N.E.—THREE ASSISTANT-PHYSICIANS Wanted.—Notice is hereby given, that applications for the appointments, with testimonials, &c., may be addressed to the Committee, at the Hospital, on or before Monday, the 13th day of February, 1860. Candidates must be Fellows or Licentiates of the Royal College of Physicians of London, or pledged to become such, if elected, within twelve months of the date of such election. GEORGE CROXTON, Secretary.

Farringdon General Dispensary and LYING-IN CHARITY, 17, Bartlett's Buildings, Holborn.—Vacancies having occurred in the Honorary Medical Staff of this Institution for TWO PHYSICIANS, the Committee invite gentlemen willing to accept such appointments, and who (per rule) must be Fellows or Licentiates of the Royal College of Physicians of London, qualified to practise in London, and not practising in any other branch of the profession, to present their testimonials to the Committee, at the Institution, on Wednesday evening, January 25th, at Seven o'clock, or to forward the same to the Honorary Secretary, Mr. J. L. Shuter, 33, Farringdon-street, before that time.

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To be Disposed of, an Introduction to the PRACTICE of a Physician, long established, in a delightful locality on the Western coast. Premium, a year's receipts (400 to 500 Guineas). Address, M. D., care of Messrs. Penny, 16, Cannon-street West, London, E.C.

Medical. — A valuable opportunity offers for a Surgeon to take up the PRACTICE, in a populous, mixed neighbourhood, in connexion with a Retail and Open Surgery, established more than twelve years, where a Practice of £500 per annum has been done.—Address, (by letter only,) A., 15, Crawford-street, W.

Medical Practice.—To be Disposed of immediately, in consequence of the health of the present proprietor, a Country PRACTICE of about £400 a year, capable of extension. Appointments worth £130 a year, which are easily Transferred. A good house and large garden at a low rent.—Particulars can be had on application to Mr. H. Home, General Apothecaries' Company, 49, Berners-street, W.

No Premium.—A Practice of £150, with prospects of increase, in a thriving town, is for immediate Transfer, together with the Lease of a House, in excellent repair, and in the best situation. This is a rare opportunity for an active, qualified gentleman. Adequate reasons for relinquishing.—Address, Y. Z., THE LANCET Office, 423, Strand, W.C.

Immediate. — A Gentleman, fully qualified, wishes to Purchase a small PRACTICE in a suburb or immediate neighbourhood of London, bringing in £300 or £400 a year, and improvable; or the advertiser would carry on a Branch Practice for a Share of the Profits, but a moderate-sized, genteel residence indispensable. Highest references given.—Address, Chirurgicus, care of THE LANCET Office, 423, Strand, W.C.

Partnership or Retail.—A Partner is desired in an old-established PRACTICE and RETAIL, among the middle and lower classes; or the Retail will be Sold, with permission to Practise. Terms, £500. Credit for part of purchase-money, upon satisfactory security, if wished.—Apply, by letter, prepaid, to C. D. E., Post-office, 44, Judd-street, Brunswick-square.

Medical.—A Catholic M.R.C.S. Eng. and L.S.A. wishes to join a General Practitioner whose health or age renders assistance necessary, and where a Share of the Practice as Partner would be given in return for active assistance. Communications, with full particulars, or as regards an opening for a Catholic Surgeon in England, would receive attention.—Address, prepaid, Medicus, 15, Charing-cross.

Assistant Wanted immediately, to conduct a Branch Practice. Must be married, possess double qualification and good testimonials. Good salary given.—Address, M.R.C.S., Post-office, Maidstone.

Locum Tenens.—Wanted, an experienced Medical Practitioner to Conduct a Practice for a short time during the temporary absence of the Proprietor. References required.—Apply, by letter, stating terms, &c., to Z., 39, Basinghall-street, London, E.C.

An active Assistant, aged 27, the son of a Physician, accustomed to Town and Country Practice, Clubs, Parish, &c., is open to an immediate ENGAGEMENT. He is an experienced Obstetrician, having attended at least 1600 midwifery cases. A good horseman, and a light weight. First-class testimonials as to moral character, sobriety, &c. References to previous employers.—Apply, stating salary, to L. M., care of B. Lister, Esq., Littleborough, Lancashire.

A Gentleman, possessing the double qualification, of steady habits and good general education, accustomed for many years to country practice, Union districts, and Clubs, is desirous of a Re-engagement to manage a Practice during illness or absence. Good references.—Address, Medicus, care of Messrs. Gale and Oldfield, Wholesale Druggists, Bouverie-street, Fleet-street, E.C.

A legally - qualified Assistant is Required immediately, in an established Country Practice. The situation is one adapted for a gentleman of experience who is seeking a comfortable home, and who would associate himself with a practitioner requiring permanent assistance.—Apply, stating age, salary required, qualifications, and some particulars of past engagements, to H. T. Medicus, Post-office, Birmingham.

A qualified Gentleman, aged 28, not having practised for the last six years, but about doing so, is desirous, first, (for the sake of practice,) of being admitted into some General Hospital as BOARDER or ASSISTANT for about three months. Would be willing to assist, as well as pay for board and lodging. Or, the above not being attainable, offers his services as Visiting Assistant to an Invalid General Practitioner for the same time (without salary).—Address, J. R. Turner, City Newsrooms, Cheapside, London.

The Parents of a young Gentleman, seventeen years of age, are desirous of placing him with a Medical Gentleman of good practice, with a comfortable home. As he has been accustomed to a Surgery, and has some knowledge of Dispensing, &c., a small premium only will be paid.—Address, stating name, how long been in practice, terms, &c., to P. H., THE LANCET Office, 423, Strand, W.C.

Assistant Wanted, to Visit, Dispense, and attend Midwifery.—Apply, by letter or otherwise, at Mr. Wakem's York House, West-square, London, S.

A M.R.C.S., aged 30, wants a Situation as ASSISTANT to a Surgeon.—Address, W. A., Guy's Hospital, S.E.

To Medical Assistants.—A Surgeon in the country requires an ASSISTANT, to Visit, Dispense, and attend Midwifery. Good references will be required.—Apply, personally or by letter, to Mr. H. Major, Eastern Dispensary, Whitechapel, London, E.

Medical Assistant.—Wanted immediately, a qualified one, not very young, with a view to Succession.—Address, paid, M.D., Mr. Teasdale, Dispensing Chemist, Darlington.

Medical.—A Medical Man is in want of a Situation as Out-door ASSISTANT, in town or country. Good horseman and high testimonials.—Address, D. D., Post-office, Sudbury, Suffolk.

Medical.—Wanted, by a Student of some experience, to ASSIST a Medical Man in good Practice. Must reside within half an hour's walk of the Borough hospitals. Remuneration not an object.—Address, Kappa, THE LANCET Office, 423, Strand, W.C.

Medical.—Wanted, an In-door Assistant, to Dispense, Visit, and attend Midwifery. A gentleman desirous of a permanent Situation preferred.—Address, enclosing references, and stating age, salary, &c., J. R., Post-office, Hull.

Medical.—A Gentleman, aged 28, of considerable experience, is desirous of forming an ENGAGEMENT, to Visit, Dispense, and attend Midwifery. Town or Country. Satisfactory references given.—Apply by letter (prepaid) to B. M. S., 6, Chapel-street, Edgware-road, London, N.W.

Medical. — A Gentleman, who has been an Assistant in London for years, and who has seen a great deal of Hospital, Private, Club, and Union practice, wants a Situation as an Out-door ASSISTANT, to Visit, Dispense, and attend Midwifery. Can give references of the highest respectability as to competency.—Address, G. S. I., Mr. Kimpton, Medical Bookseller, 31, Wardour-street, Oxford-street.

Wanted, an Assistant, to Dispense, and to Visit and attend Midwifery occasionally.—Apply to H. B. Hoskins, Surgeon, Holly House, Hoxton Old Town, N.

Wanted, by a M.D., of eight years' standing, a Situation as an ASSISTANT, or to take charge of a Branch Practice. References and testimonials unexceptionable.—Address, stating salary, to W. W., Post-office, Liverpool, till called for.

Wanted, a Situation, by a single Gentleman, aged twenty-four, with the double English qualification, as ASSISTANT to a General Practitioner.—Address, E. T. I., No. 19, Harrington-street, Hampstead-road, N.W.

Wanted, by a Practitioner in the country, an ASSISTANT, sine diplomâ. He must be not less than twenty-one years of age, and be capable of attending ordinary cases of Midwifery, and of Visiting and Dispensing. Salary moderate.—Apply to T. B., Post-office, Northleach, Gloucestershire.

Wanted, an efficient qualified ASSISTANT, in a Country Practice. A comfortable home is offered, together with a per-centage upon accounts collected in Vaccination and Midwifery, which will return over £40 yearly as salary.—Address, S. C., 6, Upper Hockley-street, Birmingham.

Wanted immediately, by a Surgeon in the Country, an In-door, Registered ASSISTANT, to Visit and attend Midwifery. A gentleman who can speak the Welsh language preferred. Unexceptionable references required.—Address, stating age, weight, and salary, Dr. Davies, Wrexham.

Wanted, by a young Man, aged 18 years, a Situation as DISPENSER to a Surgeon, or ASSISTANT in a Druggist's Shop. He is willing to make himself generally useful, and can give unexceptionable character from the Surgeon he has dispensed for for two years.—Address, J. J., Post-office, Tredegar, Monmouthshire.

Wanted, in a Private Practice, in the N.E. Suburb, an In-door Dispensing ASSISTANT, capable, in an emergency, of attending an ordinary case of Midwifery. A quiet and gentlemanly young man seeking a permanent Situation will be preferred.—Address, or apply personally, to A. B. C., care of Messrs. Arthur Hill and Sons, 11, Little Britain, E.C.

Wanted, by a Gentleman aged 30, who has had fifteen years' experience at home and abroad, Employment for a few hours daily as Visiting and Dispensing ASSISTANT, near King's or University College. The highest testimonials and references given. Apply, Medicus, Messrs. Battley and Watts, Wholesale Chemists, Cripplegate, E.C.

ESTABLISHED A.D. 1828.

Messrs. Lara and Walters,

(late LANE and LARA,)

MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
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PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

MESSRS.

LOCKWOOD, LOCKWOOD, & SYMES,

MEDICAL AND CHEMICAL AGENTS AND VALUERS,

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transact for Gentlemen in the Medical Profession every description of Agency connected with their Practices, Estates, or other property.

Terms for attendance in any part of the United Kingdom may be ascertained on application.

Office Hours, 10 to 5. Established 1840. Agents to the Globe Life and Fire Insurance Company.

To Surgeons and Apothecaries.—

A BARGAIN.—To be Disposed of immediately, for £100, paid down, a nice Country PRACTICE in Kent, with Union appointment worth about £60 per annum. No opposition. Included in the purchase is a valuable five-year-old chestnut mare, drugs, fixtures of the house, &c.—Apply personally to Lockwood, Lockwood, and Symes, No. 1, Burwood-place, Edgware-road, Hyde-park; or by letter to the owner, G. Morris, Esq., Chartham, near Canterbury.

Medical Agency, Canning Dock

SURGERY, 17, Strand-street, Liverpool.

Surgeons Appointed to Ships sailing to all parts of the Globe.
Letters to be addressed to C. R. Huxley, Surgeon.

Moore's Portable Surgery.

FROM THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.
Surgical Instruments for Surgeons to Ships.
F. G. MOORE, 34, Terrace, Tower-hill, London, E.C.

Medical.—Immediate.—The Execu-

tors of a Medical Gentleman, recently deceased, are desirous of introducing a well-qualified Practitioner to the Patients and Connexion of the late owner. The Practice is first-class, perfectly unopposed, and has realized upwards of £700 per annum for many years past. It will be parted with on very favourable terms, and a good Introduction guaranteed to an immediate purchaser.—Full particulars of Mr. BOWKER, M.R.C.S., 50, Lincoln's-inn-fields, W.C.

Wiltshire.—A Village Practice in a

very pleasant district, containing a population of 3000, and realizing nearly £230 per annum, is for immediate Disposal. The Practice has been only recently established, and is capable of large increase. Appointments worth £120 a year will be Transferred. Rent of convenient house, with paddock, £24 per annum. Premium, with efficient Introduction, £100.—Apply to Mr. BOWKER, 50, Lincoln's-inn-fields, W.C.

Nervous Patients. — A married

Medical Gentleman, residing in a southern county, is desirous of Receiving a LADY or GENTLEMAN into his family, who may require care and attention.—Address, M. R. C. S., care of H. Moore, Esq., Solicitor, Wimborne, Dorset.

An Invalid, about 30 years of age,

who has served in India, and now retired, is desirous of Residing with a middle-aged Medical Practitioner, without children, within about thirty miles south of London, and where there are no other patients. Stabling for one horse required.—Address, with full particulars, Mr. Daveney, Solicitor, Norwich.

Medical.—To Parents & Guardians.

A married Medical Gentleman (registered as possessing the double qualification), practising in one of the most beautiful and healthy towns of England, is desirous of receiving into his house a young Gentleman as PUPIL. The Practitioner's extensive private Practice, added to that of a large public dispensary to which he is medical officer, would afford to a student unusually good opportunities of studying his profession.—Apply by letter, prepaid, to C. W. Roe, Esq., 13, Drayton-grove, West Brompton, Middlesex, S.W.

Medical Transfer and Partnership.

30, Bucklersbury, London.

Mr. Orridge, Medical Transfer Agent,

Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office hours, 11 to 4.

Medical.—Mr. Orridge is instructed

to Transfer a Select GENERAL PRACTICE (about to be relinquished in consequence of the impaired health of the present incumbent), very many years conducted in a wealthy midland town. The receipts are about £500 to £600 yearly, derived exclusively from patients holding a good social position. An effective Introduction can be given.

Apply at Mr. ORRIDGE's Offices, 30, Bucklersbury.

Medical.—Mr. Orridge is instructed

to Transfer a long-established PRACTICE of about £1000 per annum (carried on for many years past in a well-known market town), the succession to which is well calculated for an experienced practitioner who is prepared to invest from £900 to £1000.

Apply at Mr. ORRIDGE's Offices, 30, Bucklersbury.

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On the Difficulty of Diagnosis between Pregnancy and Tumours of the Abdomen. By R. C. Croft, Esq., L.R.C.P. Ed., M.R.C.S. ... 85
Report of a Fatal Case of Rheumatic Pericarditis, occurring in a Child under two years of age during an attack of Varicella. By Edmund A. Kirby, M.D., &c. ... 87
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St. George's Hospital:
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St. Bartholomew's Hospital:
Puncture of the Ascending Aorta by a Needle; Death within two hours ... 90
Clinical Records.—Cerebral Clot without Paralysis, Bright's Disease, and Pneumonia.—Removal of a Degenerated Spontaneous Hæmatocele. — Abscess between the Abdominal Walls. — Compound Comminuted Fracture of the Leg and Thigh. — Enchondroma of the Fibula and Tibia ... 91

MEDICAL SOCIETIES.

Harveian Society:
Extensive Ossification of the Heart.—On the Successful Treatment of Gonorrhœa and Gleet without Copaiba ... 92
Epidemiological Society:
Suggestions for Utilizing the Statistics of Disease amongst the Pauper Poor ... 93

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NEW INVENTIONS.

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LEADING ARTICLES.

Homœopathy ... 96
What is Clinical Teaching? ... 98
Corporate Secrecy and Tyranny 99

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CORRESPONDENCE.

How to Poison Correspondents: Note from Mr. G. W. M. Reynolds 95
On Posterior Staphyloma of the Globe of the Eye ... 101
Quarantine in the Dardanelles ... 101
Turpentine in Hæmoptysis ... 102

The London Medical Registration Association. Court of Queen's Bench: Ladd (Appellant) and Gould (Respondent) ... 102
Metropolitan School of Dental Science: Lecture by Mr. Hulme 103

MEDICAL NEWS.

Poisoning by Misadventure ... 95
Pass-lists of the Royal College of Surgeons and Apothecaries' Hall. Appointment. — University College Hospital. — An Hospital Wing Built by Postage-stamps. Medical Uses of the Palm-tree. — A Naval Surgeon, and not Snubbed. — Paris Hospitals. — The recent Death of a Medical Man by Chloroform.—The New Military School of Medicine.— Small-pox and Bacon.—Spanish Hospitals.—North and South.— Prince Metternich on Monomaniac Phrenology. — Bridgwater Medical Society.—Cultivation of Medicinal Plants.—M. Roger's Arm. — Health of the Metropolis ... 103

Births, Marriages, and Deaths ... 104
Medical Diary of the Week ... 105
Notices to Correspondents ... 105

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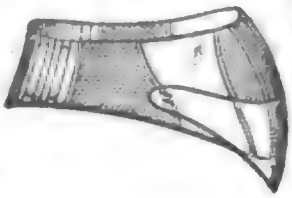

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Established 1824.

EMPOWERED BY SPECIAL ACT OF PARLIAMENT.

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EPORT PRESENTED AT THE ANNUAL GENERAL MEETING, HELD NOVEMBER 25, 1859.

The Directors have the pleasure to report that, during the year ending June 30th last, 451 Policies were granted, covering Assurances for £235,396, and producing in Annual Premiums £7793.

The Income of the year was £179,119; £127,601 having been derived from Premiums, and £51,518 from Interest on Investments.

After the payment of £86,581 for Claims by Death and for Bonuses—the return of £3391 for the surrender of Policies—and the liquidation of charges and expenses of every kind, the sum of £64,790 was carried to the Consolidated or Assurance Fund, thereby increasing that Fund to £1,253,531.

On several occasions the Directors have drawn attention to the large sums that have been laid by within the year, and they cannot now refrain from giving prominence to a feature of such great importance. The aggregate of the accumulations, during the three years which have elapsed of the current quinquennial period, amounts to £301,899; while that of the corresponding three years of the period which preceded the last Division was £149,487, being an increase of £52,412.

This result appears to the Directors highly satisfactory, both as indicating the continued prosperity of the Office, and as fully justifying the expectation that the future Bonuses will be such as to sustain the reputation of the Society, and to strengthen the confidence of the Assured.

The following are some of the distinctive features of the Society:—

One-half of the Annual Premiums on Policies for the whole of life may for the first five years remain on credit, and may either continue as a debt on the Policy, or be paid off at any time.

Policies for TERMS OF YEARS may be effected at Rates peculiarly favourable to Assurers.

INVALID LIVES may be assured at Premiums proportioned to the increased risk.

Policies participate in the Profits in proportion to the number and amount of the Premiums paid between every division. The books close for the next Bonus on the 30th June, 1861; and persons who effect Policies *before the 30th June next* will be entitled to one year's additional share of Profits over later Assurers.

Six Bonuses have been declared; at the last, in January, 1857, the sum of £232,479 was added to the Policies, producing a Reversionary Bonus averaging 46 per cent., or varying, with the different ages, from 31 to 85 per cent., on the Premiums received since June, 1851. The Cash Bonus averaged 27 per cent. on the Premiums received during the same period. The future Bonuses may be taken in Cash, or otherwise applied at the option of the Assured.

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Forms of Proposal, and every information, can be obtained of any of the Society's Agents, or of

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N.B.—A Fee of ONE GUINEA is paid to the Medical Attendants of all persons proposing to assure.

SPECIAL NOTICE.

TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1st MARCH.

POLICIES EFFECTED ON OR BEFORE 1st MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1st MARCH, 1865.

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SOCIETY.

Head Office—26, St. Andrew-square, Edinburgh.

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A Policy for £1000, dated 1st March, 1832, is now increased to £1654 9s. 5d. Supposing the age of the Assured at the date of entry to have been 40, these Additions may be surrendered to the Society for a present payment of £363 17s. 8d., or such surrender would not only redeem the entire premium on the Policy, but also entitle the party to a present payment of £104 4s., and in both cases the Policy would receive future triennial additions.

The Existing Assurances amount to	£5,272,367
The Annual Revenue...	187,240
The Accumulated Fund (arising solely from the Contributions of Members)	1,194,657

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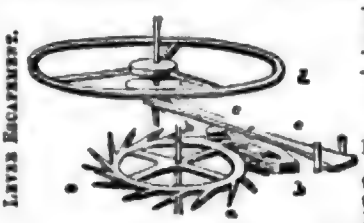

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Sept. 7th, 1857.

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WESTMINSTER HOSPITAL.

Practical Clinical Remarks ON PARTICULAR FORMS OF RENAL DISEASE.

By W. R. BASHAM, M.D.,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC. ETC.

THE CURABILITY OF RENAL DROPSY.

GENTLEMEN,—The prognosis of renal dropsy is usually unfavourable. In the great majority of cases which come under observation in hospital practice, the subjects are either broken down in constitution from previous vitiated habits, or the disease has been allowed to make head till the patient gives in, no longer able to contend with the increasing obstruction to the functions of respiration and locomotion. Experience teaches those who have watched these disorders of the kidneys most closely, that, even in the most unpromising cases, timely care and appropriate remedial agencies in the early stage of the disorder might possibly avert the malady, but certainly will retard its progress and protract the fatal issue.

The following case strongly illustrates these remarks. The symptoms could not be more grave,—the prognosis at first, judging alone by the extent of the dropsy, would be necessarily unfavourable. But the patient came under treatment at the period most favourable for preventing ulterior organic change in the renal structures; and the microscope from the first, and through the whole period of treatment, became a valuable guide and a trustworthy index of the probable termination in complete recovery. It may be further remarked, that the age of the patient, and his freedom from habits of intemperance, were considerably in his favour.

Charles R——, aged seventeen, engaged in stable work, was admitted on the 27th of July, 1859, into King William ward. The aspect of the patient at once bespoke the probable source of his malady. The face was swollen and œdematous; the eyelids puffy; the whole surface of the body was pallid and anasarcous; the lower extremities up to the thighs deeply pitted on pressure, and the backs of the hands were swollen, and the forearms œdematous; the abdomen was slightly fluctuating on percussion; the scrotum and integuments of the penis were infiltrated with dropsical effusion; the breathing was not affected, but the breath sounds were defective in intensity, and at the base of the lungs there were moist, wheezing sounds during inspiration and expiration, such as are usually heard in œdema of the pulmonary tissue. There was evidence, then, of an anasarcous condition pervading all the tissues of the body. However, the heart's sounds were natural, and there was no evidence of pericardial fluid. The tongue was large and flabby, and covered with a dirty coat. The bowels were not constipated. There were thirst and anorexia. Micturition was frequent. *The urine was scanty in quantity;* it exhibited a dirty-red colour, from the admixture of a small quantity of blood; and it was *highly* albuminous. He states that he has always enjoyed good health till about a month since, when he fell off in his appetite and in ability to work. He had some feverish attack; and he noticed not only that he passed urine more frequently than usual, but that it was very small in quantity, and of a deep-red colour. He has bathed a good deal in the Serpentine, and he attributes his present illness to having slept on the grass for several hours, after which he felt stiff and ill; and soon afterwards the symptoms of defective secretion from the kidneys became apparent, followed by puffiness of the eyelids on awaking in the morning, and the subsequent swelling of the ankles, legs, thighs, wrists, and forearms. He was ordered the compound jalap powder, in drachm doses, every morning, and to be dry-cupped on the loins.

The next day a careful microscopic examination of the urine was made, and drawings of the deposit, for future comparison with what might be observed hereafter, preserved. The urine, when set at rest, threw down a somewhat abundant deposit of a dirty-reddish colour. This, under the microscope, was found to consist of amorphous granular flakes of fibrine, in which blood-corpuscles were entangled. Numerous free blood-discs covered the field; and there were many large fibrinous casts or moulds of the straight tubes of the cones. No renal epithelium was visible; but there were several large compound granule cells and aggregated clusters (*botryoidal groups*) of nuclei from disintegrated granule cells—elements always present when a stage of active hyperæmia is present in mucous tissues. There was little change visible for several days; the dropsy did not diminish, although the powders acted each day vigorously. He had warm baths, and the dry cups were applied to the loins each alternate day. The pulse continuing full and hard, he was ordered the diaphoretic mixture, with the tincture of digitalis, in gradually increasing doses. The urine slowly became less coloured and clearer, and on the eighth day from admission the dropsy was reported to be on the decline, the face much less puffy, and the anasarca of the extremities decreased; the scrotum was not distended, and the indications of œdema in the lungs had disappeared. Nevertheless, the dropsical condition of the face was always apparent in the morning; decreasing throughout the day. The same treatment was continued, and in the third week (August 21st) he was reported as much improved. No change of any moment had taken place in the microscopic condition of the urine, for large fibrinous casts were still visible, one here and there containing an epithelial cell; the blood-discs were, however, much less numerous, and the quantity of albumen was notably decreasing. Micturition was not so frequent or troublesome, and the quantity voided each time was greater, the aggregate amount of the urine in the twenty-four hours being about the average.

A few days later the aspect of the patient had much improved; the dropsy of the surface was scarcely perceptible, except in the face in the morning; the pallor so characteristic of renal dropsy was, however, strongly marked. He was now ordered the tincture of the sesquichloride of iron with the acetate of ammonia and acetic acid in excess, and this he continued for several weeks. The appetite improved; and, the general condition of the patient permitting, he was made an out-patient. When he left, the dropsy had subsided altogether, but the urine was still albuminous, occupying about one-sixth of the tube. He was strongly cautioned about the management of himself, and the necessity for continuing the preparation of iron. The sediment consisted of a few large granular casts, with here and there an epithelial cell; and a few scattered granular or exudation corpuscles; and on the last day before I left town, there were seen a few casts becoming transparent or hyaline, containing a granule cell or two within them.

I did not see the patient again till the 21st of October, and he had continued the sesquichloride and acetate up to this date. His appearance had much improved; his countenance had acquired the tint of health, and he was able to do a day's work without hindrance. The urine was again examined, and contained but a trace of albumen, becoming simply hazy by heat. He passes the ordinary average quantity, and micturition is not more frequent than natural. The last time this patient was seen was on the 1st of December, when his face appeared quite ruddy, and his whole aspect that of a young man in vigorous health. The urine was, nevertheless, still hazy by heat. Examined by the microscope, there was an unusual number of columnar crystals of uric acid. One delicate hyaline cast was seen, in the extremity of which a group of disintegrated nuclei were packed. In all other respects this secretion was perfectly healthy. If this young man does not fall into bad habits, or neglect his health, he will enjoy exemption from any unfavourable organic change in the renal structures, no evidence having appeared of any other condition of these organs than that of an inflammatory congestion, which, however, under less favourable circumstances, often rapidly passes into a fatal degeneration. There was less amount of epithelium carried away with the fibrinous and granular casts than usually happens, and there was no evidence of any extensive disintegration of cell-structure. The granular casts slowly becoming transparent without any but traces of clusters of nuclei, was also an indication that the disease was subsiding; such as occurs in inflammatory states of other mucous surfaces, simple mucoid elements gradually giving place to the ordinary secretions of the canals. The principles of treatment of this and similar cases consist—first, in reducing the watery state of the blood and tissues; secondly, the guarded restraint, within safe limits, of the hæmorrhagic disposition in the kidneys; and, thirdly, the improving subsequently, by a generous diet and chalybeates, the deteriorated condition of the blood which is so apparent in these disorders.

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The selection of the remedies to fulfil these several indications is of more importance than may be at first apparent to the student. The reduction of the hydropic state of the blood and tissues can only be accomplished by purgatives; but it is not every purgative which will equally effect this object. The mercurial and resinous purgatives must be carefully avoided; one single dose of calomel may produce severe salivation. Those purgatives which act powerfully, as hydragogues, must be selected. No remedy that I am acquainted with answers better or more effectively than the combination of jalap and cream of tartar, in the compound jalap powder of the London Pharmacopœia. This should be given in the morning fasting, in half-drachm or drachm doses in a wineglass of water. It may be repeated every or every other morning according to the effect produced. It possesses the great superiority over all other hydragogue cathartics, that it is not followed by any appreciable amount of prostration or exhaustion. In some constitutions it loses partially its effects by repetition, when more powerful remedies become necessary. To supply its place when this happens, the combination of gamboge, in the compound pill of that name, answers very well. It is very apt to gripe and produce some sense of exhaustion. I rarely find it necessary to resort to it, as the first-named powder is sufficient in the great majority of cases. Elaterium sometimes may be necessary. The action of these hydragogues drains away a large amount of fluid from the intestines, and at the same time saves the kidneys, which, in their state of inflammatory congestion, are unequal to the task of excreting the ordinary amount of urine, and are in a condition in which any increased labour thrown on them would aggravate their congested state. The use of warm baths, or the hot-air bath, and diaphoretics, will prove adjunctive to our efforts to save these organs from any increased excitation.

The urine to the unaided eye contained blood; the microscope revealed that this blood came from the kidneys; escaping from the Malpighian tufts of capillaries, it coagulated in the renal tubes, was eventually swept out by the current, and appeared in the urine as fibrinous moulds of the tubes entangling blood-discs. There was thus present an unequivocal hæmorrhagic state of these organs, and it now became a question of the greatest practical importance to decide on the propriety of endeavouring to restrain the escape of blood, or to allow it to proceed, within certain limits, without unnecessary interference—recognising it as a natural mode of relief to the overcharged vessels which, if imprudently or rashly obstructed, only precipitates the mischief which it is the physician's aim to avert. I am very decidedly of opinion that, in these renal disorders, hæmaturia bears to their progress the same relation which hæmoptysis does to some cases of tubercular deposit in the lungs—that is to say, that the disease is retarded by these natural methods of relief to the blood stasis of the parts. The use, therefore, of astringents—such as the gallic acid, or salts of lead, or alum—at the period of hæmaturia, is highly prejudicial. Even the taking of blood from the loins by cupping is an exceptionable practice, and only to be resorted to in exceptional cases. Dry cupping is far preferable. The only remedy having any direct influence on the hæmorrhagic state that should be employed is digitalis. The influence which this sedative exercises in many hæmorrhagic conditions is as remarkable as it is indisputable. It is not necessary here to discuss its *modus operandi;* it will be sufficient to say that daily experience convinces me that it is the most appropriate agent in the period of hæmaturia from renal engorgement. It may be given alone, or with some of the sudorific salines, such as the acetate of ammonia. It was continued in this case till the hæmorrhagic period had passed away. The microscope throughout this period, and even when it subsided, demonstrated that no evidence of ulterior organic change in the kidneys was present. The case therefore presented the most favourable indications for improvement, and the time had now arrived when the influence of chalybeates promised to be beneficial. Preparations of iron are of no use without the aid of a nutritious diet; so that when he was ordered the sesquichloride of iron his diet was advanced to the full allowance of the best kind. The sesquichloride was given in a form which appears to me to be peculiarly adapted for these renal cases: it is in combination with the acetate of ammonia and acetic acid; care being taken to add the sesquichloride to the previously acidulated acetate. It is remarkably efficacious, and is, moreover, not at all unpalatable—children taking it readily. It was not long before a manifest change for the better became apparent in the aspect of the patient; and by persevering in the plan laid down, at the end of four months his health appeared [illegible] completely re-established, although the urine still con[illegible]aces of albumen.

The treatment of these cases requires patience and confidence on the part of the physician: patience, because, from the very nature of the disease, it must be often months before the patient can be pronounced convalescent; and confidence in the remedies, or rather the principles on which he employs the remedies, so that a steady perseverance in one plan may not be interfered with, and a variety of agents tried, merely because the patient does not appear to advance more rapidly to recovery. In this, as in other forms of chronic disease, the principle upon which the treatment is to be conducted being first determined on—and this resting, it is presumed, on a definite and correct diagnosis—will never be departed from; and the folly will thus be avoided of perpetually trying fresh remedies because those first selected do not appear to produce the effect desired, or to act so quickly as may be wished. It is thus that we may hope to combat these otherwise intractable disorders. A steady perseverance in the employment of ferruginous tonics (hæmatics), good diet, fresh air, moderate exercise, careful attention to clothing, and, as far as the station of life of the individual will permit, avoiding exposure to extremes of weather, particularly cold and wet; and a patient suffering, as this young man was, from symptoms of the gravest character, placing life in jeopardy, may escape a recurrence of the disorder, susceptible as these organs are to derangement when once they have been the seat of disease, if ordinary precautions for regulating the health be prudently taken and strictly observed.

OBSERVATIONS ON LITHOTRITY.

BY WILLIAM COULSON, ESQ.,
SURGEON TO ST. MARY'S HOSPITAL.

(*Continued from p. 30.*)

HAVING described the mode of conducting the preliminary examination of the bladder in lithotrity, I will now proceed to detail the various steps of the operation. Lithotrity presents some modifications as it is applied in simple or complicated cases. A case for lithotrity may be considered simple whenever it presents a combination of circumstances favourable to its easy performance, and calculated to render its result successful. Thus, the urinary organs are healthy, or at least not seriously disordered; the bladder receives a certain quantity of water, and permits the instruments to be moved in it with some degree of ease, and the stone is of moderate size and density. In simple cases of this kind, the operation of lithotrity is easy, and, it cannot be too often repeated, eminently successful. It is a well-known fact, that Sir Benjamin Brodie operated in sixty consecutive cases, and with the loss of only one patient. The instruments required are few and simple, consisting of a catheter, syringe, and one or two lithotrites. The screw lithotrite is the instrument now universally employed, each operator adopting his favourite modification. Some prefer Weiss's plain screw; some the rack and pinion, and others adhere to M. Civiale's modification, this being the instrument which I generally use, at least after the first operation. In my opinion, the choice of the instrument should be regulated by two considerations—the nature of the stone and the stage of the operation. The blades of M. Civiale's lithotrite are sufficiently strong to crush soft stones, and those of moderate size; but it is difficult at the first sitting to develop the necessary force with this instrument, in cases where the calculus is large and hard. Hence, I generally use Weiss's plain screw lithotrite in the first instance. In the subsequent sittings I employ M. Civiale's lithotrite, which, in the majority of cases, can be used without irritating the bladder, or causing pain to the patient. Moreover, it admits of more free and rapid motion than the plain screw lithotrite. Whatever kind of instrument is used, the edges of the blades, near their extremity, should be well rounded, so as to be quite smooth, and not in any way to irritate the urethra in its passage, or the surface of the bladder when it is moved about in that organ. Care also should be taken that the hollow in the female branch of the lithotrite be not too deep, and that the male branch, when closed, fits evenly at the edges. The bottom of the excavation in the female branch should likewise be perfectly smooth and polished to prevent any detritus sticking to it.

In several instruments which have recently been made for me, I have remarked that the two longitudinal slips of steel

which guard the screw have been omitted. This defect should not be overlooked, for on turning the fly-wheel in such an instrument a disagreeable grating sound, something like that of friction on a calculus, is produced, and distracts the attention of the surgeon, while it disquiets the patient.

In proceeding to the operation, the patient is placed in a recumbent posture along the edge of his bed, or, if the surgeon operates at his own house, on a special couch. The thighs are bent, in order to relax the abdominal muscles, and the pelvis is raised by an unyielding pillow placed under the sacrum, it being of great importance to throw back the calculus from the neck of the bladder. In the first sitting, and whenever I use the plain screw lithotrite, I usually avail myself of a sofa or couch without side or foot piece, so doubling the squab as to allow the sacrum to rest on its projecting folded extremity, the head and shoulders being supported by pillows. The tendency to contraction of the bladder is thus avoided, and greater room for manipulating with the lithotrite is also obtained. In using the French lithotrite, the operator places himself on the right side of the patient, and not in front or between the legs. The left hand is thus placed conveniently for steadying the instrument, while the right is free for its easy working in the bladder.

It is essentially necessary that the walls of the bladder be distended by a certain quantity of fluid, so that there may be room for the lithotrite to act without injury to the organ. Hence the first step of the operation consists in injecting the bladder. The instruments employed for this purpose are, a full-sized silver catheter fitted with a stop-cock, and a metallic syringe, having a graduated stem, capable of holding six ounces of water and of being accurately fitted to the end of the catheter. The quantity of tepid water to be injected will depend on the capacity of the bladder, but will usually vary from four to six ounces. Too much fluid is apt to provoke contraction of the bladder, and thus defeat the object of the injection. The water should be thrown in by the operator himself, not by an assistant; and the fluid should be injected with slow, steady pressure, the bladder being encouraged, as it were, to receive and hold each successive quantity. As soon as the patient experiences a sense of fulness, the syringe is removed, the stop-cock turned, and the catheter carefully withdrawn.

In complicated cases, even injection of the bladder cannot always be effected without difficulty. The bladder may be contracted, thickened, and extremely irritable, and unable at first to receive the necessary quantity of fluid. In cases of this kind, the pelvis should be still more raised, and an attempt again made to repeat the injection in a slow and cautious manner, a small quantity being first thrown in, the patient allowed to repose a little, and then a fresh quantity injected. With patience and caution we may often succeed; but should the irritable condition of the bladder continue, the operation must be postponed. According to Sir B. Brodie's experience, the quietude of the bladder may generally be restored by keeping the patient in the recumbent position for seven or fourteen days, and daily injecting a small quantity of fluid.

Next as to the introduction of the lithotrite. The lithotrite, having been warmed and well oiled, is passed into the bladder somewhat after the manner of a catheter. It is necessary, however, to bear in mind that the curve of the instrument is more abrupt and its beak much shorter than the corresponding parts of an ordinary catheter. The main point to be attended to, as I have elsewhere described, is that the beak of the lithotrite should follow the natural curves of the urethra, so that when the point has arrived at the bulb of the urethra, its handle should be slowly lowered to a right angle with the body of the patient. The extremity of the lithotrite is thus brought into the direction of the canal under the arch of the pubes, after which the instrument is still further lowered, and gently pushed on until it enters the bladder. A slight rotatory movement at once determines that the beak has entered this organ.

The steps just described are conducted in a cautious and gradual manner, and force must never be employed. In cases where certain deviations from the normal structure or functions exist, the manipulations may be required to be modified according to the degree or nature of the obstacle. Commonly the obstruction arises from some enlargement of the prostate, or the bar-like ridge described by Mr. Guthrie. An increase in the size of the prostate necessarily raises the floor of the urethra; hence, on arriving at the prostatic portion, the handle of the lithotrite must be slowly lowered between the thighs of the patient, so as to elevate its beak, and allow it to pass beyond the obstruction. The amount of depression required will depend on the extent of the enlargement of the prostate, and on the length of the beak of the instrument employed. In cases where the bar-like ridge exists, a different manipulation is required. Here the instrument is passed with ease until its point is suddenly stopped by the ridge near the neck of the bladder. The operator now depresses his hand without advancing the lithotrite, so as to tilt its point over the bar, and, when this has been effected, the instrument passes on without further difficulty.

To lay hold of the stone in a proper manner is, undoubtedly, the most difficult step in lithotrity. Two methods are employed, differing essentially from each other. The one which is usually adopted in this country, consists in gently pressing the convex part of the curved lithotrite against the floor of the bladder, and then opening the blades of the lithotrite. The effect of the pressure is to convert the lower surface of the bladder into a narrow cavity, into which the stone often falls by its own weight between the blades of the instrument. The screw is then applied, and the stone crushed.

In the other method, which I always adopt after the first sitting, the closed lithotrite is carried as nearly as can be judged to the centre of the bladder, and is lightly held between the thumb and fingers of the left hand, which are applied to the oblong portion immediately beyond the catch-box, the back of the hand being directed upwards. The fly-wheel which drives the screw, and acts on the male branch, is held between the thumb and two first fingers of the right hand. If the stone be not felt at once, the blades are separated from each other to the extent of half or three-quarters of an inch, care being taken that the male branch is not brought too near the neck of the bladder. The open instrument is turned to one side, and, if necessary, then to the other, in which situations the stone is generally felt. If it is not speedily detected, the operator proceeds to a more methodical examination. The instrument, being still lightly held, is made to revolve slowly in the bladder for a certain space at a time. The revolution is effected by movements of the thumb and two first fingers of the left hand, as if we were turning a pencil between them. The revolution is made first towards the right side of the bladder, to the extent of one quarter of the circle; and during this movement the male blade is gently moved forwards and backwards several times, to the extent of three-quarters of an inch. The object of these movements is, that the male branch may come against the stone, which it usually does, whilst traversing these spaces. If the stone be not caught on the right side, the left must be examined in the same way. Lastly, should we fail to meet the stone on either side, the revolution of the instrument is continued until the whole of the floor of the bladder has been traversed, the back and forward movements of the male blade being continued all the while. As soon as the stone is felt, the beak of the lithotrite is laid gently and sideways on the stone, and the male branch is cautiously advanced or withdrawn (according to circumstances), until we feel that the foreign body is fairly grasped between the blades of the instrument. While thus fixing the calculus, it is important to remember that the female branch should be kept as steady as possible while the male branch is brought forward to close on the stone. If this precaution be neglected, we run the risk of constantly displacing the stone whilst closing the instrument.

This description applies to cases where the small short-beaked instrument is used, and no unusual difficulties present themselves. When these exist, they must be met by a change in the mode of operating. Thus, it may happen that, from enlargement of the prostate or other causes, the calculus remains lodged in a depression behind the neck of the bladder, and, if small, it may easily escape the lithotrite. In a case of this kind, an attempt should be made to dislodge the stone by suddenly elevating the pelvis, for the mere change of position may displace the calculus, and enable us to seize it. If this mode fail, the following proceeding should be adopted:—The revolution of the lithotrite is continued until the end of its beak is directed immediately downwards, the handle of the instrument being now elevated so as to bring the point into the hollow just behind the prostate. The male branch is moved to and fro as before, and it rarely happens that the stone is not thus detected. With proper care, this manipulation may be safely effected; and, according to my own experience, it is often the only effectual mode that can be employed.

When once detected and firmly fixed between the blades of the lithotrite, the stone is crushed into fragments, either by the pressure of the hand or with the aid of the screw.

Little change takes place in the position of the instrument. The stone is carried rather towards the posterior wall of the bladder, and then the handle of the instrument is firmly grasped with the left hand. The palm of the right hand, turned upwards, is placed against the extremity of the male branch; while the index and middle fingers are hooked on the catch-box, which they use as their *point d'appui*. In this

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position, by strongly contracting the flexor muscles of the fingers of the right hand, the male branch is driven forwards with a kind of jerk on the stone, which, if not too hard, is soon crushed by a few movements of this kind. During this manipulation, the right elbow should be firmly kept against the side. Should the calculus not yield to the action of the hand, nothing is easier than to bring the screw of M. Civiale's instrument into action. The catch-box is turned from right to left; this allows the screw to play, the action of which is developed by turning the fly-wheel attached to the extremity of the instrument.

Even this manipulation will not always succeed, for any considerable enlargement of the middle lobe of the prostate has the effect of creating a depression in the floor of the bladder immediately behind the enlargement, in which depression the calculus often lies concealed, and escapes the instrument. In cases of this kind, as I mentioned in the former paper, the lithotrite should be two or three inches longer than those in ordinary use; its beak must be reversed, and carried downwards till it reaches the stone.

Again, when the calculus is large and dense, the bladder contracted, and the instrument employed is the long beaked lithotrite with narrow blades, we cannot adopt the manipulation applicable to simple cases. The various movements previously described are unnecessary, and cannot safely be executed in the contracted and probably sensitive bladder. In cases of this kind there is little difficulty in finding the stone, because it is usually large; but, for the same reason, there may be considerable difficulty in seizing it. The instrument, slightly opened, is laid sideways on the stone, and the two branches are gradually separated until the edges of the foreign body are touched, when the attempt is made to fix it.

When, in simple cases, the stone has been broken by the pressure of the hand or the screw, the surgeon may proceed to crush some of the larger fragments, provided the whole operation has not occupied more than five or six minutes. As a rule, however, little more should be done at the first operation than to break the stone once. Before withdrawing the instrument from the bladder, it is absolutely necessary to ascertain that the branches are perfectly closed, and that no fragments of the stone or detritus are retained between them. I believe that injury to the neck of the bladder, chiefly produced by the *débris* between the blades of the lithotrite, and in other cases by the shortness of the instruments employed, is a frequent cause of mischief after lithotrity. If any fragments or detritus remain, they must be got rid of, either by renewing the pressure until the female branch is completely emptied, or by giving a few turns backwards and forwards to the screw.

The completion of these manipulations implies that a certain portion of the stone has been sufficiently reduced to pass off by the urethra without difficulty. The last step of the operation, therefore, consists in immediately freeing the bladder from the detritus. If the operation has proceeded in a favourable manner, the patient is placed in the erect posture, and a full-sized metallic catheter, with a slit on the upper surface near its extremity, is then introduced. The fluid which is in the bladder being withdrawn, some tepid water is repeatedly injected until the patient complains of fatigue or no detritus comes away. I have often been surprised, however, to find that the quantity of *débris* which comes away with this injection is small compared with what exists in the bladder, and comes away two or three days afterwards by the natural efforts of micturition. In some complicated cases, where considerable enlargement of the prostate exists, it will be much easier to introduce the catheter while the patient is in the recumbent posture, and in this position wash out the bladder.

In ordinary cases, four or five operations will suffice for the removal of the stone. The interval between the first and second should be longer than that between the other operations. After the first crushing, even when performed with the utmost caution, febrile symptoms often supervene, together with local irritation, which it may require one or more weeks to subdue before the crushing is repeated. Between the subsequent operations an interval of only a few days may be necessary.

Whether chloroform should be employed in lithotrity, is a question which the surgeon will have to determine. Two high authorities, Sir B. Brodie and M. Civiale, have pronounced against the use of chloroform, and in two cases only during the last four years have I resorted to its use. Lithotrity is not necessarily a painful operation, and the feelings of the patient must be looked to as our guide in two important particulars. They serve to indicate whether any serious injury is inflicted on the soft parts by our manipulations, and they assist us in determining whether the operation is carried on within those limits which the bladder and constitution are capable of enduring. As a general rule, therefore, I advise that chloroform should not be administered, and the chief exceptions which I would make are in nervous patients—females, for instance, and children.

(To be continued.)

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

IT has repeatedly been suggested to me by professional friends, conversant with the number and importance of the cases constantly under my care at the Royal Free Hospital, that, in the absence of any such reports of them as might be given by Clinical Lectures, a few brief remarks on some of their more characteristic features would often have sufficient interest to deserve publication in THE LANCET. For many years, however, I have not complied with these suggestions; in the hope of being able to incorporate such experiences, either with various monographs, on the one hand, or with clinical instruction in a recognised Hospital, on the other.

The circumstances which induce me now to modify this resolution I need not detail; save to point out, that the contrast between the amount of an Hospital Physician's practical duties, and of his literary leisure, soon forbids anyone who rightly appreciates the responsibilities of authorship from attempting to write on many diseases, even in the sense of contributing mere Essays on certain of their aspects. And since, for some time past, I have rarely gone round the wards unaccompanied by some student or practitioner, to whom explanation or illustration has often been a matter of common professional courtesy, I have gradually found myself talking what, rather to my own surprise, my auditors have sometimes challenged as being, for all practical purposes, clinical instruction.

It is not, however, in this light that I would offer the clinical remarks of which the following form the first illustration. Instruction in an art like that of Medicine should, doubtless, be by actual demonstration rather than by verbal description. And as examination at the bedside now seems likely to be adopted as a means of finally testing the student's fitness for practice, it may be hoped that, by-and-bye, the Examining Bodies will dispense with the clumsy expedient of merely recognising the number of beds in an Hospital; and will accept the student who can detect and treat disease, without asking whether he has learnt to do so by working sedulously in a small Hospital or a large one. But however limited is now the range of the private clinical instruction I have to give, and whatever the difficulties and discouragements which balance its usefulness, I cannot but think that brief casual remarks—"here a little, and there a little,"—such as form the staple of this bedside demonstration of disease, might sometimes convey, even to those of us who are more advanced in the study of our profession, a livelier idea of any ordinary case than systematic reports, which detail days and hours, and continuous symptoms, with wearisome iteration.

And here let me incidentally mention a plan by which I have long wished to see clinical instruction imparted in our recognised Hospitals. I dare not trust myself to point out the defects of our existing system, or to contrast the average of instruction of this kind given in London with the more careful and conscientious efforts which seem to be made by our brethren in Dublin and Edinburgh. But if our present system of teaching is to be maintained, I think it should be made to aim less at the training of a few clinical clerks or dressers (often of superior diligence and capacity) to great excellence, than at affording every pupil possessed of average ability and industry the opportunity of acquiring a fair practical skill. And just as it is by the number of pupils so taught how to benefit the public that I should estimate the usefulness of the clinical teaching at any given hospital, so I am sure it would be easy to devise a plan by which every student in the course of his career should fall under the close personal supervision and teaching of a clinical Demonstrator; to be either passed on to the above valuable appointments as really qualified to hold

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and to use them, or telegraphed to the Hospital authorities, or even to the Examining Bodies, as having, perhaps from some sufficient reason, voluntarily put aside this most important means of practical improvement, when pressed on his acceptance.

I am aware of the difficulties which oppose such a plan, and the obstacles it would assuredly meet with. But as I have the very best means of knowing how much practical demonstration can really do in clinical medicine—how much, namely, it *has* done in the case of pupils of my own—I venture to think that this suggestion, of systematically carrying out what has casually been long proposed and adopted by the most eminent teachers in Great Britain, is not unworthy of mention. In any case, what between the wide publication which this suggestion now receives in THE LANCET, and the repeated attempts I have made to secure for some such plan as the preceding a trial in one or two of our larger Hospitals, I may at least claim to have uttered the conviction which fourteen years of teaching and lecturing have impressed upon me. *Liberavi animam meam.*

In concluding this brief introduction, I have but to warn the reader not to expect in the following "remarks" anything more than such a term strictly implies. But I hope that their fragmentary character will not seriously diminish their usefulness. I believe that it need not prevent me from occasionally making them the vehicle of some novel details of practice, suggested to me by many years of arduous hospital work. They will be illustrated neither more nor less copiously than it is my custom to make sketches or diagrams help verbal descriptions in the wards. And lastly, while I can only promise their careful revision, I can at least guarantee that, whether as remarks or Lectures, they will faithfully report the particulars to which they refer.

IRREGULAR AGUE.

"In this bed is an Italian, suffering from an ague, extraordinary only in the length (five days) its intermissions have for some time offered. His spleen is enlarged (here its outlines were marked out), though so moderately, that unless Mr. —— (a student present) will kindly permit me to tap at the outside of his coat, as a sort of *experimentum crucis*, I can hardly hope you will fully realize this fact. Measured thus accurately, by anyone thoroughly versed in auscultation, scarcely one spleen in a hundred fails to show some abnormal enlargement during (often long after) an ague. Our patient, whose next paroxysm falls due to-morrow, will probably never have another fit, and may go out well in a fortnight. (He has since done so.)

"His case recalls a very good illustration of the Protean aspects of ague, in a countryman of his, who, a few weeks ago, occupied the same bed. A Piedmontese, of forty-five or fifty years old, came in with great general anasarca. The heart was weak, but otherwise healthy; the urine, though scanty and concentrated, was also otherwise healthy, both chemically and microscopically. His face, and a peculiar booming first sound of the heart, thin almost to a blowing character, suggested aguish poisoning. But if you know the privations, the toil, and the filthy crowded dwellings of some of these poor foreigners in London, you will see that his pallor and debility might well have been due to other than malarious causes.

"Of course I eagerly searched his history. But he spoke nothing save a Piedmontese *patois*, not easy for me to comprehend. However, our dialogue soon made me quite sure that he had never had anything akin to ordinary ague. His brain, however, was enfeebled. His story, poor fellow, always took me back to his wife's death in Italy, from typhoid fever, some three years ago, and the suffering he endured in watching and nursing, to finally lose her.

"The spleen was a trifle larger, but scarcely duller to percussion, than it should have been. Remember the difference between these two points. A thin, flat, solid cake, over a cavity like the cardiac end of the stomach, gives you quite a tympanitic sound. It is the *tone superadded to this* which, at the thin edge of the spleen, marks its widened outline; a fact which I just now demonstrated, though I cannot well describe it in words. Dullness to percussion means thickening.

"Here, then, I was left to make a diagnosis. A spleen, which might mean little; a face and heart, which might mean many things. A dropsy, utterly disproportionate to everything else, and very rare as the chief or sole symptom, even in regular ague. And a history which suggested nothing at all.

"I trusted to that professional instinct which had mentally flashed into an opinion the moment I saw the patient's face, and before I even reached his bed-side. Under quinine and iron, and a generous diet, he recovered from his dropsy in little more than a fortnight; and went out of hospital comparatively ruddy, fat, and strong, in little more than a month."

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

By EDWIN CANTON, Esq., F.R.C.S.,
SURGEON TO THE CHARING-CROSS HOSPITAL, AND LECTURER ON SURGICAL ANATOMY.

PART III.

JAMES P——, aged fifty-three, a cabman of well-known intemperate habits, was admitted into the Charing-cross Hospital, under my care, on the 8th of May, 1858, with a compound fracture of the lower third of the tibia and fibula. The external wound was not an inch in length. The bones were readily adjusted, and the edges of the opening over them easily brought together. A small quantity of blood only had been lost. No other injury had been received, and the recovery from shock was apparently speedy. It was soon to be perceived, however, that the reparative powers were in abeyance; the man's spirits were always depressed; his countenance, at first plump, soon became jaded, and the listless expression of the eyes spoke of gloomy forebodings; there was no rallying *smile* betokening *force*. In twenty days from his admission he died from pyæmia, without having displayed a single hopeful symptom.

At the autopsy, the body was seen to be moderately well stored with fat, and though the age was but fifty-three, there existed in each cornea a broad circle of fatty degeneration. Thorax well formed. Cartilages of the ribs to a great extent ossified, and presented under the microscope fatty degeneration where calcification had not yet taken place. There was a large quantity of pus in the right pleural cavity. Lungs healthy. The trunk of the left coronary artery of the heart presented, here and there, calcareous scales, and its branches were speckled by fatty deposits between their coats. The heart itself was tolerably firm in substance, but its fibres were, in many parts, in an advanced stage of fatty degeneration. All the valves were normal.* Abdomen: Liver large, pale, and fatty, containing abscesses of various sizes. Spleen quite pulpy, and in some parts almost diffluent. Kidneys pale, and the middle portion of each showed fatty degeneration.† The aorta, in its entire length, presented atheromatous patches and calcareous plates. This condition pervaded also the iliac and femoral arteries. The larynx was almost completely ossified,—inclusive of nearly the whole of the arytenoid cartilages; those portions which were as yet unaffected by bony change were involved by fibrous and fatty degeneration.

P—— was a well-built man, of only *fifty-three years of age*, though *constitutionally* much older; in "living on his forces" he had lived too fast, and undermined their integrity. He was in constant exposure to all states of weather, and the habitual excitement of dram-drinking and cab-driving. Gradually increasing impairment of nutrition resulted, eventuating in atrophy and degeneration. The great extent to which the

* "In the course of some investigations made in the year 1849, I was led to observe, that fatty disease of the heart and disease of the valves were not usually found together. This was at first an impression; but as these may sometimes be erroneous, I set about collecting data on which to found solid conclusions, and in a short time had collected some 53 cases. Of these, I found the valves were healthy in 43, which left only 10 of an opposite character. Here, then, was a fact of some consequence, and which I have taken every opportunity of testing since, and with no other result than still further confirming the point. I have noted 153 additional cases, so that the entire, now, amount to 206. These numbers, I think, speak for themselves, and appear to myself to prove that valvular disease and fatty heart are rarely co-existent."—H. Kennedy, M.D.: "Edinburgh Medical Journal," No. xlix., p. 15, July, 1859.

† The following interesting case is extracted from Dr. Todd's "Clinical Lectures on certain Diseases of the Urinary Organs and Dropsies" (p. 83, London, 1857):—"A copper-plate printer, and by the nature of his avocation subject to great vicissitudes of temperature. His age is fifty-five years. He denies being an intemperate man, but admits that his habit has been to drink about two quarts of porter and a quartern of gin daily. He never had rheumatism or gout, nor have any of his family suffered either of these complaints.

"On examining the eyes, each cornea exhibits a well-marked arcus senilis.

"This patient was under treatment for many months, suffering from renal dropsy, of which he eventually died.

"A post-mortem examination was made of the abdomen only, when the kidneys were found to be larger than natural, and presented exceedingly good specimens of fatty degeneration of those organs, exhibiting under the microscope the usual characters of this form of renal disease."

Dr. Christison, in speaking of intemperance, in its different degrees, as a cause of granular degeneration of the kidneys, observes: "I am not prepared to state the exact proportion of cases referable to one variety or another of intemperance, but I certainly am within the mark in stating it at three-fourths, or even four-fifths, of the whole."—"On Granular Degeneration of the Kidneys," p. 110, Edinburgh, 1839.

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arcus senilis had proceeded,—to the formation even of well-pronounced circles,—led me to anticipate the changes which I subsequently found within the body. Nine years since, and with a view to show how all-pervading often is degradation of tissue when occurring idiopathically, I wrote in this journal:—"Associated with the arcus senilis, I not unfrequently find fatty degeneration of the heart and arteries, the liver, kidneys, various muscles, bones, and the cartilages of the ribs and larynx." In the following year, Mr. Paget remarked in his lectures delivered at the College of Surgeons:—"In short, the arcus senilis seems to be, on the whole, the best indication which has yet been found to an extensive or general fatty degeneration of the tissues."

In further illustration of intemperance as one of the causes leading to atrophy and degeneration of the arteries, &c., the following case may be adduced:—

James C——, aged fifty-six, was admitted into hospital on the 28th of April, 1857, under the care of Mr. Hancock. In being knocked down and run over by a cab, he sustained a compound comminuted fracture of the left tibia, extending into the ankle-joint. He was intoxicated at the time of the accident. Inquiry into his habits of life, showed him to be an habitual drunkard. Profuse suppuration of the wound took place, and repair was, proportionately, faulty. The patient continuing to become worse and worse in health as the local mischief extended, the limb was obliged to be amputated on the 6th of June. The stump, however, speedily assumed a sloughy state, accompanied by copious, sanious discharge; and on the 10th of July death, from pyæmia, terminated his sufferings.

Autopsy.—The body was that of a very spare, old-looking man, with grey and scanty hair. In the upper and lower segment of each cornea was a well-developed arc of fatty degeneration. Thorax: Costal cartilages, to a great extent, ossified; the larynx was also in the same state, and the yet uncalcified cells of both were fattily degenerated; lungs healthy; heart rather large and abnormally encumbered with fat; the muscular substance was pale, flabby, and friable, and the microscope showed the fibrillæ in an advanced stage of fatty degeneration. The aorta was charged with larger and smaller patches of atheroma throughout its length—from heart to iliacs. Abdomen: Liver large, exceedingly pale, and having the hepatic cells everywhere filled with oil-globules; spleen softer in consistence than natural; kidneys presented a few small, watery cysts, their general hue being pale, but the distinction between the cortical and medullary portions was tolerably distinct.

This case is, in many respects, comparable with the one just related, and we cannot but be struck with the great extent of disease present in each; and yet these patients were, at the time of the accidents which befel them, in the pursuit of their daily avocations, and in the enjoyment of what was considered *health*. In speaking of such men, Dr. Carpenter* observes:—"But it does not hence follow that they are in a condition of real vigour, for their constitutions break down before they are far advanced in years, even if they do not earlier fall victims (as a large proportion of them do) to the results of disease or injury, which were, apparently, at first of a most trifling character. It is well known to those who have observed the practice of the London hospitals that when such men suffer from inflammatory attacks, or from local injuries, these are peculiarly prone to run to a fatal termination, in consequence of the low assimilative powers, and the general depression of the whole vital energy, resulting from habitual over-excitement. The want of the plasticity of the blood gives to inflammatory processes an asthenic instead of sthenic character; there is no limitation to plastic effusion, but they spread far and wide through the tissues; depletion cannot be borne, and the only hope of success lies in the use of opium and stimulants, with nutritious diet to sustain, as far as possible, the prostrate energy. Thus, we see in such men the slightest scratch or bruise not unfrequently give rise to a fatal attack of erysipelas, or that internal organs affected with inflammation rapidly become infiltrated with pus, or pass into a gangrenous state. Hence, the surgeon is very unwilling to perform operations upon them, knowing that their chance of recovery is small."

The structural changes which habitual intemperance entails have so completely perverted the physiological powers of the various organs, disarranged that mutual consent of action which should harmoniously prevail amongst them, and overthrown the fine balance of normal relation between the fluids and solids of the body, that we cannot wonder at the drunkard eventually exhibiting those many indications so surely denoting the deeply deteriorated condition of his *vis vitæ*. We must, however, on the other hand, observe caution, and not be misled by that specious semblance of health which, under the guise of rounded form, vigorous frame, and energetic mind, often for awhile tends to the belief that soundness of constitution obtains in all the plenitude of textural integrity and functional power. Such, be it remembered, are false and fleeting characters only; unwonted stimulation of brain has but evoked, for a time, a brighter display of its intricate workings; constitutional vigour is maintained merely under the reiterated excitement of poisonous potations; and fulness of figure, in implying *fat*,* affords direct evidence of the low vital standard to which the health of the drunkard is degraded, and presents a significant surface-symptom of the sure spoil, in progress, of many and important organs beneath.

It does not appear to have been remarked by those who have investigated the morbid appearances present in the bodies of habitual drunkards, that the cartilages of the ribs and the larynx have undergone any particular alteration; such, however, will be found to be, not uncommonly, the case.

At post-mortem inquiry, with perhaps a passing expression of surprise that the costal cartilages should be to such a degree ossified at so early an age, they, with the sternum, are placed aside, for an inspection of the heart and lungs, and no further thought is ordinarily bestowed upon them; and we are unaccustomed to make an examination of the laryngeal cartilages, unless the peculiar circumstances of the case point to them, especially, as the seat of disease.† It has occurred to me to pay some attention to the state of both of these parts, in instances where premature agedness—from whatever cause arising—obtains, and is structurally indicated by fatty degeneration of so many and diverse tissues; when I find these cartilages have become materially involved in a similar alteration, and they may also be seen to be in a great measure ossified—i. e., converted into true lacunal bone.

Such changes assume a position of great pathological interest when, in place of being longer considered as local phenomena only, they are estimated, on the other hand, in association with the existence also of atheromatous and calcified arteries, fatty degeneration of the heart, the liver, the kidneys, the cornea, &c. Dr. Addison‡ has truly said, "The discovery of a general law, or the inclusion of what is already known in generalization of a still higher order, is a new acquisition; and, so far as our experience has hitherto gone, every advance towards *generality* has, at the same time, been a step towards *simplification*."

Of ossification of the costal cartilages, it is remarked by Rokitansky:§ "It is so frequently observed in old persons, that it can only be looked upon as a pathological appearance when it is found at an earlier period of life;" and Andral,‖ in speaking of ossification of the thyroid and cricoid cartilages as a natural phenomenon of old age, observes, "but at an earlier period of life it constitutes a true morbid state."¶

To conclude, what I have at present to remark in regard to inebriety as a cause of atrophy and degeneration of the arteries, &c., and in association with the illustrations above given, I may observe, that from the state to which the constitution of the drunkard is brought by habitual intemperance, we learn that he has already and deeply sown those elements of disease which, with rankness of growth, often spring up rapidly to encumber and destroy; or should injury accrue from without, in what a deplorable condition do we find the sufferer, who has now to call upon the self-enfeebled resources of failing strength for healthy supply and vigorous repair! How impoverished has become that fluid from which the reparative materials are to be derived!** to what an abnormal state are the channels

* On the Use and Abuse of Alcoholic Liquors. 2nd edit., p. 72. Lond. 1851.

* "Some few, in speaking of fatty degeneration, seem to think of the fat and forget the atrophy; it would be more proper to remember the atrophy and forget the fat."—W. F. Barlow.

† *E. g.*: Morgagni remarks, on the examination of an Ethiopian, aged thirty—"As we were about to open the thorax, we much wondered at the unusual hardness of the cartilages that joined the sternum to the ribs, and especially in that age. The lungs were entirely sound, although the right lobe was in some places, and the left lobe in its whole upper part, connected to the pleura by membranous bands, and both of them contained more serum internally than usual."—De Sed. et Caus. Morb., lib. i., epist. v., art. 17.

Hufeland says—"I once dissected the body of an *artificial old man*, who had scarcely attained the age of forty, and found not only his hair grey, but the cartilages of the ribs, which do not become bone until the greatest age, totally ossified."—Art of Prolonging Life, transl. by E. Wilson, p. 176.

‡ On Healthy and Diseased Structure, p. 183. Lond., 1849.

§ Path. Anat., (transl.,) vol. iii., p. 281.

‖ Loc. cit., vol. ii., p. 493.

¶ Further consideration of the subject of fatty and calcareous degeneration of the costal and laryngeal cartilages will be found in my papers, (THE LANCET, July 17th and September 4th, 1858.)

** "The quantity of fat in the blood of drunkards has been found in some cases to be as much as 117 parts in 1000 (Laennec), the highest estimate of the quantity in health being 8·65 parts. Scharlau has found as much as 30 per cent. more carbon in the blood of a drunkard than in that of a healthy man."—Dr. Carpenter: Physiol., note, p. 324.

The fatty condition of the blood in intemperate persons has received parti-

reduced through which the tainted current has to find its way! how signal must be the failure of such vessels to propel with force and distribute with freedom, and what must be the result of the loss of healthy balance between the solids and fluids, when at the seat of mischief, as indeed throughout the body, their nicest adjustment is necessitated! The frequent issue of such cases affords a ready but a melancholy reply: death has long been busy, though life still persists; the blow falls heaviest on the stricken man; decay has already engrossed much, and dissolution speedily now annihilates the whole. With what truth has Seneca remarked: "Such men pay their liberty for their delights, and sell themselves for what they buy!"

(To be continued.)

ON THE

DIFFICULTY OF DIAGNOSIS BETWEEN PREGNANCY AND TUMOURS OF THE ABDOMEN.

BY ROBT. C. CROFT, ESQ., L.R.C.P. Ed., M.R.C.S., L.M.

THERE are few cases likely to prove more embarrassing to the practitioner, and especially to the young practitioner, than those in which he is called upon to decide as to the nature of enlargements of the abdomen. These enlargements depend upon so many causes, and the symptoms attending them may be so masked, that in some cases it is quite impossible to give an opinion with any degree of safety. To prove this, I need only allude to some cases brought forward at one of the meetings of the last session of the North London Medical Society, by Dr. Hare, who related the histories of various patients with tumours of the abdomen, which tumours were found to be, in some instances, displaced and movable kidneys; in others, enormously distended stomachs; in others, hysterical swellings only; each presenting its own peculiar difficulties in the way of diagnosis. Dr. Copland also, at the same meeting, related two cases in which tumours of the abdomen were supposed to exist, but in both of which it afterwards proved that a greatly distended bowel was the cause; for, after a course of aperients, a large quantity was discharged, in one instance of *sealing-wax*, and in the other of *brown paper*.

These tumours, or supposed tumours, even when they exist in the *male* subject, are sufficiently difficult to decide upon; but when the patients are females, the diagnosis becomes in many cases almost hopeless, and for this reason: whenever the abdomen of a female begins to enlarge, unless she be beyond the age of childbearing, the fact is never lost sight of that *pregnancy* may be the cause. Now, the two classes of patients likely to come under the care of the medical man, consciously or unconsciously, do all they can to baffle him in his examination. By the two classes I mean—first, unmarried women, who have no legal right to become mothers; and, secondly, married women who, not having had any children, eagerly desire to become mothers. On the one hand, the patient will probably strongly deny symptoms and sensations that actually exist, and will place every obstacle in the surgeon's way; and, on the other hand, the hope the patient will indulge in that she is pregnant will induce her to describe symptoms which exist only in her own imagination.

I will not, however, make any more observations, but will proceed at once to call attention to a case which occurred in my own practice a short time ago, and which possesses so many points of interest that I have deemed it my duty to bring it before the profession.

Mrs. ———, aged forty-two; married nineteen years. Has not had any children, nor any miscarriages. Has not enjoyed good health since her marriage, having had several tedious illnesses arising from bilious derangements. Some years ago she suffered from fissures of the anus, and subsequently from fistula in ano, for which she underwent an operation. Six years ago, whilst travelling in an omnibus, she was struck in the *right lumbar* region by the pole of another omnibus, which shattered the side of that in which she was riding. This blow caused her much pain at the time, and has inconvenienced her more or less ever since. About two years ago, whilst carrying a tray into a room, she came in contact with the door-post, causing the corner of the tray to strike her in her right groin. This also caused her much pain at the time, and has frequently done so since. On the evening of Sept. 13th, 1858, I was requested by her husband to see and prescribe for her. She believed herself to be in the family-way, and was then suffering from the most distressing sickness. On my visiting her, she gave me the following history:—Six months ago (being in March) she experienced some peculiar sensations in the region of the uterus, such as she had never felt before, and for two or three months afterwards looked so ill and pinched in features as to attract the notice of her friends. The catamenia appeared regularly, although somewhat scanty in quantity, from the above time (every third week being the usual period) until two months ago (July), when they ceased entirely. The breasts, she stated, were full and painful, and there was a "lump" at the lower part of the abdomen. At that time, I simply prescribed for the sickness, which was most continuous and distressing.

On Sept. 15th I saw the patient in bed, and her condition was as follows:—Countenance pale and exceedingly anxious; the breasts full and tense, very tender to the touch, contained milk, which could be easily squeezed out; nipples very large, and extremely sore; areolæ somewhat raised and darkened. The whole of the abdomen was tense and tympanitic, and just above the symphysis pubis was felt a hard substance about the size of an orange, situated in the pelvis, and yet well defined. This tumour was nearly in the middle line of the abdomen, but not quite; it inclined rather to the *left* side. An internal examination was not made at this time, agreeably to the patient's request. There was no discharge per vaginam. Upon listening with the stethoscope, a very peculiar whirring sound was heard, very much resembling the "placental murmur," rather to the *right* of the middle line, just above the pubis. Although the case resembled one of pregnancy, I decided in my own mind that the enlargement in the abdomen was not the pregnant uterus, notwithstanding the many signs of pregnancy present. I therefore declined giving any opinion at present, and resolved to watch.

From this date (Sept. 15th) until Oct. 7th the patient suffered little or no pain save in the breasts and nipples; but the sickness was constant and unremitting, and to that alone was treatment directed. The only thing which gave the least relief was ice. All her food was iced, and in four days she used no less than 28 lbs. After a time the sickness abated a little, she became more comfortable, and took a moderate amount of food. All this while I was constantly asked by the friends of the patient whether she were in the family-way or not. I declined, however, giving any opinion in the matter, and requested a consultation. This she objected to, saying she was perfectly satisfied, and so forth. I urged it, however, and obtained permission to bring a friend with me to see her. I accordingly asked Mr. Havers to be good enough to see her with me, which he did on the 8th of October. He did not doubt the existence of a tumour, but declined giving any opinion as to pregnancy.

Oct. 9th.—At this time the tumour was much higher in the abdomen, and inclined to the *right* side, but quite movable, and capable of being pushed over to the left side. The highest boundary was just above the umbilicus. The measurement of the abdomen, passing a tape round so as to cut the umbilicus, was 34½ inches.

15th.—On this day a medical gentleman, who had formerly attended Mrs. —— when she lived in another part of town, was invited to see her. We met in consultation, and he gave it as his opinion that the case was not one of pregnancy, but of encysted ovarian dropsy.

On the three days following this date, which under ordinary circumstances would have been her period of menstruation, she suffered from the most violent uterine pains, (there being no discharge from the vagina,) and when these ceased she appeared to have increased in size, and the tumour seemed higher. Below the umbilicus I could now feel also what appeared to be the uterus enlarged. In the region just below, and to the right of the umbilicus, the sound before mentioned could be most distinctly heard—viz., a peculiar whizz, synchronous with the pulse of the patient. I could not detect any sound resembling that of the fœtal heart. As soon as the pains just named ceased, the sickness somewhat abated; the patient felt better, and went out once or twice for a ride or walk.

27th.—On this day she was seen by Dr. Robert Lee, who remarked the peculiar sound heard in the uterine region, and who seemed to have doubts as to whether pregnancy existed or

cular attention from B. Frank, in an essay published in the "Hannov. Annalen" for 1847.

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not. He declined, however, to give any positive opinion, and advised gentle treatment and watching.

From this time until Dec. 2nd, the patient remained without any very noticeable change: sometimes tolerably comfortable; sometimes very uneasy, and suffering much from sickness. Occasionally, too, she complained of pain in the tumour itself. Mr. Havers again saw her. In his opinion the tumour had considerably increased in size. Regarding pregnancy, however, he declined giving any opinion.

I have omitted to mention that, on examining the urine, I detected on every occasion the presence of kiesteine.

Dec. 2nd.—On this day a new symptom arose. Profuse spontaneous salivation came on. She had not had any mercurial preparation whatever.

5th.—To-day I examined her per vaginam for the first time, and the reason I had not done so before was that the patient had a great objection to the proceeding, and it, moreover, gave her much pain. Furthermore, I did not conceive it to be necessary, as Mr. Havers and Dr. Lee had both examined her, but had not found any symptoms worth noting. On making my examination, I found the cervix uteri somewhat shortened, the os open, the lips puffy and swollen; and, on pressing upwards with the finger, I felt behind the symphysis pubis a hard substance, very much resembling the head of a child contained in the womb at a later period of utero-gestation. The abdomen to-day measured thirty-seven inches and a half, being an increase of three inches since October 8th. To-day also another fresh symptom occurred. She complained that whenever she swallowed anything, no matter what, even cold water, a sensation of *burning* occurred as if she had taken something of an acrid nature. This feeling she described as most distressing.

16th.—To-day Dr. Robert Lee again saw the patient with me. He said that there was no doubt about the existence of the tumour; that it was probably a very formidable one, and extended deeply into the lumbar region. Although he admitted that most of the signs of pregnancy were present, he declined to say anything about the existence of pregnancy, and still advised that very careful and gentle treatment should be resorted to, and the patient watched. For the last few days the salivation has been most profuse, the patient getting rid of certainly not less than three or four pints daily. In fact, her sole occupation seems to consist in opening her mouth to let out the saliva that constantly fills it.

Now, up to this time, it will readily be admitted that the case was a most embarrassing one. The fact that the patient had been seen by men of most undoubted ability in our profession who did not deem themselves justified in pronouncing an opinion, seemed to cause the patient far more uneasiness and suspense than she would probably have endured even had she been at once told that her case was hopeless. Her husband and friends, too, were also kept in continual suspense, hoping, yet hardly daring to hope, that the case might turn out favourably.

For myself, I am free to confess I did not know what to make of the case. Sometimes I felt sure she must be pregnant, because all the signs of pregnancy (save one) were present—that is to say, her breasts were large, painful, and contained milk; the catamenia had ceased; kiesteine was in the urine; salivation was present; the sickness and nausea were of that kind which, according to my experience, only happen to parturient women—that is, they only seemed to affect her temporarily; the abdomen was enlarged; a sound resembling the placental bruit was heard. But the only certain sign of pregnancy—namely, the pulsation of the fœtal heart—could not be detected. This latter being absent, I knew that all or any of the former signs might be present were any tumour growing in the uterus. The catamenia might have ceased naturally, the patient being nearly forty-three years of age; milk might have been contained in the breasts from uterine sympathy; and, of course, if milk were in the breasts, it might naturally be expected that kiesteine would be in the urine. So that, until I could hear the fœtal heart pulsate, I determined that I would not give a positive opinion.

17th.—To-day I went to see my patient early in the morning, determined to make a thorough examination, and to leave no means untried in order to come to some conclusion. I found that she had had a restless night, notwithstanding a full dose of solution of opium; that she had been very sick; and that, in consequence of great nausea succeeding the sickness, she had not been able to take any breakfast. I beg to call attention to this latter fact. She was evidently most anxious about herself. The salivation was most profuse. Her condition was as follows:—Countenance much depressed; tongue and pulse natural; flesh firm and plump, exhibiting no exhaustion or emaciation whatever; breasts so full that the milk—and good rich milk, too—actually, at times, spirted out without the breasts being touched. Abdomen full and rounded, measuring nearly thirty-eight inches; the right side being firm to the touch, the left soft and pliant. A tumour appeared to occupy the whole of the upper portion of the right half of the abdomen as high as the ribs, and seemingly extending deeply into the lumbar region. Upon pressing the left side, I felt a substance like the gravid uterus, and *in* it a distinct movement, just as if a fœtus were therein. Upon listening with the stethoscope, I still heard the peculiar whizzing sound before alluded to; but upon this occasion it was accompanied by another sound exactly resembling the distant cooing of a dove. Upon shifting the stethoscope a little higher and more to the left, I heard a sound very much like that of the fœtal heart; and after some patient and careful examination, the stethoscope hit a spot exactly over the fœtal heart, and I heard its beating most distinctly. In fact, the sound was then so very distinct, that I requested the nurse in attendance to place her ear upon the instrument and tell me what she heard. She did so; and said she heard a sound "very much like the ticking of a watch under water." The nurse could hardly have described the sound caused by the fœtal heart more appropriately. Whilst listening, I also felt the movements of the child most distinctly. Upon two or three days following, the sound was also heard, but it could not be heard *after the patient had taken a meal.* Under these circumstances, I of course felt that a positive opinion might safely be given; and therefore announced that the patient was pregnant.

23rd.—Being now quite certain as to the existence of pregnancy, I determined to attack the tumour, hoping to devise some means to stop its supplies, and to direct its nutrition into some more legitimate channel. The nurse was therefore instructed to rub the tumour gently for a quarter of an hour, night and morning, with some liniment containing iodide of potassium. The sensation of burning still continued.

28th.—To-day, after examination, the lower portion of the abdomen was found to be slightly œdematous, and pitted upon pressure. All this time the salivation continued to persist most distressingly, causing the mucous membrane of the mouth and lips to crack and to become very painful.

Passing over four or five weeks, during which time the patient continued much about the same, increasing very much in size, however, I come to the note of the 8th February, 1859. The flow of saliva had in the meantime, somewhat abated, but with the abatement the sickness returned, and continued to be very distressing indeed, particularly at night, commencing as soon as the patient lay down. The nurse had reported for some days past that the tumour, to which she had continued to apply the liniment, had become softer, and to-day she told me that it could not be felt. I accordingly proceeded to examine the abdomen, and could not detect the tumour at all, even upon the most careful examination. It no longer occupied its former position, at least if it did I could not find it, nor could Mr. Havers, who examined the patient some days afterwards. The fœtus, however, could be distinctly made out.

A month later—viz., on the 8th of March—on careful examination, the state of the patient was found to be as follows: Notwithstanding a full dose of solution of opium administered on the previous evening, she had passed a bad night, having been most violently sick for several hours; the morning brought tolerable relief. The matter continually vomited is clear, tenacious mucus. The abdomen, very large, tense, and dull on percussion everywhere, seems distended with a large quantity of fluid, and bulges out on each side above the hips. It measures forty inches round, measuring in the same way as heretofore. The umbilicus is prominent. The fœtal heart can be most distinctly heard just below and to the left of the umbilicus; the placental murmur, which is occasionally accompanied with a most distinct cooing sound, is audible, and has been from the very first, in the same spot—viz., just below and to the right of the umbilicus. The ensiform cartilage is pressed out, owing to the great distension of the abdomen and the high position of the uterus. Countenance cheerful; no anxiety; cheeks, which were before hollow, now tolerably plump; appetite variable; food frequently rejected as soon as taken; feeling of faintness and hiccough frequently present.

March 11th.—Mr. Havers saw the patient again with me. He fully confirmed my views as to pregnancy, and stated that he could not detect the tumour.

The next note I shall refer to is that taken on the 27th of April. For a few days previous to this date, the fœtus had

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been very violent in its movements, so much so as to cause great distress. The skin of the abdomen was red and very tender. The whole abdomen was soft, and felt as the gravid uterus not far from parturition usually does. Upon the most careful examination, I could detect no tumour at first; whilst, however, my hands were upon the abdomen, the uterus contracted very firmly, and then the situation of the tumour, which I could not before detect, became apparent. The uterus was well mapped out by the contraction, and occupied its proper position; but on the left hand side, and quite distinct from it, appeared an enlargement, of the size and shape of an inverted tea-saucer. The margins of this tumour, which were gradually thinned out, (the tumour reminding one of a limpet attached to a rock,) reached above as far as the lower ribs, below to the crest of the ilium, and held a corresponding diameter in the opposite direction. The abdomen measured forty-two inches round. She passed a wretched night from sickness, but appeared none the worse for it in the morning; countenance cheerful, and no anxiety.

No fresh symptoms of any moment occurred from this period until the 10th of May, when I was summoned at half-past five in the morning, and found that labour had commenced. There was a discharge of coloured mucus, and the pains, though trifling, were distinct, and recurred at intervals of about twenty minutes. The patient was quite cheerful, and free from all discomfort, save that caused by the pains. I saw her at intervals during the day, but it was not until about four o'clock P.M. that the pains set in with severity. The membranes broke about half-past five P.M., and after three hours of much suffering, the child (a girl) was born at twenty minutes past eight P.M. The presentation was natural. The extreme suffering endured by the patient was caused by the pressure upon and undilatability of those parts where cicatrices had been formed after the operation for fistula. I have never been present at a labour in which the pains were so violent; they were terrific, and I had considerable apprehension that the whole perinæum would give way. By great good fortune, however, only a very slight tear occurred at the fourchette, so slight as not to be of the least inconvenience afterwards. The cord was twice coiled round the child's neck. The placenta came away with ease shortly after the baby was born, and the discharge was very moderate. After the removal of the placenta, on placing my hand on the abdomen, I felt a large firm mass, which seemed to occupy nearly the whole of it (the abdomen), and to extend crosswise, as it were, from the left ilium to the ribs on the opposite side. Thinking that the uterus might possibly be unable to contract firmly from some cause connected with the tumour, I grasped the entire mass as well as I was able, and made firm pressure, and it seemed at once to change its form and size; part of it seemed to me to sink into the pelvis, and part, in the form of a large, round, hard ball, to remain quite loose in the abdomen. This tumour was perfectly movable, and could be pushed from side to side with the greatest ease. Thus, I infer that, at the moment I placed my hand on the mass, the uterus had dilated, and that firm pressure caused it to contract and to occupy a position lower down. This supposition was somewhat confirmed by the slight gush of blood which was afterwards found to have taken place.

On the following morning, I found that the patient had passed a tolerable night, and was quite as well as one could reasonably expect her to be. In the evening, she had not passed urine, so that the catheter was used. The nymphæ were very much bruised, and the mucous membrane torn off in several places.

On the next morning (May 12th), I examined the abdomen, and, to my surprise, the tumour seemed, as before, to occupy nearly the whole of it, excepting about the upper third on the left side, which was soft. I passed the catheter, and drew off a large quantity of urine—a much larger quantity than one would have thought could exist, as the catheter had been used late the night before; and, after the bladder was relieved, the tumour was reduced to the size of a large orange, and was again perfectly movable, showing how easily one may be deceived as to the extent of such growths, unless care be taken thoroughly to relieve the bladder and bowels previously to making examination.

I have little more to add respecting this case. The patient has perfectly recovered, having had, during her convalescence, very few discomforts. She suffered a little from nettle rash; and for a day or two, had severe pain in a spot of about the area of a five-shilling piece, situated just over the right ear, which pain, I have reason to believe, arose from an accumulation of wax in the ear. At the end of the third week she went to church.

The concluding note was taken on Saturday, June 4th, when I found the patient quite well, free from every discomfort, and quite able to suckle her child, having plenty of milk. The tumour appears to be of about the size of a large cricket-ball, round, hard, and painless, and is capable of being moved about with the greatest ease, giving one the notion that it is attached somewhere by a pedicle very small in size. The abdomen measured thirty-four inches.

Remarks.—I have very few remarks to make upon this case—it speaks pretty well for itself. First, with regard to the sickness. This, although most continuous and distressing, was not of that exhausting nature which characterises the sickness dependent upon a malignant tumour. As far as my experience goes, the sickness of pregnancy causes only temporary inconvenience; for I have often seen this patient in the morning quite cheerful and comfortable after having passed the whole night retching and straining; whereas the vomiting which attends and is caused by tumours is of the most exhausting kind. This, then, was one of the symptoms favourable to pregnancy. Again, there was no discharge from the vagina. Had the enlargement of the abdomen been owing to the tumour alone, there would probably have been a discharge of some sort. There was no emaciation, albeit her stomach rejected almost all food. Salivation, again, was a most suspicious symptom as regarded pregnancy; the more especially as she had had no medicine that could by any possibility have produced it. The peculiar burning sensation before alluded to seemed to be more persistent as the quantity of saliva diminished.

With regard to the tumour: its mysterious disappearance may, I think, easily be accounted for. As the uterus enlarged, the tumour, the proper shape of which is round, was pressed flat against the walls of the abdomen, and was not perceptible save when the uterus grew firm and contracted, being at other times received into the yielding walls of that viscus. This, at any rate, is the only notion I have formed. With respect to an estimate of its size, this was only arrived at with any degree of certainty by making an examination after the bladder had been evacuated. The fœtal heart was first heard before the patient had taken any food,—that is, when the stomach was quite empty. Dr. Lee had listened on the previous day most carefully, and without success; but it was after the patient had taken the principal meal of the day when he paid his visit. I therefore learn from this fact, that in order successfully to hear the pulsations of the fœtal heart, it is essentially necessary that we should arrange to see a patient fasting.

With respect to the administration of medicines in this case, I have very little to say. For the relief of the sickness almost every remedy was tried without avail. Chloric ether was the only successful remedy. Of this she both used as an external application and took large quantities. About fifteen drops, with a couple of teaspoonfuls of brandy, relieved the nausea more than anything else. I must confess, however, that even this was frequently useless.

I have learned more than one lesson whilst attending this case, but the most important lessons it has taught me are these:—Never to be in too great a hurry to give an opinion; for an opinion once passed, if found to be incorrect, cannot easily be retracted without weakening the confidence of the patient and his or her friends; and, lastly, no matter how urgent the solicitations of the patient and friends may be, never to give a *positive* opinion as to the existence of pregnancy until I have distinctly heard the fœtal heart pulsate.

Camden-road Villas, Dec. 1859.

REPORT OF A FATAL CASE
OF
RHEUMATIC PERICARDITIS,
OCCURRING IN A CHILD UNDER TWO YEARS OF AGE DURING AN ATTACK OF VARICELLA.

BY EDMUND A. KIRBY, M.D., &c.

PERICARDITIS in early childhood is, I believe, a rare and exceedingly fatal disease; and when it occurs during the progress of acute rheumatism or scarlatina, it is, from its insidious mode of attack, not unlikely to be overlooked, notwithstanding the fact that cardiac complications in these diseases are more common in childhood than in adult age. Such cases have a peculiar interest, and deserve record, however brief.

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The patient in this case was a fine and previously healthy little boy, aged one year and eleven months. I saw him first on Friday, the 25th of November, 1859; and learned from his mother that he had been ill for five or six days; that on the previous Saturday she noticed the eruption of chicken-pox, and on the following Monday he was observed to cough; but as the eruption was slight, and the child did not appear to be ill, he was allowed to run about as usual until the evening, when he complained of pain in his leg just below the knee. He was now very feverish, and the part was hot and swollen. A practitioner, who, I am informed, is without any qualification, now visited him, and prescribed a cold lotion and some powders, at the same time sapiently observing, and with, I have no doubt, unwonted candour and truthfulness, that "the leg quite puzzled him." This individual continued to attend the case, notwithstanding that the little patient grew worse every day, and the leg became more and more "puzzling." No thoracic disease appears to have been either sought for or treated; and when I first saw the child, about noon on the day above mentioned, he was dying, and beyond the possibility of recovery. He was lying on his back in his mother's lap; his countenance was pale, pupils largely dilated, and surface cold; there was no pulse at the wrist, and the respiration was very laboured; over the præcordial region there was increased dullness; the normal sounds of the heart were scarcely audible, but friction sound, although faint, was distinctly heard. Appropriate treatment was ordered, and after a lapse of four hours I again visited the child, and he died during my stay.

Post-mortem examination.—On opening the thorax, the pericardium was found to be very vascular, and much distended by fluid; the sac was nearly full of yellow flaky serum, and its serous lining, throughout its entire extent, was coated with rough, villous-looking lymph; on the pleura also, on both sides of the thorax where it covers the upper portion of the diaphragm, there were patches of coagulable lymph.

Taviton-street, Gordon-square, Jan. 1860.

ON A CASE OF

ULCERATION INTO THE TRACHEA AND INNOMINATE ARTERY.

DEATH FROM HÆMORRHAGE.

By J. S. CUMMING, Esq.

A LABOURING man, named Edward F——, aged forty-one, living at Poplar, whilst walking along the road by Limehouse Church, with his son, on Saturday, January 7th, was suddenly seized with profuse arterial hæmorrhage, which, according to accounts, flowed in a stream from his mouth. He died almost immediately, in the surgery of Mr. Brunton, into which he was carried by the passers-by. As the incident created considerable sensation in the neighbourhood, a careful autopsy was undertaken by Mr. Brunton and myself, at Limehouse. There was no history of disease forthcoming, as the man had not been under medical attendance: it was simply stated by his wife that he had complained of feeling ill; had been getting thin; had thrown up some blood a year before; and the previous night he had been troubled with harassing cough.

The body was well-nourished; no external appearance to be noticed, other than the mouth being filled with clots of blood. On opening the chest, the lungs presented a remarkably fine and healthy appearance. There was no fluid in the pericardium. The heart was empty. On removing the lungs, they were unexpectedly found perfectly free from tubercle or cavity; the apices were perfect. The heart was removed, as usual, by cutting across the large vessels. On examining the stomach, it was found to contain about eight ounces of blood mixed with food, the blood apparently having been swallowed, as the walls of the stomach were healthy, with no sign of ulceration. The liver and other abdominal viscera were healthy, but pale. Up to this period in the examination nothing had been found to account for the death; but on proceeding to dissect the air-passages *in situ*, an enlargement was felt at the junction of the neck and thorax; the arch of the aorta, the trachea, and the surrounding structures, were apparently matted together. The whole mass with the larynx and œsophagus were carefully removed for closer examination. It was now discovered that a firm scirrhous mass, apparently of the cervical glands, was matting together the trachea, close to the bifurcation, with the arch of the aorta and the commencement of the large vessels given off from the arch. The portion of the diseased mass lying immediately in front of the trachea had softened and ulcerated backwards into the trachea, forming a vacuum in four rings of about the breadth of a penny token; and the same process, extending directly forwards and impinging upon the innominate artery, to which the diseased mass was firmly adherent, had perforated the innominate at the point at which it is given off from the aorta. The ulcerated surface between the trachea and innominate artery had a ragged edge, and was coated with dark, grumous, slimy mucus. There was no appearance of aneurism. The vessels were dissected out, and found perfect, except at the point of ulceration. From appearances, the ulceration into the trachea had existed some time, whilst there was but a slight breach of surface of the artery. Possibly the fatal issue had been hurried on by rupture of the weakened vessel from the effort of coughing.

London Hospital, January, 1860.

RUPTURE OF THE HEART.

By WM. T. HAMILTON, Esq., M.R.C.S.

CASES of rupture of the heart being so exceedingly rare, and the following so well exemplifying what might be expected to occur when that rupture is small, I feel desirous of communicating it to the profession, as I consider it one of great interest:—

W. B——, aged sixty-three years; a shoemaker by trade; of moderate size and development, and temperate habits; had always enjoyed good health to within the last two or three days, when he had complained of slight uneasiness or oppression at his chest, coldness of the extremities, and shiverings. Having been employed to carry two small parcels, not weighing more than seven pounds, to the house of his employer, he had not proceeded many hundred yards when he was observed to fall down in the road in an unconscious state. He was speedily raised by a passer-by, to whom he expressed his wonder at what had occurred, walked over with a staggering gait to the side of the road without any assistance, and then laid down. Happening to be passing at the time, the man presented all the appearances of being in a deep fainting condition, which it is unnecessary for me to describe; and in that state he continued for a few minutes, his death being preceded by a slight convulsion. Such is the brief history of the case.

Having received an order from the coroner to make a post-mortem examination, to ascertain the cause of death, I proceeded to do so. My attention being naturally directed to the heart and thorax, I examined them first. I found the external integuments well covered with fat. On reflecting the sternum, and bringing to view the viscera of the chest, I was much struck with the great size and distension of the pericardium, which had something like the feeling of a distended bladder. A slight incision into it soon revealed the true nature of the case: a jet of liquid blood being thrown up, followed by a more gentle flow of the same, and finally a tolerably thick layer of coagulum, covering nearly the whole heart, made me feel sure that there had been a rupture of some portion of the heart. This, on removing that organ carefully, was discovered to exist on the left ventricle, near its apex, in the shape of a small opening, capable of admitting the insertion of a small blow-pipe, appearing like a mere separation of the muscular fibres, a slight patch of ecchymosis alone marking the spot where the fissure or rent existed. I feel unable to account for this state, as the walls of the ventricle appeared otherwise quite healthy, retaining their natural colour, thickness, and strength. There seemed no ramollissement or fatty degeneration, but a coating of fat on the surface of the heart in various parts. This otherwise appeared sound, and free from disease of the valves. I may remark, however, that the aorta, near its junction with the heart, gave a peculiar gritty feeling to the finger, as if there was a deposit of ossific matter going on there.

The chief point for observation, and that which seems to me to invest this case with peculiar interest, consists in the unusual length of time that the patient existed after so formidable an occurrence to so important an organ; for I think we may safely infer it was contemporaneously with the fall in the road that the lesion occurred. The few cases on record of ruptured

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heart, whether arising from mechanical violence or dependent on diseased action, invariably announce that death was instantaneous; but we have here one which may justify us in concluding that such is not always the case.

Rock Ferry, Birkenhead, Jan. 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

PERINEAL EMPHYSEMA, SPREADING TO THE UPPER PARTS OF THE BODY, FROM PUNCTURE OF THE BLADDER THROUGH THE RECTUM, FOR RETENTION.

(Under the care of Mr. ERICHSEN.)

EMPHYSEMA, as usually presented to the notice of the surgeon, arises from a wound of the lung by a fractured rib, or from some injury to the larynx, when the air escapes into the cellular tissue of the chest or neck, and thence spreads to other parts of the body. In certain rare examples the body has been blown up to such a size by the permeation of air through all the areolar tissues, as not only to obliterate the features, but to arrest the ordinary functions of life, and produce suffocation. When an intestine has been wounded, air will sometimes escape into the subperitoneal cellular tissue, and thence extend to other parts of the body. In whatever manner the emphysema originates, it presents a puffy, inelastic, doughy, crepitating swelling, which is not easily to be mistaken for anything else.

On searching the records of surgery, more particularly in the standard works of the day, no form of lesion is mentioned beyond those just referred to as giving rise to subcutaneous areolar emphysema. We are, however, enabled to adduce another cause as likely to produce it, and one that would not at first sight be expected to do so, from the fact of the frequency with which it is practised by modern surgeons. We refer to puncture of the bladder through the rectum. This operation now-a-days is commonly resorted to as a convenient method of relieving retention of urine, arising from stricture or other causes, and if bad consequences had followed its adoption, it would have soon fallen into disuse. Mr. Cock, of Guy's Hospital, whose experience in relieving retention of urine in this manner has not, perhaps, been exceeded by that of any other London surgeon, has not met with any of the dangerous consequences which have been feared by some writers. These sequelæ are—suppuration between the rectum and bladder; the persistence of fistula in the same situation; injury to the seminal vesicles with its consequences; and wound of the serous membrane, giving rise to peritonitis.*

Perineal emphysema does not appear to have been thought of, or even anticipated; and yet we place upon record to-day two instances in which this complication arose, both of them proving fatal, but not from it alone. In retention of urine from stricture, we have seen, on numberless occasions, good results ensue from the operation through the rectum. Indeed, one of the latest cases brought under our notice was that of a man thirty years of age, at Guy's Hospital, who was admitted with urgent retention from a stricture of eight years' standing. Two pints of urine were drawn off by Mr. Bryant by means of a trocar introduced through the rectum, and on the third day this fluid was passing by its natural channel.

The cause of the emphysema, therefore, is one somewhat difficult of explanation, although there is no difficulty in discovering the source of the diffused air or gas. In the following case there was no peritoneal inflammation, nor any infiltration of urine, to give rise to gas. It proceeded, consequently, from the rectum, and by means of the puncture entered the structures intervening between the bladder and the rectum, and so became diffused throughout the various parts of the body as described in the notes of the case. That this was so is further proved by the feculent odour possessed by the gas on laying open the skin in those parts beneath which it was diffused. Mr. Erichsen imagined that the flatus might have escaped through the opening made, and then passed out of the sciatic notches, whence it would spread by continuation of structure. We apply the term perineal emphysema to this form of gaseous diffusion because it takes its origin in the perinæum.

For the notes of the case we are indebted to Mr. William Hickman, house-surgeon to the hospital.

William L——, aged thirty-two, admitted to Ward 1 on the 20th of November, 1859; a railway labourer; much exposed to cold and wet; temperate. Is positive he never had gonorrhœa, though for the last eight years he has had an occasional discharge from the urethra, especially after taking cold, which always "flew to the passage." He has never had a blow or other injury in the perinæum. When five years old he was injured by a straw entering his urethra whilst playing in a field, and was unable to pass his urine; a surgeon was called in, who, he says, slit open the urethra for about an inch. (This operation appears to have been circumcision, as he has no prepuce, and has not had one since that time.) Since this accident he has never been able to pass his urine in a full-sized stream, and has always been longer about it than other people; but up to eight years ago he suffered no inconvenience from this cause. At that time the stream began to diminish still further in size, and he had to strain a good deal during micturition. Four years ago he first had an attack of retention of urine, and went to a doctor, who, being unable to get an instrument into his bladder, after numerous efforts, gave him medicine, and ordered him to take a bath, and by these means he was relieved. He then went on for two years more, when he again became unable to pass his urine, and went to a surgeon, who, after trying for some time unsuccessfully to pass a catheter, brought him to this hospital, where one was introduced after he had been put under the influence of chloroform. He left the hospital the same evening, and for some weeks after this he passed a larger stream of urine than he had ever done in his life. After a time, however, the stream returned to its original size, and he had to strain very much whilst passing it.

A week ago, the difficulty in micturition again increased, and continued till Saturday morning, Nov. 19th, when he found himself unable to pass any urine at all, and came to the hospital. The house-surgeon tried to pass a catheter, but failing in this, ordered him a hot bath and a purge. After this had acted, he passed a considerable quantity of urine, and finding himself relieved would not stay in the hospital any longer.

The next morning, however, he returned in great pain, with his bladder reaching considerably above the pubes. He had not passed any urine since the previous evening, and but a very small quantity since leaving the hospital. He was ordered an opiate, and put in a hot bath, and afterwards Mr. Erichsen endeavoured to pass a catheter. As the man requested chloroform, this was given him, but no instrument could be got through the stricture, though tried down to No. ½. (It was noted that a slight prolapse of the rectum took place whilst he was under chloroform.) He was accordingly given another hot bath, an opiate suppository, and half a drachm of laudanum.—Seven P.M.: He has not passed a drop of urine; has been in great agony all the afternoon, rolling about the bed, and praying "to be opened." Mr. Erichsen was accordingly sent for, who at once punctured the bladder through the rectum, letting out about two pints of high-coloured urine, to the man's immediate and great relief. The canula was retained in the rectum by tapes.

He went on very well until the 25th November, when, a small quantity of urine having passed by the natural channel, the canula was removed, lest a fistulous opening should be established.

Nov. 26th.—Passed a considerable quantity of urine during the night by the urethra, but with very great pain. Expression anxious; pulse 120, full, but very weak; tongue moist, with a creamy fur; no pain nor tenderness in renal regions. In the afternoon he had a severe rigor, lasting twenty minutes, followed by profuse sweating, and was somewhat delirious at times; he passed a little urine by the rectum with a motion. He also complained of pain in the left hip, but there was nothing to be seen or felt there.

27th.—Has had a very restless night, with occasional deli-

* See Thompson on Stricture of the Urethra. Second Edition.

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rium. Dusky-yellow tint of face and conjunctivæ; pulse 112, very small and weak; tongue brown and dry; has had two or three slight motions, a little urine also has passed per rectum; complains of pain in left hip and right shoulder; during the morning he passed a considerable quantity of very dark urine by the urethra. On examining him, nothing abnormal was to be seen or felt about the perinæum or scrotum or in the rectum; the thighs were observed to be swollen at the upper, outer, and posterior parts, as also both flanks, and, on pressure being made, all were found to be perfectly emphysematous, the emphysema on the right side extending to the knee; on percussion they gave out a hollow note. There is no emphysema to be detected above the groins or ilia until the right shoulder is reached, where it again commences, and extends down the front of the arm to the wrist. He died about twelve o'clock.

Autopsy, twenty-six hours after death.—Whole body very much discoloured. On making incisions into the emphysematous parts, the odour emitted was distinctly feculent, even from the arm; the cellular tissue was white and perfectly healthy. Heart normal. Lungs, liver, and spleen much congested, otherwise healthy, contained no abscesses. Peritoneum unaffected; there was some air beneath that in the pelvis, but it could not be traced upwards to any extent along the vessels or elsewhere. Kidneys large, darkly congested. Bladder: Wall three-eighths of an inch thick from hypertrophy; mucous membrane pale, healthy. The opening made by the trocar was seen quite patent. A probe introduced passed considerably forwards to reach the aperture in the rectum, showing a degree of valvular arrangement. There was no sign of inflammation or of extravasation of urine between the bladder and rectum. On cutting open the urethra, a narrow stricture was found, situated about the bulbous portion. It would not admit an ordinary probe; the urethra was very little, if at all, dilated behind it.

ST. GEORGE'S HOSPITAL.

PERINEAL EMPHYSEMA, SPREADING TO THE UPPER PARTS OF THE BODY.

(Under the care of Mr. TATUM.)

THERE is a remarkable similarity between the two rare cases of emphysema which we now record, especially as regards the origin of the disease. In the present instance it first appeared in the scrotum and perinæum, and thence spread upwards; the depth of space between the rectum and the bladder being found to be fully an inch. This, perhaps, might be considered by some as a cause of the emphysema. In Mr. Erichsen's patient, however, a sort of valvular arrangement was after death discovered at the seat of puncture through the bladder. In both patients the operation was performed for retention of urine, the consequence of old stricture of the urethra, which in each was extremely small and tight.

Although the following case occurred some time back, the extreme rarity of the complication is our excuse for now detailing it, as a companion to the former example of the disease. We have availed ourselves of the notes of Mr. T. Holmes, which were taken when he was surgical registrar to the hospital.

Frederick G——, aged seventy-two, admitted on the 7th of May, 1855, under the care of Mr. Tatum. He was brought into the hospital on account of retention of urine, which had existed since the previous afternoon. It seemed that he had been labouring under difficulty of micturition for about three years; but it appeared doubtful whether the stream had been of the proper size for a much longer period. He was not known ever to have had instruments passed before the attack of retention; and on the day of his admission prolonged attempts at catheterism appear to have been made, which had been unsuccessful, but had occasioned profuse bleeding. On an attempt being made to introduce the catheter, the instrument was checked at about five inches down the urethra by a hard, gristly obstacle, which was found to be perfectly impassable with instruments of any size whatever. Profuse bleeding always occurred when the instrument arrived at this point. He was given large and repeated doses of laudanum, and had warm baths (two during the evening). These measures, however, produced no effect; a small quantity of urine dribbled away, but the bladder seemed as full as ever, and could be felt distended up to the umbilicus. He had taken about half an ounce of laudanum during the afternoon, and dosed so much during the night that it was not thought prudent to give him more. Next day (May 8th) fresh efforts were made to pass the catheter; but as this was found quite impracticable, it was determined to puncture the bladder, which was accordingly done, by Mr. Tatum, through the rectum, and a large quantity of very alkaline, offensive urine drawn off. The urine was found to contain albumen. He appeared much relieved by the puncture, and passed a quiet night. Next morning (May 9th), the right side of the scrotum was observed to be emphysematous. The urine was escaping freely by the canula; and no other part was found at that time infiltrated with air. The bowels were confined, and the appetite very bad. On the 10th, however, the emphysema had extended up both sides of the body as high as the axillæ, giving exactly the sensation of air from fracture of the ribs: less was observed on the front of the chest, and none in the lower extremities. He was much weaker, and evidently sinking. The urine still continued to ooze freely through the canula; but it was found impossible to pass a catheter, although the endeavour to do so no longer occasioned bleeding. He died in the evening.

Autopsy, seventeen hours after death.—The body was emaciated, but otherwise natural in appearance; the thoracic and abdominal viscera were natural; the bladder was large, and the puncture into it was an ordinary one, but the structures intervening between it and the rectum were fully an inch in thickness. The prostate was not enlarged. The stricture in the urethra was so fine that it admitted only of the passage of a bristle.

ST. BARTHOLOMEW'S HOSPITAL.

PUNCTURE OF THE ASCENDING AORTA BY A NEEDLE; DEATH WITHIN TWO HOURS.

(Under the care of Mr. SKEY.)

THE consequences of arterial wounds have lately been well illustrated in this hospital by four cases, all of which have proved fatal. Three of these have been already recorded in our "Mirror"—namely: a wound of the profunda femoris, and a wound of the brachial, both giving rise to diffused aneurism; and a wound of a large branch supplying the tonsil, for which the carotid was tied. The fourth example was even more serious, because it terminated fatally much more quickly than either of the others. It was a punctured wound of the ascending aorta by a needle, and the patient lived about an hour and a half after it. The case is singular, from the fact of the injury being produced by such an instrument.

In wounds of the heart, the sufferer may live for many days, and recovery may even ensue, as in an instance recorded by Dr. Lavender in the *Southern Medical and Surgical Journal*,* of a student, aged nineteen, who had a penetrating wound of the left ventricle from a pocket-knife, which caused hæmorrhage to the extent of a gallon, but notwithstanding a perfect recovery was made. On the other hand, wounds of the large arterial and venous trunks in the immediate vicinity of or around the heart are generally followed by instantaneous death. The length of time Mr. Skey's patient survived may be accounted for by the small size of the wound, and by the fact of its being inflicted *within* the pericardium, entering the aorta about half-an-inch above the point of its leaving the ventricle, thus permitting the hæmorrhage to take place within that membrane. On admission, the patient felt uncomfortable about the throat; and when told that she must remain in the hospital, she walked composedly and without distress into the ward, where a large needle was extracted, there being a minute pulsating spot, which the woman said was the point where the needle in her dress pricked her, as she received a blow or push from her husband.

Such a case as this is full of interest and importance in a medico-legal point of view, and it also affords a practical lesson of the extreme impropriety of wearing pins or needles about the chest in the vicinity of the heart. A wound of the aorta by a needle has probably not been before noticed, although there are recorded instances in which the heart has been wounded by such an instrument. Dupuytren relates one, of five or six wounds of the right ventricle, from a saddler's needle, the patient living twenty-eight days, but dying from cerebral disease. Mr. Holmes Coote has recorded an example—a lunatic who died from acute pericarditis, caused by the intro-

* Brit. Amer. Med. Jour., vol. viii.

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dastion, over the region of the heart, of a needle, which made its way through the right ventricle, and was found sticking in the muscular substance. He also met with two other cases—one in which a man pushed a needle into the heart of a girl; the other a wound of the heart of an infant, caused by the nurse (a little girl) pressing it to her bosom. In these latter, death ensued from hæmorrhage.

For the notes of the following case we are indebted to Mr. Wm. H. Farrington, house-surgeon to the hospital.

S. H——, aged nineteen, a healthy-looking young woman, walked into the surgery, about two A.M., on the 3rd instant, and stated that she had received a push which had driven the hook of her dress into her chest, about twenty minutes previously. Mr. Farrington, the house surgeon, examined her chest, and perceived on the right side of the sternum, between the second and third costal cartilages, the skin to be projected forwards, about the eighth of an inch, by some foreign body, which received a pulsation synchronous with the action of the heart. A small puncture, such as would admit a pin, was the only wound visible, and situated about a quarter of an inch from the projection. There was a single small spot of blood on her chemise. On questioning her, she said it might possibly be a needle, as she sometimes carried them stuck in her dress. She complained of a slight sense of fulness in her throat, and pain in the right shoulder. Respiration was slightly accelerated. Pulse 120, which might have been due to excitement. She said that if he would take it out she felt quite well enough to go home, and it was with great difficulty that she could be persuaded to remain in the hospital. She walked to the ward, and, on arriving there, complained suddenly of great pain in her chest, and faintness. Mr. Farrington went to her a few minutes afterwards, and found her in great pain. Her countenance was livid, and expressive of very great anxiety. The projection on the right of the sternum still remained, though now quite motionless. The action of the heart was extremely feeble, the radial artery being scarcely perceptible. Respiration deep and slow. On ammonia being applied to the nostrils the pulse slightly revived. A small incision was now made over the projection, and, with some little force, a piece of a needle, an inch and seven-eighths long, was extracted, the outer end being slightly bent, and the part containing the eye broken off. It took a direction obliquely under the sternum, and rather downwards. Her condition gradually became worse. Brandy was given to her, but she could not swallow it. Delirium and tossing about came on; the heart became more and more oppressed, the sounds becoming more feeble and distant; the pulse occasionally quite imperceptible, and then returning; respiration deep and at long intervals. She gradually sank, and died about an hour after her arrival at the hospital.

Autopsy, thirty-two hours after death.—(Conducted under the superintendence of Mr. SKEY.)—The seat of puncture was found to be just below the second costal cartilage, and close to the right edge of the sternum. Two small punctures were found in the pericardium, their situation nearly corresponding to the external one. The pericardium was fully distended, containing about a pint of blood, the serum having separated from the clot, which quite encased the heart. Beneath the external coat of the aorta, just at its commencement, was an extravasation of blood, about the size of a shilling. About half an inch above the aortic valves were three or four punctures, such as would have been made by the needle, through the whole thickness of the outer wall of the artery, and within a quarter of an inch of each other, one puncture being about one-sixteenth of an inch long, as if enlarged by the pulsation of the artery while the needle was fixed in it. Both lungs were much congested, and contained very little air. The other organs were healthy.

CLINICAL RECORDS.

CEREBRAL CLOT WITHOUT PARALYSIS, BRIGHT'S DISEASE, AND PNEUMONIA.

IT is a matter of every-day clinical experience to encounter cases in the wards of our hospitals in which three or four diseases are struggling for mastery in a single patient. Some one disease will be more prominent than the others, whilst perhaps the latter may be altogether latent or wholly unsuspected; and it is surprising to witness the tenacity of life, notwithstanding the amount and complexity of the varieties of the morbid influences at work.

A patient (Thomas S——), aged forty-one, was admitted into St. Mary's Hospital on the 23rd of November, 1859, under the care of Dr. Chambers. He had received some injury to the right temple from the blow of a stick three days before, which was followed by symptoms of concussion; these passed off, and were followed by others, resembling, to a certain extent, those of delirium tremens. The latter were present on his admission; they shortly disappeared, and he remained conscious, but at times excited and uproarious. He had also erysipelas of the face, which passed off under treatment. From the condition of his urine, the third stage of Bright's kidney was diagnosed. After some days, pneumonia of the right side set in; and, finally, he died on the 20th of December, thirty-three days after the receipt of the injury.

We had the opportunity of witnessing the post-mortem examination, made by Dr. Broadbent, the resident medical officer, on the 21st of December, in the presence of Dr. Chambers, when the following appearances were observed:—A clot, the size of a large marble, was present in the right hemisphere, near the right anterior cornu, and had become altered in its characters, being partially fibrinous, pale, and evidently undergoing absorption. There was a little fluid in the ventricles, and at the base of the brain. The right lung was distinctly divided into three lobes, the lowest of which was affected with pneumonia. Recent pericarditis existed on the whole of the right side of the heart; the membrane could be peeled off, leaving a highly congested surface beneath. Both kidneys were small and contracted, with very little healthy structure remaining, and in the third stage of Bright's disease; the right was rather extensively invaded by numerous cysts, of variable dimensions. The renal arteries were thickened, as is noticed in old cases of Bright's kidney.

It is remarkable, as was observed by Dr. Chambers, that the man should have lived so long with the amount of disease present within him, and yet he had recovered from the effects of a great part of it. In this single instance, we find a clot in the brain, pneumonia, pericarditis (latent during life), old disease of the kidneys, and erysipelas.

REMOVAL OF A DEGENERATED SPONTANEOUS HÆMATOCELE.

OF the two kinds of hæmatocele—namely, the spontaneous and the traumatic—the latter is by far the most common, produced generally by a blow, which gives rise to bleeding from some ramifying vein in the body of the testis. The introduction of the trocar, in tapping a hydrocele, will also occasion it. The idiopathic form is very rare, and is always a more formidable disease than that arising from mechanical injury. An example of the former is at the present time in Guy's Hospital, under the care of Mr. Poland. The patient is a man about forty years of age, who has been the subject of swelled testicle of the right side from childhood. It commenced to enlarge somewhat rapidly about two months ago, and subsequently attained to a considerable size. Its true nature at first seemed somewhat doubtful. It was tapped, but no fluid came away; an operation was therefore determined on, and was performed on the 17th of January by Mr. Poland, who removed, under chloroform, the enlarged mass, which, on subsequent examination, proved to be, as anticipated, a degenerated hæmatocele—that is, a hæmatocele the blood of which had become altered, in its red particles being absorbed or changed, and some decolorized fibrine remaining behind in the sac of the tunica vaginalis, which was distended to the size of an orange, and contained some dirty, brownish-yellow fluid. The lining of this cavity was much thickened, spongy in texture, and covered with filamentous and laminated masses. It resembled very much the interior of an old aneurismal sac, and reminded us very forcibly of a somewhat similar specimen which we saw removed by Mr. Erichsen, at University College Hospital. The testicle was flattened and lay behind the tumour; it seemed healthy, being separated from the growth by a distinct septum. In the course of ablation, the hæmatocele was found to adhere strongly to the perinæum and to the septum scroti, but did not interfere with the testicle on the opposite side. The wound made by the operation was necessarily large, but the patient is going on extremely well.

ABSCESS BETWEEN THE ABDOMINAL WALLS.

WE have had occasion several times to notice the development of purulent collections within or rather between the abdominal walls, and sometimes it is a matter of doubt whether they are not intra-peritoneal. There is a patient, aged thirty,

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at the present time an inmate of University College Hospital, who has had a large abscess situated above and to the right of the navel, which at first sight seemed as if in the peritoneal cavity, and rendered some amount of caution necessary in the treatment. It appears that twelve months ago he strained himself in the abdomen, and immediately experienced a sharp pain in his right side and kidneys, which remained persistent for three months, when a swelling commenced to form in the epigastrium, which slowly increased and spread towards the navel and right side. On his admission on October 12th, its circumference at the base was fourteen inches, and it projected five inches beyond the natural surface of the abdomen when he was standing erect. Mr. Erichsen ordered issues of potassa fusa to be applied to the surface of the tumour, and on the 25th November, at eleven o'clock at night, when Mr. Hickman, the house-surgeon, examined him, it opened spontaneously, and an enormous quantity of matter was discharged, mixed with much cheesy substance. It continued to discharge for some days, and gradually ceased, leaving a puckered retraction on a line with and a couple of inches to the right of the navel. There can be no doubt that he will make a good recovery.

It is a good rule, when an abscess is known to be present in the abdominal walls, to open it early, to obviate the risk of its bursting into the peritoneum, as well as the danger of its spreading extensively between the tendinous parts which form the walls of the abdomen. In this patient it occurred from a strain; but sometimes it arises spontaneously, as in an instance under the care of Dr. Wilks at Guy's Hospital, which we noticed on a previous occasion.

COMPOUND AND COMMINUTED FRACTURE OF THE LEG AND THIGH.

ALTHOUGH we find, as a general rule, that age tells much against recovery in severe cases of injury, yet there are oftentimes remarkable exceptions; and if they are to be noticed in any one class of cases more than another, it is in extensive and dangerous fractures. Some weeks back, a man, sixty-eight years of age, was knocked down by a cab, and run over. He was taken up and conveyed to the Charing-cross Hospital, and placed under the care of Mr. Hancock. On examining him, it was discovered that he had sustained a rather severe compound and comminuted fracture of the right thigh, and a similar injury to the leg of the same side: thus there was a double compound and comminuted fracture in the same limb. Considering the man's age, impaired strength, and the nature of the injury, some surgeons would not have hesitated to amputate above the highest fracture. He was, however, treated with bark and ammonia from the commencement, and wine. The limb was carefully put up in splints. In a little time callus was thrown out, union of the fractures ensued, the wounds healed, and he has made an excellent recovery.

This case, as well as many others which we have previously recorded, shows that much may be done to cure and to save even in advanced age.

ENCHONDROMA OF THE FIBULA AND TIBIA.

DISEASE of the fibula is somewhat rare as contrasted with that of the tibia. In THE LANCET of the 10th of Dec. last, we placed upon record an instance in which the leg was amputated *at* the knee-joint for medullary disease, which sprang from this bone. Since then another example has come under our notice, at Guy's Hospital, of a man aged thirty-two years, who was admitted on the 8th of December, with a rather large tumour, supposed to be enchondromatous from its extreme hardness, and which sprang from the fibula, commencing distinctly in that bone two years ago. He had been an inmate of the hospital sixteen months ago for the same thing. Now the growth extended upwards into the popliteal space, and was slowly augmenting in bulk. Mr. Poland performed amputation through the lower third of the thigh on the 13th of December, bandaging first the leg from the toes upwards, and then removing it by the circular operation, whilst the patient was under the influence of chloroform. Mr. Poland stated that he should have amputated the limb *at* the knee-joint, but he was prevented doing so by the disease having encroached upon the ham; and there was now no possibility of removing the fibula alone, in consequence of the extension of the disease, which had spread forwards as well as backwards into the calf. In many respects the leg presented a similar appearance to that exhibited by Mr. Fergusson's patient, already reported, only that in the latter the tumour was larger, more defined, and did not spread upwards. Very little blood was lost, and the man was carefully conveyed to bed.

On making a dissection of the limb afterwards, the tumour was found to involve the tibia as well. The entire wound was healed in three weeks; but the patient's convalescence was retarded by an attack of erysipelas.

Medical Societies.

HARVEIAN SOCIETY.

THURSDAY, JAN. 19TH, 1860.

MR. HENRY THOMPSON, PRESIDENT.

MR. HENRY THOMPSON thanked the Society for the honour they had done him in electing him to the office of President, and hoped to receive the support of all its members in carrying out the intentions of the founders of the Society.

Mr. W. F. CLEVELAND presented a

HEART EXHIBITING EXTENSIVE OSSIFICATION.

It was taken from a gentleman, aged eighty-three years, who had been subject to fits of angina, but had been enabled to walk ten miles five weeks before his death. The powers of life began to give way only a week before his death. The aortic valves were extensively ossified; and there was a large lump of bone in the septum. The left lung was found filled with gritty matter.

Mr. WEEDEN COOKE read a paper on the

SUCCESSFUL TREATMENT OF GONORRHŒA AND GLEET WITHOUT COPAIBA.

After referring to Sir Astley Cooper's method of treating gonorrhœa, the author stated his belief that he was only giving utterance to a largely-acknowledged experience when he ventured to affirm that copaiba, in the treatment of gonorrhœa, was not only unnecessary, but that it was, in a great many instances, injurious, and that in all it was offensive to the last degree. During the last fifteen years at least 6000 cases of gonorrhœa had come under the author's care at the Royal Free Hospital, and he had availed himself of these large opportunities to test all the methods of treatment which had been suggested in order to arrive at the safest, quickest, most efficacious, and least disagreeable mode of curing this disease. As introductory to the subject of treatment, Mr. Cooke discussed the subject of the cause of chordee, the reason for the scalding of the urine, the distinction between true and spurious gonorrhœa, and the time when infection may or may not be apprehended. The conclusions he arrived at were—

1st. That chordee, in ninety-nine cases out of a hundred, was due to spasm, and not to effusion of lymph; and that cubebs, acting as an antispasmodic, formed the most efficacious remedy for this symptom.

2ndly. That the scalding was the result of the acid urine passing over the highly inflamed mucous surface of the urethra; and that this was to be remedied by the administration of the alkaline carbonates for the purpose of neutralizing the acidity of the urine, thus removing the principal cause of the continuance of the inflammation.

3rdly. That, in all disputed cases, the true gonorrhœa may be known from the spurious by the presence of redness, heat, pain, and swelling, together with a purulent discharge, more or less green and offensive; whilst a discharge produced by connexion with a person who has leucorrhœa, or has recently been confined, will not be accompanied with these inflammatory signs, and the discharge will be milky in consistence and colour, differing much from the thick purulent discharge of the veritable gonorrhœa.

4thly. The time when infection may or may not be apprehended was discussed in its incubative stage, and at its close. A case was given, showing that the disease may be caught from one person, and not communicated to another two nights after, because the purulent discharge had not commenced at the time of the second intercourse. Respecting infection at the close of the disease, the author had been enabled, from experience, to establish as a law for his own guidance, that gleet—i. e., a mucous discharge from the urethra, consequent on gonorrhœa—does not set up gonorrhœa in another person; but that, whilst any pus is to be found in the discharge, there is probability of infection.

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Passing on to the subject of treatment, Mr. Cooke said that, upon inquiry at the London Custom House, he found that 118,396 pounds of copaiba were admitted into the Port of London only, during the first ten months of the year 1859. If this be administered at the rate of half a drachm three times a day, and supposing each patient takes it for three weeks, we have here copaiba enough to treat 473,584, or close upon half a million persons, and that in ten months only of the year. Considering how often it fails to cure the disease; how frequently it is rejected by, or at any rate disorders, the stomach; how tell-tale and disagreeable is its odour from the mouth and skin; how occasionally it produces a papular eruption all over the body; and that, in many instances, swelled testicle and stricture may be traced to its irritating influence, while gonorrhœa, rheumatism, and ophthalmia have been attributed to its administration: "considering all these objections," the author remarked, "is it not extraordinary that this disgusting medicine continues so long to hold its ground?" The abortive treatment by strong injections of nitrate of silver had proved a failure because in some instances inflammation of the bladder had resulted. The treatment by diluents was slow in its action, and not readily employed by persons engaged in active business. That by diuretics was scarcely more successful; whilst the administration of saline aperients was generally attended with an aggravation of the ardor urinæ as well as chordee. The treatment which had been most successful in the author's experience was the chemical treatment by the alkaline carbonates, given with a view of neutralizing the acid in the urine. Thus one great source of irritation was removed from the inflamed urethra, and the subsidence of the inflammation, which nature would effect, was allowed to take place. As auxiliaries, especially when there is œdema of the prepuce, lead lotions, and elevation of the penis against the abdomen, were commended. The inflammation having subsided, and a muco-purulent discharge being left, the author had found, after giving trial to all the injections which have been at any time in vogue, that the chloride of zinc, introduced into this branch of practice by Mr. Lloyd, of St. Bartholomew's, was the most efficacious of any in curing the disease, and that with less discomfort and in a much shorter time than by any other means. Since employing this treatment he had had little, if any, orchitis amongst his patients. The strength of the injection he most commonly employed was two grains to the ounce, but in some instances one grain to the ounce was sufficient. Whilst advocating this treatment in persons of healthy constitution, it was necessary to completely change it in others. In the strumous, in the dyspeptic, in those of dissipated habits, and where the diseased person is an old offender, the alkaline carbonates are not called for, because either the urine is not acid or the inflammation does not run high. In such cases the tincture of iron, or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement; and the chloride-of-zinc injection in these cases is also of the utmost value in rapidly overcoming the disease.

Respecting diet, the author considered that after the subsidence of the inflammatory symptoms scarcely any restriction need be enforced, and that beer or wine in moderate quantities may be advantageously used by those who are accustomed to these beverages. He had found long-established cases of gleet yield readily to the chloride-of-zinc injection, accompanied with tonic treatment and generous living.

In conclusion, he would rejoice if the treatment he had found so serviceable should be followed out by others, and thus assist in banishing altogether from surgical practice the use of so nauseous a drug as copaiba.

An interesting discussion ensued, supported by Mr. C. Browning, Dr. Langmore, Dr. Stewart, Mr. Ballard, Mr. Times, the President, and Mr. Acton.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JANUARY 2ND, 1860.

DR. BABINGTON, PRESIDENT.

DR. MILROY read a paper, entitled,

SUGGESTIONS FOR UTILIZING THE STATISTICS OF DISEASE AMONGST THE PAUPER POOR.

For the care of the 14,963 parishes and unions in England and Wales, there are upwards of 3000 medical officers employed under the general superintendence of the Poor-law Board, and the yearly public expenses for the relief thus afforded to the poor, are estimated at a quarter of a million sterling. The entire number of paupers three months ago* was, in round figures, 850,000, of whom 111,500 were inmates of workhouses, and the rest were receiving out-door relief, and, consequently, living in their own dwellings. Now supposing that there is little more than a single attack of illness in the course of a twelvemonth to each pauper,—an estimate very much below the probable mark,—we have at once an annual register (for every case is required to be entered) of a million recorded cases of sickness, amongst that very portion of the population, too, whose condition it is most important, for the public welfare, to ascertain. Moreover, besides the regular paupers, a large proportion of the poorer labouring classes are in sickness treated by the parochial medical officers.

Hitherto the immense mass of statistical information in the returns made by these gentlemen, has never been explored, or turned to any account; nor can it be until some system be adopted to tabulate and collect the leading facts. We know nothing, as we ought to know, as to the most frequent disabling diseases in different towns, villages, and rural districts, amongst the poor; nor the influence of age, sex, condition, and employment in their production. And yet most valuable data upon all these points might be obtained from the returns which the medical officers are required to make for boards of guardians, and which thenceforth most unfortunately cease to exist.

The mortuary returns afford a very imperfect idea of the suffering, disablement, and wretchedness occasioned by any malady. Take one example: on an average, 16,000 persons die yearly in England and Wales from continued fever. This number of deaths probably represents little short of 200,000 cases, of a disease, too, which experience has proved to be all but under direct control and prevention as regards its causation, and which is also one of the most frequent occasions of pauperism amongst the families of the poor.

If we suppose that there are between twenty and thirty cases of sickness for every death, knowing, moreover, that from 50,000 to 60,000 annual deaths in this country may be regarded as premature and avoidable, there must be at the very lowest estimate more than a million attacks of illness every year which might be prevented by greater attention to the hygienic condition of the labouring classes more especially. No wonder, then, that three-fourths of all the actual paupers in the country have been made paupers, directly or indirectly, by disease.

The public interest demands that all authentic means of elucidating this great social problem should be brought into requisition; and no plan can be better than that which has been followed with such good results in other departments of the public service. Five-and-twenty years ago, no use was made of the constantly accumulating medical returns of our army and navy in reference to the average annual amount of sickness, mortality, and disablement amongst our soldiers and sailors, although it had long been suspected that the rates were excessively high. The statistical returns and reports since published have afforded the groundwork for almost all the salutary changes which have been already effected, or which still remain to be effected, in both services.

Were something of the same sort done with the mass of instructive details contained in the returns and reports of the parochial medical officers, equally beneficial results would ensue to the poorer classes, who suffer a disproportionate amount of sickness and death from circumstances not inevitable or inseparable from mere poverty, but which are superadded to it from either the ignorance or the criminal neglect of those who have it in their power to prevent their production. An annual report founded upon an examination of these documents, or rather of a simple tabulated register of their leading results according to a form submitted to the meeting, could not fail, in conjunction with the admirable yearly report of the Registrar-General, to be of the highest value to the science of public hygiene and topographical medicine. The tabulated returns would of course have all to be transmitted to the Poor-law Board, and there examined and digested by a competent authority. This scheme could only be successfully carried out, it is obvious, by securing the co-operation of the parochial medical officers throughout the kingdom. These gentlemen have, however, always shown themselves amongst the most active promoters of every rational proposal for improving the social condition of the poor, and for advancing the best and highest aims of the healing art. If it were as easy, Dr. Milroy observed, to overcome official inertia and the unwillingness of governmental departments to introduce any change in established procedure,

* The paper was written in the early part of 1858, and submitted at the time to the consideration of the Poor-law Board, who undertook to give it due attention.

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as it would be to enlist the sympathy and assistance of our professional brethren to the measure suggested, the prospect of something being done would probably not be very remote. It will not be from the medical officers that the chief obstacle to the project being entertained is to be looked for. Their co-operation has but to be solicited in the right channel, and that co-operation will be, ere long, very generally accorded, on grounds purely beneficent and scientific. The sanitary inquiries instituted twenty years ago at the instance of the Poor-law Board, and which issued in obtaining the authentic information respecting the domiciliary and general condition of the working classes on which all the recent legislation on public hygiene has been in a great measure founded, owed most of their value to the important evidence of parochial medical officers in different parts of the country.

Besides the duty of preparing the annual report on the sickness &c. amongst the poor throughout the kingdom, the services of a competent officer in connexion with the Poor-law Board might be signally useful in various ways. The state of many of the workhouses calls for inquiry; and no one obviously could do this so efficiently as a gentleman who would have to make himself acquainted with the state of all of them. The single fact that the number of deaths in the metropolitan workhouses has constituted the eleventh or twelfth part of the whole mortality of this great metropolis, will suffice to show the magnitude and importance of the interests involved in such an investigation.

A discussion followed, in which Dr. J. Bird, Dr. Camps, Dr. Babington, Dr. Aldis, Mr. Radcliffe, and Dr. M'William took part.

Reviews and Notices of Books.

On the Injurious Effects of Mercury in the Treatment of Disease. By S. O. HABERSHON, M.D. Lond., Senior Assistant-Physician to Guy's Hospital, &c. pp. 86. London: Churchill.

WE extremely regret that Dr. Habershon did not, to use a common expression, think twice before treating us to this counterblast against mercury. We can scarcely help believing but that, had he done so, he would have recollected the profession has for a long time admitted that our forefathers were apt to use the agent in question both indiscriminately and in exaggerated doses; that it knows full well some few practitioners of the present day fall into like errors; that abuse of a drug is not the same as the right use of it; and that the employment of mercury in the treatment of disease does not necessarily imply the production of salivation. The recollection of these truths surely would have saved us, on the one hand, from being told of them anew, tired as we already are of their frequent repetition, and, on the other hand, from discovering Dr. Habershon himself confounding *abuse* with *use*, and the proper administration of mercury sometimes with the induction of salivation, and at other times with the causation of those marked evidences of systemic saturation which so few judicious medical practitioners desire to obtain. If the profession generally still believed, and acted upon the belief, that mercury was a valuable drug *omnibus semper et ubique*—in fact, a *panacea*—and constantly gave it in such large and continued doses as produced extreme depravation of the vital powers, then Dr. Habershon might be listened to, though it is true he merely reiterates what others have often said before him. But surely such is not the case, and we think that the author's experience has been both singular and unfortunate in authorizing him to say—

"Many instances are constantly coming before our notice, in which the patient endures much unnecessary suffering; convalescence is retarded, and even worse results follow from its use. We are persuaded that much unmerited obloquy is thrown on our profession from such a course," &c.—p. v.

"A man receives a mechanical injury,—he is mercurialized, as we have known, to prevent so-called inflammation taking place; there is headache sometimes, because the heart cannot propel the blood into the brain (for there may be intense headache from exhaustion as well as repletion),—mercury is given; or blood gravitates into the uterine, rectal, or other veins,—mercury is used to unload them, although the condition may arise from exhaustion. A patient is affected with *pneumonia*, it may be from injury,—mercury is the remedy; from mechanical retardation of blood,—mercury is given; from exposure to cold,—mercury is given; from retained secretions or a modified character of the blood,—mercury is given; from pressure on the pneumogastric, and consequent changed nervous supply,—again mercury is given, as if the changes were the same in each instance, whatever the disturbing cause."—p. 24.

If Dr. Habershon means to assert that the latter paragraph which we have here quoted represents the ordinary reasoning and treatment of the great body of general practitioners of this country, we must be permitted to tell him he has been egregiously misled by very partial observation. We were puzzled for some time to know why Dr. Habershon was so red-hot a zealot against mercury, and had assumed the character of "whipper-in" of the profession. At page 19 the light gleamed in upon us. We there discovered the author had become a convert to the doctrines of "young Medicine;" the riddle was solved to our minds as we read—

"The able arguments brought forward against bloodletting, in the discussion as to the changed type of disease, by Dr. Hughes Bennett and others may be applied with nearly as much force to the treatment of inflammation by mercury."—p. 19.

Like all young converts to a new faith, Dr. Habershon is very warm in its favour, and—perhaps not unnaturally, though very tiresomely—at once sets out upon some knight-errantry on behalf of it. The first tilt—the more facile, and therefore the more fashionable one—of course is against *inflammation*. This adversary is upset, along with bloodletting, mercury, depletion, &c., and then brought to life again, not by brandy-and-water, but by "water or brandy." But let us hear Dr. Habershon:—

"Theories of inflammation are made, and mercurial action fitted in; and truly this *word* inflammation has been nearly as injurious as the thing itself. It has engrafted itself so completely into medical phraseology and into the public mind, that my friend and colleague, Dr. Barlow, may well term it the 'bugbear inflammation.' It were well, if possible, to abolish the term altogether, and seek for another to express the phenomena observed, and then we should be more likely to arrive at unbiassed and correct ideas."

Truly the word "inflammation" is engrafted into medical literature, and we—foolishly, it may be—imagine that it will require other men than our author and his "friend and colleague" to banish the "bugbear" from it. Surely the former cannot be serious in supposing that such statements as the following will be in any way conducive to the purpose:—

"If we knew all the facts of pathology, it may be we should find that in every case of so-called inflammation there is too little inflammation. ..... Would not some other term more correctly express the condition which really exists? Atrophy and hypertrophy are terms in familiar use; perhaps *metatrophy* might be employed to express the phenomena of changed nutrition in ordinary acute or chronic inflammation, and *paratrophy* other forms of perverted nutrition. ..... Any remedy that has been supposed to possess properties by which this so-called inflammation could be checked has received the name of antiphlogistic, and mercury stands foremost amongst them; but water or brandy often fulfils a similar purpose, and many agents possess equal power in this respect. This phraseology is a vestige of days of ignorance, and has only hypothesis to rest upon."—p. 21.

"In medicine, however, we still retain the antiphlogistic remedy, and too often diseases are considered as conditions requiring to be smothered out—unfortunately, by frequently also extinguishing the patient."—p. 22.

If these are specimens of the "unbiassed and correct ideas" to which we are to be assisted, we beg leave to decline them. In connexion with all these objurgations against "inflammation" and its treatment by a rational use of those remedies which the mass of the profession has recourse to, and which play so important a part in our modern medical neology, we beg to recall to mind that medicine is built up from both theory and practice. On questions specially relating to the

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latter, the experience and judgment of such men as Brodie, Watson, Stokes, Graves, Latham, Sir Henry Marsh, Abercrombie, Annesley, Trousseau, &c., most of whose names are quoted by Dr. Habershon, outweigh those of hundreds of warm-tempered, enthusiastic microscopists, physiologists, morbid anatomists, and devisors of ingenious theories. To such men the school of "young Medicine" appears unflinchingly opposed. Be it so: we admit that it is often inventive, not seldom plausibly progressive, and occasionally worth listening to. But theory is one thing; bedside, Hippocratic medicine quite another. It is from the domains of this latter that our knowledge of the treatment of disease must be drawn. In these domains, the well-known names we have quoted above are radiant with respect and honour. Before *we* resign our faith in the lessons they have taught us, we must have something else to put our trust in than *metatrophy* and *paratrophy* for our pathology, and "Skodism" for our therapeutics.

The Social Science Almanack and Handbook. London: Kent and Co.

THIS excellent little shilling handbook contains, as its title indicates, an epitome of valuable information on subjects connected with social science, arranged under the heads adopted by the National Association for the Promotion of Social Science. The section of "Public Health" is carefully compiled, and supplies a list of all the papers on public health read at Bradford, with the names of the authors; and details the progress made in dealing with the subjects of Vaccination, Quarantine, Sickness of Colliers, Drinking-Fountains, Lunacy in Workhouses, and the Analysis of Public Health. Lists are supplied of the Medical Sanitary Societies and Officers of Health. Those who are interested in any of these subjects meet here with the last news and furthest indications for the future; whilst everyone may see what is being done for public health, and who is doing it.

New Inventions

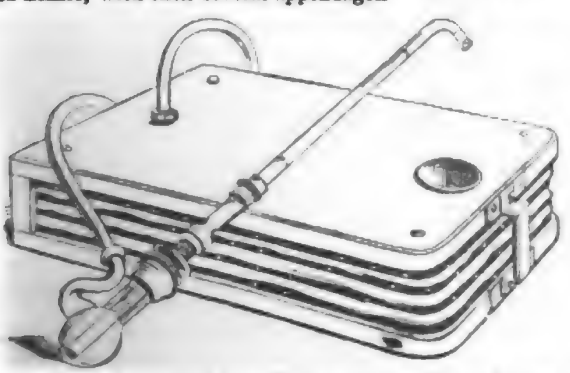
IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

THE HYDRO-PNEUMATIC INHALER.

BY MR. W. A. THOMPSON.

THIS invention, which is intended for the local treatment of affections of the mucous passages of the throat, whether arising from nervous irritation, relaxation, œdema, inflammation, (common or specific,) or ulceration, may be described as consisting of four parts—viz., bellows, flask, adjusting apparatus, and nozzle, with their several appendages.



1st. The bellows contain nothing particular beyond what is obvious to the eye, except three internal springs, by the influence of which their upper surface becomes raised, and the bellows simultaneously inflated by the air entering the round opening.

2nd. The flask has an egg-shaped body with two necks, one for ingress, and the other for egress, the former of which is curved and connected, by means of four feet of elastic tubing and an union-joint, with the bellows, whilst the latter rises perpendicularly from the body. A glass cylinder, traversed by about sixteen capillary tubes, ascends from the bottom of the flask to the upper portion of the perpendicular neck, where it is retained, in position, by a silver spring.

3rd. The adjusting apparatus is connected with the neck of the flask, and has a tube with a thread turned upon its outer surface, to admit of the tube being more or less approximated to the top of the glass cylinder.

4th. The nozzle, connected to the above by means of an union-joint, has its remote extremity curved at a right angle with its shaft, and is there furnished with a screw-cap for the enclosure of a plate of fine silver-wire gauze. Charging the instrument is effected by unscrewing the union-joint of the nozzle, and pouring into the flask about half a drachm of the required fluid.

The inventor thus explains the principle of its action:—The top of the bellows being forced down, and the handle turned to the right, the top will immediately rise, when the tongue of the patient must be depressed and drawn forward by the index finger or depressor in the left hand of the operator, the nozzle introduced into the posterior fauces, and, the opening of the bellows being covered with his foot, the air, forced by his weight, will rush through the elastic tube into the flask; but being unable to escape therefrom with the same rapidity, owing to the relatively smaller opening between the glass cylinder and adjusting tube (which is regulated by turning the screw of the latter), it becomes condensed, so as, by its increased pressure upon the surface of the medicated liquid, to raise it to the summit of the capillary tubes; whilst, at the same time, the air, which will have passed the above obstruction, has acquired increased space for its expansion, and, exercising its property of elasticity, removed any impediment to the ascent of the fluid. It will thus be seen, that the supply of liquid will be in proportion to the difference between the ingress and egress openings of the flask. We have now traced the liquid (carried by a strong atmospheric current) to the nozzle, along which it passes to the gauze disc at its extremity, whence it is dispersed upon the diseased surfaces in a minutely-divided and misty spray, and thus passes through the opening of the glottis, during inspiration, without causing the slightest inconvenience to the patient.

HOW TO POISON CORRESPONDENTS.

(NOTE FROM MR. G. W. M. REYNOLDS.)

To the Editor of THE LANCET.

SIR,—I trust to your impartiality and love of justice for the insertion of this letter.

In your impression for January 21st, you have made as violent an onslaught upon me as if I had set a house on fire, or committed some other enormous crime deserving the execration of all mankind.

It is perfectly true that in a recent number of my *Miscellany* a serious error occurred in a receipt given for palpitation of the heart, where ten *drachms* of tincture of foxglove were recommended, instead of ten *drops*. The error was that of the compositor, and occurred through no mistake on my part. I did not *copy* the receipt, but *cut it out* of "The Household Book of Practical Receipts," where every word is accurately printed. That my "reader," in correcting the proofs, should have been more careful, there can be no doubt; but *errare humanum est;* and everyone who is connected with the press knows that mistakes will now and then occur, despite the closest attention of the most careful reviser.

As for that portion of your article which implies that I am not "a conscientious person" because I give medical receipts in my *Miscellany*, I have only to say that I invariably quote such receipts from those works which I consider to be reliable authorities, and that it is merely in the simplest cases I even undertake to furnish these receipts at all.

I remain, Sir, your obedient servant,

Woburn-square, Jan. 1860. GEORGE W. M. REYNOLDS.

*** We hope no one has taken the "ten *drachms* of tincture of foxglove."

POISONING BY MISADVENTURE.—A child twelve months old was poisoned at Glasgow last week by misadventure. The father said that he asked at Old Apothecaries' Hall for "sweet almonds and some sort of oil for his son;" but he got bitter almonds, which proved fatal to the child.

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THE LANCET.

SATURDAY, JANUARY 28,

BEING

No. 4

OF THAT JOURNAL FOR THE YEAR 1860.

THE saddest and most humiliating page in the history of human error is that which comprises the records of medical impostures; for it is here only that we find the rogue's march more than keeps pace with the march of intellect, and that knowledge, slowly and laboriously accumulated through many centuries of toil, is distrusted, whilst barefaced impostures and ignorant assumptions gain crowds of credulous victims. If it were a question of fleas and such small deer, public indignation would be aroused by the mere suggestion that, with all our improved personal cleanliness, we voluntarily devote our delicately-kept skins to the encouragement and propagation of vermin, against which our ancestors, without calico or cleanliness, were defenceless. The charlatan is so much worse than the flea that he preys upon the whole body, instead of being content with a bite and a sup, and, in addition, demands payment for the exercise of his blood-sucking propensities. Yet, even in days of deepest ignorance, men were not so befooled, and so swindled in a wholesale fashion, by quacks, as at the present time. The advancement of knowledge has rendered it daily more difficult to impose on them in whatever concerns their time, their faith, or their money. PETER the Hermit would now preach the blessings of a crusade to deaf ears, if it involved personal service; MAHOMET might promise any amount of houris, and "that the felicity of Paradise should consist in a jubilee of conjunction," (as Sir THOMAS BROWN modestly puts it,) without gaining a single convert; and LILLY, magician to the court of CHARLES, and charging large sums for his advice, would now find the only court open to him to be that of HENRY—magistrate in Bow-street—and the only charge one of swindling.

All these changes are attributed with smug self-complacency to the influence of advancing civilization, to the intellectual improvement of the masses, the progress of the human mind, the assertion of the individual *ego* in judging of whatever is submitted to the reason, with many other fine things of the sort. And it is this assumption of exceeding wisdom which renders the modern encouragement of quackery utterly absurd by the contrast it presents. Impostures which the untutored mind of a wild Indian would reject with contempt, for their illogical absurdity, now obtain faith and credit amongst thousands, who delight in their intellectuality; and delusions of charlatans, such as our ancestors would have put in the pillory, are now devoutly credited amongst people who can reason astutely as to the gain or loss of a pound, yet entrust their lives, or the lives of those dear to them, to the care of men whose professional life is a daily lie, who ignore both science and conscience, and whose shallow reasoning and baseless arguments are at once confuted by bringing the slightest glimmer of reason to bear on the bombastic creed they adopt, and the arrogant pretensions they assume. This is no over-charged picture of that wide-spread system of quackery known as Homœopathy, and of the persons who must maintain the cheat to maintain themselves. If credulous mortals, who take small globules of nothing, and pay large fees for the privilege,—who allow the elaborate machinery of their bodies to be submitted to principles of treatment which they would deem absurd if applied to their watches when out of repair,—who are weak enough to take "*omne ignotum pro magnifico*," and to believe any amount of nonsense if clothed in pretentious jargon which sounds like science,—would try this humbug of homœopathy by the same tests they employ before deciding on an investment for money or an occupation for time, then the whole edifice of the imposture would at once crumble to the ground, instead of its fate being delayed until hundreds more shall have been done to death in exposing the cheat.

We cannot deny that some men of a certain professional eminence have, at different times, given in their adhesion, more or less qualified, to the creed which originated with HAHNEMANN. This fact we can no more account for than we would undertake to explain the eccentricities of mankind from the time of NOAH. But we believe that very few members of the profession have ever for themselves examined the tissue of illogical absurdities, vulgar bombast, and isolated and unreliable data of which HAHNEMANN'S *magnum opus*, the "Organon," is made up, or they would easily find a term to describe the only possible cause for this deplorable dereliction. To this we will hereafter recur when considering modern homœopathic literature and its professors. At present we confine ourselves to the "Organon" itself.

The life of HAHNEMANN, and the disreputable shifts by which he lived before he hit on this notable scheme, are worthy of attention by those who believe that a bad tree cannot produce good fruit, and who do not expect grapes from thorns or figs from thistles. But if he had been merely a hard-working, wrong-headed enthusiast, honest in purpose, and believing what he taught, there is sufficient intrinsic evidence in the "Organon" to carry conviction of its utter absurdity to any rightly-balanced mind. In HAHNEMANN'S time it was the perfection of homœopathic argument, as it is now-a-days, to make assertions without proof, and offer as pledge for their truth the poor repute of the utterer of this base "coinage of the brain." Thus, in the "Organon," a preface, which is rather blasphemous in its general tone, concludes by an assertion (without any arguments) that the true art of healing remained undiscovered till the author's time. The same gross self-laudation is carried, *ad nauseam*, through nearly every page, and might, to any but a bigot, betray its worthlessness; since true genius, such as that of BACON and NEWTON, is ever modest. The form of the book itself is a pitiful imitation of the "Novum Organum" of the philosopher of Verulam, who, in his preface, aspires to no higher individual honour than is comprised in these noble words:—

"We here at the entrance of our work put forth our prayers to God that, remembering the miseries of mankind and the pilgrimage of this life, where we pass but few days and sorrowful, he would vouchsafe, through our hands and the hands of others, to relieve the human race by a new act of his bounty."

What a contrast! Yet, a little while since, an English clergyman had the effrontery, in a public assembly, to refer to the quack of Coethen as "the divine HAHNEMANN."

We might illustrate the absolute correctness of the decided

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terms above used to describe the "Organon" by quoting from any page of the book; but as it professes to describe this "new system of physic," we will proceed in systematic manner. Here is the way, then, in which everything and everybody who lived in the olden time are disposed of:—

"How could the old school blindly take the vital power for its best instructor and guide, whilst reason—that magnificent gift of the Deity—has been granted to us in order that we may go infinitely beyond it?"—p. 28.

This improving of nature off the face of creation is followed by asserting

"That innate power of man which directs life in the most perfect manner whilst in health was not created for the purpose of aiding itself in disease."—p. 38.

"Cures have never taken place but by homœopathic means."—p. 94.

It is not denied that people were prone to sickness in old times; but as it is evident, from the above extracts, that nobody ever got well, and nobody ever was cured, a staunch homœopath must have a difficulty in understanding how his respected ancestors got through the ills that flesh is heir to, and should discard the good old folks for not dying to support by anticipation the very rational doctrine above quoted.

The vital powers being, therefore, mighty in health, but inert in disease, it might be reasonably conceived that medicines would have their influence modified by the same bodily changes. The crafty old quack disposes of this difficulty by asserting (of course despising such things as reasons or explanations) that

"We ought to rely solely on the morbid appearances which medicines excite in healthy persons, the only possible manifestation of the curative virtues which they possess." (§ 16.)

And when this matter is so comfortably settled, the guide to administering medicines is thus clearly and logically set forth:—

"A genuine medicine will, at all times, and under every circumstance, work upon every living individual, and excite in him the symptoms that are peculiar to it." (§ 27.) "One particular medicine does *not* affect every individual in a like manner, or with the same degree of energy; on the contrary, there exists, in this respect, the greatest diversity possible." (§ 123.)

Though prepared by this method of riding rough-shod over all reason and consistency, for any kind of insult to the human understanding, yet the fifty pages devoted to "actual" proof of the homœopathic axiom, "similia similibus curantur," are really startling for the lies and nonsense therein contained. Here follow a few specimens, the wording only being abbreviated:—

Colchicum autumnale cures a *species* of dropsy—to have been expected from the particular power it possesses of diminishing the urinary secretion. (This assertion is simply a lie—*vide* PEREIRA.)

LIE 2: Amongst the effects which belladonna excites are symptoms which, taken collectively, represent hydrophobia—a disease cured in a perfect manner by this plant.

LIE 3: Hyoscyamus cured jealousy. "This plant excites jealousy and madness in persons who are in health."

LIE 4: The curative power which caustic potash exercises in all kinds of tetanus. "Could it be accounted for by a more "simple and rational manner (!) than by the facility which "this alkali possesses of producing homœopathic effects?"

LIE 5: Tin cured a species of phthisis, because this metal produces a species of phthisis.

And so on: an unfair selection of cases that might possibly support these assertions being made from the works of old writers, who knew little of pathology, and less of the minute diagnosis of diseases. But this "Organon," with these assertions, has been published nearly fifty years. Surely the modern disciples who pretend to be guided by it must be very cruel gentlemen not to publish a few dozen of well-authenticated cases of tetanus and hydrophobia and consumption, cured by potash, belladonna, and tin. But they know, as well as we, that the title we have prefixed to each of these assertions is the only one that truly describes it—conscientious men that they are!

We have not space to record the absolutely absurd directions given as to diagnosis: how everything is to be written down in the patient's words, however garrulous, without interruption, and each symptom in a separate line; how inquiry is to be made about "amorous desires" in women, and other items which would probably entail a justifiable kicking. But when all this is done, the result is one of startling simplicity, and scarcely worth the trouble: for all chronic diseases are alleged to be due to syphilis, sycosis, or itch; and the latter is in such high favour that it would seem to be, after all, the true physical manifestation of original sin. Thus,

"Itch is the sole true or fundamental cause that produces all other countless forms of disease which, under the names of nervous debility, hysteria, hypochondriasis, insanity, melancholia, idiocy, madness, epilepsy, spasms of all kinds, rickets, scoliosis, cyphosis, caries, cancer, fungus hæmatodes, gout, piles, jaundice, cyanosis, dropsy, amenorrhœa, gastrorrhagia, epistaxis, hæmoptysis, hæmaturia, metrorrhagia, asthma, suppuration of the lungs, impotency, barrenness, megrims, deafness, cataract and amaurosis, general paralysis, loss of sense, pains of every kind, &c., appear as so many peculiar, distinct, and independent diseases"—§ 73 (*ipsissima verba*).

And in a note is added—

"It cost twelve years of study and research to trace out the source of this incredible number of chronic affections—to discover this great truth, which remained concealed from all my predecessors and contemporaries."

How the old women, male and female, and weak-headed clergymen, who are the chief priests of homœopathy, can reconcile themselves to this description of the cause of their ailments, may well be wondered. But it should be borne in mind that such folks, who will disinherit their families for an imaginary personal insult, and will fight like savages about the cut of a garment or the maintenance of an idle form, are singularly tolerant of impostors, who flatter their self-love by craftily appealing to them as judges on subjects concerning which they know absolutely nothing. Dense ignorance and extreme self-conceit are always the most favourable soils for the growth of credulity. But the introduction of itch as a fundamental element in pathology was evidently intended by HAHNEMANN to form an important part of the homœopathic creed. Thus he declares that "a venereal affection may turn to the itch, and *vice versâ*" (§ 35); that he "cannot advise "local destruction of cancer of the lips, the result of itch "strongly developed, itch being the original disease" (§ 202); "generally when the physician thinks he has an old case of vene-"real disease, it is a complication of syphilis and itch" (§ 203); "almost all which I before designated as partial diseases belong

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"to itch; to these belong the so-called diseases of the mind and "temper" (§ 207); "of non-febrile intermittents, the greater "part result from a development of itch, sometimes complicated "with syphilis" (§ 229); and so on. We need not quote more to show that itch was intended to be considered as a mysterious and awful disease, and the ignorance of men at that time favoured the imposture. Unhappily for the whole scheme, it was proved some years ago (though it had been rumoured even in HAHNEMANN's time, only he never heard of it) that itch is entirely due to a parasite, and never existed, except as the result of the irritation caused by the insect.

But enough of such nonsense; not that a tithe of the absurdities has been mentioned, but we have quoted sufficient for our purpose—sufficient to prove that homœopathy started as a monstrous lie, obnoxious to truth, opposed to science, and incompatible with reason. What it has now come to, and in this country, and the miserable shifts to which its disciples and its dupes are forced to resort, we will point out in a future article.

OUR metropolitan hospitals contain about 1200 beds, specially devoted to what are called medical cases. It is probable that these 1200 beds are occupied by not less than 150,000 patients annually. Yet it may be doubted whether from all this unceasing stream of suffering humanity which is thus brought to run through the channels appointed by private and public benevolence, in order that, whilst relieving it, science may be diffused to the lessening of suffering all over the world, much that deserves the name of true clinical instruction is to be found. It is not the least amongst the achievements that have marked the career of this journal that the experience acquired by observation in the wards of our public hospitals is now recognised to be public property, and not alone the personal possession of the physicians and surgeons who conduct the treatment. Since we asserted and made good our title to record for the benefit of the profession at large, and through it of the public, the treasures of medical knowledge that are there constantly being exposed to the gathering, it may be fearlessly said that all right-thinking men have cordially acquiesced in the justice and necessity of the principle we affirmed. The most immediate benefit was felt by the physician or surgeon himself. Obliged to practise under the intelligent observation of others, and called upon to give reasons for what he was doing, his faculties became more acute, and his judgment clearer. The benefit of increased acumen on the part of the medical officer was immediately reflected on the patient. His disease was more accurately studied, and he was treated better. Thus, from the greater knowledge and skill of the professor, and from the more minute exposition of the patient's disease, the stores of science were rapidly enriched, and students became the bearers of knowledge and skill of inestimable value to all the corners of the earth. This was the true inauguration of Free-trade in Medicine. The policy of Protection, indefensible enough when it denies to the poor man his daily bread at the natural cost, is something inexpressibly odious when it is so applied as to check the very growth and prohibit the diffusion of knowledge.

Thus one great step has been gained. But we firmly believe that physician, patient, and student may gain yet more. The course of the physician through the medical wards, surrounded by a troop of students, too much resembles the progress of the reapers in a corn-field, followed by the gleaners, picking up, with shyness and with difficulty, the few stray ears that escape the sheaf of the master. By this desultory and unmethodical course, it is very much a matter of chance whether a student derive any profit or not. If industrious, he has to gather up his scattered ears and grains at such long intervals, that it is only with infinite pains he is able to collect enough to make a meal. If not industrious, we need not say what becomes of him. He carries his scanty store of chaff and grain to the grinder, when woe betide him! for even trituration of forty-horse power will fail to increase the quantity or improve the quality of his gleanings.

If we ask why it is that clinical instruction is thus desultory and without method, we fear we must seek for the solution in the constitution of our hospital medical staffs. The system of maintaining two orders of officers, styled physicians and assistant-physicians, giving to the first all the beds, and to the latter all the drudgery of the out-patients' room, is an effectual barrier to the advance of clinical instruction. The full physician is often full of extra-nosocomial engagements, and has rarely the time to develop the resources before him into clinical teaching; whilst the junior physician is too often jealously excluded from doing that which he would gladly do. Here we still see a remnant of medical protection. One order have possession of the beds of an hospital, and regard them as their property; they cannot cultivate them to the full advantage of the students, and will not allow them to be cultivated by others. Thus, in almost every hospital in London, there are students wanting clinical instruction, patients supplying the materials, able and zealous men ready to instruct, and other able but over-occupied men standing in the way. We have no hesitation in affirming that three beds given over to each assistant-physician, for the purpose of clinical instruction, would be more valuable to the student than the extensive hospital-walking he now performs.

It is well observed by Dr. BRINTON, in the sound practical Clinical Remarks we publish to-day, that as examination at the bedside now seems likely to be adopted as a means of finally testing the student's fitness for practice, it may be hoped that by-and-bye the examining boards will dispense with the clumsy expedient of merely recognising the number of beds in an hospital, and will accept the student who can detect and treat disease, without asking whether he has learnt to do so by working sedulously in a large hospital or in a small one. What is wanted is, not to make a few good clinical clerks, but to give to every student the opportunity of cultivating his faculties of observation and judgment by enlisting him systematically in the practical duties of attending upon the sick. This can only be accomplished by bringing every student under the immediate training of the physician, making him a direct party to the exploration of the patient's condition, and making him feel throughout the interest of responsibility in the progress and termination of the case. In Italy, in France, in Edinburgh and Dublin, this system is successfully carried out. That it should also be carried out in London,—the great centre of British science,—is a matter of such surpassing moment, that if any obstacle be found in the constitution of our hospitals, then must our hospitals be reformed. The system of clinical examination now fairly carried out by the University of London must react by extending and improving the benefits of clinical education.

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In a free country, publicity is the great lever by which reform and improvement are effected. It is the guardian of the public interests in our Houses of Parliament, in our courts of law, and in all public assemblies. Secret proceedings engender suspicion, foster tyranny, and retard progress. Liberty is a flower that flourishes under the genial light of day, but droops and withers in the uncongenial atmosphere of darkness. Corporate bodies which ignore publicity usually do so from a conviction that their proceedings would not bear the test of discussion. They work, like the mole, in darkness, and are afraid of the light. Throw but a ray of light upon their acts, and that ray, like the spear of ITHURIEL, paralyses or dismays them. A public body that dares not place its doings on record may fairly be assumed to be an enemy to the public interests. The progress of opinion must eventually compel even the most secret conclaves who nominally represent public interests to submit their proceedings to the criticism of those whom they are presumed to represent. The close and irresponsible bodies placed at the head of the medical profession must in time succumb to the requirements of the age. Even the Council of the College of Surgeons, if they are to continue their functions, must submit to this inevitable necessity. They must follow the example which has been set them by the Medical Council, and publish an abstract of their proceedings for the benefit of their constituents. When they are placed in that position, their acts of injustice and tyranny, if not prevented, will at least be controlled. Then we shall be informed who are the traitors to the cause of wholesome and judicious reform; then we shall know to whom we are indebted for the perpetration of such outrages against common honesty and decency as were lately inflicted upon Professor OWEN; we shall then learn who were the friends and supporters of Messrs. HORTON and MEREDITH; then the Fellows of the College will be in a position to determine to whom they shall give their votes as members of the Council; then a mockery of representation will be transformed into a reality, and tyranny no longer work with the "machinery of freedom;" then we shall be informed of the grounds upon which a member of the Council is transferred to a seat in the Board of Examiners, and shall be able to ascertain whether he has owed his election to his services to the profession or to his toadyism to the members of an irresponsible Board. The Fellows are annually called together to record their votes *pro et con.* in reference to an individual of whose proceedings they are totally ignorant. Such a state of things cannot be permitted to exist. The sooner the remedy is applied, the sooner will the interests of the profession and the public be protected.

Medical Annotations.

"Ne quid nimis."

SMALL-POX AND VACCINATION IN ENGLAND, IRELAND, AND SCOTLAND.

SERIOUS fears are entertained that the most careful measures will hardly suffice to check the progress of small-pox in the western districts of London. It is unquestionably advancing in that direction. The Small-pox Hospital continues to be full, and several of the workhouse infirmaries are in the same condition. At Kentish-town, great alarm has been excited amongst the parishioners this week by the resolution of the Committee of Directors of St. Pancras to convert the Commissioners' Rooms into a temporary hospital for the reception of small-pox patients, there being no more room in the Infirmary, and several patients waiting for admission. Some fifty of the inhabitants waited upon the directors at St. Pancras Workhouse, and, in consequence of their representations, it was ultimately resolved to suspend the removal of the patients to the Commissioners' Rooms until after a special meeting of the Board of Directors. A committee was also appointed to proceed to Hackney, and endeavour to obtain for the purpose a house in an isolated position. Meanwhile, each case remains at home—a focus of disease. The western parishes are seeking temporarily to supply the defects of the Vaccination Act in providing for registration, by a circular letter issued to practitioners in each district, soliciting them to forward to the registrar of births and deaths a certificate of each successful vaccination performed in private practice. We may anticipate from the public spirit of the profession a favourable response; but the unpaid labours of medical practitioners are already more numerous than those of any other body of men; and it is only at a period of emergency that spontaneous exertion of this kind could be expected.

At a meeting of the Medico-Chirurgical Society of Edinburgh on the 18th inst., a paper was read by Dr. Alexander Wood on the subject of small-pox and vaccination. The efficacy of vaccination was of course admitted. But vaccination is greatly neglected in Scotland. We have shown, in a late article, that it is still more so in Ireland. And in England, the present Act has many defects, of which the most prominent are deficient registration, absence of any official prosecutor, and the indication of the eighth day as the term of development of the vaccine pustule, which cannot, however, be truly judged until the fourteenth day. The attention of the Privy Council is already fixed on the necessity for improvements in this country. There is reason to hope that a measure will pass this session providing simultaneously for the registration of births and deaths and for the more efficient practice of vaccination in Ireland. The Edinburgh Medico-Chirurgical Society have now, on their part, appointed a committee to act with the Colleges of Physicians and Surgeons in procuring a Vaccination Bill for Scotland. We may, however, call attention to the fact, that unanimity of action would be attended with peculiarly good results in this case. Nothing is more obstructive of really valuable deductions from the statistical health-tables of various countries than the difference of the systems under which the figures are collected. It would be very desirable that the new laws which may be passed for the improvement of vaccination and registration in the three countries should assimilate the practice in all of them to one standard. For this purpose, a select joint committee, chosen from the leading thinkers on these questions in England, Ireland, and Scotland, might be appointed, with the effect of improving the defects of the law in each country, and providing a uniform system. The Registrar-General, and some half-dozen well-informed men whom we could mention, might thus be associated in what would be to them an easy task, and to all our population a great deliverance from impending disease.

THE YELLOW FEVER PANIC AT LISBON.

THE Portuguese Government had conceived an alarm as to the Brazilian ports, which they believed to be infected with yellow fever. Under this impression, all the ports of the Brazilian line of coast, extending for more than three thousand miles, were declared to be suspected, and the rigours of a five days' quarantine were ordered to be enforced against vessels arriving from those ports. The representatives of the Brazilian Government here have authoritatively contradicted that belief; and, in publishing this statement, the Brazilian minister has taken occasion to remark that the simultaneous appearance of

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the epidemic in all the ports of so extensive a sea-board, in many of which the yellow fever had hitherto been unknown, was a matter of extreme improbability. Subsequently, the Portuguese minister in London disclaimed the above proceedings on the part of his Government, observing, however, with diplomatic caution, that if any such measures had been adopted, they were "of the responsibility" of the Portuguese Board of Health. The despatches from Lisbon, however, show that the statements of the Brazilian representative are exact, and, at the same time, explain that these proceedings were due to fears excited by the arrival with a cargo of hides of the ship *Cidade de Belem*, the hatches of which having been opened, four of the crew were attacked with black vomit, and three died. The King presided at the Council of Public Health, when it was announced that, the Lazaretto of Lisbon being under repair, and therefore not wholly secure, and considering the urgent necessity of hindering the propagation of yellow fever, which so lately ravaged the city, orders had been given, in conformity with the wishes of the Council of Ministers, that the baggage and cargo of the vessel should be burnt, and the Government would reimburse those interested in the value of the goods destroyed. The vessel was ordered to proceed to Vigo in quarantine. This rigorous act of quarantine was probably judicious. The general edict, directed against all Brazilian ports would not appear to be founded on equally rational grounds; but the horrors of an epidemic of yellow fever are so fresh in the minds of the inhabitants of Lisbon, that we cannot be surprised that they should take the most severe precautions to prevent the propagation of this horrible disease.

The circumstances of this episode in quarantine will undoubtedly engage the attention of the Committee on Quarantine appointed at Bradford. That committee have now received eighty-six replies to their Queries on Quarantine, from British consuls residing in foreign ports. They have come from almost every part of the world,—namely: from Spain and her colonies; from Portugal, France, the Russian and other ports in the Baltic; from Holland and Hamburg; Genoa, and several other Italian ports; Turkey, Syria, and Egypt; also from various coast towns in the United States, the Mexican Gulf, and in South America. Replies have likewise been received from twenty-six of our colonies, and in most instances with full details. With this profusion of valuable facts, we hope soon to receive a report from the committee, in which the principles of quarantine are founded on well-established observation, and not on shifting hypotheses.

THE CHOICE OF A PROFESSOR OF SURGERY IN GLASGOW.

THE following extraordinary circular has been addressed to between two hundred and three hundred of the medical practitioners in Glasgow:—

"Dr. Corbett, Glasgow.
"Dr. Edwards, Edinburgh.
"Dr. Fleming, Glasgow.
"Dr. Lister, Edinburgh.
"Dr. Lyon, Glasgow.
"Dr. M'Leod, Glasgow.
"Dr. E. Watson, Glasgow.

"Glasgow, January 16th, 1860.

"SIR,—Above are the names, so far as we are informed, for the Chair of Surgery now vacant in the University of Glasgow.

"We request you to inform us which candidate is in your opinion best qualified for the appointment, by placing a cross opposite to his name. You will please return the sheet, and post it not later than the 18th curt., as we shall decide on the 19th which of the candidates we shall recommend to Sir George Lewis for the appointment.

"You will observe that you do not require to attach your signature, and we shall keep the returns strictly confidential.

"We are, Sir, yours faithfully,
(Signed) "WALTER BUCHANAN, M.P.
"ROBERT DALGLISH, M.P."

This is a most unusual proceeding on the part of the members for Glasgow. We cannot think it dignified or useful. The Crown patronage of the University has hitherto been well exercised, and it is not by appealing to enlarged constituencies that the best professional appointments are made. The appeal to a large local constituency is by no means certain to ensure impartiality, and is very well calculated to enlist private and personal sympathies or prejudices on a question to which they should be wholly foreign. The Professors of the University and the advisers of the Home Secretary are essentially well qualified to discern the merits of the candidates, and this attempt to import a new element into the decision is not, we think, likely to be popular with the profession, or conducive to any improvement in the election. It has excited a good deal of mixed feeling in the town, which need never have been aroused.

MORTALITY OF THE STRIKE.

EIGHTY-TWO deaths were noted in the Registrar-General's Report for the week ending on the 14th instant as having occurred amongst the families of bricklayers, carpenters, masons, painters, and plasterers. Each week the deaths amongst the families of the men engaged in these trades, which are especially affected by the strike, have been separately recorded. The reason for thus prominently stating the mortality of these trades has been clearly allied to public policy and common humanity. It is that the additional suffering and loss of life which are caused by such convulsions in trade may be made known to those who are most concerned, and would otherwise be least likely to be informed on the subject. We confess, however, that we have not been able to gather any precise notions from these weekly statements, for want of some standard by which to measure the increase or decrease of numbers. Beyond a vague impression that the mortality is probably increased, since poverty and hardship are at work, and that if the sad increment were not decidedly marked the Registrar-General would not have thought it worth while to individualize this item in his bills of health, we have not been greatly instructed on the question at issue. Doubtless this want of a standard of comparison has suggested itself to Dr. Farr, and we shall hope to see some letter from his pen in which the general results and average figures will be stated. It would afford, we doubt not, a practical homily of high value.

THE SURGEON OF THE "GREAT EASTERN."

WE cannot deny ourselves the pleasure of alluding to the gallant conduct of Dr. Watson, in persisting in his efforts to rescue Captain Harrison, of the *Great Eastern*, from a watery grave, at the risk of his own life, and until exhaustion and insensibility put an end to his power of helping others, and placed him in a common danger with them. Self-possession, devotedness, intelligence, and courage are qualities which find a noble field in the ordinary sphere of medical exertion; and, indeed, the every-day duties of medical life are peculiarly fitted to elicit and foster those qualities. Rarely does a week pass but some striking development of energy, unselfishness, or self-devotion on the part of a medical practitioner is recorded in our own and contemporaneous columns. These are but the overflowing of the full cup. The innumerable daily acts of heroism and self-denial by which the members of our profession plead for the love and esteem of humankind pass unnoticed by the public, though not unheeded by those for whom they are enacted. The noble qualities which Dr. Watson has shown himself to possess, will find a daily use in his medical vocation; they will stand him in good stead when facing the terrors of contagious fever or of sudden hæmorrhage; he will not blench before the hoisted ensign of yellow-jack; he will not pale or hesitate in the moment of sudden "flooding." The thousand emergencies of medical life will find him cool, courageous, and devoted. He has given an earnest of these mental and moral characteristics, and they will assuredly fructify to the benefit of those committed to his care, as we trust they may also to his own temporal advantage.

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SPANISH HYGIENE IN MOROCCO.

THE accounts which we receive of the sanitary condition of the Spanish army are somewhat more satisfactory than they have been hitherto. Cholera has diminished in two divisions of the army, but it continues unabated in the others. The general sickness of the army is still very considerable. The weather is favourable, and the camps have been frequently changed. These are mitigating circumstances which should tell upon the men beneficially. We learn that the latrines and general hygiene of the camp are imperfectly organized, and although these defects are of somewhat secondary importance now that the ground is frequently shifted, yet in the event of the troops being long detained on one encampment, they will not fail to favour the development of the whole class of zymotic diseases, amongst which cholera, dysentery, and fever, will hold the first rank. The Spanish journals have shown a marked susceptibility to our criticisms of their military hygiene, and especially to the indication of the Moroccan campaign as a school in which our military hygeists may profitably study the disastrous effects of sanitary blunders, as well as the advantages of precision and intelligence. Nevertheless it is by such criticism that reforms are likely to be induced; and the military officers of health of the Spanish army will assuredly not be the less vigilant because they feel that their arrangements are under the observation of their *confrères* in this country. It must be admitted also, that neither were the journals of all Europe chary of repeating the lessons of our Crimean disasters, nor were our compatriots too sensitive of very scathing, but wholesome censure.

MEDICO-PARLIAMENTARY.

COMMONS.—*Wednesday, Jan. 25th.*—Mr. Edwin James gave notice that on Friday, the 27th current, he would draw the attention of the Home Secretary to the case of Thomas Smethurst, and ask whether the Government contemplated the introduction of any measure giving the right of appeal to persons convicted of capital and other crimes.

Mr. W. Williams gave notice that on an early day he would call attention to the system of flogging in the army and navy, and also move for a return of the number of persons flogged in the army, navy, and militia, during the year 1859.

Correspondence.

"Audi alteram partem."

ON

POSTERIOR STAPHYLOMA OF THE GLOBE OF THE EYE.

To the Editor of THE LANCET.

SIR,—In continuing my observations on the advances made by ophthalmic medicine at Paris during the last few years, I beg leave to say a few words on the above curious deformation of the ocular globe, which has been of late so accurately investigated, not only in France, but also in Belgium and Germany. The pathological condition termed "posterior staphyloma" has been known to oculists, in its more developed form at least, since the days of Scarpa, who in his post-mortem researches recognised two cases, which are published at length in his treatise on Diseases of the Eye. The credit, however, of the diagnosis of this affection in the *living* subject, and during its earlier periods, is due entirely to the ophthalmoscope.

In fully twenty-five per cent. of the cases of aggravated myopia, the cause may be traced to the existence of a more or less extensive elongation of the antero-posterior diameter of the eyeball, constituted by a protrusion backwards, to a greater or less amount, of the two outer coats of this organ. On examining with the concave mirror the eye of a patient thus affected, the characteristic appearance is readily recognised in the form of a crescent-shaped patch on the outer side of the retinal papilla, looking like a continuation laterally of this spot, though perfectly distinguishable from it, owing to the possession of greater refrangent power. The subjective symptoms in the early stage are not well marked. Short sight—progressive, it may be—is complained of; but there is no pain, no uneasiness in executing the ocular movement,—no sign, in fact, unequivocally indicating the germ of what may become a very serious disease. In a healthy constitution, where the fibre is strong and the sclerotic capable of resistance, the staphyloma being no bigger than a pin's head and confined to the outer side of the papilla, and where the eye is not overworked, this condition may continue for an indefinite period without progress; but in the case of literary men, engravers, watchmakers,—in fact, of all those who habitually overtax their sight, matters do not end in the same way. The same effort of the accommodation power, the same straining of the ciliary muscle, which in presbytic eyes produces hyperæmia of the retinal papilla, in myopia occasions posterior staphyloma.

I have within the last fortnight seen, amongst several specimens of this disease, three cases which illustrate the three degrees or stages of this most frequent termination of sclerochoroiditis.

In the first case no inconvenience is complained of beyond the myopic symptoms. The crescentic patch is well defined, and limited to the outer margin of the papilla. In the second, the shortsightedness is much more confirmed, and the eye particularly prominent, the ophthalmoscope revealing a double crescent, one above and external to, the other below and also outside, the entrance of the optic nerve. The third case presents the aggravated form: the patch, now irregular and uneven at its edges, encircles the papilla; it is white, for the choroidal pigment has disappeared, and refraction takes place from the glistening surface of the sclerotic; the focal distance is very much shortened, and some difficulty and uneasiness are felt in the execution of the ocular movement, that of extreme abduction especially.

The practice I have very generally seen followed here in the treatment of these cases is insignificant enough, excepting in those cases in which some amount of retinitis had been provoked, which is not very unusual. It consists in the prohibition of all spectacles excepting blue preservers, cold douching, repose, and tonics. I am sorry not to be able to testify to any beneficial results as yet; but I rather question whether the interdiction of spectacles be not rather calculated to perpetuate the accommodation strain which the eye involuntarily makes to distinguish surrounding objects, so long at least as there remains visual power in the retina, and thus tend to favour, and not retard, the progress of the disease.

I am, Sir, your obedient servant,

Paris, January, 1860. OPHTHALMOSCOPE.

QUARANTINE IN THE DARDANELLES.

To the Editor of THE LANCET.

SIR,—Dr. Foote, of Constantinople, the honorary secretary of the Quarantine Committee in that city, acting in concert with the National Association for the Promotion of Social Science, has forwarded to me the accompanying paper, with a request that it may be transmitted to THE LANCET for insertion, in order that it may become generally known to the profession.

I remain, Sir, your obedient servant,

London, January, 1860. GAVIN MILROY, M.D.

A large and influential meeting of British residents was held on the 29th ultimo in Pera, to consider what steps should be taken to correct the manifold abuses of the existing quarantine system in Turkey, which had long been felt to be not only burdensome to commerce and most vexatious to freedom of intercourse, but utterly illusory, if not mischievous, in regard to the public health, by the manner in which it was too often carried out. Amongst those present were many of the leading merchants, shipowners, several of the principal barristers practising in the consular courts, and medical men, whose professional duties had made them well acquainted with the working of the system. The object sought for was not to abolish quarantine, or to do away with all sanitary restrictions upon arrivals, but merely to have it placed upon a rational basis, and to put an end to the notorious inconsistencies and discrepancies in the mode in which it was enforced. For many months past all British vessels, without exception, although provided with clean bills of health, and quite free from sickness on board, had been stopped on their passage up the Dardanelles, and required to send a boat on shore to report themselves, and pay some

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quarantine fee; and if they failed to do this—which from the force of the strong current and the state of the wind was often scarcely practicable—and proceeded to Constantinople, a quarantine of ten days was forthwith imposed upon them. The plea for this very arbitrary proceeding was alleged to be somehow or other connected with the necessity for more vigilant precautions against the introduction of the plague from the coast of Barbary, or from other places, like Malta, which had frequent communication with that coast. It was, however, perfectly well known that there never had been even the very slightest ground for suspicion of any trace of the pestilence either at Malta or indeed in any other part of the Mediterranean, except in the dirty Arab village of Benghazi, and that the stories which had been circulated of one or two cases having occurred at Alexandria and at Beyrout proved, upon inquiry, to be utterly groundless.

While British vessels were subjected to the above vexatious interruption and detention, French, Austrian, and Russian steamers were continually passing and repassing the Dardanelles to and from all parts of the Mediterranean without any impediment! This fact alone suffices to show that other reasons besides those of the public health must have to do with the grievance complained of.

At the very time, too, that healthy vessels were being kept in quarantine for ten days upon the vague suspicion of some possible germ of sickness on board, other vessels were arriving from another direction freighted with a deadly infection, without any quarantine at all being imposed. A ship of 330 tons had recently arrived in the Bosphorus from Kertch with no fewer than 1250 Circassians on board. Malignant fever had broken out during the voyage, the captain had died, the interpreter was dangerously ill, and numbers of the crew had perished. A more dreadful spectacle could not be conceived than those unhappy fugitives presented, packed closer than in a slave ship, and exposed to the utmost privations for eight days. The state of the vessel, when visited by Dr. Foote, was disgusting; and yet because she came from a Russian port, she was subjected to no quarantine, and her sickly passengers were allowed to land at once, notwithstanding the fearful mortality which had occurred on board. Other vessels had arrived since in a like condition, and were allowed to pass without let or hindrance. The influence of Russia was paramount at the Health Office.

The following resolutions were adopted by the meeting:—

1. "That a strong representation be addressed to the Constantinople Board of Health to take into consideration the necessity for a comprehensive change in their present regulations.

2. "That there is an urgent necessity for the judicious adjustment of a properly organized sanitary system in the port of Constantinople and the adjacent territories.

3. "That a memorial thereon be addressed to the British Ambassador, the Secretary of State for Foreign Affairs, and to the President of the Board of Trade; and that the National Association for the Promotion of Social Science be requested to press the subject upon her Majesty's Government.

4. "That H. Taylor, M.P. for Tynemouth, be requested to move in the House of Commons for a return of all copies of reports on Quarantine from British Consuls in the Levant, dispatches sent from the Foreign-office, correspondence between his Excellency Sir H. Bulwer and the Turkish authorities on the subject of Quarantine, and any further documents thereon; and that he be also requested to put a question to the Government asking them to issue a Commission to inquire into the whole system of Quarantine as now enforced in the Levant."

TURPENTINE IN HÆMOPTYSIS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 14th instant, p. 36, I find the oil of turpentine recommended as a styptic in hæmorrhage from the lungs, and I have within the last fortnight had a case in which, after trying various well-known remedies without success, I was recommended by my friend, Dr. Radcyiffe Hall, to give the oil of turpentine, which I did, and with the best results.

A few notes of the treatment of the case may be interesting to some of your readers:—

When I first saw my patient, he had just expectorated about twenty ounces of florid blood, his pulse was firm and good, bowels constipated, and his extremities were cold. I ordered him compound colocynth pill, six grains; calomel, four grains, in two pills, immediately; and a mixture, with sulphate of magnesia, four drachms; dilute sulphuric acid, two drachms; compound infusion of roses, one ounce, every four hours.

The next morning his bowels had been well relieved; but he had vomited twice about the same quantity of blood each time as on the previous day. I then ordered him acetate of lead, two grains and a half; dilute acetic acid, half a drachm; tincture of opium, five minims; distilled water, one ounce,—to be taken every three hours; a blister to the chest; and gave him ice to suck, with low diet.

On my next visit, I found he had expectorated three times in the twenty-four hours, and had had a restless night, with considerable difficulty of breathing. I increased the lead to three grains the dose, which likewise had no effect. I then gave the patient ten grains of gallic acid every three hours, which also failed, with beef-tea and bread-and-milk, as his pulse was getting low.

On the fifth day after the attack commenced, I ordered him twenty-five minims of the spirit of turpentine, in an ounce of water, every two hours, which diminished the quantity of blood considerably; but, after taking six doses, it produced vomiting. The sulphuric-acid mixture was substituted for it; but the next day I again gave the turpentine, as the bleeding came on in the night as freely as ever. From that time the symptoms took a favourable turn, and the man is now restored to health. I am, Sir, your obedient servant,

St. Mary Church, Jan. 1860. JAMES POLLARD, M.R.C.S.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

COURT OF QUEEN'S BENCH.

SATURDAY, JAN. 21ST, 1860.

LADD (APPELLANT) AND GOULD (RESPONDENT).

THIS was a case stated by the magistrates at Kingston-upon-Thames for the opinion of this Court, and which raised the question whether they ought to have convicted the respondent of an offence against the Medical Act. It appeared that on the 11th of October last an information was laid before the magistrates at Kingston-upon-Thames against Frederick Gould under the 40th section of the Medical Act (the 21st and 22nd Victoria, cap. 90), for that he did, at his residence in Eden-street, Kingston, take and use the title of "surgeon" without legal qualification, he not being registered under the Medical Act; and in that capacity he treated one Charlotte Tenniswood for a surgical complaint, and supplied her with medicine for the same, contrary to the form of the statute, for which said medicine he was paid, and for which said offence he had forfeited a sum not exceeding £20. When the information was heard, the prosecution was conducted by Dr. Ladd, the Secretary of the London Medical Registration Association; and it was proved by the informant, Charlotte Tenniswood, that, on the 5th of August last, she went to Gould's shop, and told him she had knocked her elbow, and it caused a great numbness in her arm and fingers. Gould examined her arm, and said she had undoubtedly jarred the marrow of the bone, and gave her a liniment, for which she paid him 1s. She said she noticed that he had "surgeon" on the side of his door, and she believed him to be a surgeon, or she would not have gone to him; but she afterwards said that the word "surgeon" was followed by the words "and mechanical dentist." It was also proved that Gould's name, with the words "chemist and druggist," was on his shop front, and that the woman went to his shop, which was also a chemist's and druggist's, because, she said, she thought he would supply her with something cheaper than by going to a doctor's. She also stated that she had made no complaint to the Registration Association; but that, on the day after she had got the liniment, she consulted a surgeon, Mr. Ellis, who gave her a lotion, and told her not to use the liniment. Mr. Ellis afterwards called upon her with a gentleman, and asked her name, and said they should want her as a witness. The magistrates were of opinion that Gould had used the word "surgeon" simply to show what branches of the business of a dentist he carried on, and not to represent himself as a surgeon within the meaning of the Act; and, at all events, there was not sufficient evidence that he wilfully (as well as falsely) pretended to, or took, or used the name of a surgeon or other title implying that he was recognised by law as a surgeon. They thereupon dismissed the information; but, at the request of the appellant (Dr. Ladd), stated this case, and submitted three questions for the opinion of the Court,

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which may be summed up in one—viz., whether, upon the evidence, Mr. Gould was guilty of the offence contemplated by the Act.

Mr. LUSH, Q.C., for the appellant, said this was a case stated for the opinion of the Court under the new Medical Act, and it raised the question whether the use of the word "surgeon" in connexion with the words "and mechanical dentist" was a using of the title of a surgeon within the 40th section of the Medical Act. The question was whether on the evidence the party was guilty.

Mr. Justice CROMPTON.—That is a question on which the magistrates were bound to draw their own conclusion from the facts.

Lord Chief Justice COCKBURN said he did not think there was any false pretence in using the name of a surgeon.

Mr. Justice CROMPTON said the respondent had called himself "surgeon and mechanical dentist," which he thought meant much the same as "surgeon-dentist."

Lord Chief Justice COCKBURN said the magistrates were of opinion that the case was not within the Act, and he should have to come to the same conclusion.

Mr. Justice CROMPTON thought there was evidence upon which the magistrates might have found either way, but the Court would not find for them.

Mr. LUSH said the magistrates meant to leave to the Court whether the evidence brought the party within the meaning of the Act.

Lord Chief Justice COCKBURN said he did not think it did, but that was a question of fact. It was like the case of persons who called themselves "surgeon-dentists" who were known not to be so, though some of them were.

Mr. Justice CROMPTON said it was like the case of the "surgeon-chiropodists." But it was a matter of fact for the magistrates, for the statute gave power to put questions of law only to this Court, not questions of fact.

Lord Chief Justice COCKBURN said he did not think there was any falsehood, or any intention to deceive, which was necessary in order to bring the case within the Act. That was also the opinion of the magistrates, though they might have come to a different opinion.

Mr. Justice CROMPTON said he thought there was evidence upon which the magistrates might have come to either conclusion; but he could not say they were bound to convict.

The Court declined to interfere in the case.

METROPOLITAN SCHOOL OF DENTAL SCIENCE.

ON Tuesday evening, the 17th inst., Mr. Hulme, F.L.S., Lecturer on Dental Surgery at this school, delivered the first of a course of six lectures "On the Structure and Development of the Teeth."

The lecturer commenced by referring to some of the earlier writers on the teeth. Eustachius distinguished the enamel from the rest of the tooth. Tenon first pointed out the presence of the crusta petrosa, or cement, on the fangs of the teeth of certain granivorous animals. Leeuwenhoeck distinctly announced the tubular structure of teeth and bone as far back as 1778, but his observations were entirely forgotten until Retzius referred to them, after Purkinje and himself had re-discovered the peculiar character of tooth-bone in 1835. The lecturer next pointed out the presence of an analogous tubular structure in the shell of some of the crustacea, and in the enameled scales of certain fishes. After giving a general description of the arrangement of the teeth in the fish, and pointing out the bones to which they are attached, Mr. Hulme proceeded to describe some of the modifications of the dental tissues. The simplest, but at the same time the rarest, condition in the fishes is a simple conical pulp invested by a layer of dentine, which, becoming more compact towards the outer surface of the tooth, produces the shining external coating which is commonly mistaken for enamel. This kind of tooth is met with in the lophius. The more usual condition of the tooth structure is exemplified in the common pike. In the teeth of this fish the pulp subdivides, and forms a complicated series of communicating branches, except towards the apex of the tooth, where it is undivided. At the sides of the tooth the pulp forms a number of loops; it is beyond these loops that the outer, compact, enamel-like layer of dentine is formed. The interspaces of the branches of the pulp are filled up by a coarser network of dentinal tubes, which constitute the body of the tooth. In the globe fishes the jaws are encased by alternate layers of dentine and bone; the latter, wearing away more rapidly than the dentine, produces a rough grinding surface. The tubes of these layers of dentine are tolerably close together, but their branchings are exceedingly irregular, and cross each other in every conceivable manner. The last modification referred to was one which is met with in the pharyngeal teeth of the parrot-fish. In these teeth there is a central mass of very compact dentine, which requires a magnifying power of six hundred diameters to separate the tubes from each other. Around this central portion is a layer composed of irregularly branching tubes, and, most externally, a third layer, in which the tubes pass parallel to each other, and at right angles to the surface of the tooth. The use of these different layers is to produce a rough uneven surface, by the aid of which these fish grind down the fragments of the slender branching coral upon which they feed.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 20th inst.:—

Balding, James, Barkways, Royston, Herts; L.S.A. March 13, 1823.
Brearey, Charles Benson, Titchfield, Fareham, Hants; L.S.A. March 12, 1840.
Candy, John, Littlehampton, Sussex; L.S.A. May 3, 1827.
Clapham, John, Thorney, near Peterborough; L.S.A. April 24, 1828.
Clayton, Robert Palmer, Manchester; L.S.A. May 2, 1833.
Cremer, Robert, Norwich; L.S.A. May 20, 1819.
Curtis, Henry Batt, Paulton, Somerset; L.S.A. July 28, 1842.
Dukes, Esquire, Acton-place, Kingsland-road; L.S.A. March 12, 1835.
Gradwell, William, Kirkham, Lancashire; L.S.A. Jan. 17, 1828.
Greenwood, Thomas Bryan, Horsleydown-lane, Southwark; L.S.A. Nov. 17, 1852.
Kenworthy, John, Hollinwood, near Manchester; L.S.A. Jan. 26, 1854.
Marshall, Chas. Geo., Woodbridge, Suffolk; L.S.A. May 7, 1840.
Muggeridge, Henry Harris, Reading, Berks; L.S.A. Oct. 21, 1847.
Riley, Henry, St. George's-road, Belgravia; L.S.A. Dec. 29, 1831.
Robinson, Mark Anthony, Charing, Kent; L.S.A. June 20, 1839.
Steele, John Sisson, Reigate, Surrey; L.S.A. Dec. 11, 1830.
Stickings, George, Lenham, Kent; L.S.A. July 5, 1827.
Thompson, Alfred Boyle, Coleraine, Londonderry; L.S.A. June 10, 1859.
Warren, Samuel Hayman, Tutbury, Staffordshire; L.S.A. Aug. 8, 1850.
Watts, Wm., Newark-on-Trent; L.S.A. May 13, 1847.
Woolmer, Joseph Benson, Warwick-square, Pimlico; L.S.A. March 1, 1838.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Dec. 29th, 1859.

Bowstead, Rowland Maunsey, Caistor, Lincoln.
Harle, Thomas, Glasgow.
Henchley, Thomas Carill Worsley, Coutrollyn, Glamorgan.
Hind, John Marriott, Nottingham.
James, William Abel Griffith, Kirkby Lonsdale.
Lee, Leonard John, Devonshire-square.
Roberts, David, Pwllheli.
Sheehy, William Henry, Claremont-square, Islington.
Taylor, Charles Gibson, Stratford, Essex.
Tomlinson, Edward Denham, Wakefield.

The following gentleman also on the same day passed his first examination:—

Sprague, Charles Gordon, Kimbolton, Hunts.

APPOINTMENT.—Dr. Tilt has been appointed Consulting Physician to the Farringdon General Dispensary and Lying-in Charity.

BY the last mail we learn that Mr. G. Edman, surgeon of the Royal Mail Ship, *Solent*, had died at Colon of yellow fever.

UNIVERSITY COLLEGE HOSPITAL has received a bequest of £6000 from Mr. Nicholl, of Piccadilly.

AN HOSPITAL WING BUILT BY POSTAGE-STAMPS.—Mr. Sands Cox's postage-stamps fund for the Queen's Hospital, Birmingham, has met with surprising success. Great additions have been made to the building out of the proceeds. The wards are intended to receive 254 in-patients.

MEDICAL USES OF THE PALM-TREE.—The medical uses of the palm-tree are stated to be numerous in West Africa, by a gentleman who has undertaken to describe them. The roots are used, he says, for various medical purposes, but chiefly to cure bilious attacks. The oil of the nut he states also to be an excellent medicine. In some diseases, more especially small-pox, it is administered both internally and externally. As an external application it is used for wounds, bruises, and burns. In cases of guinea-worm it is applied to the poultices.

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A NAVAL SURGEON, AND NOT SNUBBED.—The "United Service Gazette," in describing the disabled condition of the *Surprise*, screw despatch vessel, now repairing at Sierra Leone, mentions that no sickness exists on board—a circumstance attributed to the care and attention of the surgeon and commander.

PARIS HOSPITALS.—A journal has stated, says the *Pays*, that commissioners would be appointed to supervise the operations of the charitable associations, or, rather, to ascertain who belonged to them. We need hardly say that the Government never entertained such intention, but will, on the contrary, continue to extend its protection to works so honourable and so eminently useful to the poorer classes.

THE RECENT DEATH OF A MEDICAL MAN BY CHLOROFORM.—With the view of ascertaining the circumstances under which the administration of chloroform was followed by death in the case of Dr. Renwick of Alloa, a post-mortem examination was performed by Drs. Forrest (of Stirling) and Ritchie (of Tillicoultry). The appearance of the heart and other organs is said to have indicated unmistakably the presence of disease.

THE NEW MILITARY SCHOOL OF MEDICINE.—The various improvements at Fort-Pitt Hospital, Chatham, together with the additional buildings ordered by the Government to be erected for the accommodation of the increased number of medical officers who are to be attached to the staff at that establishment, have been completed by the contractor, Mr. Stump, from the plans authorized by the Government, the whole of the works having been finished within two months from the date of the order being issued from the War-office. The additional buildings include a commodious army medical lecture-theatre, together with dissecting and operating rooms, class rooms, and other offices. The whole of the works have been completed to the satisfaction of the officers appointed to report, and last week the buildings were handed over to Government by the contractor.

SMALL-POX AND BACON.—Bacon has been seized by the sanitary inspectors of St. Pancras, on the reported ground that "it came from Ireland, where the small-pox had been raging, and as it was spreading in the metropolis it was believed that it had been brought over in the bacon, and it was dangerous for anyone to eat." Here is a little confusion of grammar and of sanitary science.

SPANISH HOSPITALS.—A new hospital at San Roque, for the wounded and sick of the army of Africa, will contain 200 beds. The whole of the necessary articles have been the gift of persons in the city of Barcelona. Besides a good supply of medicines, upwards of 90 cwt. of lint has been forwarded. The hospital is superintended by two sisters of charity, with twelve assistant attendants.

NORTH AND SOUTH.—As an illustration of the height to which the hatred between the South and the North now runs in America since the execution of Brown, the *Augusta Constitutionalist* of the 21st ultimo says, that the Medical College of Georgia has resolved to invite the Southern students at the North to return and finish their courses of instruction free.

PRINCE METTERNICH ON MONOMANIAC PHRENOLOGY.—In a conversation related by a writer in *Fraser's Magazine*, Prince Metternich gave his experience of lunatic asylums which he had visited with Gall. He mentioned the details of some romantic cases, and one of a distinguished mathematician, whose derangement consisted in his mistaking the number 5 for a 0 in all his calculations. He said that Gall considered all suicides to be insane. Cases of monomania he held to be strongly affirmative of the truth of the phrenological dogmas. He believed gambling and politics to be the principal causes of insanity, and by way of a characteristic suggestion, expressed a belief that minds frequently became unhinged by attending debates.

BRIDGWATER MEDICAL SOCIETY.—The inaugural meeting of this Society was held on the 9th inst. at the Infirmary; the president, Mr. Jacob, being in the chair. There was a good attendance of members and visitors, and various interesting specimens, pictures, and casts were exhibited. The president having briefly stated the objects of the Society, Dr. Acland, of Oxford, made some able and judicious remarks on the value of medical societies in provincial towns. Mr. Alfred Haviland (to whose praiseworthy exertions the formation of the Society, we believe, is mainly due) then read a paper on "Medicine and its Relation to Social Science." This paper was a masterly and comprehensive dissertation on medicine, and its influence on science and health in general. It would have given us much pleasure to have transferred Mr. Haviland's interesting paper to our columns, and we are only prevented doing so by the demands upon our space. It is, however, so well worthy the attention of the members of the profession, that we think it right to state that it was fully reported in the *Bridgwater Times* of the 11th inst.

CULTIVATION OF MEDICINAL PLANTS.—Mr. Silden, of America, has made a series of experiments on the influence of manures in affecting the chemical power and composition of medicinal plants. In growing hyoscyamus, he tried guano, nitrate of potash, and nitrate of soda. Under the ordinary mode of cultivation, the hyoscyamus plants yielded 20·8 per cent. of extract; with guano, 23·3; nitrate of potash, 24·3; and with nitrate of soda, 25·8.

M. ROGER'S ARM.—The "Presse Scientifique" explains that in order to enable M. Roger to bend the moulded leather forearm supplied to his stump, a wire is carried across his back to the opposite shoulder, as the maker observed that when a man extends his right arm he naturally throws his left shoulder back. It is consequently by moving the shoulder of the sound arm that the forearm of the artificial mechanism is bent, and on allowing the shoulder to resume its position, the artificial arm is permitted to straighten.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 21ST.—The total number of deaths registered in London in the week that ended last Saturday was 1297, showing a small decrease on the number of the previous week. In the ten years 1850–59, the average number of deaths in the weeks corresponding with last week was 1205; but as the deaths in the present return occurred in a population which has increased, they should be compared with the average raised in proportion to the increase—namely, with 1326. The mortality of last week was therefore slightly below the amount which the average rate as obtained for the third week of the year would have produced. The births returned last week exceed the deaths in the same period by 561. The deaths by zymotic diseases were 254; the average number in corresponding weeks corrected for increase of population is 291. Under this head are included 43 deaths by small-pox, 11 of which occurred to persons who had attained fifteen years of age and upwards. From this disease, 3 deaths were recorded in the sub-district of St. Giles South, and 5 in that of Whitecross-street. It is satisfactory to mark a continued decrease in the mortality from scarlatina; the deaths from it, which were 62 in the preceding week, were 48 last week. Diphtheria was returned in 11 cases. Taking these two diseases conjointly, it appears that the deaths referred to scarlatina and diphtheria, which were about 100 weekly during a considerable part of last year, declined last week to 59. The most fatal disease in the list is now bronchitis, which carried off 192 persons, the corrected average being 158; next to it is phthisis, which numbered 147, the corrected average being 158, the same as that for bronchitis; and in the third place stands pneumonia, which was fatal in 123 cases, whilst the corrected average is 90.

Last week the births of 940 boys and 918 girls, in all 1858 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1645.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th ult., at Upper Kensington Gore, the wife of S. B. Birch, M.D., of a son.

On the 10th inst., at Jarrow, Durham, the wife of R. Farrer Thompson, Esq., M.R.C.S. Eng., &c., of a son.

On the 20th inst., at Greenwich Hospital, the wife of Leonard H. J. Hayne, Esq., M.R.C.S.E., of a daughter.

On the 25th inst., at 6, Clifton-road, Maida-vale, the wife of Henry F. Bate, Esq., M.R.C.S., &c., of a son.

DEATHS.

On the 29th ult., at South Parade, Wakefield, John Horsfall, Esq., M.R.C.S. Eng. (1818), late Consulting Surgeon to the Wakefield General Dispensary and Hospital.

On the 3rd inst., at Queenshead, near Halifax, in the 33rd year of his age, Samuel Taylor, Esq., M.R.C.S., formerly of Thornton. The deceased gentleman had been unwell for some

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time, but not so as to disable him from following his professional duties. Mr. Taylor was previously house-surgeon at the Halifax Infirmary. His death is deeply regretted by a large circle of friends, and especially by the poor, to whom he was most beneficent.

On the 14th inst., at 2, Upper Tachbrook-street, of phthisis, the beloved wife of W. Griggs, Esq., M.R.C.S.

On the 14th inst., at Haydon-bridge, of phthisis, Thomas Coats, Esq., M.R.C.S. Eng. and L.S.A., aged 40.

On the 15th inst., of pertussis and bronchio-pneumonia, Clara Edith, aged 2 years and 8 months, daughter of Theodore L. Ladd, M.D., of Walcot-place, Lambeth.

On the 18th inst, Wm. Ainley, M.D., M.R.C.S., of Bingley, Yorkshire, aged 47.

MEDICAL DIARY OF THE WEEK.

SUNDAY, JAN. 30
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Richardson, "On the Study of Disease by Synthesis. Inflammation."

TUESDAY, JAN. 31
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Reptiles."

WEDNESDAY, FEB. 1
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
- OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Jackson, "On Midwifery in the East."
- HUNTERIAN SOCIETY.—8 P.M.

THURSDAY, FEB. 2
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."
- HARVEIAN SOCIETY.—8 P.M. Dr. Albert Bernays, "On Disinfectants and Deodorizers."

FRIDAY, FEB. 3
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Mr. F. Field, "On the Mineral Treasures of the Andes."
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Practical Evening for the Exhibition of Specimens and the Narration of Cases.

SATURDAY, FEB. 4
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man."

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

M.D., (Hastings.)—Before giving an opinion upon any case to which he is called in consultation, a physician or surgeon is bound to consult with the usual medical attendant. Any departure from this wholesome rule reflects disgrace upon the offender. Dr. B. was not justified in pursuing the course which he did. It was detrimental to the best interests of the profession, and subversive of all the rules of decorum and etiquette. We refrain from a publication of the details of the case at present; but if there be a repetition of such conduct, we shall not hesitate to publish the facts to the world. The letter of Dr. G. is written in a spirit of great moderation and forbearance but we think it unadvisable to print it in our pages. Surely there must be a strange misapprehension on the part of some practitioners of Hastings respecting the conduct of one practitioner to another. Nothing can be more painful than professional squabbles; they injure the members of an honourable calling in the eyes of the public; they inflict discredit upon gentlemen who are entitled to kindness and consideration, and do irretrievable injury to all connected with such transactions.

An Apprentice.—Certainly not.

Kew.—1. He is not prohibited by a bye-law of the College from recovering just charges for medical attendance.—2 and 3. We think the bye-law of the College, in the event of his appealing to the law, would be against him.

NAVAL MEDICAL RANK.

To the Editor of THE LANCET.

SIR,—Allow me to subjoin the following extract from the last number of the *United Service Gazette*:—

"About a month ago, an assistant-surgeon received an appointment to, and joined, the 86-gun ship, *Queen*, at Portsmouth. There were then four cabins vacant, and he naturally expected that one would be allotted to his use, according to the terms of the Admiralty circular. Captain Hillyar disposed of them by giving one to each of the important personages enumerated—viz., the captain's steward, the ward-room steward, and the bandmaster, and the fourth he turned into a paint store! Comment is unnecessary. We are sure that the Admiralty will not endorse this conduct of the captain of the *Queen*."

Why should such insult be possible? Now, on the eve of a parliamentary session it is quite time that the medical profession should see how the intention, expressed or understood, of her Majesty's late Warrant is carried out in the Navy, and how far a plain definition of suitable rank, and a uniform bearing the distinctive badges of that rank, are absolutely necessary to the Naval Medical Service, as also in every case an unquestionable right to "cabin accommodation," admitting of no artful dodge to interfere with it in his case more than any other officer.

Let the profession, I pray, Sir,—of which you are the worthy organ,—be not blinded by the interested assertion of their "executive" friends that "the doctors require no naval rank;" for in every service, but more especially in the Royal Navy, service-rank carries every other consideration in its train—overrides every other idea; and to none is it more necessary than to medical officers, whose duty it is daily to detect and deal authoritatively and promptly with the malingerer; for from the absence of due service weight and rank of the medical officer does the skulk frequently lie idle on the "sick report," whilst the honest, willing man has to do double duty! Again, if rank be nothing to civilian officers, why confer it on naval chaplains? But to strip off the flimsy official jealousy: if suitable naval rank, and a naval uniform in accordance, be too liberal a boon for any Naval Medical Warrant to define—if such liberality is to be confined only to the Military Medical Warrant, and to that for naval chaplains, then, Sir, it is time that the medical profession should know it, and stop the supply of naval medical recruits accordingly.

I am, Sir, your obedient servant,

January, 1860. NULLI SECUNDUS.

Enquirer.—The year of grace at the College of Physicians expires on the 1st of March next. If our correspondent wishes to avail himself of the privilege which it confers, he must transmit his application to the authorities previous to that day.

R. F. W.—There is no definite rule respecting the privileges of a person so appointed. A letter addressed to the Secretary for the Colonies would be answered by full information.

A Rifleman and A. Leckie, C.M.—The work is in the press, and will shortly be published.

M.R.C.S.E.—Charges vary with the position and means of the patient. The solicitor who was consulted evidently knows nothing of the matter. The fee varies, according to circumstances, from half-a-crown to seven shillings, and double at night. These charges would include those for medicine.

EVASION OF THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—The neatest evasion of the new Medical Act which I have yet seen is to be found on the door-plate of a person in the Wellington-road, Leeds. It is as follows:—"J. L. Ward, anti-registered surgeon," the words "anti-registered" being so small as to look like a mere line to the casual observer.

Now, this is an evasion of the Act, the spirit of which is not to prosecute an unqualified practitioner for styling himself "surgeon," but for so doing it as to lead people to suppose that he is registered under the Act. J. L. Ward, however, declares himself *not registered*, and would therefore, according to the letter of the law, escape conviction as the Act now stands.

I remain, Sir, your obedient servant,

Leeds, January, 1860. STUDENT MEDICINÆ.

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M.D., (Yardley.)—The conduct mentioned was, doubtless, very objectionable; but not enough has been alleged to warrant striking the name of the individual off the list of qualified practitioners. And, being both qualified and registered, it is doubtful whether he has not the right to charge, and the privilege to recover, for work and labour done in attendance upon surgical cases, although it has been decided that he has no legal right to call himself a surgeon. We have always been opposed to straining the provisions of the Medical Act so as to contract the powers of registered practitioners. Such a course has appeared to us to be injudiciously carrying on a civil war, instead of using the powers of the Act for the benefit of all legally qualified practitioners, by putting down illegal practice.

A. B., L.A.C., L.M.—The signature should be A. B., Assist. L.A.C., for C. D.

THE RECENT ADMISSIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The conduct of the Council of the Royal College of Surgeons in the cases of Messrs. Horton and Meredith has occasioned in me even more astonishment than it has in the bulk of our profession.

In the year 1848, my father's health being very uncertain, he was anxious I should pass the College as early as possible. I therefore applied to the then President and another (most influential) member of the Council to be permitted to present myself for examination, stating the reasons for so doing. I had at that time completed two winter and one summer session in England, one winter session in Paris, and two winter and summer sessions in Zurich, under Henlé, Kölliker, Oken, &c., and had certificates of all my courses; but I was told by both gentlemen that my application was useless, as being against the rules of the College.

Now, I find men who have had no regular education are admitted, in spite, I presume, of those rules; or possibly no lectures are looked on by the present Council as a better qualification than the Council of 1848 could see in those of the men I have mentioned, accompanied by others under Jobert de Lamballe, Piorry, Dumas, Blandin, and Civiale.

I remain, Sir, yours truly,

Liverpool, January, 1860. W. H. MANIFOLD, M.R.C.S.

G. W. cannot register as L.S.A.; but he will be entitled to all the privileges which registration confers, and can sue in a court of law as though he were a member of the Apothecaries' Company. He would appear on the Register as "in practice before the year 1815."

Fair Play is thanked.

Old John Bull in a New Coat.—There is much cogency in the programme sent to us, and upon a future occasion we may be prepared to speak more fully upon the subject.

Dr. Tilbury Fox's article shall appear as soon as possible.

THE obituary of *Dr. Ayre*, of Hull, is in type, but unavoidably postponed until next week.

INTER-SCAPULAR PAIN.

To the Editor of THE LANCET.

SIR,—I have met with but two instances in the course of a very extended practice, both public and private, of pain coming on between the shoulders, and extending more or less up and down the spinal column, immediately after the bowels have been opened.

Can any of your correspondents account for this pain? Can they suggest a means for its removal? In the cases I refer to it is described as a peculiarly sickening, depressing pain, not acute, but most wearing and harassing in its effects. It supervenes within five minutes after an evacuation has taken place, and lasts the whole day, only being relieved by sleep, to be again reproduced by the next action of the bowels. I have done my best for the relief of this pain (which is associated in the one case with gouty dyspepsia, and in the other with dyspepsia in a rheumatic subject), both by fulfilling the general indications, and also by local counter-irritants, but hitherto with little or no permanent success. Its effect is to make its unfortunate subjects look forward with almost a feeling of apprehension to the necessary action of the bowels, and one of my patients declared to me that he was never well nor free from pain, except when his bowels were constipated. Can it be due to a gastric ulcer?—or is it merely a morbid irritability of some portion of the intestinal canal, which is aroused by the change of position consequent on the emptying of the lower bowel?

I am, Sir, your obedient servant,

January, 1860. A. LECKIE, Mast. Surg. Univ. Glasg.

Aquarius, (Weston-super-Mare.)—We believe that the Moulded Carbon Company's filters, sold by Messrs. Harrison, of Fleet-street, would answer the purpose required. They are rapid and efficient in their action, and are, moreover, easily managed; they are made of various forms, materials, and sizes.

Delta.—Unless there is a specific contract to the contrary, the attendance would come within the duties of the club surgeon.

J. D. (Great Yarmouth) will be compelled to pass the preliminary examination, unless he enter to lectures previous to the 1st of January, 1861. He will find the further information he requires in the Students' Number of THE LANCET.

LEPROSY.

To the Editor of THE LANCET.

SIR,—The notice of Leprosy by Dr. Webster in your impression of last week having been pointed out to me, I trust you will not think me very presumptuous, although I am not a medical man, in offering you my mite of information. In 1853, I paid an interesting visit to the great hospital of Caen, which is served by the Augustinian Hospitallers. In going through the hospital, we entered an upper ward in which there were several cases of leprosy. The sister who was my guide, and who had lived for some years amongst the patients, pointed out one of these lepers. I recollect that the poor man bared his shoulders, which were covered with a thick white scale, looking like white fungi. The sister informed me that this growth fell off, and was renewed in twenty-four hours. She also stated that leprosy was a common complaint about Caen and Bayeux, and in the Calvados. The physicians of the hospital did not consider it infectious, nor, if I remember rightly, contagious.

I enclose my card for your private satisfaction, and, begging you to excuse my intrusion,

I am, Sir, yours faithfully,

January 24th, 1860. H. G.

K. C.—The subject to which our correspondent's letter relates has been discussed on numerous occasions in the pages of THE LANCET. Nothing could be more desirable than the entire separation of qualified surgeons from the trade in drugs. There are, however, great difficulties in effecting so desirable a reformation. It must be the work of time, of improved knowledge, and possibly eventually of legislative interference. The evil is one beyond all calculation, as regards both the public and the profession, and we shall rejoice when it is removed.

A Reader of THE LANCET, (Ross.)—We cannot recommend the person respecting whom the inquiries are made.

Mr. C. S. Nash.—Certainly, moderately, both for medicine and attendance.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—I enclose you another paragraph cut from the *Preston Guardian* of the 14th instant, in order that you may again see the style of professional advertising. We have now three cases advertised, and I know the operation was performed about eight years ago. It would be most valuable information, if it could be procured, to know what was the size of the pelvis in each case.

I remain, Sir, yours truly,

January, 1860. M.D.

"THE CESARIAN OPERATION.—About two and a half years ago this operation was performed upon a female, in Addison's-yard, in eight minutes and a quarter, by Mr. Corless, surgeon, assisted by Drs. Altham and Arminson. The operation, as in the case of Messrs. Spencer and Pilkington, was performed without special inconvenience to the patient."

Query—How long did the mother live? How many children are alive?

*** So many questions of science, morals, and practice are involved in the Cæsarian section, that we regard it as a sacred duty on the part of every one performing the operation to publish a full medical history of the case, for the information of his professional brethren.—ED. L.

Sans Dip.—He should possess a surgical qualification.

Dr. E. P. Wilkins.—Was the patient a stranger, or one who had been previously attended by Dr. Wilkins?

Alpha.—The request has been complied with.

Anxious.—His pupil will be admitted to examination at Apothecaries' Hall.

QUESTIONABLE MEDICAL TITLES.

To the Editor of THE LANCET.

SIR.—Having this day seen the name "Charles Brady, L.M.D.," subscribed on a parliamentary petition now being carried round in this district, I would gladly be informed what these initials signify. Mr. C. Brady practises at Tunstall as an accredited qualified medical man, although his name does not appear on the Register. Perhaps the London Medical Registration Association may be able to explain the "L.M.D."

I am, Sir, yours respectfully,

Potteries, Jan. 23rd, 1860. A POTTERY MEDICAL PRACTITIONER.

P.S.—I enclose my name and address, as a guarantee of the truth of this letter.

Mr. E. Shorland.—Dunglison's Medical Dictionary is published by Trübner and Co., Paternoster-row.

IF *Deus est Juvamen mihi* will forward us his name and address in confidence, he shall receive a private note.

THE conclusion of *Dr. Tilt's* paper, "On Uterine Pathology," shall appear next week.

Query, (St. Thomas's Hospital.)—Mr. J. F. Marson, the able and experienced surgeon of the Small-pox and Vaccination Hospital, has favoured us with the following note in reference to the query of our correspondent:—

"I am not aware that any experiments have been tried by inoculating persons with the blood of others under variola or vaccinia. I should not expect that any effect would follow with the blood of a person under cow-pox; but it is not unlikely it might with the blood of a person under small-pox. Some years ago, when searching the French journals for cases, when I was writing a paper for the Medico-Chirurgical Society, "On the Co-existence of the Eruptive Fevers," I hit upon a case in a very complete edition of a French periodical work, in the library of the College of Surgeons, "Recueil Périodique de la Société de Médecine de Paris," in which trial had been made by inoculating a person with the blood of another suffering from scarlatina. The experiment is recorded to have proved fatal."

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. B. Lloyd; Dr. Basham; Mr. Coulson; Dr. Brinton; Mr. J. Pollard; Mr. I. B. Brown; Mr. J. S. Cumming; Dr. Diamond; Dr. Tilt; Mr. H. J. Bate; Dr. Budd, Clifton; Mr. Williamson; Mr. Wallack; Mr. Wilson, New York; Mr. White, Didmarton, (with enclosure;) Mr. Andrews, Long Eaton; Mr. Evans, Liverpool, (with enclosure;) Mr. Holmes, Isle of Wight; Mr. Major, (with enclosure;) Mr. Bailey, Coleshill, (with enclosure;) Mr. Royle, Bicester, (with enclosure;) Mr. Evans, Lampeter, (with enclosure;) Mr. Waldegrave, Purton, (with enclosure;) Mr. Le Femre, Jersey, (with enclosure;) Mr. Lownds, Walker, (with enclosure;) Mr. Morris, Chartham, (with enclosure;) Mr. Soutar, Edinburgh; Mr. Harvey, Brighton, (with enclosure;) Mr. Packard, Leiston, (with enclosure;) Dr. Tibbits, Warwick, (with enclosure;) Mr. Jepson, Hampton; Mr. Higgs, New Radnor; Mr. Wilson, Dartmoor, (with enclosure;) Mr. Boulton, Horncastle, (with enclosure;) Mr. Chepmell, Paris; Mr. Marchant, North Curry, (with enclosure;) Dr. Ward, Gateshead, (with enclosure;) Mr. Hutchinson, Bishop Auckland, (with enclosure;) Mr. Baxter, Emsworth, (with enclosure;) Mr. Maxwell, Glasgow; Mr. Stretton, Beverley; Mr. Partridge, Birmingham; Mr. Ransom, Darlaston, (with enclosure;) Mr. Ravenscroft, Coventry, (with enclosure;) Mr. Hebblethwaite, Bawtry; Dr. Tilbury Fox; Mr. E. Shorland; Dr. E. P. Wilkins; An Enquirer; Anti-Humbug; Medicus, Bristol; Amicus, Chertsey; &c. &c.

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2s.; 16 oz. 3s. 6d.; 20 oz. 4s.; 40 oz. 7s. 6d.; 80 oz. 14s. each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest new Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarsæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraxi., 5s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Newbery's Cod-liver Oil Cakes.—

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, Feb. 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY AND SONS,

(Proprietors of the "Pulvis Jacobi Ver., Newbery's,")

45, St. Paul's Churchyard, London.—Established A.D. 1746.

Liquor Castanea Equina.—

Messrs. REW & CO. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chestnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per lb.

The Oil of Horse-Chestnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chestnut are prepared only by R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

Andersons' Oil of Horse Chestnuts,

first introduced into England by them as an external application in cases of Gout, Rheumatism, &c. It has been suggested to Messrs. Andersons by several eminent Practitioners, that, administered internally, in bland fluids, it is singularly efficacious in Gout, Rheumatism, Spasms, Colic, Dysentery, Diarrhœa, &c.,—being antispasmodic, sedative, astringent, anodyne, and diaphoretic,—in doses of from 5 to 20 drops. Pulv. Ext. Coloc. Co. P. L., 1836, 9s. per lb., 5s. cheaper than any other house. Tr. Aurant. P. L., a most exquisite preparation, 2s. 2d. per lb. Chlorodyne (Dr. Ogden's), 1s. 6d. per oz. Guacine, an internal remedy in Gout, Rheumatism, Tic-douloureux, Neuralgia, &c.

ANDERSONS, Operative Chemists, 30, Duke-street, Manchester-square.

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.;) also to his Liq. Taraxici, Liq. Galii Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Beli (prepared from the Ægle Marmelos, or Indian Bael), for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand,—Agent for Palmer's Aërated Chalybeate Water.—*Ext. Laricis Europ.*

BOUDAULT'S PEPSINE imported in Original Corked Bottles by

W. TWINBERROW, 2, Edwards-street, Portman-square.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 53, Minories.—TESTIMONIAL: March 27th, 1844.—The Isinglass Plaster as prepared by Mr. MACORD is superior to any I have had made elsewhere, being both more adhesive, more transparent, and altogether more easily applied.—ROBERT LISTON, M.R.C.S.—*** See THE LANCET, June 15th, 1844, page 365.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:

WARRICK BROTHERS, 3, Garlick-hill, London, E.C.

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72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS

(CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS

(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street. Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 53, Minories.—Chemical Works, Battersea, S.W.

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BASTICK'S

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LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer.

CAUTION.

Chlorodyne. — Any Preparation advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely, solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

Blancard's Pills of Unchangeable IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg:
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 40, Haymarket, London. In Ireland, at Mr. Vitties, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1856; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Liquor Folii Ricini, for increasing the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day. 6s. per lb.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

James's Fever Powder, 4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

Sir J. Murray's Pure Fluid Magnesia is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Hogg's Lithia Water, Super-CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Rheumatic Gout:—

Citrate of Potash Water, containing 30 grs.
Citrate of Potash and Iron, 30 grs. and 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 30 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pullna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen,
9, Albion-place, Hyde-park-square.

Aërated Lithia Water. — The exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession. These Waters are as agreeable in flavour as the ordinary aërated beverages now so generally used, and are sent out in bottles of similar size.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

Every cork and bottle sent from this Establishment bear the name and address of the Proprietors,

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

H. Breidenbach, Perfumer to the Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 B, New Bond-street, W.

IMPORTANT NOTICE.

Glenfield Patent Starch is the only STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the

GLENFIELD STARCH,

we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

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Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
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THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

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Sole Agents:
Messrs. BURGESS, WILLOWS, & CO., Wholesale Druggists,
101, High Holborn, London, W.C.

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,
J. C. PART, 186, Drury-lane, London.

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.
16, MOORGATE STREET, NEAR THE BANK, LONDON, E.C.

SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers,
28, Conduit-street, New Bond-street, London.

Davis & Kidder's Magnetic Machine.

Wholesale (only) from J. ATKINSON'S American Stores, 37, Manchester-street, Liverpool. This Machine has now become one of the most essential instruments in all medical men's use. Numbers of spurious imitations have sprung up, which in a very short time lose their power, and become a constant tax upon the purchaser.—N.B. Ask for Davis and Kidder's.

These Machines may be had from all the respectable Surgical Instrument Makers in the United Kingdom.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset, June 20th, 1858.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
430, Oxford-street."

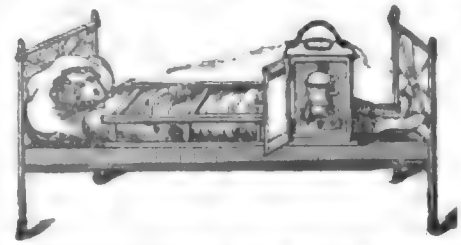
Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

Noedl's Patent Vapour Bath—

a very simple and useful Apparatus for Private Use or for Public Institutions.



Price reduced to Four Guineas, including japanned outer case.

A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

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BENHAMS & PROUD, 40, 41, and 42, Chandos-street, Charing-cross, W.C.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.—Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.—Priced and Illustrated Catalogues on application to

E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

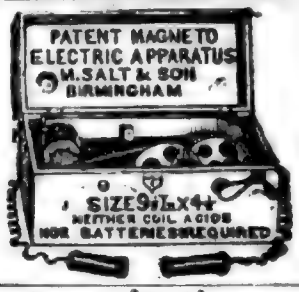
For Varicose Veins and Weak-

NESS.—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

POPE and PLANTE, 4, Waterloo-place, Pall-mall, London.
The Profession, Trade, and Hospitals supplied.



To Students and others.—You will do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

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The best House in London for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.

A large Stock of New Instruments always on Sale, all warranted.

Instruments Bought, Sold, or Exchanged.

N.B.—The largest Stock of Second-hand Dissecting Cases in London.

To Surgeons proceeding Abroad and others.—To be Sold, Second-hand, a complete SET of SURGICAL INSTRUMENTS in Mahogany Case—viz., Amputating, Trephining, Operating, Dental, Catheters, Trocars, &c., 40 Instruments, price £8 8s.; Set of Midwifery, in Pouch, £3 2s.; and very superior Case of Pocket Instruments, price £3 2s. All modern, and repaired as new.—Apply to JAMES E. MADDOX, 19, University-street, London, W.C. Manufacturers of every description of Surgical Instrument. Old ones taken in exchange.

MEDICAL GLASS AND GENERAL FIXTURE WAREHOUSE.

William Hawke, 17, Wild-court, Great Queen-street, Lincoln's-inn-fields, London, W.C., (late Ansell and Hawke, 8, Great Queen-street,) Manufacturer of every description of Shop Fittings, Dealer in Medical Glass, Earthenware, and all kinds of Shop Utensils, Medical Labelling, Writing and Embossing on Glass.

Drawings, Specifications, and Estimates furnished for Shop Fronts, also for Surgeries and Druggists' Shops, with every requisite, from the neatest to the most elegant style.—Druggist Stocks and Fixtures valued.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

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Important Saving, by Pre-payment, in the PURCHASE of

NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	19s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Microscopes.—J. Amadio's Botanical MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

Smith, Beck, & Beck, late SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

The Council Medal of the Great Exhibition of 1851, and

The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

W. F. Durroch, Surgical Instrument MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 3, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

Examination at the Hall.—A Gentle- man, residing in the centre of the City, gives Private LESSONS in CHEMISTRY only.—Address, X. Y. Z., Post-office, Skinner-street, E.C.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Evening Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

Geology.—King's College, London.— Professor TENNANT, F.G.S., will commence a COURSE of LECTURES on GEOLOGY on Friday morning, Jan. 27th, at 9 o'clock. They will be continued on each succeeding Wednesday and Friday, at the same hour. Fee, £2 12s. 6d. R. W. JELF, D.D., Principal.

Lectures on Dental Surgery.— GEORGE A. IBBETSON, Esq., Lecturer on Dental Surgery at the College, and Dental Surgeon to the Hospital, will commence his COURSE by an INTRODUCTORY LECTURE, on Tuesday, Feb. 7th, at 6 o'clock P.M.

Lectures on Tuesdays and Fridays, from 6 to 7 P.M.

Payment to the College, £1 1s.

ALEX. W. WILLIAMSON, Dean of the Faculty of Medicine.
CHAS. C. ATKINSON, Secretary to the Council.

University College, London, Jan. 20th, 1860.

Practical Midwifery.—Birmingham and MIDLAND COUNTIES LYING-IN HOSPITAL and DISPENSARY for the DISEASES of WOMEN and CHILDREN.—There is at the present time a Vacancy for one RESIDENT SURGEON in the above Institution. To gentlemen possessing medical or surgical qualifications, and who may be desirous of acquiring a thoroughly practical acquaintance with those important departments of the profession previous to engaging in the responsibilities of private practice, this opportunity affords unusual facilities. The Resident Surgeons are three in number, whose duties are to attend all cases, both in and out of the Hospital, under the superintendence of the Honorary Surgeons. The salary is £30 per annum, with board and lodgings. The gentleman appointed will be expected to hold the situation twelve months. Applications, accompanied with testimonials and diplomas of qualifications, to be addressed to the Secretary, at the Hospital, on or before Tuesday, the 7th February next.

By order,

Board Room, Broad-street, Jan. 25th, 1860. J. KENNELLY, Secretary.

The Guardians of the Poor of the NOTTINGHAM UNION will, on the 28th day of February next, at 9 A.M., proceed to the Appointment of Two MEDICAL OFFICERS in Districts No. 2 and No. 3 in the said Union. Salary of each, £120 per annum. In District No. 2 is annexed a Vaccination District, which may, with proper attention, be made to realize £30 and upwards per annum extra.

No candidate need apply who does not hold one of the qualifications required by the Poor-law Board, or is not willing to enter into an agreement with the Board to conform strictly to the orders of the Guardians, to abstain from private practice, and give his whole time to the duties of his office.

Applications and testimonials must be sent to me, and superscribed "Application for Medical Officer," on or before the 25th day of February next.

N.B.—Drugs, appliances, and surgical instruments are provided, and all medicines are made up by the Dispenser at the Union Surgery, and no extras or fees (except those for vaccination, for attendances in certifying lunatics, and for quarterly visits, under 16 & 17 Vic., cap. 97, sec. 66) will be allowed.

By order,

JOHN SANDERS, Clerk to the Guardians.

Nottingham Union, January, 1860.

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Twickenham House.—Dr. Diamond (for nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence, and reside with his family.—For terms, &c., apply to Dr. Diamond, Twickenham House, S.W.

To Invalids and others.—Residence in DEVONSHIRE.—A married Clergyman, with one child, residing in the North of Devon, wishes to receive into his house a Gentleman or Lady, Sisters, or a Married Couple. The house is modern and commodious, beautifully situated, commanding a fine view of the country, and surrounded by lawn, gardens, and shrubbery. It is within five minutes' walk of a small market town. Good references given and required.—Address, Clericus, Mr. Tucker, Bookseller, South Molton, North Devon.

Sussex County Hospital, Brighton.— There is a Vacancy for a RESIDENT PUPIL or an APPRENTICE.—For particulars, apply to the House-Surgeon of the Hospital.
Jan. 19th, 1860.

A Medical Man is Required for a GENERAL DISPENSARY, to be established in Jersey. Salary £100, with apartments.—For further particulars, apply to Rev. P. A. Le Feuvre, Honorary Secretary, Oak-walk, Jersey.

Cancer Hospital, London.—This Hospital was established in the year 1851, for the exclusive treatment of Cancer, during which period 3324 afflicted persons (mostly females) have received its benefits. The number of beds is at present limited, but on the completion of the first part of the new building now being erected at Brompton, 60 beds will be provided; and when the Hospital is complete, it will afford accommodation for 300 in-door patients. Out-door cases are treated at a house taken for that special purpose, at No. 167, Piccadilly, where they are investigated, and all necessary remedies supplied.

The expenses for medicine and other appliances for out-door patients are very heavy, as well as for the in-door patients, in addition to their maintenance, which is required to be of the most nutritious and generous kind.

The Hospital has to rely entirely upon Bequests, Donations, and Annual Subscriptions.

PECUNIARY AID is earnestly solicited, and will be thankfully received by the Treasurer, Wm. Loxham Farrer, Esq., 66, Lincoln's-inn-fields; and by the Bankers, Messrs. Coutts and Co., Strand.

All information relative to this Charity may be obtained at the Secretary's Office, 167, Piccadilly, where also Contributions are received.

Board-room, 167, Piccadilly. W. J. COCKERILL, Secretary.

N.B.—The treatment adopted at this Hospital is open to all legally-qualified Medical Men.

A Vacancy for a Physician.—A very favourable opportunity now presents itself for an energetic PHYSICIAN to establish himself in Practice in a town in the West of England. No consideration required.—Apply personally to Mr. Bastick, 2, Brook-street, Bond-street.—No Agents treated with.

To be Disposed of, with immediate possession, in consequence of ill-health, a genteel, unopposed, and old-established PRACTICE in a rural district. A Union appointment worth £100 per annum. Present receipts being upwards of £400 a year.—For terms, apply, by letter, to Omega, THE LANCET Office, 423, Strand, London, W.C.

A small Medical General Practice, in London, is offered for Disposal, on moderate terms. Is capable of considerable increase. Would suit a young man commencing practice, and desirous of establishing himself in a populous neighbourhood.—Address, D.M., 5, Bolingbroke-terrace, Stoke Newington-green.

A Bargain.—A Practice of £400 a year, rapidly increasing, situated in a large Town, to be had for £500, with twelve months' Introduction. An appointment of £40 a year secured to a purchaser. References given, with reasons for leaving.—Apply, by letter, to Omega, care of Mr. Miller, Surgeon-Dentist, George-street, Islington, Birmingham.

Death-Vacancy.—For immediate Disposal, a most desirable and increasing PRACTICE, in a populous manufacturing district in the neighbourhood of Bradford, Yorkshire, realizing between £300 and £400 per annum. There are appointments bringing in about £120 per annum, which, it is hoped, might be transferred. The House, which has been occupied as the residence of a medical man about fourteen years, could be taken with the above.—Address, Box 217, Bradford, Yorkshire.

Finsbury-square.—To Medical Practitioners, Surgeon-Dentists, &c.—To LET, at £30 per annum, TWO excellent ROOMS on the Ground-floor, in King-street, Finsbury, close to the square.—For cards to view, apply to Mr. Mason, Auctioneer, &c., 15, Finsbury-place South, E.C.

A married Gentleman, aged 38, seeks an Engagement as Out-door Visiting and Dispensing ASSISTANT; is a good Accoucheur, and can give first-rate references.—Address, Medicus, Mrs. Lawrence's, Old Ford-road, Bow, E.

A legally-qualified In-door Assistant is Required, immediately, in a first-class Country Practice. The situation is only adapted for a gentleman of considerable experience, and of steady habits and gentlemanlike address. There is very little night-work, and the duties are very light. Those only who are desirous of a permanent situation need apply. Salary £70 per annum.—Address, M. B., Post-office, Doncaster.

Wanted, in a quiet and healthy Country Practice, a qualified ASSISTANT, to Visit and Dispense.—Apply to Medicus, Farningham, Dartford.

Wanted, by a Surgeon in the country, an Out-door ASSISTANT, to attend Midwifery, Dispense, and Visit occasionally.—Apply, stating age, salary required, and references, to Medicus, care of Mr. H. B. Brady, Druggist, Mosley-street, Newcastle-on-Tyne.

Wanted, in a Town and Country Practice, a qualified, gentlemanly ASSISTANT, to Visit, Dispense, and perform the routine of general practice. Duties light. Will be made one of the family.—Address, Medicus, Mr. Smedley, Bookseller, Sleaford, Lincoln.

Wanted, by a qualified Gentleman, aged twenty-nine, a Situation as Medical ASSISTANT. The highest testimonials given.—Address, R. S., Mr. Wright, Post-office, Glasgow; to be kept till called for.

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Lecture III.—Enteric Fever. (*With Engravings.*) ..... p. 107

Observations on Lithotrity. By William Coulson, Esq., (continued.) 111

Contributions to Uterine Pathology. By E. J. Tilt, M.D., M.R.C.P., (concluded.) 112

On Sores of a Non-Specific Character. By John Harrison, Esq., F.R.C.S. 113

Report of a Case of Ulceration of the Œsophagus, causing Death by Perforation of the Aorta. By W. M'Combie, Esq., L.R.C.S. Ed. 114

Few Facts relating to the Action of the Heart. Communicated by R. Wallace, Esq., A.M., Edinburgh 115

Congenital Hydrocephalus. By J. W. Fry, Esq., M.R.C.S., Essex. (*With an Engraving.*) 115

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

GUY'S HOSPITAL: Typhlo-Enteritis: Inflammation of the Cæcum in a Chronic form; Relief from Treatment 115

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ST. BARTHOLOMEW'S HOSPITAL: Typhlo-Enteritis, arising from Cæcal Distension by Flatus; Cure by Leeches and Fomentations 117

CLINICAL RECORDS. — Perityphlitis.—Polypus of the Nose involving the Orbit. — Scirrhous Tumour of the Arm, involving the Brachial Artery and Median Nerve. — Double Varicocele: Shortening of the Scrotum.—Excision of a part of the Tongue for Cancer 117

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY: Observations on Stertor, and on the Varying Conditions upon which it is Dependent; with the Treatment necessary for its Relief 119

MEDICAL SOCIETY OF LONDON: On the Natural History, Properties, and Medical Uses of the Sanguinaria Canadensis 119

WESTERN MEDICAL AND SURGICAL SOCIETY: On the Importance of Free Respiration in certain States of the Brain 120

REVIEWS AND NOTICES OF BOOKS.

The Anatomy of the Human Lung. An Essay for which was awarded the Fothergillian Gold Medal of the Medical Society of London. By A. T. Houghton Waters, M.R.C.P.L. 121

The Geologist: a Popular Illustrated Monthly Magazine of Geology. Edited by S. J. Mackie, F.G.S. Vol. II. 121

LEADING ARTICLES.

OUGHT THERE TO BE A CRIMINAL COURT OF APPEAL? 122

THE MOTE IN OUR OWN EYE 123

PROCEEDINGS IN PARLIAMENT IN RELATION TO THE MEDICAL PROFESSION 124

MEDICAL ANNOTATIONS.

Lord Clyde on Red-Tapeism.—A Way of Help for the Fallen.—Science in our Courts of Law.—Causation of Disease 124

Death of T. Alexander, Esq., C.B., Director-General, Army Medical Department 126

Death of Dr. Todd 126

CORRESPONDENCE.

Sudden Death 121

Dr. Newton Heale and the Royal Society 127

Militia Surgeons 127

Abdominal Tumours and Gestation 128

MEDICAL NEWS.

Oxford Lectures 130

University of Cambridge 121

Pass-lists of the Royal College of Physicians and Apothecaries' Hall.—Royal College of Surgeons: Primary Examination in Anatomy and Physiology.—Arrest of Hæmorrhage by Acupressure.—Sir Charles Hastings.—Lunacy.—Inflammable Clothing.—Yellow Fever at St. Thomas's. — Appeal in Criminal Cases.—Arsenical Poisoning by Paper-hangings. — Medical Society of London.—Royal Free Hospital.—New Operation for Removal of Naso-pharyngeal Polypus.—Royal College of Physicians, London.—Yellow Fever.—Abuse of Cold Douche in Insanity.—Rational Treatment of Gout. — Public Honour to Dr. Lescarbault. — Bloomsbury County Court: De Cordova v. Barker, otherwise De Roos.—Alcoholic Drinks. — The Deformed Skulls of Wroxeter.—Health of the Metropolis 128

OBITUARY.—Dr. Ayre, of Hull 130

Medical Diary of the Week 131

Notices to Correspondents 132

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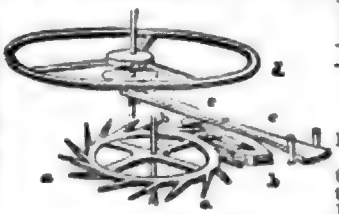

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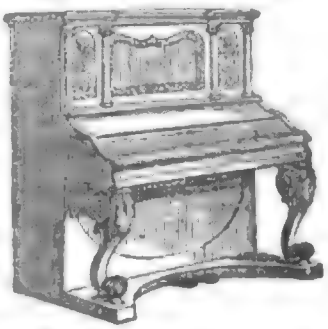

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE III.

ENTERIC FEVER.

Synonyms. Anatomy of the intestinal glands. Symptoms:— 1. *Symptoms referable to the nervous system—pain in the head, somnolence, delirium, spasms, the senses.* 2. *Symptoms referable to the gastric system—diarrhœa, intestinal hæmorrhage.*

GENTLEMEN,—Enteric fever is distinguished from all other acute diseases by its invariable anatomical character—specific lesion of the intestinal glands, and corresponding glands of the mesentery. I shall first describe this form of fever, as it will enable me to point out more clearly the particular circumstances in which it differs from typhus fever. It has been described under different names—*typhoid fever, typhoid affection, abdominal typhus, entero-mesenteric fever, gastric fever, ileo-typhus, enteric fever.* I prefer the term *enteric fever*, as, on the whole, the most simple, and expressing the prominent distinctive feature of the disease.

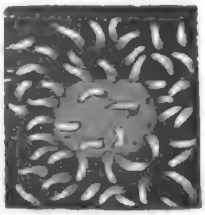
Let me, however, in the first place, briefly draw your attention to the system of intestinal glands.

Besides the follicles (crypts or corpuscles) of Lieberkühn, there are special glands in the intestinal tract, which are usually described under three classes: 1, the glands of Brunner (or duodenal glands); 2, the solitary glands; 3, the aggregate or agminate glands (Peyer's glands).

1. The glands of Brunn, or Brunner, are arranged in the submucous or areolar tissue of the duodenum, and have the appearance of small granular bodies, to which Brunner gave the name of the second pancreas, to the structure of which gland they bear strong resemblance. They are most numerous in the vicinity of the pylorus, commencing abruptly at the duodenal side of the pyloric valve, and gradually diminishing in number towards its lower portion, until they finally disappear. These bodies, better distinguished by the name of *duodenal glands*, from their being limited to this portion of the digestive tube, are small compound glands, presenting, when examined with a powerful lens, the characters of the salivary glands. They vary both in number and size in different subjects, and seem to disappear altogether in advanced life. In no other part of the intestinal canal are similar glands discovered, nor are they known to be liable to any special disease.

2. The *solitary glands* have been sometimes, but erroneously, described as the glands, or patches of Brunner, from which, however, they differ materially in structure, position, and liability to disease. They are found in the form of small rounded bodies, of the size of millet-seeds, projecting upon the internal surface of the mucous membrane (Fig. 1). They are met with

FIG. 1.



A solitary gland from the small intestine of the human subject, magnified. (After Bochm.)

in every portion of the intestine. We find them scattered over the jejunum, but in greatest numbers over the ileum, the valvulæ conniventes, as well as in the spaces between them; they occur also in the large intestine, particularly the cæcum and appendix vermiformis. Around each gland there is a zone of the orifices of the follicles of Lieberkühn. Examined by the microscope, they appear to be hollow sacs, covered with villi filled with mucus, resembling, on section, a Florence oil-flask, wide at their blind extremity, tapering towards the surface of the mucous membrane, on which they open by a very small orifice, not easily seen, especially when the gland or sac is empty.

3. The *agminate or aggregate glands* are generally known by the name of glands of Peyer, who has minutely described them, though they were previously known to and delineated by Dr. Grew, a Fellow of this College, in a paper published

FIG. 2.

A patch of Peyer's glands of the adult human subject, from the lowest part of the ileum. (After Bochm.)

under the quaint title "The Comparative Anatomy of the Stomach and Guts," being several lectures read before the Royal Society in the year 1676. Peyer did not publish his description till the following year (1677)* They ought therefore to be called *Grew's* glands, or patches, if priority of discovery regulate the question.

Each of these glands, the grouping or aggregation of which constitutes a single Peyer's patch, resembles in every respect the structure of the solitary, being a papilliform body, or vesicle, tapering to a pointed extremity, which projects amongst the tubes of Lieberkühn. They are arranged or collected together in oval or elliptical, sometimes circular, groups or patches, the long diameter corresponding with that of the intestine. They are found always on its free border, opposite to that by which the mesentery is attached. These patches seem to belong, in an especial manner, to the ileum, and are found chiefly towards the lower portion, becoming more and more

* De Glandulis Intestinorum.

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scattered—less numerous towards the duodenum, in which, however, Peyer once found a single patch. They vary in number, fifteen, twenty, thirty, or even more, being occasionally found. Sometimes they assume the appearance of bands two or three inches long, or occasionally they form irregular clusters, the largest being near the ileo-cæcal valve; in other cases, the patches terminate some inches below the valve.

They are variously developed in different subjects, being in some planted in the substance of the mucous membrane, to which they impart a degree of thickness: in others, they have the appearance of being imbedded in the muscular coat. On examining by the microscope the mucous membrane covering the patches, numerous depressions may be discovered, but each depression is distinct, and is the orifice of one of the follicles or crypts of which the patch is composed, and it is not uncommon to find two or three diseased in the middle of a patch which is otherwise sound.

I may here observe, that Peyer's patches are most distinct in young subjects; and as they seem to undergo rapid change after death, it is necessary, if an accurate examination is to be made, that the bodies be recent, and, if possible, those selected in which the death has been sudden, or from accident, or from some form of acute disease that has proved rapidly fatal. It is generally supposed, too, that during life they become changed, perhaps atrophied, from age, and after protracted illness. It is not unlikely that the alterations these patches undergo with advancing age may have something to do with the infrequency of enteric fever after the age of fifty.

We know very little of the use of the intestinal glands.

I have alluded to the resemblance between the duodenal glands and the pancreas in structure; and they are so strictly confined to the portion of intestine with which this gland is intimately connected, that it is probable that the functions of both are of the same nature, and that they form part of the salivary apparatus of the intestinal canal.

The same resemblance of structure between the solitary glands and the glands of Peyer has been pointed out. Their functions, therefore, are probably not dissimilar. We know also, that the solitary glands and Peyer's patches both undergo important alteration in two diseases,—in tubercular phthisis and in enteric fever,—proceeding in both to ulceration, whence results the diarrhœa in the latter stage of the one, and throughout the whole course of the disease, as a general rule, in the other.*

It may naturally be inquired, if this lesion of Peyer's glands be the pathological element in enteric fever, is it to be regarded as the cause of the phenomena in this form of fever, or as the effect of the fever poison on these glands? The latter view is the more philosophical and correct.

We observe in other acute affections morbid poisons giving rise to similar local or specific effects; for example, in small-pox, producing pustulation of the skin; in measles, affecting the skin and mucous membrane of the air passages; and in scarlet fever, the skin, the throat, and frequently, in the severer forms, the glandular or absorbent system. The same compound action has been observed in the plague, the poison acting probably first on the blood, and subsequently on the absorbents, giving rise to the well-known plague buboes. In the same way, the action of the poison which generates enteric fever on the intestinal follicles is explained; and whether its primary operation be on the blood, or on the nervous system, or on both, its specific effect on the intestinal follicles also, is scarcely questionable.

Before describing the individual symptoms in detail, I shall sketch the progress of enteric fever of moderate severity.

But let me here observe, that the disease, in the early period at least, and often throughout its subsequent stages, is of a more acute or sthenic character than its prototype, typhus. We have seen also that it occurs at the more early periods of life—most commonly between the ages of fifteen and thirty, seldom after forty, though I have seen it in persons beyond the age of sixty.

It commences slowly and insidiously, so that the patient is often able to pursue his ordinary avocations, complaining only of undefined indisposition, such as irregular chills, loss of appetite, more or less headache, thirst, pain of limbs, and a degree of languor and lassitude for which he cannot account. In the course of a day or two, these symptoms increase, the pulse quickens, there is less inclination for exertion, the tongue becomes furred, the bowels disposed to be relaxed, sometimes with abdominal pain, the countenance altered in expression, the face at times flushed, and at length, from increasing weakness, the patient seeks the couch, or prefers to keep to bed entirely.

Towards night, there is more or less aggravation of the symptoms, accompanied with restlessness, inducing constant change of posture in the vain hope of finding relief; the sleep is disturbed and unrefreshing, the thirst more urgent, and the heat of skin more pungent. Sometimes there is vertigo, or singing in the ears, or occasionally slight epistaxis.

Such are the symptoms of the early stage of enteric fever; and though to an experienced observer they are sufficient to indicate the disease, there may be reasonable doubt as to its nature, until its characteristic eruption appears. This is seldom visible before the second week (generally from the eighth to the twelfth day) after the commencement of the symptoms, when, on close examination, a few small circular rose-coloured spots may be discovered, chiefly on the anterior and posterior aspect of the trunk, seldom on the face or extremities. As the characters of this specific eruption will be presently pointed out, I shall only observe that each spot is perfectly distinct, fades or entirely disappears on pressure, and after remaining visible for three or four days disappears, fresh spots coming out every two or three days, and undergoing a like process of eruption and decline. In this way successive crops of these spots appear until the conclusion of the disease. This characteristic eruption, however, as we shall presently see, is occasionally absent.

If the abdomen be examined, it will be found more or less distended and resonant; a sensation of gurgling in the right iliac fossa, often accompanied with tenderness, being generally perceptible.

The diarrhœa so commonly observed as one of the early symptoms varies in degree; sometimes it is moderate, sometimes profuse and exhausting, and in some cases accompanied with blood.

If the case be mild and uncomplicated, these symptoms continue without marked variation till towards the middle or end of the third week, when a gradual abatement of the more prominent, especially of the diarrhœa, portends the approach of convalescence. The change, however, is very gradual. The pulse becomes slower; the alvine discharges less frequent and more consistent; the tongue more clean; the thirst abates; the heat of skin and restlessness disappear; the sleep is tranquil and refreshing; there is gradual improvement in strength; while the appetite for food returns, and is often so keen as to require great vigilance to prevent its too early indulgence, and consequent risk to convalescence.

But the progress of enteric fever does not always run so smoothly. On the contrary, when the stage of convalescence is daily watched for with great anxiety, all the symptoms may continue unabated, or some of them become even aggravated. Thus the headache, which usually passes away towards the end of the second week, may persist, and eventually may be followed by delirium, or by somnolence, gradually passing into coma, more or less profound: the diarrhœa may increase, or a sudden discharge of blood from the bowels arise, which, if it do not destroy life, adds much to the danger: or, again, the intestinal ulceration may extend, inducing progressive emaciation and weakness, from which it may be difficult or impossible to restore the patient. Not unfrequently the progress of the fever is interfered with by some form of pulmonary complication. This may be open and easily detected; but in many cases, more especially when there has been early and severe disturbance of the nervous system, it assumes a latent form, and is recognised only by careful auscultation, which may reveal either pleurisy, bronchitis, or pneumonia, more or less diffused. Sometimes, and indeed not uncommonly in severe cases, there may be both cerebral and pulmonary disease coexisting; so that the fever may be said in its progress to have involved the most important internal organs. Under such extensive complications the issue is seldom doubtful.

In proportion to the intensity of the local complication, the general or febrile symptoms increase; indeed, a low form of secondary or symptomatic fever may be said to supervene. The pulse rises in frequency, and is weak and compressible; the tongue becomes dry, brown, shrivelled, and often fissured; the teeth and lips covered with brown or black incrustation; the emaciation progressive; the weakness day by day more marked; the evacuations passed unconsciously; the sacrum, hips, and other parts subjected to pressure, becoming inflamed and passing rapidly into gangrene; or pus may be deposited in different parts, more commonly in the joints.

It is unnecessary to observe that the ultimate issue, under such complications, must depend on the circumstances presented by each case: the degree or intensity of the local com-

* See Todd and Bowman, vol. ii., p. 234.

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plication, and the stamina or power of the patient to contend against such a formidable disease. He may linger from day to day and eventually recover, or death may result from gradual exhaustion, seldom before the fifth or sixth week. Many cases are protracted to a much later period; indeed, there is scarcely a limit to the duration of complicated enteric fever. Or, lastly, the ulcerative process may gradually destroy in succession the coats of the intestine, and at length perforate the peritoneal covering; and thus the patient may be speedily cut off. Dr. Jenner notes that when death is the result of the general disease, the fatal termination always occurs before the thirtieth day. Local lesion sufficient to account for death is always found after that date,—proving the natural duration of the general disease to be about four weeks.

I shall now proceed to enter more fully into the consideration of the individual symptoms of enteric fever. I shall describe them as they occur—1st, in the nervous system; 2nd, in the gastric system; 3rd, in the skin; and 4th, the local affections or complications.

1. *Symptoms referable to the nervous system.*—Of the cerebral symptoms, one of the more early and constant is *pain in the head*, observed in the mild as well as in the severe cases. Sometimes it is confined to the forehead and temples, sometimes it extends over the head, often in severe cases accompanied by intolerance of light, conjunctival injection, or throbbing of the carotid and temporal arteries.

Louis affirms that pain in the head is one of the most common symptoms of acute fevers of every kind, but more frequent in persons affected with enteric fever than with any other disease; and as in the former (enteric fever) it is almost constant, and begins with the first accession of the symptoms, its absence at the beginning of a febrile affection, in which other symptoms characteristic of this disease are wanting, would indicate that the disease is not enteric fever.

Somnolence is another very common symptom. In the milder cases it is less marked, appears later, and is of short duration. In the more severe, it comes on early, is of longer continuance; and in fatal cases, it increases in intensity, until it ends in deep coma and death. Louis investigated this symptom with great minuteness, and found that in patients who recovered, out of fifty-seven in whom the affection was severe, eight had no drowsiness; in forty, in whom he noted with care, the origin, duration, and degree of this symptom, in no individual did it occur on the first day of the disease, in only one on the second, in two on the sixth and eighth, generally on the ninth, and in an extreme case, on the fortieth. The average was on the fourteenth day of the fever, its mean duration was eight days, and the extremes of the duration twenty-one days. Somnolence is also one of the most marked symptoms of the enteric fever of children, and may be looked for at any period of the disease.

Delirium is more commonly present than absent in enteric fever. In a small proportion it appears early—that is, within the first week, but in by far the larger number, much later—in the second or third week, or even so late as the thirtieth day. It is often transient, indicated only by confusion and incoherent answers, or when the patient awakes; in other cases it is observed chiefly during an accession or paroxysm of fever, or in the night. In the more severe cases, however, it comes on early, and is persistent, seldom disappearing until the first signs of convalescence are apparent. In the still more grave, it lapses into coma, from which the patient rarely recovers, so that, as a general rule, early and persistent delirium, more especially if accompanied by drowsiness, portends a dangerous attack of this fever.

The character of the delirium varies. In some patients it is violent, so much so as to require restraint. Occasionally it shows itself in fits of loud screaming, with great bodily agitation and apparent alarm—a form of delirium, particularly if it appear early, of dangerous omen; indeed it is seldom recovered from. In other cases the patient is in a state of constant restless agitation, muttering incoherently, the hands tremulous, or in constant motion, either picking the bedclothes, or catching at imaginary objects. The whole phenomena, indeed, bear close resemblance to delirium tremens, which is the character the delirium assumes when persons of intemperate habits are attacked with enteric fever.

In general, the subject of delirium does not turn on any particular object, the incoherence being on unconnected points. Louis has alluded to some patients, who, while evidently suffering from the gravest symptoms, declared, on being questioned, that they were quite well—a kind of perversion of sensation and judgment, which should always be regarded as one of the most alarming symptoms; indeed he affirms that he never witnessed a single recovery from it.

I may here remark that, however much the brain may have suffered in the progress of this form of fever, permanent mental imperfection, in my experience, rarely follows. After severe cerebral disturbance, the powers of the mind are occasionally somewhat, though temporarily, enfeebled; but this condition disappears as the patient regains strength. This accords with the experience of Louis, who mentions that he had observed the intelligence affected during convalescence in one case only, and in this patient the mental capacity was small. He remained for six weeks in a kind of idiotic state, from which, however, he ultimately slowly recovered.

As to the relation between the delirium in this form of fever and the condition of the brain after death, Louis states that, out of twelve subjects, who either had no delirium, or in whom this symptom occurred only momentarily during the last two or three days of life, or for twenty-four hours during the disease, —in four, the cortical substance exhibited a slightly rose tint throughout its whole circumference; in six, it was perfectly healthy; in one case, it was very much injected, with slight softening of one of the optic thalami, the entire cerebral mass being less consistent than usual.

So great a variety in the appearances after death, in patients who had no delirium, must lead us to doubt our ability to find in appreciable alterations of the brain an explanation of the symptoms of which it is evidently the source, and to render it more than probable, that those changes may take place in the last days of existence.

Although the cerebral symptoms in general seem to bear no relation to, or are not dependent on, any certain or fixed lesion of the brain or its membranes discoverable after death, I cannot concur in the idea suggested by Louis, great as his authority is—that the brain symptoms are dependent on the changes in the intestine, which constitute the peculiar anatomical distinction of enteric fever; and for this reason, that in many cases—I will not affirm in the majority—where the intestinal lesion has gone on, and ultimately proved fatal, there has been neither delirium nor somnolency at any period of the disease.

I am disposed, therefore, to look, not to the solids, but to the blood, as the source of the disturbance of the functions of the brain in this fever, just as we find in uræmic poisoning marked sensorial affection. It may be said that if the changes the blood undergoes be the source of the cerebral symptoms, how are we to account for their absence in exceptional cases? The explanation is, that there is a less amount of fever-poison in the blood—less than is sufficient to produce the brain affection; or it may be that, in some individuals, the cerebral mass is less susceptible, less easily impressed by the morbid blood,—just as we observe great difference in the effects of alcoholic stimulants on the nervous system in different persons.

Spasms.—This condition of the muscular system is not unfrequently observed in some form or other. There may be tremors, or subsultus, or starting of the tendons of the wrists (*carphology*), or twitchings of the muscles of the face, contractions of the diaphragm (inducing *hiccup*), and so on. Sometimes, in the latter stage of severe cases, the spasms affect the face, upper extremities, and diaphragm simultaneously.

Muscular debility, or prostration, is generally a prominent characteristic of both typhus and enteric fever. It is more early and more pronounced in the former than in the latter—less marked, of course, in the milder cases. I have known many instances in which, from the slight prostration, or from its being obstinately concealed, patients could not be persuaded that it was necessary to keep their bed, or even to be confined to the house, until they were compelled by the supervention of serious symptoms.

The senses.—The symptoms referable to the senses are comprehended under those of the *eye*, the sense of *hearing*, the sense of *taste*, and *perverted sensibility*. They require little more than enumeration.

In the *eye* there does not seem to be anything peculiar in this organ, or its appendages, that is not observed in other acute diseases. Slight conjunctival injection is very common.

The symptoms connected with the *sense of hearing* are comprised under tinnitus aurium (buzzing or ringing), deafness, inflammation, often terminating in abscess of the external meatus. Buzzing or ringing is common, and it may be attended with deafness, though it is more frequently without it.

If deafness come on at all, it is generally about the middle period of the fever. It usually progresses slowly; but even when it exists to an extreme degree, it does not materially influence the prognosis or final issue of the case.

Inflammation of the external meatus sometimes takes place towards the termination of this fever. It may end in resolution, but more frequently in abscess and purulent discharge.

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It seldom spreads to the tympanum; hence loss of hearing is by no means a common result of enteric fever.

The sense of taste is generally altered or perverted, articles of food appearing either tasteless, or having a flavour different from what is usual. This may arise partly from the state of the tongue and palate, but in part, if not chiefly, also, from perverted nervous sensation.

In some patients the sensibility is perverted—often augmented. This is more commonly noticed in females of the hysteric temperament, in whom the cutaneous and perhaps the muscular systems are morbidly sensitive, the slightest touch apparently causing great pain. It is of importance to discriminate this cutaneous tenderness in the epigastric and abdominal regions from peritoneal inflammation, for which, by a careless and inexperienced observer, it may be mistaken. The diagnosis is determined by observing that there is the same tenderness when pressure is made on any part of the body—the arm, chest, or lower limbs, for example. Besides, the absence of vomiting and of constipation assists the diagnosis, though I admit there may be in some cases considerable difficulty in coming to a right conclusion. On the other hand, we must not overlook the possibility of peritonitis springing up in the hysteric diathesis. In such mixed cases, the persistent vomiting, the constipation, thirst, and hot dry skin—the attitude of the patient as she lies on her back with her knees drawn up, and the severe paroxysms of abdominal pain when the belly is untouched—all point to the existence of peritoneal inflammation.

Muscular aching, backache, and pain or sense of weariness in the extremities, are all referable to the same condition of the nervous system—perverted sensibility.

2. *Gastric system.*—In the whole catalogue of symptoms diagnostic of enteric fever, none are so important, either in a distinctive or practical point of view, as those referable to the gastric organs. This may have been anticipated from the lesions of this form of fever being chiefly limited to the abdominal organs.

We shall consider the symptoms connected with this system in detail, although it is almost unnecessary to remind you, that all of them are not present in every case, or that some of them may be more constantly observed than others.

In many patients, at the commencement of the disease, there are occasional feelings of nausea, which, if followed by retching or vomiting, may at first give an impression that the patient is only suffering from a "bilious disorder." This idea is, however, soon put aside by the little mitigation that follows the vomiting, as well as by the occurrence of other symptoms.

From investigations into the nature of this bilious fluid recently recorded by Dr. Frazer, it would appear that it is modified blood, and that though it may be mixed with bile, it is frequently entirely free from it. He states that the small masses which float through it, and give it its peculiar colour, are clots in which blood-corpuscles can be seen on microscopic examination. The symptom then evidences an effusion of blood, and, indeed, sometimes alternates in the discharges with red blood. Dr. Frazer has been able to restore to it its red colour by supplying oxygen. Why it assumes this green colour is not as yet known; but the green colour assumed by the body while undergoing decomposition, is an analogous instance.*

Sickness and bilious vomiting, generally accompanied by epigastric pain, now and then supervene also when the fever is somewhat advanced. According to Louis, when these symptoms (epigastric pain and bilious vomiting) occur late in the fever, we may infer the existence of a lesion of the mucous membrane of the stomach. He found that of thirty fatal cases, twenty had nausea, vomiting, or epigastric pain, of whom eleven exhibited more or less serious alteration of the mucous membrane of the stomach, the extent of the lesion being, apparently, in proportion to the duration of the vomiting; and that out of fifty-seven patients, in whom the fever was more or less severe, but who ultimately recovered, forty-three had symptoms referable to the stomach—viz., thirty had pain in the epigastrium; nineteen, sickness only; and twenty had vomiting.

The *tongue*, in a considerable proportion of cases, is little altered from its natural appearance. Louis found it natural, or nearly so, in about half the cases analyzed by him—that is, moist, without morbid redness, perhaps slightly coated with slimy, whitish or grey fur; it may even preserve this appearance throughout the course of the fever. But in others, after having been slightly coated, it becomes more or less red at the edges and tip, and occasionally covered with a dark-brown stripe, or fur, on the dorsum. As the fever progresses, it assumes a shrivelled, dry, and cracked or fissured state, the fissures being transverse or longitudinal—more generally transverse; sometimes exhibiting ulcerations more or less deep. Occasionally, the fur or coating becomes quite black, or a layer or stratum of blood is spread over the dorsum, while the teeth and lips are covered with a similar incrustation. This brown or black incrustation, which is due to exudation of blood, indicates an unusually severe form of fever, and more especially so when it is tremulous, and protruded and retracted with difficulty. When there is vivid redness of the tongue, the same condition may be observed in the mucous membrane covering the mouth and roof of the palate, uvula, and tonsils, giving rise to various uncomfortable sensations—dryness, heat, pricking, difficulty or pain in swallowing, and often irritating cough—which are also, in some degree, due to the constant passage of the air over those surfaces, when the breathing through the nostrils has become impeded, in consequence of a congested or swollen state of the mucous membrane of the nasal cavity.

Painful deglutition, depending on subacute inflammation of the posterior fauces, may arise, and, even when trivial, should never be overlooked, as it may suddenly increase, and, by involving the structures in the vicinity of the glottis, terminate either in angina laryngea or in abscess of the velum or posterior pharynx, which I have repeatedly known to destroy life by its pressure on the rima of the glottis. The patient is often not sufficiently alive to pain to make any complaint, and it is perhaps only by observing the difficulty with which fluids are taken, that mischief in the throat is suspected, until (perhaps suddenly) the frightful symptoms of laryngitis show too clearly the impending danger.

Diarrhœa.—Though diarrhœa is not invariably present in enteric fever, it is so constantly observed as to constitute one of its characteristic symptoms. The follicular disease, as in inflammation of the mucous lining of the intestines from ordinary causes, induces frequent action of the bowels, and hence the natural secretions, being evidently a source of irritation, are frequently expelled.

In mild cases, the bowels are generally in a natural state—seldom relaxed; or if there be a tendency to relaxation, it is remarked in the more advanced period of the disease. In the more severe, there is diarrhœa at the beginning and throughout the fever, the stools being serous or watery, often accompanied with griping, and followed, when the diarrhœa has been profuse, by exhaustion. Sometimes they are ochre-coloured, or like pea soup; often dark, resembling coffee-grounds; and occasionally mixed with mucus.

From Louis' statistics, we find that this symptom occurred in all his patients except three; and that out of forty cases observed, twenty-two had somewhat frequent and liquid dejections during the first day of the disease. Of the others, nine began to have diarrhœa between the third and ninth day, and six between the eleventh and fourteenth. It should be observed, also, that the three patients who had no diarrhœa died after the thirteenth and fourteenth days of the disease; and on dissection, ulceration of Peyer's patches was discovered. As to the number of evacuations, out of thirty-two patients in whom this symptom was accurately noted, he found that in eighteen, the average was eight to ten or more daily; in seven, the diarrhœa was more moderate, the average being four to six; and in an equal number—viz., seven—it was slight, the evacuations rarely exceeding two or three in twenty-four hours.

Again, the diarrhœa, whether slight or severe, or whether or not it appears at the commencement of the disease, varies in its course. Sometimes, after gradually increasing, it becomes stationary, or it may diminish towards the latter stage of the fever. In other instances, such is its caprice, that after being moderate in the early stages, it suddenly increases in the advanced.

Again, the bowels, instead of being relaxed, may be confined, the evacuations being more or less consistent. In an excellent paper on Fever by Dr. Wilks,* he says: "As a rule, the contents of the bowels in fever (typhoid—i. e., enteric) are fluid, but not always so, as another case will show. It was that of a young girl, who had been ill three weeks, and whose bowels were said to have been irregular, but generally confined, and who came to Guy's Hospital to die. The post-mortem inspection showed the intestine full of firm scybala; and on removing these, under each was found an ulcer." I have often met with similar cases, showing that there may be ulcerated intestine, and even perforation of the bowel, without diarrhœa, instances of which will be found in my Clinical Illustrations of Fever, published thirty years ago.

* Dublin Journal, February, 1858.

* Guy's Hospital Reports, vol. i., New Series.

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Intestinal hæmorrhage is peculiar, or nearly so, to enteric fever, for although it may also occur in ordinary typhus, it is very rarely observed. I had a case, some time ago, in the hospital, in which this appeared to be the destroying cause, and on opening the body, Peyer's patches were found to be sound, but the mucous membrane of the lower portion of the ileum, cæcum, and commencement of the colon, exhibited a red swollen appearance. In this patient there was the well-marked mulberry (typhus) eruption to assist the diagnosis.

The quantity and appearance of the blood vary much; sometimes the amount is so small as to be sufficient only to indicate the tendency to hæmorrhage; more generally, however, it is much larger—from, perhaps, half an ounce to several ounces; in more rare instances, as much as twelve or even sixteen ounces have been discharged at once. But as it may be passed in variable quantity for several days, the total amount cannot be estimated, except by its influence on the patient's strength, which is seriously, and often fatally, impaired by such a serious drain on the already prostrated powers.

The evacuated blood differs in colour and consistence; sometimes it is of a bright red, but this is rare; more generally it is dark, or almost black, and as to consistence, it is usually thin and uncoagulated, resembling thick treacle; occasionally, it is passed in solid coagulated masses.

The source of the blood may be traced to the ileum and cæcum, and to issue both from the ulcerated patches and intervening mucous membrane. In one case under my care in the hospital, Dr. Jenner found after death, that water thrown into the superior mesenteric artery poured forth freely from the edges of an ulcer, from which, doubtless, the hæmorrhage, which was the immediate cause of death, proceeded.

OBSERVATIONS ON LITHOTRITY.

BY WILLIAM COULSON, ESQ.,
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(*Continued from p. 83.*)

AT the first sitting the calculus is merely broken, and other operations are required before the bladder is entirely freed from the foreign body. The number of operations, and the interval between them, will depend on the circumstances of each case; but the surgeon should always bear in mind the important rule of not attempting too much at a time. In simple cases the first crushing may be borne so well, that the effects of the operation will have disappeared in two or three days. Here the operation may be repeated at the end of a week, and a few sittings, at shorter intervals, will generally be sufficient for the cure.

In other cases, from the size of the stone or the condition of the bladder, constitutional disturbance, with considerable local irritation, soon shows itself. There is fever, frequent desire to pass urine, with pain at the neck of the bladder and along the urethra. Under these circumstances, the second operation must be deferred until the constitutional and local disturbance has entirely subsided. The second operation is usually better borne than the first, and four or five sittings, at intervals of as many days, will be sufficient to complete the cure.

There is, however, a class of cases in which the operation cannot be performed without difficulty, and a certain degree of danger as to the result. By far the most frequent difficulty with which we have to contend in lithotrity is the want of sufficient space in the bladder to work our instruments with ease and safety. This difficulty is often caused by the density and size of the stone. At first it might not appear how increased hardness can have this effect, but the capacity of the bladder (i. e., the space left for the safe working of the instruments) is relatively diminished in all cases of hard calculi, because we are then compelled to employ a lithotrite with longer beak, and to make more extended efforts both to break and seize the stone. When the stone is large, it is readily found, but not easily seized in its best diameter. When hard it is not easily reduced to detritus; the fragments are large and angular, the sittings are long, the working of the lithotrite is likely to produce pain and irritation, thereby aggravating any unfavourable symptoms which may have previously existed.

I have already alluded to the modifications required in operating when the stone is large and hard. In these cases the bladder should be cautiously injected; great care must be observed not to irritate this organ, either in our attempts to seize or break the stone; the first sitting should be short, the operator not proceeding further than to break the stone; finally, if the calculus resist the screw, which very rarely happens, the operation must be at once abandoned.

An evident cause of diminished capacity of the bladder presents itself in cases where an enlarged prostate projects into the cavity of this organ. This must necessarily reduce the working space and impede our manipulations. In searching for the stone, the revolution of the lithotrite is soon arrested, and it is often difficult to separate the blades to any extent without meeting the projecting lobe of the prostate. Hence there is always some difficulty in properly seizing the stone, and often considerable pain and irritation in attempting to crush it. In previously noticing these difficulties, I mentioned that a longer instrument than that in ordinary use must be employed, and it should be carried towards the posterior part of the floor of the bladder before it is opened to seize the stone.

Lastly, in a numerous class of cases, as a consequence of prolonged disease, the bladder itself may be permanently contracted, or at all events may have a tendency to contract strongly on slight irritation. These cases are difficult to manage, and require great care. They are not to be undertaken lightly, nor, on the other hand, is the patient to be deprived of the benefit of lithotrity merely because the bladder is unusually contracted and sensitive. It is important to notice, that certain conditions of the urinary organs, such as pain and excessive contractility of the bladder, do not always depend on organic mischief, but on the temporary effects of the presence of the foreign body in the organ, and are relieved or disappear as soon as the stone is crushed. Even some indications of chronic inflammation, such as a discharge of mucus or muco-purulent matter, with pain and a frequent desire to pass urine, will disappear after the first or second sitting. Still, in these cases, as I before remarked, caution must be observed. We must not persist too long in the operation, lest we excite a degree of inflammation which cannot be subdued. I would lay down as a rule of practice when no serious organic mischief exists, and the stone is small, that lithotrity may be attempted and persisted in as long as unfavourable symptoms do not arise. Everything which has a tendency to increase the already great sensibility of the bladder must be sedulously avoided. We must inject only two or three ounces of water, and make the first sitting as short as possible; and in case we cannot seize the stone at once, we had better not persist in our efforts. After the operation, care should be taken that the fragments do not collect about the neck of the bladder, an accident likely to occur from the tendency of the organ to contract. Hence the importance of keeping the patient on his back, with the pelvis raised, of freely washing out the bladder, and of passing the catheter when the least stoppage occurs.

However, with all our care, the irritability of the bladder may increase to a severe degree. The stone may be broken, and on the next or following day great pain and irritation may arise from the presence of the fragments, with a constant desire to pass urine, and considerable difficulty in voiding it. A little later more unfavourable symptoms set in—high irritative fever, extreme local irritation, with great pain in passing the fragments, or rather in the efforts to pass them (few or none being voided). Now, in a case of this kind, what is to be done? The attempt to break the stone cannot be renewed, and the patient's strength, which before the crushing was good, is now rapidly sinking. Under these circumstances, are we justified in resorting to lithotomy? *A priori*, we might think that the succession of one capital operation to another must be attended with too great risk; that the mischief set up by the previous lithotrity must render the subsequent lithotomy dangerous, if not fatal; but such is not the case.

Lithotomy after lithotrity, though a last resource, is far from being a hopeless undertaking. The question which first presents itself is—What are the conditions that may compel the surgeon to have recourse to the knife after failure with the lithotrite? As a rule, I would state that whenever lithotrity has given rise to unfavourable symptoms, which continue in spite of all treatment, and lead to serious apprehension, the general health being pretty good, lithotomy should be employed without delay. It may be required in two classes of cases. In one, for instance, when the stone is large, and the first

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operation is unexpectedly followed by severe symptoms, such as general fever, with great irritation and violent contraction of the bladder, the irritability of the organ being so great that even the introduction of an instrument cannot be borne. If this state continues for many days, decisive measures must be adopted. The local and general condition of the patient evidently depends on the irritation kept up by the fragments of the partially crushed stone. The bladder, therefore, must be speedily relieved, and this can only be effected by continuing lithotrity at all hazards, or by falling back on lithotomy. The latter, in my opinion, is the most prudent course. If the stone were small and friable, a renewed attempt at crushing might succeed; but where the stone is large and hard, several sittings at prolonged intervals would be required. The manipulations would keep up, if not increase, the local irritation; inflammation of the bladder, renal disease, or purulent infection, would perhaps set in, and the result be fatal.

In another class of cases, independently of the size and density of the stone, the first sitting is followed by violent and permanent contraction of the bladder. The neck of the bladder is extremely sensitive; attempts to pass an instrument excite great pain. In a case of this kind, many surgeons would administer chloroform, and continue the crushing; but if there be the least suspicion that the irritability of the bladder is complicated with any organic change, however slight, we cannot go on, I believe, without great risk. Relief should at once be given by the knife, provided the general condition be favourable. The following case illustrates this view:—

On the 18th of last October, Dr. Joseph Kidd brought me a patient, sixty-seven years of age, stout and healthy constitution, in whom I readily detected a stone. The bladder was irritable, and the prostate enlarged; but the stone appeared to be of moderate size. On the 20th, I crushed the stone; and, in consequence of the bladder being irritable, I had some difficulty in seizing the calculus. I proceeded, however, with great care, and simply contented myself with breaking the stone. No blood was passed at the time, or after the operation. For three days little or no local irritation supervened; two or three fragments were passed, and the patient was in his usual health. Early, however, on the 24th, the patient was seized with frequent desire to pass urine, great straining in the effort, and severe pain after any was voided; but no fragments were passed. In spite of rest, hot baths, and fomentations, opiates by mouth and rectum, and all other treatment, the symptoms could not be subdued, and were but little mitigated. For two days this excessive irritability was replaced by retention, probably caused by the opiates; but on each occasion of withdrawing the urine, the spasm was most severe. The irritability of the bladder again returned with increased severity, the urine being passed every ten minutes, with great pain and straining; and the general health of the patient, which hitherto had been good, began to give way. It being now evident that unless some relief was afforded, the patient could not much longer hold out against the local suffering, Dr. Kidd and myself explained to the friends, that lithotomy seemed to us the only chance of saving life. Consent was at once given, and our opinion being confirmed in consultation by Mr. Fergusson, on the 6th of November I cut the patient, taking care to make the smallest opening in the prostate which would enable me to extract the stone. The calculus had been broken into two by lithotrity, one half being entire, the other reduced to fragments. It was an ordinary lithic acid calculus, of oval shape, and moderate size. The symptoms were immediately relieved by the operation, the urgent straining, irritability, and pain ceased, and the patient made a good recovery, returning to the country quite cured at the end of six weeks.

The advantages of having recourse to lithotomy in this case are manifest. It was, indeed, the only resource. The mortality of lithotomy after lithotrity is much less than could, *à priori*, have been expected. M. Civiale has had twenty-eight cases: of which nineteen recovered, and nine ended fatally. M. Souberbeille succeeded in ten out of twelve cases. M. Velpeau had three cases, which did well. In M. Bancal's work on Lithotrity there are three cases related where excessive irritation of the bladder compelled him to give up crushing, and have recourse to lithotomy. These cases terminated favourably. I have performed lithotomy in three cases after the first sitting in lithotrity: two recovered; and in the case which terminated fatally, the stone was large, weighing a little above four ounces.

From these details we may safely assert that, in many cases, lithotomy after lithotrity is not only a last resource, but a positive means of saving life.

(*To be continued.*)

CONTRIBUTIONS TO UTERINE PATHOLOGY.

BY E. J. TILT, M.D., M.R.C.P.,
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(*Concluded from page 31.*)

COMPLICATIONS OF UTERINE INFLAMMATION—NEURALGIA, HYSTERICAL PARALYSIS, PARAPLEGIA.

PAIN, more or less intense, felt in the lower part of the back and sacrum, pain in the lower limbs, in the pelvis, and more particularly in the left ovarian region, are common symptoms of uterine inflammation and even of menstruation, and it is only in comparatively rare cases that the neuralgia, caused by inflammation of the womb, becomes sufficiently intense to mask the original complaint, and to attract the practitioner's chief attention. The chronic uterine disease is often altogether ignored, and the case is called "spinal neuralgia," "spinal irritation," or "hysterical spine." In a former contribution I related a case, in which subacute inflammation of the neck of the womb was associated with an aggravated form of dyspepsia, unusually severe pains in the back and lower limbs, and with great difficulty in walking. I have now under my care several patients, presenting the same distressing paraplegic symptoms, and Mr. Trollope, of Islington, will remember one case, which has long taxed his ingenuity, and for which he has frequently consulted me.

In the second edition of my work on "Diseases of Women," there is a chapter on the Spinal Symptoms of Menstruation, in which I have shown how the various shades of paraplegia may be associated with first and last menstruation, with morbidly performed menstruation, and with pregnancy and parturition; so it is easy to understand why affections of the womb so often cause the same nervous symptoms. Paraplegia may be brought on by diseases of the kidneys and bladder, by gastro-intestinal affections; but, in women, it is more frequently induced by uterine disease, if the term paraplegia be applied to the minor as well as to the severest degrees of the same affection.

The paraplegic symptoms of uterine disease are not at all in proportion to the amount of structural disease of the womb. These symptoms are often slight when the womb is hypertrophied, inflamed, and descending lower than usual, and are, on the contrary, very severe when the womb is normal as to size and position, without ulceration, and only suffering from a subacute form of chronic inflammation. Such are the uterine conditions in five cases now under treatment, in which, as in the case related, paraplegic symptoms are very severe—young unmarried women, about twenty-five years of age.

As the reason of the severity of paraplegic symptoms is not to be found either in the amount of uterine inflammation or in the form of uterine disease, we must look to the nervous system for an explanation of the fact. The scalpel and the microscope throw no light on the question, but the patients are in general delicately constituted and highly nervous; they generally come of an unhealthy stock, and have been fretting for years under habitual worry and vexation. In three of my worst cases, the skin is always dry, and never breaks out into perspiration. It seems as if the nervous system were oppressed by the retention of what should have been removed by perspiration. One patient had been for two years a sufferer from neuralgia before, deserting the external organs, it fixed itself in the womb; and we must admit that, in such subjects, the continued irritation of the less severe forms of uterine inflammation will induce very severe spinal symptoms. We cannot seize the peculiar conditions of the nervous system in virtue of which numbness and paralysis are produced instead of pain; they generally coexist, combined in an endless variety of proportions. The inability to walk is often the result of pain in the lower part of the spine and in the lower limbs; but it is not always on account of pain that patients cannot walk, but from loss of power in the nerves and muscles of the lower limbs, and every jar to the nervous system, whether physical or emotional, renders the lower limbs more helpless. The following case, now under treatment, aptly illustrates the assertion:—

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Miss —— is twenty-five, unmarried, thin, and delicate-looking. Her mother died young, crippled by rheumatism; her father is subject to nervous seizures; and a brother died of consumption. The menstrual flow came at twelve, and has been regular, and her health tolerable until two years ago, when she began to suffer severe pain in the back, about the third dorsal vertebra. Radiating from this spot of the spinal column, the pain embraces the chest, above the diaphragm, like a belt, being particularly felt in the shoulders and under the left breast, causing both to swell. These pains often subside for hours, and for a few days before menstruation, and are frequently so intense as to make the patient cry. All these pains in the upper part of the body are very much increased by walking. There were none of the usual pains of uterine disease, but the patient could not walk from want of power in the lower limbs. Such was the state of the case when the patient first consulted my friend, Dr. H. Bennet, in the spring of last year; and on finding that judicious and active treatment, including repeated blisters to the upper portion of the back, had been ineffectually carried on during eighteen months, and that the patient suffered occasionally from leucorrhœa, Dr. Bennet suggested the urgency of ascertaining whether this singular disease was in any way connected with inflammation of the womb. He found the neck of the womb inflamed and ulcerated; treated it by repeated applications of nitrate of silver or the acid nitrate of mercury; and I continued the treatment when Dr. Bennet retired from London practice. As the inflammation of the womb became subdued, there was a decided improvement in the nervous symptoms; and this could only be attributed to the uterine treatment, as none other was prescribed, with the exception of cod-liver oil—indicated by the patient's tendency to consumption. The improvement was maintained for three months after her return home, when the uterine inflammation, which was not quite cured at the time she left town, became decidedly worse, with a brown discharge, and the usual abdominal pains of uterine disease, in addition to the much more distressing pains in the upper part of the back. Again, under the influence of the surgical treatment of the uterine disease, a very great improvement has taken place in the spinal symptoms, and the patient is able to return home, after remaining under treatment for three weeks.

This case is in itself a reply to a question mooted in THE LANCET of Jan. 28th by Dr. Leckie, relative to the etiology of *interscapular pain*. Dr. Leckie mentions having only met with two instances of this form of neuralgia in the course of a long practice, and that in both cases the pain came on soon after the bowels were moved, whereas, in the case I have cited, the pain was generally lulled by the action of purgatives. Dr. Leckie should have stated the sex of his patients.

With regard to the march of such cases, sometimes, as in the last case, a marked improvement in the inflammation of the womb brings on a corresponding improvement of the paraplegic symptoms; but it is not always so, for they may increase or decline, while the uterine lesions remain stationary. The eccentricities peculiar to nervous affections may be anticipated. One of my patients could bear a sharp trot on a pony better than a ride in a well-hung carriage. A sudden disappearance of the paraplegic symptoms will sometimes spontaneously take place, or be the result of treatment; and sometimes the cure is attributed to the most futile causes. This is particularly true of those patients in whom there is little structural disease of the womb. In one case, which I have often attended, in conjunction with Dr. Bennet, during the last seven years, and in which chronic uterine inflammation had long coexisted with confirmed paraplegia, the cure of the uterine affection only determined a slight improvement in the nervous symptoms. The patient, previously helpless, acquired the power of moving her limbs and of turning in bed; she remained for several years in otherwise good health, and lately died of erysipelas and diffusive inflammation of the subcutaneous cellular tissue.

It would be too long to enter fully into the treatment of such cases, but it stands to reason that the chief efforts should be directed to the cure of the uterine disease. To go on for years treating such patients by ointments, plasters, blisters, and issues to the back, without even ascertaining whether the "hysterical spine" is not connected with inflammation of the womb, is to pursue a very irrational mode of proceeding. No harm can be done by a prudently conducted examination, and it will often reveal the cause of the complaint. I have published a case in which great and sudden improvement followed the dressing of the ulcerated womb every third day with two grains of acetate of morphine, the uterine disease following a slower rate of improvement.

Grosvenor-street, Jan. 1860.

ON

SORES OF A NON-SPECIFIC CHARACTER.

BY JOHN HARRISON, ESQ., F.R.C.S.

OF the sores which present themselves on the genital organs after promiscuous sexual intercourse, there are two principal kinds: the one distinguished as the true syphilitic or *indurated* chancre; the other, as the false, simple, or *soft* chancre. Both are contagious, but it is from the former only that secondary or constitutional symptoms arise, though it is the latter which is most liable to be attended by suppurating buboes.

True chancre is usually solitary, or, if there be more than one, they all appear at the same time. On the contrary, there are usually several simple chancres, but instead of occurring all at once, they may appear in succession. Simple chancres are much more frequently met with than true chancres—in the proportion, it has been reckoned, of about two to one. True chancre is not readily inoculable on the body of the patient himself, nor on the body of another person already affected with syphilis; simple chancre, on the other hand, is inoculable, not only on the body of the patient himself, but also on the body of any other individual.

Besides the sores just described, it is important to remember that ulcerations of the genitals are occasionally met with originating in simple causes, such as an herpetic eruption, or even a slight injury, abrasion, or excoriation. Such ulcerations, in consequence of a disordered state of the constitution, neglect of cleanliness, &c., may assume an unhealthy and obstinate character, and are liable to be mistaken by those not conversant with the subject for venereal sores.

An old patient called on me a few days ago to tell me that his wife was sinking from carcinoma uteri. This gentleman has experienced for years, at times, excoriations of the glans and irritable discharges from the urethra. He has, however, felt satisfied of the cause. On one occasion, an herpetic sore, from the irritation just mentioned, was a long time before it healed, and might have been looked upon with great suspicion. For the last two years, intercourse with his wife having been prohibited, he has been free from excoriations and urethral discharge.

The matter given out from simple ulcerations of the genitals, though in itself comparatively innocuous, may acquire an acrid and irritating quality, and thus become capable of giving rise to similar ulcerations in another person with whom the affected individual may have sexual intercourse. Nay, symptoms simulating the constitutional symptoms of syphilis, such as eruptions, sore-throat, &c., may, if I mistake not, supervene on such ulcers of the genitals. Whether these constitutional symptoms arise from absorption of the matter generated by the sores themselves is another question, just as the mode of origin of gonorrhœal rheumatism is a question.

The following is a case in which suspicious appearances presented themselves, though the cause was in reality of a very simple nature:—

A young lady having received an injury on the right labium, swelling and inflammation took place rapidly, and when I first saw her—some few days after the accident—a slough of considerable size was being thrown off from the inner surface of the labium. On separation, it left an ulcer with a sharp, well-defined edge, which proved troublesome, and took a long time to heal. At one period there was considerable thickening about it, so that I was almost inclined to look upon it with suspicion, and was nearly thrown off my guard by its appearance. The hymen was perfect, and there was that maidenly delicacy about the patient which was unmistakable. There was, in fact, nothing venereal about the sore. In such cases we must take every circumstance into account. I have frequently seen syphilitic sores in females of exactly similar appearance, and if I ever saw a chancre—so far as external or

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visible characters are concerned, it was this. What a grievous mistake might have been made!

Abscess in the loose cellular tissue of the labium, from slight mechanical injury, now and then takes place, which bursts on the inner surface, leaving a sinus that is occasionally a long time in filling up. In a case of this kind, where there is leucorrhœa, a mistake is liable to be made. I have seen condylomatous soft sores between the nates in females, in whom, from their rank in life, neglect or want of cleanliness was scarcely to be expected as a cause. In one instance, the condylomata were connected with an eruption which somewhat excited my suspicions. It is certainly open to doubt whether or not many such cases are really always so simple in their nature, and so free from syphilitic taint, as we might be led to suppose.

Sores occurring on the genital organs there is, then, reason to conclude are not always specific in character, though but too frequently considered as such. A distinction ought, therefore, to be drawn between simple sores and those which are truly syphilitic and liable to be followed by a train of after-symptoms, in consequence of the absorption from them of a specific poison into the system. It is most important, at the commencement of the treatment of sores on the genital organs, to determine, as far as possible, their character—whether venereal or non-venereal; and if venereal, whether syphilitic or non-syphilitic; or, in other words, whether the sore before us be one which requires for its cure merely simple, mild, unirritating local applications, with attention to the general state of the health, or whether it requires a specific plan of treatment. Those who have had much practical experience in this department of our profession must admit that this is a question which in many instances it is almost impossible to decide off hand. From my own experience, I do not believe that we can, in all cases, discriminate at once and with entire certainty (whatever may have been written or said on the subject) those sores which will be followed by secondary symptoms, and those which will not, at whatever stage we may see them. Thus, it is frequently found that, in some states of the constitution, a trivial excoriation, having no venereal origin whatever—by this I mean, not derived from impure sexual intercourse,—if mismanaged, or irritated by the application of over stimulating or unctuous substances, is liable to be altered in character by the unhealthy inflammation thereby excited, and made to assume a suspicious appearance; whereas a really syphilitic sore, scarcely attracting notice, being left to itself, often heals spontaneously, though it may be followed by secondary symptoms. It is therefore wrong to be too hasty in pronouncing sores syphilitic, and forthwith to administer mercury. In the worse alternative, nothing is lost by a little delay; whilst, if the originally simple non-venereal or non-syphilitic sores are treated as specific, by the uncalled-for administration of mercury, &c., much mischief may be done.

How frequently do we see a common graze or cut finger put on a bad aspect, with inflammatory induration surrounding it, and show little disposition to heal: the same thing often takes place with a simple abrasion or excoriation of the delicate investing membrane of the glans or inside of the prepuce. I am inclined to think that in many cases sufficient attention (particularly with reference to ulcers of the genital organs) is not given to the known indisposition, in certain states of the constitution, which a sore or ulcer shows in putting on the healing or reparative process, in whatever part of the body it may be situate. We ought not, therefore, to expect some ulcerations of the organs in question to differ from ulcerations elsewhere.

It is a fault too frequently committed to consider the generality of ulcerations of the genital organs we meet with in practice as venereal. We do not, I fear, take sufficiently into consideration the liability of these organs to the same mechanical and chemical injury as other parts. I have, over and over again, seen sores, which had been pronounced syphilitic, heal under the simplest possible treatment, no specific plan having been adopted; and I have had opportunities of watching the result,—no secondary symptoms have shown themselves in these cases. Had mercury been administered, and irritating applications been had recourse to, the result might probably have been different. The balance of the system would, at least, have been unnecessarily disturbed, and an undue susceptibility to morbific causes created. The simplest non-venereal sore may be surrounded by induration: were we, therefore, to give mercury for every sore with surrounding hardness we encounter, we should, indeed, frequently be prescribing the medicine unnecessarily. In strumous subjects, there is often induration around a sore. Such cases are but too commonly made worse by the injudicious administration of mercury.

Albany Courtyard, Jan. 1860.

ON A CASE OF

ULCERATION OF THE ŒSOPHAGUS,

CAUSING DEATH BY PERFORATION OF THE AORTA.

BY WM. M'COMBIE, ESQ., L.R.C.S. ED.

THE following case occurred in the practice of Mr. J. Wills, surgeon, Childe Okeford, Dorsetshire. Having resided with that gentleman as an assistant, I had an opportunity of seeing the patient daily, and after death I made an examination of the body.

Julia H——, aged fifty, married, and the mother of ten children, all alive and healthy, was suddenly seized with vomiting of blood on the evening of Oct. 7th, 1859. She had always been healthy until about ten years ago, when a tumour began to form on one of her thighs, which was removed about three years since. On making inquiry of her friends as to its nature, I was informed that the surgeon who removed it said, that if left, it would result in cancer. About seven years ago she was under treatment for diseased liver, and since that time, more or less, for dyspepsia, accompanied with fluttering and sinking sensations at the epigastrium. About two years since she began to feel a pain opposite the lower part of the sternum, which extended through to the back. The pain was aggravated on swallowing food, causing her sometimes to cry out, and rub her chest, probably from detention of the food on its passage to the stomach. This pain continued up to the period of her death. On the 7th of October, while washing some dishes, she was suddenly seized with vomiting of blood. Medical assistance was immediately sent for, and when seen she was found almost pulseless, presenting the appearance of one having suddenly lost a large quantity of blood. Stimulants were administered, and she gradually rallied. The exact quantity of blood she brought up at this time was not ascertained, but it filled a good part of a common-sized washhand basin, and had an arterial appearance. She was carefully removed to bed, and quietness enjoined. During the remainder of the evening she once or twice brought up a little more blood. Gallic acid was ordered at intervals.

Oct. 8th and 9th.—Feels very weak; pulse upwards of 100. Gallic acid still continued. She has brought up no more blood.

10th.—Feels rather better, but looks very anæmic. Passed a tarry-looking motion, an aperient having been administered. On seeing the patient in the evening, she did not seem quite so well. Found that she had vomited a good deal of dark blood, with a few clots, followed by one or two mouthfuls of arterial-looking blood, which, her friends remarked, came up without any signs of sickness or retching.

11th.—Feels better, and has had no return of the hæmorrhage.

12th.—Thinks herself much better. About eight P.M. I was suddenly sent for, and on arriving I found the patient pulseless and drenched with blood, which was running from her mouth and nostrils.

13th.—*Sectio cadaveris, twenty-three hours after death, in the presence of* Messrs. WILLS and TARZEWELL.—Body well nourished. On opening the chest, both lungs were found emphysematous and adherent to the wall of the chest posteriorly and the diaphragm below. The pericardium contained about two ounces of serous fluid. On the right ventricle was observed a membranous-looking patch, about the size of a florin. No adhesions to pericardium. The trachea, œsophagus, and great vessels were divided at the root of the neck and at the diaphragm, and then removed from the body. About two inches below the origin of the left subclavian artery, the œsophagus was found adherent to the aorta. On clearing away some cellular tissue, the aorta readily separated from the œsophagus, revealing a communication between the two canals. On slitting them up, I found the following appearances:—In the œsophagus was an aperture about the size of a shilling, but more of an oval shape, with a narrow band stretching across it; its edge was smooth and well defined; the muscular coat of the œsophagus around the opening was considerably thickened; the breach in the aorta was about the size of a pea, with a perfectly smooth edge. Between the aorta and the œsophagus, where adherent, were what appeared firm, reddish-looking granulations, and some whitish-looking matter, of a cheesy nature; heart normal size; valves healthy; no appearance of disease in other parts of the aorta or œsophagus; liver very friable, readily breaking up on pressure, and presenting a nutmeg appearance on section. The stomach contained a pretty

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large quantity of a dark, bloody fluid, and numerous clots. Other abdominal viscera and head not examined.

Remarks.—The diagnosis formed in this case was correct as to the communication between the aorta and œsophagus; but it was expected that an aneurismal sac would have been present. The preparation and notes of the case I sent to a distinguished pathologist,—Dr. Redfern, of Aberdeen,—who, after examining it, came to the conclusion that it was cancerous ulceration; at the same time remarking that, from the action of the spirit the preparation was sent in, it was difficult to give a confident and decided opinion. Dr. Wilks, in his "Lectures on Pathological Anatomy," says that epithelial cancer in the middle of the œsophagus is not uncommon; and the appearance the preparation presented when fresh very much agreed with his description. Taking all the circumstances of the case into consideration, soon after the examination was made, it occurred to me that it was most probably cancerous, no other supposition accounting for the ulceration of the œsophagus.

Gray's-inn-road, Jan. 1860.

NEW FACTS RELATING TO THE ACTION OF THE HEART.

COMMUNICATED

BY R. WALLACE, ESQ., A.M.,

VICE-PRESIDENT OF THE HUNTERIAN SOCIETY, EDINBURGH.

IRREGULARITY of the pulse is commonly regarded as an abnormal phenomenon. The fact is, that the normal pulse varies notably, as the general rule. The difference in the intervals between one beat and another amounts, in the great majority of healthy individuals, while in a state of quiescence, to about a quarter of a second. The character of the variation differs in different persons, and follows no rule; but of any ten or twenty successive beats, one, two, or more of the intervals are so shortened or prolonged that the difference between the longer and shorter amounts to what we have said. The irregularity is most developed in nervous excitable temperaments, and is a valuable diagnostic sign. We have repeatedly observed the intervals to differ in the ratio of two to four, and even of two to five, without functional or organic disorder.

This variation probably depends on variability in the following conditions—viz., friction of the lungs on the pericardium, amount of pressure within the thorax, and resistance to the pulmonary circulation from the different states of distension of the pulmonary tissue.

Further, the first two or three intervals immediately following a full and retained inspiration are, in most people, excessively prolonged. The difference between such an interval and the shortest ones amounts, in many cases, to half a second, the one being about double the other. The second sound of the heart is, as the rule, analyzable into two similar and rapidly-successive sharp taps. In children this double character of the second sound is particularly distinct. In adults it is most distinct after expiration, and with the stethoscope applied exactly over the valves. It is developed with varying degrees of distinctness in different individuals, and with different pulsations in the same person.

This double sound probably depends on the want of synchronous action in the aortic and pulmonary valves. For the rapidity of recoil in the two sets of valves is determined, not by a vital action, but by a mechanical property—namely, by the amount of resilience in the pulmonary and aortic tubes respectively. Now this resilience, and with it the recoil of the valves, is determined by four conditions—1st, the length of the tubes; 2nd, their texture; 3rd, the force of the injected current; 4th, the amount and uniformity or variability of elasticity in the surrounding textures. These conditions, however, exist in very different degrees in the aorta and pulmonary artery. These tubes differ in length, texture, and force of the injected current, and in amount and variability of the textures around. Hence, we believe, arises the small but appreciable difference in the time of recoil in the two sets of valves. Moreover, although the effect of diminished elasticity in the pulmonary vessel, as compared with the aorta, may be nearly counterbalanced by the diminished force of its distending current, and by its own diminished length, still the elastic pressure of the textures around the pulmonary artery varies with inspiration and expiration; while those around the systemic arteries do not vary in the same way. For this reason, we conceive the recoil in the two vessels is not synchronous, or, if so, only occasionally and accidentally. This consideration may further explain why the two sounds are sometimes more and sometimes less synchronous in the same individual.

January, 1860.

CONGENITAL HYDROCEPHALUS.

BY JOHN WM. FRY, ESQ., M.R.C.S., Essex.

ON the evening of the 10th instant, I was summoned by a midwife to attend A. S——, aged twenty-four, in labour with her third child. On my arrival, I found the lower extremities, body, right arm, and left elbow of a fully-formed male child born, and the pains slight. On placing my hand on the abdomen of the mother,—a fine, healthy woman,—I was led to believe, from its size, that there was a second fœtus in utero. Some good pains followed a dose of ergot; I brought down the other arm, and soon after the head was expelled, the child being dead. I then discovered an attachment to exist; and, after one or two more pains, the mass represented followed.

It measured twenty-two inches in circumference, and fifteen inches across from ear to ear. The following morning, in the presence of my partner, Mr. Marsh, I punctured the tumour, and let out three pints and a half of a clear, amber-coloured serous fluid. Direct communication existed between the cyst and the interior of the head by a circular aperture in the occipital bone, sufficiently large to admit the introduction of a finger. The mother is doing well.

Thaxted, January, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

TYPHLO-ENTERITIS—INFLAMMATION OF THE CÆCUM IN A CHRONIC FORM; RELIEF FROM TREATMENT.

(Under the care of Dr. OWEN REES.)

ALTHOUGH all parts of the alimentary canal are subject to various diseases, and some of them of the utmost importance, there is a particular section of it not uncommonly inflamed, and of which examples are presented to our notice in hospital practice: we allude to the cæcum and vermiform appendix. On the patient's card at the head of the bed is written the word *Typhlitis*, and we have sometimes heard the pupils going round the wards ask the meaning of this expression. Its derivation, as is well known, is from the Greek word τυφλος, signifying *cæcus*, and *itis*, inflammation of the cæcum. The

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term typhlo-enteritis is more significant, and is, perhaps, more likely to be better understood, although both are well recognised by the profession.

It is in typhoid fever that we most commonly witness disease of the membranes of the bowel at this particular portion of the canal, extending most usually from the ileum to the ileo-cæcal valve, and through the latter to the cæcum itself. Besides inflammation and its accompanying congestion, we find in fatal cases numerous ulcers running into one another, and apparently destroying large portions of the mucous membrane, followed sometimes by perforation of the bowel. This complication is serious enough when encountered in cases of fever.

The idiopathic form of typhlo-enteritis, as we are in the habit of seeing it, arises pretty generally from long-continued constipation, or a natural tendency to obstruction of the bowels, particularly at that part of the canal under consideration, and at last it forms a visible tumour, which can also be distinctly felt. Amongst other causes which have been recognised as producing it are habits of a sedentary kind and impactions of indigestible food; the latter most commonly during fruit seasons. In most cases the cause can be pretty well traced, although in some others the history is often unsatisfactory. The case which is subjoined most probably commenced after surfeits of fruit, the inflammatory symptoms continuing rather obstinately; and as relapses frequently followed relief, it is to be feared that the disease is becoming chronic.

For information upon the diseases of this section of the alimentary canal, the student will search almost in vain amongst the ordinary medical works; for although these maladies are now well known to the profession in this country, it is chiefly by foreign authors that special reference to them is made. One of these is Rokitansky, who dwells upon the acute and chronic forms of inflammation of the cæcum in his "Pathological Anatomy," the course they run, and the results of the lesions which they present. If the accumulated pus is evacuated, and does not recur, a cure usually ensues in the acute form. If it should prove to be otherwise, so extensive may be the destruction of the mucous membrane that death will take place from perforation. In the chronic form, condensation of the cellular structures at the posterior surface of the bowel takes place, and the entire cæcum may shrivel up; and, after the ulceration has healed, it may degenerate into a mere capsule.

The subject has very recently met with some attention in Dr. Habershon's work on the "Diseases of the Alimentary Canal," in which all those of the cæcum have been considered. In making the diagnosis of cæcal disease, he points out the following facts which are to be taken into consideration:—Simple excessive distension of the cæcum is sometimes occasioned by severe pain; local peritonitis, without cæcal disease, may follow a blow upon the abdomen, producing suppuration amongst the muscles; suppuration connected with the right kidney, or its envelope, sometimes extends to the iliac fascia; we may have disease of the vertebræ, or iliac bones, leading to suppuration; pain in the course of the last dorsal nerve from diseased spine, or the course of the genito-crural nerve from renal calculus, and might be confounded with cæcitis; inflammatory disease in connexion with the ovaries, leading to local peritonitis and severe pain, is frequently mistaken for cæcal disease. Cancer of the cæcum, disease of the ileum in struma or after typhoid fever, and strumous peritonitis, must each be remembered in forming a correct diagnosis.

It will be observed in the details of the case which follows, that very much relief was afforded by the use of leeches and hot poultices at the beginning, with opiates and mercurials. Obstinate diarrhœa set in, which remained uncontrolled for some time. The patient improved when the disease seemed to have spent itself; but a small tumour still remains, and although she is for the present much relieved, she is by no means cured, and is liable to experience a relapse.

The notes of the case, which are given in abstract, were taken by Mr. Richard Davey, clinical clerk:—

Ann S——, aged forty-nine, greengrocer, admitted November 16th, 1859, under the care of Dr. Rees. In August, 1849, she was under the care of Dr. Wilks for supposed cæcitis. Has worked hard, drunk beer freely, and spirits moderately. Her father died of phthisis. Had acute rheumatism with erysipelas ten years ago. At her climax (four years since) she had metritis and prolapsus uteri. About two years and a half ago she had free access to a fruit-garden, and partook of various fruits to excess; she had severe diarrhœa and consequent depression. Eighteen months ago she noticed her skin to become discoloured, and, having her attention called to it by a medical man, she found to her surprise a tumour of the size of a hen's egg just above the superior spinous process of the ilium, which has gradually enlarged, with scarcely any pain. She has had admission into several of the London hospitals, but without any relief. Has also suffered from hæmorrhoids and tape-worm.

On admission, she was pale, with worn expression; faded complexion; defined brown discolorations over the abdomen, neck, thighs, bend of elbows, and over her wrists, probably pityriasis. At times this colour was much intensified, and was now of a light sepia hue. Gums pale; tongue clean; eyelids puffy; lungs healthy, but on deep inspiration she had a pain in the region of the cæcum. Her abdomen was supple and resonant, except over the cæcum, where a rounded, somewhat uneven, hard tumour, the size of a turkey's egg, was felt; there was but slight dullness; painless, except on pressure, or taking a deep inspiration, or taking food or drink. She had pain in the course of the ilio-hypogastric nerve, reaching as far as the trochanter, and also a pain at times extending back to the spine. On pressure, the pain was reflected along the inguinal region of the opposite side. Bowels relaxed. She said she frequently passed mucus. Urine, light colour; specific gravity, 1015; no albumen nor sugar. Appetite good; nausea, but no vomiting. Linseed-meal poultices were ordered to the seat of pain, and afterwards eight leeches. Dover's and grey powders every night, and spermaceti mixture thrice a day. The effect of the leeches was to relieve the pain and tenderness.

Nov. 20th.—Increased tenderness over the cæcum. She is ruptured on the left side. Hot poultices to be constantly applied.

24th.—In great pain this morning, and the tumour would not admit of any pressure; mouth sore; no fœtor of breath; bowels relaxed. Eight more leeches to be applied, and opium and calomel, one grain of each, every night.

25th.—Leeches again gave great relief; the cæcum *ex masse* appeared much more drawn towards the umbilicus, and was very tender on pressure; great pain in defecation, with tenesmus after it; pulse 96; sleeps soundly. Ordered an enema of starch and opium at once.

26th.—Much relieved, but complained of pain throughout the day in her left and right inguinal regions. Had rigors for an hour in the middle of the night, and was suddenly relieved, and soon afterwards passed a very offensive motion, though no pus could be detected.

30th.—Although better the last few days, she had tenderness of the abdomen this evening, the legs being drawn up in bed; nausea and quick pulse. Ordered twelve leeches to the seat of pain, and an opiate.

She was relieved by the leeches, but was much depressed. The whole abdomen, however, was intolerant of pressure, and there was tympanitis. The swelling two days afterwards went back towards the right loin.

Dec. 4th.—Urgent diarrhœa and vomiting commenced, and the swelling was extending upwards, apparently along the ascending colon. An enema of starch and laudanum afforded much relief, and compound logwood mixture was ordered every four hours.

8th.—Brandy, six ounces, and soda water, which relieved the sickness; a grain of opium three times a day, under which the bowels became regular, with less abdominal pain. The compound logwood mixture was discontinued.

10th.—Improved, but was imprudent enough to wish to get up. Brandy had agreed well with her. It was, however, changed some days afterwards for six ounces of port wine, and, although she looked depressed and anæmic, she felt well, and was gradually convalescing.

UNIVERSITY COLLEGE HOSPITAL.

TYPHLO-ENTERITIS AND OBSTINATE CONSTIPATION IN A FEMALE TWENTY-FOUR YEARS OF AGE; CURE BY LEECHES AND APERIENTS.

(Under the care of Dr. PARKES.)

THE diseases of the separate sections of the intestinal tube form a class which, in themselves alone, require much discrimination and acumen to diagnose, as may be gathered from our previous remarks. The chief special parts affected are the duodenum, the cæcum and vermiform appendix, the entire colon, and the rectum; and it is a curious pathological fact, that certain portions of the bowels are more frequently affected than others.

The causes at work in the patient who was the subject of

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the following case were chiefly constipation and anxiety. The bowels for two months had been costive and irregular, and her habits generally were sedentary. There was much abdominal pain, especially in the right iliac fossa, increased on pressure, and also in the right lumbar region. No tumour could be felt. Leeches afforded marked relief to the pain, but it did not wholly subside until the bowels had been restored to their healthy condition. She was discharged, cured. In her history, it appears she had typhoid fever when ten years old, but she had enjoyed subsequently many years of comparatively good health. We are indebted to Mr. Henry Tofts, clinical clerk, for the notes of the case.

Hannah H——, a needlewoman, aged twenty-four, single, was admitted on the 5th of November, 1859. She is of excitable temperament; has worked occasionally from ten to twelve hours a day, and at other times has taken a great deal of exercise; has been accustomed to live regularly, and is not addicted to alcoholic drinks. She has lived in a healthy district, yet has always been very delicate, suffering greatly from weakness. When ten years old she had typhoid fever, and since then has been troubled for several years with cough, but lately she has been perfectly free from it. Never had hæmoptysis, and no congenital disease exists. About two months ago she had an attack of constipation, which came on gradually, and lasted nearly a week. Her bowels previously to this date had never been completely confined. For this she was admitted into Middlesex Hospital, where the administration of an enema produced a copious evacuation. She remained in the hospital about a week, when she was discharged, well, and went again to her employment. She continued at it for a few days, when her bowels again became costive, attended this time with intense pain in the right iliac fossa, great flatulence, distension of abdomen, pain in the head, and sickness. By the advice of a private practitioner, four leeches were applied to the right iliac fossa, and purgatives given, from which she experienced considerable relief.

On admission, she presented the following symptoms:—Nutrition spare; skin moist and hot; tongue furred, brownish; slight pain at epigastrium, and a feeling of sickness on pressure; sickness imminent; great irritability of stomach; abdomen distended and tympanitic; there is pain over the whole surface of the abdomen, but more especially at the right iliac fossa, and in the lumbar region of the same side; pain is increased on pressure over the right iliac region, but relieved on supporting the sides of the abdomen with the hands. The patient describes the pain as of a sharp, cutting kind, extending towards the lumbar region. She says she has noticed streaks of blood in her stools, but at present their origin cannot be determined. There is a slight murmur with the first sound of the heart along the course of the pulmonary artery; also slight venous hum. The catamenia are profuse, irregular, and frequent; the urine of bright-orange colour, acid, and specific gravity 1028. To have four grains of calomel and five of extract of colocynth immediately, and compound infusion of senna three hours afterwards. The bowels were not opened by this treatment. Later in the day, she was ordered an enema of castor oil and turpentine, in warm water. The bowels still remained confined.

Nov. 6th.—To have one minim of croton oil on sugar at once. Evening: Complained of restlessness and inability to sleep from intense pain in the right iliac fossa. Twenty-five minims of laudanum ordered.

7th.—Bowels not yet relieved; abdomen full; no tumour can be felt; pulse 108, small and compressible; urine passes freely; feels sick; pain very severe in the right iliac fossa. Six leeches to be applied to the seat of pain.

8th.—To have half an ounce of castor oil.

9th.—Bowels freely opened; pain of body much less; appetite improved; tongue cleaner; urine pale and limpid, acid, specific gravity 1018, no albumen, no sugar; stools contain no blood; motions costive.

10th.—To have half an ounce of castor oil at bed-time.

11th.—Bowels opened; tongue cleaner; pulse 68; appetite better; skin moist; temperature 94° in right axilla.

12th.—Castor oil was again ordered, but it did not open the bowels.—Evening: An enema of castor oil and turpentine was administered.

14th.—Bowels freely opened by the enema; pain of body now very slight indeed; feels almost well; tongue clean; pulse 80, weak. To have a mixture of tincture of cinchona and carbonate of soda thrice a day.

From the 14th to the 19th a marked improvement took place; bowels regular; pain of iliac region entirely gone. On the 19th she was discharged cured, taking with her an aperient medicine, with sulphate of iron.

ST. BARTHOLOMEW'S HOSPITAL.

TYPHLO-ENTERITIS, ARISING FROM CÆCAL DISTENSION BY FLATUS; CURE BY LEECHES AND FOMENTATIONS.

(Under the care of Dr. FARRE.)

THE case which is now briefly reported, from the notes of Mr. Strickland, clinical clerk, is given to show the mildness of the symptoms in certain instances, and the rapidity with which they disappear. The bowel was distended with flatus, and extremely painful on severe pressure; but a single application of a few leeches, with other means, effected a cure.

Ellen R——, aged fifteen years, of healthy appearance and sanguine temperament, was admitted into the hospital on the 19th of November last, complaining of pain in the right side and across the abdomen. She stated that she was an embroideress, and of sedentary habits; but had always been very healthy until the present attack. The catamenia were irregular, sometimes five weeks, at others, six weeks, intervening. She could not walk, when admitted, without feeling great pain and uneasiness in the right iliac region. On examination, there was extreme tenderness, and a visible swelling and fulness, somewhat soft in its character, in the right flank; pressure seemed to cause much distress. The bowels were not confined, although they are generally so; and she was quite well ten days before admission. Leeches were applied to the side, with relief.

On the following morning the pain was much less; skin natural; pulse 78, rather feeble; tongue furred, but moist; no appetite; bowels opened.

After remaining in hospital for a few days the pain wholly disappeared under the application of leeches and fomentations, the swelling subsided, the bowels became regular, her health improved, and she was discharged cured.

CLINICAL RECORDS.

PERITYPHLITIS.

IF typhlitis, or typhlo-enteritis, is occasionally presented to our notice in the hospitals,—three examples of which are placed upon record to-day,—the affection which heads this "Record" is very much more rare, and is seldom noticed, or perhaps diagnosed, in hospital practice. It is an inflammation of the cellular tissue external to the iliac fascia, which is of a loose, stringy character, and gives rise to the formation of an abscess. It is known to be a very dangerous affection, from the rapidity with which the pus spreads, and, to some extent, thus resembles phlegmonous erysipelas. The usual result, in fatal cases, has been perforation of the cæcal parietes from without, and consequent pouring out of the intestinal contents, externally, into the seat of inflammation. It, therefore, bears some relationship to typhlo-enteritis, and is now noticed for the purpose of allowing a contrast to be drawn between the two.

In a former "Mirror" (THE LANCET, vol. i., 1858, p. 166), we recorded a case of pelvic cellulitis, ending in suppuration, under Dr. Tyler Smith's care, at St. Mary's Hospital. The abscess was punctured, and a good recovery was made. The symptoms of that interesting case were allied to those of perityphlitis, which, as a distinct idiopathic affection, is very rare—much more so than the typhlo-enteritis. We recollect seeing a case, now some years back, in the medical wards of the Salpêtrière, under M. Barth's care, of an elderly woman who was confined of a living child, and after its birth the accoucheur left her for a time to attend to another female, intending to come back to remove the placenta. He forgot to do so, and sent a student to withdraw it, who, on going some time afterwards, found it expelled. Inflammation of the cellular tissue surrounding the uterus followed, with the formation of a tumour, which located itself around the cæcum. From the size of an orange it dwindled down to the dimensions of an egg, and could be readily felt over the brim of the pelvis in the situation named. There was no pain then, although there was no doubt as to the nature of the swelling. In a clinical lecture "On Pelvic Abscess," delivered by Mr. Skey, at St. Bartholomew's Hospital, and published in the first volume of this journal for 1858, will be found some further remarks illustrating the same subject.

The distinction, then, between typhlo-enteritis and perityphlitis is that, in the former, we have inflammation of the

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cæcum itself; and, in the latter, inflammation of the areolar structures surrounding the cæcum. The latter is, of course, a much more dangerous malady; but the two are probably sometimes combined. In considering the pathological anatomy of pelvic cellulitis, Dr. Simpson, of Edinburgh, has shown that effusion of serum, of pus, or of coagulable lymph, may follow the inflammation, which may terminate in sloughing of the cellular tissue.

POLYPUS OF THE NOSE INVOLVING THE ORBIT.

A SOMEWHAT severe case of polypus was admitted into St. Bartholomew's Hospital in December last, under Mr. Skey's care. The patient was an elderly man, who had been the subject of the disease for some years. On admission it was quite apparent that the morbid growth was not confined to the nose, but extended to the orbit; it had, indeed, already partially destroyed the power of vision. It was necessary, therefore, to afford prompt surgical relief. The man was examined by Mr. Skey's colleagues, and as a decided opinion was expressed as to the non-malignancy of the disease, he determined at once to remove it. The polypus occupied the right side of the nose and right orbit. On the 14th of January, whilst the patient was under the influence of chloroform, Mr. Skey made an incision from the apex of the nose, along the centre of its right side to the nostril (not along the base of the nose), and, by much patient dissection, removed a large amount of diseased substance. The cavity was then sponged out, the edges of the wound being brought together by several points of suture.

In some remarks which he made afterwards, Mr. Skey observed, that it was necessary to go to the very bottom of the disease, and this was a case in which it could not be removed by a pair of forceps. The orbit and nose were in connexion with one another, as had been determined by a probe before the operation. The fact that vision, although impaired, was not quite destroyed, was an argument against malignancy. He had expunged the disease, taken out a polypus from the nostril and orbit, and had passed his finger from the former cavity into the latter. It had something of the aspect of a benign polypus. He made an opening also above the lid, and removed the greater part if not the whole of the disease. The case might terminate badly, but he believed he had done what was best for the poor man.

SCIRRHOUS TUMOUR OF THE ARM, INVOLVING THE BRACHIAL ARTERY AND MEDIAN NERVE.

A CASE of unusual and somewhat painful interest was recently presented to the notice of the pupils at Guy's Hospital. An old woman was brought into the operating theatre on the 17th of January, with a tumour present on the inner aspect of the right arm, immediately above the elbow. It was the size of a small cocoa-nut, and extended one-third of the way up the arm. Three years was the period of its growth, being at first a small movable nodule, and latterly much increasing in size. It appeared to lay upon the median nerve, and was in intimate connexion with the brachial artery. It was Mr. Poland's intention to remove it, but if he found that it involved too many important structures, it would be necessary to amputate the arm. Accordingly, chloroform was given, and an incision made longitudinally over the middle of the tumour from above downwards, the integuments being reflected on either side. The growth was got away by careful dissection, but it was discovered that the median nerve and brachial artery ran through it, and these were necessarily cut across in the process of removal. In a consultation held on the spot, it was deemed prudent to amputate the arm, and this was now accomplished. The growth was found to be scirrhous, and involved particularly the brachialis anticus muscle. The ulnar and musculo-spiral nerves were sound. The tendon of the biceps was unaffected. No glands were enlarged in the axilla. Notwithstanding these conditions, to have suffered the arm to remain would have been unwise and attended with no benefit. The patient is doing well, and the stump is healing kindly.

DOUBLE VARICOCELE—SHORTENING OF THE SCROTUM.

A GOOD example of double varicocele, in a man aged twenty-five, was admitted into University College Hospital on the 14th December, under Mr. Erichsen's care. The disease commenced on the right side, and then spread to the left. He was submitted to two different operations, and both proved successful in effecting a cure. The first one was performed on the day of his admission on the left side, by Vidal's method—namely, a steel pin behind and a silver wire in front of the vein, and rolling up the two. The second was performed three weeks afterwards, a silver wire being used subcutaneously, the two ends of the wire, after surrounding the vein, emerging through the one opening in the scrotum. The cure thus being perfected, the patient found his scrotum rather long, and was anxious to have it shortened. Chloroform was therefore administered on the 11th January, when Mr. Erichsen proceeded to pass several sutures through a compressed portion of the scrotum at its lower part, and then cut off that part of it below these with a bistoury. This proceeding was adopted to prevent the accession of air to the internal structures, and at the same time to get union of the wound by the first intention—closing the wound first, as it were, and then cutting off the lower scrotum. This obviated the risk of inflammation and its consequences; the wound readily healed as anticipated, and the man was well. Here was a satisfactory termination to three distinct operations in one region.

EXCISION OF A PART OF THE TONGUE FOR CANCER.

A FEW weeks back we noticed the removal of nearly half of the tongue for cancerous disease, by Mr. Fergusson, at King's College Hospital. Since then, we have seen another operation for the same purpose, resorted to at Guy's Hospital by Mr. Bryant. The patient was an elderly man, who had been the subject of carcinoma of this important organ for some time, and was a great sufferer. The disease was chiefly confined to the right side. Two needles armed with thread, passed through the healthy structure behind, enabled assistants to hold the organ firmly, while with a scalpel Mr. Bryant cut away the disease by removing the anterior part of the right half, which was equivalent to one-fourth of the tongue. The patient was not given chloroform, but he bore the operation with great firmness. There was free bleeding after it, but not more than might be expected. This was on the 17th January. The man has been going on well since, and there is no doubt that the wound will heal up.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 24TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

OBSERVATIONS ON STERTOR, AND ON THE VARYING CONDITIONS UPON WHICH IT IS DEPENDENT; WITH THE TREATMENT NECESSARY FOR ITS RELIEF.

BY R. L. BOWLES, M.R.C.S., FOLKESTONE.

MR. BOWLES commenced by stating that in the majority of instances he had found from experiment that stertor arose from one of three conditions: 1st, from paralysis of the velum palati; 2nd, from the paralysed tongue lolling back in the throat; 3rd, from the presence of mucus in the pharynx and air passages. His attention was first attracted to this subject when assisting Dr. Marshall Hall in elucidating the subject of artificial respiration on the dead body. It was found that the position of the body invariably influenced the relations of the tongue,—namely, that in the prone position it fell forwards and away from the pharynx; whereas, when the body was supine, it fell back towards the pharynx, and would form a serious obstacle to the passage of air into or out of the trachea. It was also observed that mucus or fluid ejected from the stomach tended to drain away in the prone position, and to remain in the back of the pharynx in the supine; and this would greatly increase the danger of apnœa in the latter. The author stated that in November, 1857, he was called to a case of apoplexy, in which coma and stertorous breathing had persisted for some hours; the patient was wholly unconscious and uninfluenced by external impressions, and the pupils were contracted and immovable. Whilst watching the case, some fluid was ejected from the stomach, which lodged in the pharynx, and would have caused death by suffocation had not the patient been quickly turned on her side, and the fluid allowed to drain away. In this position the stertor entirely ceased, but on resuming the supine position it returned as loudly as before. The experiment of change of posture was tried several times,

and always with the same result; and, what was equally remarkable, the general symptoms were greatly modified after the lateral position had been maintained for a few minutes: the pulse became calmer, the skin cooler and less bedewed with moisture, the eye sensible to the touch; and the general sensation returned to such an extent that the patient evinced signs of discomfort at the removal of a mustard poultice. In a case of epilepsy in which stertorous breathing had supervened, the moment the lateral position was assumed the stertor ceased, and the patient very soon became conscious, and recovered. Other cases were related, all of which tended, with the foregoing, to demonstrate—1st, that the paralysed tongue *may*, under certain circumstances, cause even death by suffocation; 2nd, that stertor arises from the tongue falling back in the supine position of the body, so offering a serious impediment to the respiration; 3rd, that mucus (another respiratory impediment) drains away when the patient is placed on the side; and 4th, that great improvement of the general symptoms follows the establishment of easy breathing in the lateral position.

The anatomy of the parts was then referred to; and it was shown that the pharynx, having only a fixed boundary posteriorly, may have its capacity materially altered by the ever-varying positions of its sides, of the soft palate, the tongue, and the larynx. With the closed mouth, the tongue cannot, in the majority of cases, reach the back of the pharynx, as it is fixed to the inside of the symphysis of the jaw; but when the jaw drops, the symphysis describes the arc of a circle, and approaches very nearly to the spine, thus allowing the tongue to come in contact with the posterior wall of the pharynx.

Diagrams of some dissections were shown, to illustrate the position of the tongue and epiglottis in the various positions of the jaw and of the body. If the chin be bent upon the sternum by raising the head with pillows, the tongue will lie in dangerous proximity to the pharynx, even if the mouth be closed.

Stertor was divided by the author into the three following varieties:—

1st. Palatine stertor. In this, if the mouth be closed, the soft palate is pushed upwards and backwards by the base of the tongue, and thus narrows the opening between the palate and posterior wall of the pharynx. If the mouth be open, the velum palati drops upon the tongue, and vibrates as the air rushes between it and the tongue.

2nd. Pharyngeal stertor, which is the most frequent in apoplexy, and by far the most dangerous. This variety depends upon the base of the tongue dropping back into the pharynx, and acting as a serious impediment to the passage of air; it occurs when the mouth is wide open, and is a harsher and sharper noise than either of the other varieties.

3rd. Mucous stertor, which depends upon the presence of mucus in the bronchial tubes; it may exist alone, or in combination with either of the preceding varieties.

A case was related, to show that palatine stertor, with closure of the mouth, may accompany deep coma: but it was considered that it was the rule for persons in deep coma to breathe through the mouth, and for this reason: the muscles of the jaw being paralysed, the jaw drops and opens the mouth; whereas, the dilators of the nose, being also paralysed, the alæ nasi are forcibly drawn by the in-going air towards the column of the nose, and thus close the orifice of the nares altogether.

With reference to the importance of stertor, the author remarked that the impediment to the entrance of air into the lungs, as it tends to retard the flow of blood through the veins, might very possibly be the first step towards death in cases of apoplexy with degeneration of bloodvessels, or fracture with laceration of the sinuses or vessels of the brain; for the blood would make its way, where there was least resistance, through the wounded or ruptured vessel. If, however, there were no obstruction in its natural course, it would more probably follow that than turn aside through an opening, in which perhaps a coagulum had already formed. Besides the ultimate dangers which might result from a persistence of stertor in apoplectic and similar conditions, the more immediate dangers of the supine position were pointed out—e. g., 1st, fluids or other foreign matters making their way into the larynx from the mouth or stomach; 2ndly, the falling back of the tongue, causing sudden and complete apnœa, which may occur in all cases of paralysis, whether from syncope, apoplexy, concussion of the brain, chloroform poisoning, suffocation from carbonic acid or drowning; for if a disaster arise from any of the above conditions, the patient is almost invariably laid flat on the back.

The paper was concluded by the relation of a case, by Mr. Lewis, of Chester, of profound coma supervening upon several severe attacks of epilepsy, following each other in quick succession. When the patient was seen, the pupils were contracted and insensible; the pulse small, weak, and irregular; the surface pale, with cold clammy perspiration; breathing irregular, slow and extremely laborious. The stertor was very marked; very little air seemed to enter the lungs; the cheeks were puffed out during expiration. The patient was placed well over on his side. There was an immediate flow of saliva from the mouth, followed by a considerable quantity of sanio-mucous fluid. The breathing instantly became more free, and in less than a minute all stertor had ceased. The other symptoms gradually subsided, and in an hour's time, the bowels having been acted on by croton oil, there was a partial return to consciousness, and the next day the patient was walking about the wards of the asylum.

Dr. ROBERT DICKSON had seen patients affected with gastric fever so debilitated, that when they protruded the tongue, it fell back in the mouth, creating much difficulty of breathing, and almost threatening suffocation. In the case of a patient, who was *in articulo mortis*, he was placed upon his side, and the pillow put into such a position that the saliva could flow freely from the mouth. By these means the sounds denoting approaching dissolution, and called the "death-rattle," were prevented. He advised the adoption of the plan in similar cases.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 23RD, 1860.

MR. HILTON, F.R.S., PRESIDENT.

DR. GIBB read a paper on the

NATURAL HISTORY, PROPERTIES, AND MEDICAL USES OF THE SANGUINARIA CANADENSIS,

of which the following is a short abstract:—

The author went most fully into the early history and botanical characters of the plant, the first notice of which was by Jacob Cornuti, in 1635. It was cultivated in England prior to 1640. He showed the metamorphosis of denomination it had undergone till the time of Linnæus, who settled the name of the plant. It belongs to the sexual system Polyandria Monogynia, and the natural order Papaveraceæ; and is common to a large portion of the North American continent, especially Canada, where it was first discovered. It is perennial, and the only officinal part is the rhizome, which abounds in an orange-red coloured juice. As met with in commerce, it is in the form of dried root, and from its cheapness is unadulterated. The box of specimens exhibited was from Messrs. Lymun, Savage, and Co., of Montreal, and contained eight pounds. The odour of the root is somewhat narcotic, and, on handling, causes sneezing. The qualitative analysis, as determined by the author and other observers, is as follows:—

1. Sanguinarina.	7. Vegetable albumen.
2. Porphyroxin.	8. Orange-coloured resin.
3. Puccine.	9. Fixed oil.
4. Chelidonic acid.	10. Extractive matter.
5. Fecula.	11. Lignin.
6. Saccharine matter.	12. Gum (a little).

The sanguinarina is an alkaloid, discovered by Dr. Dana, and contains the active principle of the plant. The porphyroxin was extracted from it by Riegel, and is analogous to the same principle discovered by Merck in opium. Puccine is a third principle, discovered by Mr. Wayne, of Cincinnati; and this name was given to it by the author, after the Indian appellation of the plant. Several of the other ingredients were detected by the author himself.

A series of experiments were performed on plants and animals by the author and Dr. Fenwick, of Montreal. They went to show that, in its concentrated form, bloodroot was extremely irritating to man and animals, affecting principally the mucous membrane of the stomach and bowels. An excessive quantity acts as a poison, and produces violent vomiting, a burning sensation in the stomach, tormenting thirst, faintness, vertigo, indistinct vision, and alarming prostration of strength. Its properties, in regulated doses, are those of an emetic—nauseant, expectorant, and diaphoretic. A narcotic, sedative, stimulant, and alterative property is occasionally exerted. As an emmenagogue, it has long been known; and it is used as an escharotic and errhine. As an emetic and expectorant, it is highly valuable in various chest and throat affec-

tions; and has been employed in pneumonia, phthisis, bronchitis, catarrh, asthma, croup, diphtheria, cynanche maligna, and pertussis. As a diaphoretic, stimulant, and alterative, it is administered in many diseases in which sudorifics are indicated. In scarlatina, rheumatism, jaundice, dyspepsia, hydrothorax, and some other affections, its virtues have been praised by many practitioners. The general experience of those who have tried it in cancer is, that it is perfectly inert in that disease; and it is satisfactorily proved that it was not originally employed by the Indians of the shores of Lake Superior to cure cancerous affections. Its value, locally, in many skin affections, is undoubted, and it is certain to cure many obstinate forms of head eruption.

Several American physicians have given their testimony to its value in some of the stages of pneumonia, and especially in the chronic form. As an expectorant in the first and second stages of phthisis, its action is said to be certain. The author found it especially serviceable in the pretubercular, the second and the third stages of the disease, and not less valuable in bronchitis. Short abstracts of several cases of phthisis in different stages were related, to illustrate the good effects of the remedy; in all of which the expectoration became easy, the breathing clearer, the spasmodic efforts at coughing less, and even in the last stage much improvement resulted for a time. As an expectorant and mild stimulant in the second and third stages it cannot be surpassed, and materially helps to prolong life even in very hopeless cases. In consumption associated with disease of the windpipe and throat, the tincture is useful in promoting warmth and easy expectoration. In chronic bronchitis it is in most general use in North America, as one of the most active and useful expectorants; and the author has for several years found it more serviceable in this disease than many other remedies. It will allay the cough and irritation in some forms of follicular inflammation of the throat, associated with phthisis or bronchitis. Not less serviceable is it in various forms of catarrh, particularly in the chronic, associated with emphysema. In coryza, or cold in the head, it is much employed, and has been found useful by the author. The paroxysms of asthma are relieved by it, and their severity and frequency diminished. It is a remedy in common use for pertussis in the United States; but although it had cured cases under the author's care, he did not recommend it as superior to other remedies. It is also much employed in croup, in the membranous form. As an emetic in the croupal form of diphtheria, it acts with energy, and produces a thrilling effect upon the entire mucous membrane of the fauces and respiratory tract, with a feeling of warmth. It alone seems to impart vitality to the suffering throat, and is recommended by the author with confidence, in the form of decoction or infusion, four to eight drachms at short intervals, until vomiting ensues; it is then to be followed by steel and other preparations recommended for this disease. In the malignant form of diphtheria, besides active and energetic treatment, an acetous decoction of bloodroot as a gargle will prove invaluable. Its usefulness in epidemic malignant scarlatina has been fully tested by Dr. Jennings of Virginia, in the same form of gargle; a fact which should be borne in mind when this epidemic appears. Some evidence was also afforded of its good effects in certain forms of chronic rheumatism, and in some hepatic affections. In amenorrhœa, it will prove, either alone or combined with other substances, one of the best emmenagogues. The skin diseases which have been cured by it in the form of ointment are—scabies, tinea capitis, impetigo of the scalp, and many others. The preparations in use are—the powder; the compound powder of the author; the powder with camphor; the infusion, decoction, preserved juice, and oil; the extract, tincture, wine, vinegar, syrup, and ointment.

A discussion ensued, in which Mr. J. F. Clarke, Dr. Hare, Dr. Gibbon, the President, Dr. Routh, Mr. Streeter, and Mr. Bryant, took part. The author's paper was commended, and his researches appreciated; but very few of the members present had had any experience in the use of the sanguinaria.

In reply to various questions, Dr. Gibb observed that the tincture was used by several London physicians, and was to be obtained of Messrs. Bell, Oxford-street, and others; and the root could be introduced into this country at a very low price, because of its abundant growth throughout the United States and Canada.

Numerous specimens of the recent and dried root were exhibited, together with the powder, tincture, seeds, pods, and other parts and preparations of the plant, which was further illustrated by coloured drawings and tables of analysis.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, JANUARY 20TH, 1860.

MR. WM. MARTYN, V.P., IN THE CHAIR.

MR. W. C. HUNTER read a paper

ON THE IMPORTANCE OF FREE RESPIRATION IN CERTAIN STATES OF THE BRAIN.

The necessity of attention to the respiration was considered chiefly of value—1st, in coma, from injury or disease, sanguineous or serous; 2ndly, in narcotism of the brain; 3rdly, in epilepsy; 4thly, in certain functional cerebral derangements, where a tendency to headache and lethargy exists.

The strictly anatomical connexion of the lungs with the brain having been alluded to, it was shown how, pathologically, disease of either of these organs might kill by its effects upon the other.

1st. Cases of coma from cerebral injury and apoplexy were then cited, illustrating how death generally took place by apnœa. The practical point, therefore, indicated was that life might not only be prolonged but saved by attention to the respiration, even in cases apparently the most hopeless.

2nd. In narcotism. The greater the insensibility in narcotic coma, the more the respiration is affected; the more therefore it requires to be watched. Coma and narcotism both kill by the lungs; but several points of difference were shown to exist between the apnœa of coma and that of narcotism. In the apnœa of coma, death is not generally (or at all events primarily) due to cessation of respiratory action—i. e., muscular paralysis, but to lung paralysis, evinced by extreme and rapid congestion of the lungs, accompanied by rapid effusion into the pulmonary air-cells and bronchial tubes. The death is apnœa by effusion, unless it can be warded off. The treatment for the apnœa of coma is venesection, to relieve the congestion of the lungs, and prevent its further formation; but more especially important is the prone position (the prenopnœa of Dr. Marshall Hall), by which an enormous amount of bronchial effusion may be got rid of. Without the prone position, the bronchial effusion may so accumulate that the patient with coma may, in reality, die of narcotism from non-eliminated carbonic acid gas. Artificial respiration may not be necessary. A case of apoplexy of the medulla oblongata and one of compression from injury were related, in which no muscular paralysis existed. In the apnœa of narcotism there is neither the rapid effusion nor the great congestion of coma; but if death ensues, it is chiefly from musculo-respiratory paralysis. The pulmonary congestion is less than in cases of coma, for the narcotic influence diminishes the strength and frequency of the cardiac pulsations, which are unrestrained in coma. In the treatment of narcotic apnœa, venesection is not necessary, nor is prenopnœa, to remove effusion, but it is especially necessary for a different reason—viz., lingual paralysis. Artificial respiration is here invaluable. If employed, however, without attention to the tongue, it may be useless.

3rd. In epilepsy. The normal state of the respiration is a point in the etiology of this disease requiring, in the author's opinion, careful consideration. Many epileptics have a shallow, contracted, and feebly-acting chest, which predisposes to and must keep up the epileptic tendency. Several patients were alluded to whose respirations were not only very limited in amount, but in number also, being less than one to four cardiac pulsations. This feeble lung action acts injuriously to the epileptic in a two-fold way: it tends to retain carbonic acid in the blood (to which gas many of the symptoms peculiar to the epileptic, besides the seizure, seem attributable); and also prevents the lungs acting freely as diverticula to the cerebral circulation.

4th. Amongst the functional cerebral derangements were mentioned headache and lethargy, which free respiration in the open air would often remove; also cases in which respiration would sometimes, without any warning, become extremely difficult (as if from sudden deprivation of nervous influence): in such cases, fresh air, the inhalation of ether and ammonia, and deep inspirations (forced, if the patient can effect them, assisted, if not), appeared to the author to be indicated, and were productive of great benefit in these conditions.

OXFORD LECTURES.—Dr. Lee's Reader in Anatomy, Dr. Rolleston, will deliver twelve lectures on Human Anatomy and Physiology, in the Christchurch Museum, on Mondays and Thursdays, at two o'clock. He proposes also to form a class for practical instruction in the museum, in anatomy and physiology.

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Reviews and Notices of Books.

The Anatomy of the Human Lung. An Essay for which was awarded the Fothergillian Gold Medal of the Medical Society of London. By A. T. HOUGHTON WATERS, M.R.C.P.L., Lecturer on Anatomy, Physiology, and Pathology in the Liverpool Royal Infirmary School of Medicine, and Physician to the Liverpool Dispensaries. pp. 233. London: Churchill.

THOUGH we have two or three good papers or memoirs in our language upon the Structure of the Human Lung, published in "Transactions" and "Cyclopædias," we have been in want of a distinct and trustworthy monograph upon the subject. The "Philosophical" and "Medico-Chirurgical Transactions," and the "Cyclopædia of Anatomy and Physiology," which contain the labours of Addison, Rainey, and Williams, might not be in every medical man's library, and hence a separate and comprehensive essay was desirable. The one before us appears to fulfil all that was necessary, bearing in mind that comparative anatomical, physiologic, and pathologic questions did not come within the terms of the proposition of the Medical Society. Unlike some prize essays, the present is written in a modest and unpretending manner, neither professing to excel everybody else, nor turning out a merely respectable failure. In the first part, we have a historical sketch of the subject-matter from Hippocrates to Milne-Edwards. The "second part" treats of the descriptive anatomy of the lungs in the following detail: *pleuræ, trachea, bronchi, substance of the lungs, bronchial tubes, ultimate pulmonary tissue, bloodvessels, lymphatics*, and *nerves*. The "fœtal lungs" are then considered, the work terminating with a chapter upon "The Development of the Lungs." In that part of the essay which treats of the bronchial bloodvessels, the author's views will be found to differ from those of previous investigators, with the exception of Reisseisen. After detailing his experiments, Dr. Waters observes—

"These facts lead me to conclude that the so-called deep bronchial veins do not accompany the bronchial arteries within the lungs, and do not return any portion of the blood which is supplied to the bronchial tubes, but that they are simply vessels which return the blood from the structures situated about the root of the lung."—p. 196.

"The conclusions of the author as to the non-existence of bronchial veins *within* the lungs were arrived at before he was aware of Reisseisen's views; and it is a source of great satisfaction to him to find that his opinions on this subject are in accordance, for the most part, with those of so distinguished an observer. It is remarkable that views of so weighty a character with reference to a fact which may have important bearings on the pathology of the lungs, should have been overlooked, or, at any rate, should have remained without confirmation, for a period of nearly sixty years."—p. x.

The author concludes also, after careful inspection and examination of a considerable number of specimens both of the human and other mammalian lungs, that no direct communication exists between the bronchial vessels and the pulmonary arteries. The former compose two great plexi, the branches of which terminate in the pulmonary veins; "the blood which is distributed by the bronchial arteries is poured into the pulmonary veins, and the whole system of the bronchial tubes communicates with the same veins."—p. 202.

In another part of this journal will be found a letter from Dr. Newton Heale. We were glad to find that Dr. Waters directly alludes to that gentleman's views upon the distribution of the pulmonic bloodvessels. He speaks of them, however, as "of somewhat a novel character, and not in accordance with those of previous observers, nor yet with those which I shall have to maintain." Dr. Waters gives several extracts from Dr. Heale's "paper" published in the sixth volume of "Abstracts" of the Royal Society (p. 315.) The latter gentleman has certainly mooted some points bearing upon Referee Committees of the Royal Society which demand explanation.

After describing the vascular arrangement, &c., of the walls of the adjoining lobulettes, Dr. Waters remarks—

"This view militates against the general opinion, that in *no part* of the lungs is there more than a single layer of capillaries in connexion with the aërating membrane, and that the air circulates on both sides of the plexus of vessels; but yet, from the mode of formation of the lobulettes, and from the examination of some preparations of the lung-substance of the adult—in which I have traced areolar tissue passing between the lobulettes, and have been able to separate them partially from each other,—I am induced to believe that each lobulette has its separate vessels, which do not communicate with those of the adjoining ones, but terminate in their proper radical vein; and that thus the capillaries which are placed in the outer wall of the lobulette are only exposed on one side to the atmosphere."—p. 183.

Our readers will perceive, on perusal of his book, that Dr. Waters is an original investigator, as well as a writer of a successful prize essay. We recommend him to their notice accordingly.

The Geologist: a Popular Illustrated Monthly Magazine of Geology. Edited by S. J. MACKIE, F.G.S. Vol. II. London, 1859.

THIS deservedly popular periodical has just reached the conclusion of its second volume, and is full of interesting matter pertaining to the science of which it professes to treat. One of its features, which will be more particularly developed in future numbers, is a geological description of our watering places and chief sea-port towns. Many medical gentlemen are contributors to its pages.

SUDDEN DEATH.

To the Editor of THE LANCET.

SIR,—It is seldom we have to remark that death should occur so instantaneously as it did in the following instance:—I was sent for on the 25th of December last to see a young woman, Anne W——, who lived close beside me; but before I could have arrived—indeed, before they left the house for me, death had occurred. The deceased was in her usual state of health, having no complaint—indeed, had been enjoying the Christmas festivities the week previous,—sitting in her own kitchen, along with her sister, where she had spent the whole of the day. In the afternoon, about half-past four, she left her book, and put the kettle on the fire for the purpose of preparing the evening meal, and again resumed her book. In ten minutes she was noticed by the sister to recline her head on the book on the table. She was spoken to, but returned no answer, and the sister then sent for me. She never made the slightest movement, groan, or noise whatever: only simply life had left the body thus quietly.

All vital movement thus suddenly brought to an end, forty hours afterwards I made a post-mortem examination of the body, and all I discovered was a large effusion of blood over the base of the brain and medulla oblongata. It did not seem to have destroyed any part of the substance of the brain, but was one layer between the dura mater and arachnoid, separating the convolutions. The brain itself was quite in a normal state. I imagine the pressure of blood had thus put a stop to the functions of the vital organ. The most singular thing was that the whole mechanism of life should be brought to a close so instantaneously. I did not discover where the rupture of the vessel had occurred, though certainly there must have been a rupture.

I have seldom witnessed a death without some slight intimation of the cessation of vital action, and thus record it as being something out of the usual course.

I am, Sir, your obedient servant,

Isle of Arran, Jan. 1860. J. JAMIESON, M.D.

UNIVERSITY OF CAMBRIDGE.—P. W. Latham, of Caius College, has been elected a Fellow of Downing College. Mr. Latham was a wrangler, and was also in the first class in the natural sciences tripos, being distinguished in chemistry, physiology, comparative anatomy, botany, and mineralogy. We are glad to find that the University, having recently instituted an honour examination in the natural sciences, is thus showing a disposition to encourage their study by making proficiency in them a ground for the award of its prizes.

THE LANCET.

SATURDAY, FEBRUARY 4,

BEING

No. 5

OF THAT JOURNAL FOR THE YEAR 1860.

THE meeting of Parliament has afforded the usual constitutional opportunity of obtaining from the Home Secretary an exposition of his views regarding the expediency of instituting a Court of Appeal in criminal cases. Mr. EDWIN JAMES, basing his argument on the history of the trial and pardon of THOMAS SMETHURST, contends that our system of criminal jurisprudence is defective. A convicted criminal, he says, ought to have the privilege of a second trial. The question has often been mooted; and its importance claims the most serious deliberation. Into the general merits we cannot enter in this place. All we can properly do is to examine the argument in its relation to scientific evidence. This is, indeed, the chief point raised by the case of SMETHURST. It is complained that the deliberate verdict of a jury, supported by the opinion of the judge,—both being formed after hearing the evidence in open Court,—have been overruled by other evidence submitted privily to the Home Secretary. The Minister, in the undoubted exercise of powers vested in him, has obtained a report from the Chief Baron who tried the prisoner; he has received all the supplementary evidence and statements which the prisoner or his friends have laid before him; and all this he has submitted to Sir BENJAMIN BRODIE. Now, Mr. EDWIN JAMES contends that the supplementary evidence, the report of the Chief Baron, and that of Sir BENJAMIN BRODIE, ought to be made public; and that if there had existed a Court of Appeal every new argument, and all fresh evidence, must necessarily have been produced before the world in a manner to challenge public approval or censure. This latter course of proceeding is represented to be the most in accordance with the spirit of English institutions, and the most conducive to justice. To this reasoning, Sir GEORGE LEWIS replies by explaining the course he adopted in this particular case. He avoids the general argument in favour of a new Court of Appeal. He informs us, without publishing *in extenso* the reports of the Chief Baron and Sir BENJAMIN BRODIE, that the Judge declared his opinion that SMETHURST ought not to be hanged; and imparts a conjecture which we are not aware has been previously put forward—namely, that SMETHURST administered poison to Miss BANKES not for the purpose of murder, but of procuring abortion. The Chief Baron himself advised that the case should be laid before some eminent medical practitioner. We may say that the new hypothesis of a design to procure abortion raised by the learned Judge was in itself a justification of the reference made to Sir BENJAMIN. It is clear that, if a man so eminent as a judge, and so distinguished for scientific attainments as the Chief Baron, could so interpret the evidence he had heard, a reference to some one who could speak with authority on the value of the medical testimony was absolutely necessary. Whether Sir BENJAMIN offered any opinion on this hypothesis we do not know; but there are few persons indeed who now contest the soundness of his decision that, although there were circumstances of grave suspicion against the prisoner, there was not sufficient proof of his guilt. The free pardon was a logical consequence, from which Sir GEORGE LEWIS could not escape. It was the only rational termination to the case. But then the question arises—Have this revision of the case, and this reversal of the sentence, been arrived at in the most proper and constitutional manner? Ought not the prisoner to have been publicly tried over again? We entertain very serious doubts whether a Court of Appeal would be productive of such advantages as would balance the great inconveniences which it would entail. In the first place, it would follow that not the prisoner alone, but the Crown also, would be entitled to call for a fresh trial, in the event of an adverse verdict. There is too much reason to fear that, in many cases, a new trial would have no other effect than to lead to protracted litigation, and a refinement of legal subtlety, which, without adding anything material to the facts, would involve evidence in greater obscurity, or even make that obscure which was previously clear. It would afford far more scope for the play of legal ingenuity in obscuring the truth, than for the production of more accurate scientific evidence to establish it. Evidence that consists in the marshaling of facts and of scientific knowledge, so as to throw all possible light upon the case in dispute, is soon exhausted. Not so the fertile skill of the bar in commenting upon that evidence. The advantage would rarely indeed be on the side of truth. The strongest argument that has been adduced in favour of a Court of Appeal is, that on his first trial a man may be unjustly condemned through false or incomplete evidence. But it must be remembered that the present system, which leaves the prerogative of pardon in the hands of the QUEEN, through her responsible Minister, is all in the prisoner's favour; it cannot be exercised against him. And since the practice of making the execution of capital punishment follow within a few hours upon the sentence is now abolished, there is always full time for preferring such representations to the Home Secretary in favour of the convict as the circumstances may justify. If it be argued that evidence of the prisoner's innocence may come to light just after he is hanged, that is an argument against capital punishments, but not against convicting upon one trial. In this particular case of SMETHURST, what would have been gained by a second trial? In what new light could the evidence be placed? The conflict of opposing scientific witnesses would have been renewed; and the jury would have been as little competent as on the first trial to determine on which side the truth was concealed. If it be contended that it has an evil effect to overturn the verdict of a jury by the decision of a Home Secretary, it must surely be admitted that the evil would be greater to subject every verdict in criminal cases to the risk of being overturned, even although by another jury. Under the present system the greatest possible authority is secured to the decision of juries, by not permitting them to be called in question save in very exceptional cases. It is, perhaps, the greatest security society can possess against crime, that the law should be simple and direct in its operation. To introduce the complicated procedures of appeals and new trials, would certainly multiply the chances of escape for a criminal: it is doubtful whether it would afford any advantage, that is not already possessed, to the innocent man; and the general interest of society in re-

pressing crimes against the person would probably suffer by such a change.

Since it cannot be expected that a second jury should be more competent than a first to determine between the relative merits of two conflicting bodies of scientific witnesses, the remedy we would insist upon is, to present the scientific evidence so well prepared and digested as to reduce all grounds of dispute to the narrowest possible limits. Instead of leaving the materials for pathological or chemical investigation to fall into the hands of any single practitioner whom accident or ignorance may throw in the way, two or three men of acknowledged skill—one at least to be nominated by the person whose conduct is suspected—should be associated in the inquiry. Evidence so controlled would certainly be more free from error, and admit of less contentious quibbling. Until, by this or some similar plan, scientific evidence shall be brought before our courts in a proper manner, it is gratuitous folly to sneer at the defects and contradictions of science. These defects and contradictions are but too often the natural produce of the system at present pursued.

IT is related of CHARLES PATIN, that being on a visit to a physician at Basle, where his son was studying medicine, he one day questioned the youth as to the principal studies required to form a physician. The future aspirant to a degree replied, "Anatomy, physiology, pathology, and therapeutics." "True," said PATIN, "these will secure your diploma, but not "your popularity: to obtain, this, my child, you must add to "them *quackery*." We should be sorry, indeed, to think that this sarcasm of PATIN had more than a very limited amount of truthfulness. We allude here, of course, to what must be denominated quackery *within* the profession—the backsliding of legitimists, and not to the abominations of the advertising charlatans, nor the delusions of the homœopaths, hydropaths, *et hoc genus omne*. But however limited may be the range of the justice of the satire, it has undoubtedly and unfortunately a certain application. No one can look around him and fail to recognise men—even those holding honourable and public positions—who practise certain deceptions, and adopt questionable habits and customs purely with the view of what is called "getting on in practice!" If the quackery of those out of the pale of the profession is repulsive to common sense, how must the indecorums of the profession itself be regarded by all of its members possessing delicacy of feeling and honourable minds? No jar can be more painful to our sense of propriety than to observe those who would fain sit in judgment upon the charlatanism of the pretenders to medicine guilty themselves of deeds which fail not to remind us, when acting as public censors,—"First cast the beam out of thine own eye, and then "shalt thou see clearly to cast out the mote out of thy brother's "eye."

That the pursuit of medical reputation in an earnest and prominent manner is a most commendable avocation, no one can deny. To be well known as a skilful healer of the sick and suffering is a prize both of honour and of money's worth. But in the attempt to attain this end, not any expedient is justifiable which allures simply by its novel, its specious, its notorious character. To define exactly the boundary which separates from the professional proprieties all those questionable practices which appear to be adopted solely to catch the suffrages of the unthinking, is in some cases not an easy matter. Occasionally an accidental circumstance arises, quite irrespective of a man's intentions, and which, had he sought for it, would have been culpable or irregular, but which nevertheless legitimately procures him in the end profit and reputation. On the other hand, again, a man disappointed by the result of a line of conduct, evidently assiduously pursued for selfish motives, may point to its ill success as refuting our own uncomplimentary opinion of it, and as proving his own rectitude and disinterestedness. Again, it is not a little difficult in some cases to hold the scales of justice without trembling, when an apparently honourable man points to the immense competition of a doubtful character which is brought against him, and assures us that if his own voice be not pitched in an exaggerated key, it will be lost in the hubbub. His daily sustenance, as well as his repute, are at stake; he cannot afford to be silent. Not only do we thus hear the braying of trumpets overpowering the still small voice of honourable deserts, as the inevitable fruit of professional struggling, but, like the orchestra upon the mountebank's scaffolding, all the music is outside the show; there is nothing worth hearing within its precincts. There are sharp, worldly-wise men, who soon discover that it not unfrequently happens that success in so crowded a profession as medicine depends not so much upon what a person *is*, as upon what he *seems*.

But as we are too serious upon this very important and delicate matter to wish our censures to pass away in vague, general observations, we will indicate some individual and special forms of custom and behaviour, some of which, to our thinking, are highly improper, and others, to say the least of them, of a very questionable character. In the first place, we may point out how sad a grievance has sprung from the, in many respects proper, practice of giving advice free of cost to such as are unable to pay for it. Charity of this kind is praiseworthy, but the multiplication of it by a medical man simply for his own selfish ends is most derogatory. Are we in error when we say that this is done so extensively as to become a serious evil? Is it compatible, let us ask, with an honourable position? Is it justice to professional brethren? Is it only for the benefit of the poor that the medical officer of a public institution shall tell or hint to his patients that they may come to his private residence in the morning, instead of to the hospital, dispensary, &c.? For what purpose are such patients assembled in the hall, seated on forms in the passage, arranged upon the doorsteps, or obstructing the thoroughfare? Is it for the sake of the poor themselves, or for the impression such a sight may make upon the more lucrative patient who threads his way through them? Is it right to seat our public patients by half-dozens in our waiting-rooms, in order that the few private ones who shall chance to visit us may suppose we have a large practice? Is that the sort of intention we can approve, which announces the freedom of our library to the out-patients of an hospital, only in the hope of getting something out of them or their friends upon a future occasion?

Not a very long time ago, our pages bore a remonstrance against the obstruction caused in a Belgravian thoroughfare by the poor patients of some deeply commiserating and disinterested practitioner, who were there collected, shivering and coughing, until, certain urgent calls being fulfilled, their benefactor was enabled to see them. Enter another man's house, and lo! all is changed. No crowd of *gratis*-patients here—all is exclu-

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sive. But how *impressive* the consulting-room! There stands a large microscope, labyrinthine in its brass-work, close to the presiding hero. Along the mantelpiece is a row of stethoscopes, of all kinds and sizes. A spirometer in the corner recalls to mind the gas-works. Test-tubes, spirit-lamps, preparations, specimens, and slides decorate the table. Opposite to the latter is a weighing-chair, near which is an escritoire, laden with directories, court-guides, blue-books, and letters. What is the meaning of all this, we would ask—this unobtrusive, unimpressive simplicity? Is it all really necessary? Is there no parade hereabouts—no *ad captandum* claptrap and cajolery? *We* regard it all, we must confess, as we do the door-plates of certain self-conceited and impertinent tradesmen, who, styling themselves "practical tailor," "anatomic bootmaker," "mechanical and operative," &c. &c., tacitly and modestly imply their neighbours to be only theoretic tailors and shoemakers, and design to convey an impression of superiority upon their own part. Is it a straightforward and commendable practice to publish some gaudily got-up treatise, written in a popular form, and recommending some plan of treatment which can only be carried out by the author himself? Further, what tolerance can be shown to such a custom as allowing accounts of "extraordinary operations" to appear in provincial newspapers, with encomiums upon the wonderful talent and kindheartedness of the operator? Or what plea can there be advanced for advertising "cards" in country newspapers, and publicly informing the neighbouring farmers at what tavern on particular market days certain medical *illuminati* are to be found? We have received "cards" which have been thrown down areas, smuggled into the servants' hall, and sent by post to the *major domo*. They have told how extensive was Mr. So-and-so's experience—how successful his practice—how low his expected remuneration! We have known the greengrocer and the butcher-boy distribute the "intimations" of a new-coming Æsculapian candidate. But are such acts creditable, and to be protected, even if not to be recommended? Is good fortune to be sought by attaching oneself to a particular religious sect, or to a political association? Or may we raise up some so-called "dispensary," and advertise it well, with the names of the medical staff, in the Sunday newspapers?

But we must have said enough. These and analogous practices unquestionably tend to lower the practice of medicine as an art, and to derogate from it as an honourable and scientific calling. To avoid all equivocal and undignified means of increasing our notoriety should be one of the most cherished desires of the medical practitioner, standing as he does upon the 'vantage-ground above the pestiferous battle-field of the charlatans and quacks, who, after hanging upon his skirts in the hope of robbing him of his legitimate calling, turn back upon each other like a set of wolves. We are bound neither to write ourselves up, nor to write others down; neither to magnify our own importance, nor to depreciate the standing of others; to peril no honesty, to favour no pretence, in the competition for a livelihood, in which, though the race be confessedly warm, the runners are supposed to be well-educated and honourable gentlemen.

IT has rarely happened that an Act of equal importance with the Medical Act of 1858 has not been found to require some technical amendment. In a country where no arbitrary departure from the letter of the law is on any pretext allowed, the powers and value of an Act can never be understood until it has been put to the test of the legal tribunals. In this manner sundry defects of the Medical Act have been brought to light, and the experience thus obtained will probably form the basis of an Amendment Act for this session.

A measure for the improvement of the Medical Relief of the Poor cannot be much longer deferred. It is not a question simply of justice to the Poor-law medical officers, but, far more, one of national importance, as affecting the health of the poor, and, through this, the industry and prosperity of the country. Mr. GRIFFIN, with characteristic energy, has early taken the field. He has already issued a statement of the case, accompanied with a Draft Bill. This measure embodies provisions for dealing with the great subject of Vaccination. The large experience Mr. GRIFFIN has acquired of the working of the existing system, and especially of the grievances and opinions of the Poor-law medical officers, entitles any suggestions he may offer to the utmost respect. His proposal is in the hands of his brethren. We commend it to their immediate practical consideration. We shall take the earliest opportunity of discussing both this and the amendments required in the Medical Act.

Medical Annotations.

"Ne quid nimis."

LORD CLYDE ON RED-TAPEISM.

ONE important element in the official art "How not to do it" is the continued transference of blame from shoulder to shoulder. Under the highest development of the art, no one is ever responsible for anything. Deputy-purveyor, when blamed in the Crimea, considered that the matter in question belonged to purveyor-in-chief; purveyor-in-chief had applied already to the barrack-master; the barrack-master had requested instructions from head-quarters; and the clerks at head-quarters had forwarded his application to another department. All parties concurred in a game of battledoor and shuttlecock, which passed the time, and—that was all. Thus the shell of public wrath remained suspended in the air, and has never yet burst upon any victim for fear of hitting the wrong man. Lord Clyde apparently saw enough of this system in the Crimea to understand that thus soldiers are starved, hospitals left bare, and armies ruined. He has inaugurated a wholly different method in India by a despatch, which, although somewhat lengthy, we have no other alternative than to quote entire, for it lays down, in clear, concise language, the particular and personal responsibility of each officer in the forces for the well-being and right-doing of his men and subordinate officers. It "does not belong to the situation" of a commanding officer to tolerate ignorance, sloth, or carelessness on the part of any of the functionaries connected with his regiment. This is the severest blow which has ever been aimed at that horrible system of departmental etiquette which has crippled the efficiency of our public services, and has cost the country thousands of lives in the field. Here is the order of Lord Clyde:—

"Adjutant-General's Office, Her Majesty's British Forces,
Calcutta, 21st December.
"Head-quarters, Camp Saidabad, 10th December.

"On the occasion of a recent inspection conducted by the Commander-in-Chief in person, Lord Clyde made the painful discovery, at two stations where three of her Majesty's regiments are quartered, that the hospitals had been devoid of quinine for several months.

"Lord Clyde is obliged to reiterate, what every commanding

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officer must be aware of, that the principal medical officer of a regiment is not the commanding officer.

"He is as much responsible that his hospital is duly supplied with medicines as that his men receive their daily pay.

"If the regimental doctor has reason to complain of the superintending surgeon, and cannot get what he wants, the commanding officer should address the general officer commanding the division.

"If that is of no avail, he should write to the Adjutant-General of her Majesty's Forces.

"If that resource fail him, it is his bounden duty to address the Commander-in-Chief in person.

"In the same manner, in common justice to the regiment he commands, he should never rest until he has obtained the best accommodation, furniture, shelter, &c., which the circumstances under which he is placed may permit.

"It does not belong to his situation patiently to endure what appears to be ignorance, sloth, or carelessness in the functionaries who are bound to provide his regiment, according to their various vocations, whether it be the commissariat, barrack department, the executive engineer, the civil authorities, or the superintending surgeon; it is incumbent on him, as being entrusted with a great and trying responsibility, to report to superior authority when he considers his regiment wronged or neglected, or that it is suffering from causes which it may be in the power of the Commander-in-Chief to remove.

"By order of his Excellency the Commander-in-Chief,

"W. L. PAKENHAM, Colonel,

"Adjutant-General, Her Majesty's Forces in India."

A WAY OF HELP FOR THE FALLEN.

ILLEGITIMACY is unquestionably a painful subject, and one which only a sense of duty can stimulate men to investigate. Of love wronged, faith abused, and trust belied, poets and moralists delight to treat. Our favourite authors abound in the portraiture of such incidents, and in the analysis of the moral and mental changes which precede and follow this unhappy fall. The picture of the wronged and deserted maiden is the most familiar in our literature:—

"Heu! quoties fidem
Mutatos que deos flebit."

But if the social investigator take up the inquiry precisely where the poet and the moralist have left it, he will find a complete dearth of information. No one has ventured to let in the light upon those obscure and defaced stones of the social fabric which our conventions ignore, and our selfish delicacy thrusts out of sight. But at this day, when social science is prying into all the defects of our civilization, and seeks to discover at once the sufferings and the wants of hitherto unnoticed sections of the population, it were something more than negligent to omit the inspection of the social conditions affecting the welfare of a class into which some forty-four thousand persons are annually born.

A careful and well-wrought paper in the *Journal of the Statistical Society of London* for December, 1859,* affords an instalment of the information so much needed. This paper is founded on documents furnished by the Registrar-General, including amended copies of the notes returned to the department relating to the deaths of illegitimate children under five years of age, during the year 1857. The information was not supplied without considerable trouble and labour voluntarily incurred by the department, and this affords a great claim upon the gratitude of the public in behalf of the courteous and efficient heads of the Registrar-General's office, who have so often deserved well of the nation. Some of the figures and deductions are unexpected; all of them merit attention. Out of 388 illegitimate children who died in 1857, the large proportion of 326 died before they were one year old; 110 perished between the ages of one month and three months. Few die in the first week. Could the mother nurse the child and gain her livelihood at the same time, we can see no reason why this excessive mortality after the first week should exist. How might this be brought about? We gather a hint from the table of occupations of the mothers. Of 339 mothers, 194 had been domestic servants; 33, dressmakers; 16, trade-workers. Two hundred and forty-three, then, were employed in much-needed industrial occupations. The remedy is with the ladies of England. Would they but help and pity the unfortunates whom at their bidding society does now but stone, their erring sisters might be reclaimed; the temptation to desert, the impulse to maltreat, and the necessity to neglect their children, would be removed. Assuredly, infantile mortality would be diminished. Would public morality be injured? We confidently believe that it is possible in these cases to discourage vice, and yet to show mercy to the fallen. It is a hopeful sign of future amendment in our present social code, that we can bear now to discuss this matter, which a few years since none dare mention. It would not be premature, now, to confer upon the means of affording to these women, fallen in their first fault, an opportunity of redemption in the future and atonement for the past, without compelling them to pass through the protracted purgatory which is at present implied in the proper fostering of their illegitimate offspring. The philanthropists of the day are horror-stricken by the misery of the utterly outcast, and have balm only for the wounds of those already prostrate in the depths of degradation. We would not stay the current of public pity; it flows with but too scanty a stream. But it is possible to arrest many of these women at the very outset of their career. A little help, a little admonition, and a chance of work, during the first few months after the birth of their child, would save many hundreds, it may be thousands, from passing the gulf which it is so hard to bridge across. A simple organization, and a few hundred pounds, would do great things in this work. Each day the return of the parish relieving officer shows where and when a child has been born by an unmarried woman. To seek out that woman then; to speak to her words of warning, rebuke, and help; to offer to her the means of occupation, and a way of living without further degradation,—this would be a salutary and a merciful labour. It were in the power of any dozen ladies and gentlemen, with or without a paid officer, to do this in their own parish. And thus the sempstresses, flower-makers, shoe-binders, and domestic servants, whose fall is chronicled in the parish books, might be saved from new misery and sin; while the excessive mortality of their children would no longer disgrace our humanity.

* Observations on Illegitimacy in the London Parishes of St. Marylebone, St. Pancras, and St. George, Southwark, during the year 1857. By William Acton, M.R.C.S., Fellow of the Medico-Chirurgical and Statistical Societies.

SCIENCE IN OUR COURTS OF LAW.

A PAPER was read at the last meeting of the Society of Arts, by Dr. Angus Smith, F.R.S., "On Science in our Courts of Law." The paper was ably and carefully reasoned; but although of considerable length, it did not present any novelties either in criticism or suggestion. The unsatisfactory position of men of science in our Courts was fully exposed. The desiderata are—1st, a scientific assessor; 2nd, "a position for the scientific man independent of the barrister," which Dr. Smith does not pretend to adjust; and, 3rd, the permission to deliver evidence in writing. Of these remedies the third is virtually admitted, since scientific witnesses do now commonly draw out a written statement of their opinions, which they are allowed to give in evidence. The second is hypothetic and chimerical. The first point is of the highest importance: it regards the appointment of assessors. In Chancery Courts, the judges have the power of calling in witnesses upon matters of opinion, who act as assessors; at the same time the judges are not bound by their recommendations, and are, therefore, themselves responsible for the decision. We have long proposed such a system as one worthy of adoption in the criminal and common law courts. The general feeling of the meeting at the Society of Arts, which included many scientific men of eminence and experience, was in favour of this proposal. Vice-Chancellor Sir W. Page Wood thought that it might be beneficial in strictly scientific cases to appoint assessors to sit with the

judge, who should be bound to give their opinion in public, as well as the reasons upon which that opinion was formed. But he wished to see the responsibility always remain with one man. Let the judge who tried the case be responsible for the decision; but let him have such assistance in forming that decision as he could derive through the medium of an assessor. A form of Bill was read, prepared by the Rev. Vernon Harcourt, for regulating scientific evidence, and for providing such remedies as are above suggested.

CAUSATION OF DISEASE.

THE *Saturday Review* fulfils amongst the periodical press a peculiar function which is said to be essential to all British institutions. Its business is to find fault, and its pleasure to ruffle the plumes of authority. It attacks the Board of Health for having declined to print, as an official document, a report on epidemic cholera by a physician who holds on this point views of which the Board does not approve. This gentleman totally denies the influence of the emanations of putrescent animal matter in favouring zymotic disease. Because certain foul odours have not been proved to be noxious; because all persons who have been subjected to the influence of the gases evolved by cesspools, graveyards, and knackers'-stalls have not perished; because knackers are remarkable for longevity, and butchers (according to Dr. Tweedie) are free from fever, Dr. Parkin has concluded that the decomposition of organic matter, and the putrescence of impure water, are guiltless of the causation of disease; and that drainage, ventilation, and pure water-supply are useless for the prevention of disease. Whether the scientific reader may or may not assent to all Dr. Parkin's conclusions, the interest and value of his facts are undeniable. It is not a course to be commended in a public Board that it should suppress facts and arguments adverse to its own dicta. This is neither conducive to the advance of truth nor to the public interest. It tends to substitute the arbitrary sway of the doctrinaire for the temperate and rational operation of a policy based upon public conviction.

The report, which the Board of Health adversely criticised, and which has, therefore, been refused publication at the national expense as an official document, has seen the light in the form of an independent volume, published by Dr. Parkin, in order to challenge that criticism which the authorities would seem to shun.

DEATH OF T. ALEXANDER, ESQ., C.B.,

DIRECTOR-GENERAL, ARMY MEDICAL DEPARTMENT.

WE deeply regret to announce the decease of Mr. Alexander, the Director-General of the Army Medical Department. He died suddenly on Wednesday, the 1st instant, at seven o'clock in the morning, after illness from gout which had lasted about five weeks. He was a man of fine *physique* and in the prime of life.

Mr. Alexander had seen much service, and had never failed honourably to distinguish himself. He served with the 60th Rifles in the Kaffir war of 1851–53 (medal), and was principal medical officer of the expedition across the Kei in 1851, and also of Kaffraria for some months. Here he displayed the peculiar energy and thoughtful provision for all those under his care which subsequently marked him for the highest post in his department. He introduced gardens, ventilated huts, and provided a system of sanitary inspection. He was thanked in orders—a distinction which was earned by his conduct in peace as well as in war. During the Crimean campaign, Mr. Alexander was in medical charge of the Light Division of the Army of the East from the time of its taking the field, throughout the campaign of 1854–55, until the division left the Crimea for England. He was never absent from duty a single day during the whole of this trying campaign. Whoever else might have been blamable for the sufferings of the troops, at least *he* was beyond reproach. Mr. Alexander was never mentioned by anyone in authority, or by any press reporter, except in terms of the highest commendation. The sanitary condition of the Light Division in the Crimea maintained a high standard, which was mainly due to his indefatigable personal exertions. His professional services in the field demonstrated both skill and courage: he twice performed amputation at the hip-joint. He was mentioned "most honourably for his able exertions" in the despatches of Lord Raglan and General Codrington. At the close of the war Mr. Alexander was decorated with the Crimean medal and three clasps; he was made Commander of the Bath and Knight of the Legion of Honour.

During all the disasters of the Crimean campaign, Mr. Alexander had displayed a clear perception of the wants of the soldiers, and the defects of the medical organization of the army; and on the constitution of Mr. Sidney Herbert's Committee of Inquiry, he was appointed a Commissioner. He took a leading part in the inquiry, and showed himself thoroughly alive to the necessity of real reforms.

At the close of the Commission, Dr. Andrew Smith resigned the post of Director General of the Army Medical Department, and Mr. Alexander succeeded him (June 22nd, 1858). He was charged with the execution of the recommendations of the Commission. He entered on his work with characteristic fervour, but he carried it through with judicious discretion. It is not too much to say that under his auspices the whole medical organization of the army has been altered, and incalculably improved. The new Warrant has conferred fresh privileges and higher rewards on the medical officers. Their relative rank has been raised. A permanent roster has been established for foreign service, which is always open to inspection. An admirable and intelligible rule for promotions has been laid down. The service has been rendered worthy of men of intellect and acquirements, and means have been taken to provide that none other shall be admitted. The examinations have been elevated to a higher standard; the qualifications raised. A school of military surgery has been established. The hospitals have been partially remodeled; the dietaries, &c., greatly improved. The foundations have been laid for general statistical and hygienic departments, which will have charge of the general returns of health and disease from the home and foreign corps. These great changes Mr. Alexander had effected in the brief period which had elapsed since his late accession to office. His sudden and unexpected decease cannot but be lamented as a loss to the army and to the Department, and will be profoundly regretted by all who knew his personal worth, or could appreciate his public services.

DEATH OF DR. TODD.

THE medical profession and the general public have sustained a sudden and severe loss in the unexpected death of Dr. Robert Bentley Todd. We purpose to publish a memoir of him next week. The few facts of his short illness are as follows:—

Summoned into Wales to visit Mr. Crawshay, the eminent iron-founder, Dr. Todd returned to Shrewsbury on Sunday last, where he was obliged to spend the night. In the evening an attack of vomiting occurred, and a quantity of blood was voided from the stomach. Nevertheless, with characteristic energy, Dr. Todd reached town by an early train on Monday morning, and received patients as usual, although feeling far from well. Dr. Liveing, who happened to call, endeavoured to persuade him to give up his afternoon round of visits, but without success; and just as Dr. Todd was about to leave his house, a fresh attack of hæmatemesis came on, and he was removed to bed. Dr. Watson, Dr. Latham, Dr. Armitage, and Mr. Bowman were immediately sent for, and hopes were at first entertained (contrary to the patient's own opinion) that the attack would pass off; these, however, proved fallacious, as the hæmorrhage continued, and he breathed his last at eight P.M. on Monday, January 30th.

Thus, in the prime of life,—for he was only fifty-one,—and in the full blaze of success and prosperity, has one who could

be little spared been taken from us. No man was more endeared to his numerous pupils, and for no one will more genuine grief be felt. It is but six weeks since Dr. Todd delivered his farewell lecture at King's College Hospital, on resigning the post of physician; and those who then heard his clear and succinct views on the proper nature of clinical teaching, in which he himself was so great an adept, but little thought they heard him for the last time, and that the adieu then so kindly and feelingly made was to continue for ever on this side the grave.

A post-mortem examination, made on Tuesday evening by Dr. Beale and Mr. John Wood, revealed immense congestion of, and hæmorrhage into, the stomach, duodenum, and ileum; and the liver presented symptoms of advanced cirrhosis. The kidneys were enlarged, and much congested. The chest and head were not examined.

The funeral of Dr. Todd will take place at Kensal-green Cemetery this day (Saturday), at a quarter to two P.M. As a number of former pupils and professional friends of the deceased have expressed a desire to pay a last tribute of respect to his memory, by following his remains to their final resting-place, arrangements have been made that those who wish to be present on this occasion should meet at the entrance-gates of the Cemetery, where they will join the procession.

Dr. Todd leaves a widow and five children, one of whom is a boy, at present at Eton.

Correspondence.

"Audi alteram partem."

DR. NEWTON HEALE AND THE ROYAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I beg to trouble you with the following narrative, not because I am individually concerned in it, but because I consider it of the utmost importance to the profession at large that the practices which I shall bring to light should be sternly repressed by public opinion.

Having completed a number of laborious investigations as to the distribution of the bloodvessels in the lungs, I sent a paper on the subject to the Royal Society in the year 1853, accompanied by drawings, executed by a skilful artist. This paper was read before the Society, and afterwards published in abstract.

The paper contained quotations from many anatomical writers, and amongst them some from Sharpey and Quain's work on Anatomy, and the object was to show that the statements made by these authors, as to certain anatomical facts, were disproved by the evidence which I then brought forward.

In the course of a short time, I had notice from the Society that my paper and drawings were referred to Dr. Sharpey and Mr. Bowman for their adjudication, and my presence at Somerset House was required, together with my preparations, in order to verify the statements which I had propounded. I was somewhat surprised that the same gentlemen, whose published statements I had impugned, were appointed as referees on the subject of my paper; but, nevertheless, I attended, and demonstrated the facts by producing my preparations from which the drawings had been made. I was met, however, at once by the declaration that they (the adjudicators) had made investigations which were adverse to my conclusions; but they did not produce the preparations from which they had formed their opinion, nor did they explain what was the object of my being called upon to produce my specimens, since they had already arrived at an opposite opinion, but which they did not attempt to establish by any evidence.

Some time afterwards I was officially informed that my paper was carefully enrolled amongst the archives of the Society, and that it would be preserved for future reference. As I was quite confident in the irrefragable correctness of the statements made in my paper, I was content to wait for their corroboration by future investigators. I consoled myself with the motto, "Magna est veritas et prevalebit."

Having recently published a work "On Vital Causes," in which the anatomical points insisted on in my paper are incidentally alluded to, I have since been appealed to by many to produce the evidence on which I grounded those conclusions. I accordingly applied to the Council of the Royal Society for permission to make copies of the drawings, with the view to having them lithographed and published at my own expense. I obtained this favour on condition that Mr. Basire, the artist whom the Society was in the habit of employing, should execute the engravings. I therefore attended at Burlington House on the 24th ult., with Mr. Basire, for the purpose of giving him instructions, when, to my astonishment, I was informed that neither my paper nor the drawings were to be found, and that the archives of the Society had been made up for the year 1853, without my paper having been included even in the catalogue.

Were it not for the professional character and reputation which Dr. Sharpey and Mr. Bowman have attained, would not the foregoing account warrant the inference that those gentlemen had undertaken to act as referees on my paper with the intention of suppressing its publication in the "Transactions," and that they had themselves been the cause of its abstraction from the archives of the Society? I wish it to be distinctly understood that I bring no such charge, because I have not a scintilla of evidence by which to establish it. The paper and drawings were entrusted to their custody as referees, and they have not since been heard of.

A work has lately appeared upon the same subject, which has gained the Fothergillian medal. For seven years I have solaced myself with the confident expectation that, sooner or later, my claims to the merit of the paper would be acknowledged, and that my right to the priority of the discovery of the anatomical facts would be established by the evidence of my paper in the archives of the Royal Society. Fortunately, I have many of the preparations from which the drawings were made still in my possession; I have also a rough copy of the paper itself. I intend to have fresh drawings executed with as little delay as possible, and to lay the subject before my medical brethren in the form and manner which may be considered most expedient.

I have the honour to be, Sir, your obedient servant,

Winchester, Jan. 1860. JAMES NEWTON HEALE, M.D.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—I know not that I could hit on a more appropriate time than the present, to lay the position of militia surgeons before your notice. I had hoped that this duty (for duty it is) would have devolved on some more worthy member of the profession than myself, having anticipated during the last Parliamentary session, and the sitting of the Militia Commission, some notice would have been taken of our grievances; and that you, Sir, would have come forward, with your able pen, as the champion of our much-neglected cause. True, your time has been fully occupied by endeavouring to promote the welfare of our professional brethren of the army and navy, and pleased am I to say with the happiest result. Chaplains, paymasters, adjutants, and many others, (whose name is legion,) have all had their grievances ably and successfully represented, but the militia surgeon, in spite of his remonstrances, and the repeated demonstrations he has made for redress, is much worse off in this enlightened era of the profession than he was twenty years ago.

Doubtless you are acquainted with the fact, that for some time past militia surgeons have been applying to be placed, with increased and a definite scale of pay, on the permanent staff of their respective regiments. I am but one of many, but feel, when I state my own grievances, I am echoing the sentiments of the majority of militia surgeons; and it is to the position of these gentlemen during disembodiment I would solicit your particular attention. Some time ago I gave up a good practice to accept the commission of surgeon to my present regiment, with the understanding that we should be embodied for at least five years. Six months had hardly elapsed ere we received our orders for disbandment, and I was left with a small gratuity (very inadequate to liquidate the expense of travelling, uniform, and regimental subscriptions) to chew the end of disappointment. As long as we were out, we were in receipt of good pay, and were on a par with surgeons of the line; but at length the fatal day of disembodiment arrives. What is our position now? One most anomalous; holding no military rank or status, yet we are compelled (by the Militia Act) to reside at the head-quarters of the regiment, in medical charge of the permanent staff, and receive as recompense, the large sum of twopence per week per head. This includes, on

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our part, the supply of all medicines, leeches and surgical appliances, medical attendance, vaccination, and midwifery. These are the duties and pay of a militia surgeon during disembodiment, in addition to which he has the regimental recruiting, but this depends so much on the immediate locality of the head-quarters, that some of us are in receipt of much more than others, mine amounting to about £10 a year.

As regards the permanent staff, I would state, for your information and that of your readers, that the non-commissioned officers of that staff are old soldiers, who have undergone the hardship and dangers of long servitude at home, abroad, and in the field, requiring constant care, attendance, and medicinal expenditure, to say nothing of the wives and families of these men, who, from exposure to camp life and various climates, are not unfrequently the subjects of extensive disease, making the head-quarters of a militia regiment but another name for an hospital.

From statistical returns placed before Government during our numerous applications for redress, we find that £30 per annum is the average amount paid for the supply of medicines and attendance to the staff and families of each militia regiment throughout the United Kingdom—a sum, I think you will say, very inadequate to liquidate the expense and trouble to which we are put. Now, Sir, when such facts are made public in the columns of your journal, I feel certain they will meet with the indignant remonstrance of the profession.

To our repeated applications for redress it has invariably been alleged as a reason for not acceding to our requests, that the position of a militia surgeon "is a great introduction to private practice, and other professional employment." Such was the explanation of the difficulty given in the House the session before last, when this question was brought on the *tapis*. I will put it to your readers whether they are acquainted with *one* instance in corroboration of such a statement; or whether they have not invariably found such an appointment highly detrimental to a practitioner already established?—for it is an incontrovertible fact, that no institution, or family, will approve of a medical man who may be called upon at any time to be absent for home for two or three days with the adjutant of his regiment recruiting, and when embodied, accompany that regiment abroad if need be. In the latter case, resident established practitioners must necessarily obtain such local influence and standing, as to preclude the possibility of that militia surgeon ever regaining the practice and position he may previously have occupied. I trust I have said enough to prove to you the injustice of our position, and that private practice and such an appointment are incompatible.

One word more. Militia surgeons, in most cases, are practitioners of many years' experience, and have been appointed by the lords-lieutenant of their respective counties to fill the important position of regimental surgeon, from their perfect confidence in their capability to discharge any medical or surgical duty they may be called upon to perform. Diligently and efficiently have they discharged those duties, while embodied, in garrison or camp, abroad and at home; having inspected, during the Crimean war, some thousands of recruits for Her Majesty's regular forces, with the greatest satisfaction to the War Department. As a proof of this, I have but to refer you to the high eulogium passed on them by Dr. Gibson, C.B., in his evidence before the Militia Commission, wherein he states, "That during his superintendence at Aldershott, he entertained the highest opinion as regards their being medical officers, medical and surgical practitioners, and as gentlemen;" and winds up by saying, "he had never met with a more superior body of medical men;" at the same time strongly recommending that we should be placed on the permanent staff of our respective regiments, by which a saving would accrue to Government of some £4000 per annum. You will see by the enclosed calculation, drawn by Surgeon Nicholls, (of the Wilts.) and taken as evidence before the above Commission, how such a saving could be accomplished.

In conclusion, Sir, I would remind you, that as recompense for past service, it is not much we are asking from Government, but simply to occupy during disembodiment the *same position* militia surgeons did subsequent to the old war: place us on the staff with a medium rate of pay, and we are willing to undertake any professional duty we may be called upon to perform. I might state that I could offer many more arguments in favour of this, but I have already trespassed too long on your valuable time, and the space of your journal. I trust, however, you will think our cause sufficiently just and worthy to wield your able pen in our behalf.

I am, Sir, your obedient servant,

January, 1860. "A MILITIA SURGEON," LATE R.N.

ABDOMINAL TUMOURS AND GESTATION.

To the Editor of THE LANCET.

SIR,—In your journal of the 28th ult., an extraordinary case of pregnancy is related at great length by R. C. Croft, Esq.; and as I am always anxious to learn any new fact or principle in physiology, pathology, or therapeutics, I shall feel obliged if you will allow me to ask Mr. Croft whether he thinks any other new principle can be deduced from the case than the one he mentions—viz., "in order successfully to hear the pulsations of the fœtal heart, it is essentially necessary that we should arrange to see a patient fasting"? Does the stomach, distended by food, descend between the uterus and the abdominal walls, and so intercept the sounds of the fœtal heart? Allowing the patient 280 days for her pregnancy, the 3rd of August would be the date of conception; or extending her pregnancy to 290 days, the 24th July would be the date of conception. Listening with the stethoscope on the abdomen on September 15th (seven weeks after conception), had Mr. Croft any physiological reason to expect to hear a sound "very much resembling the placental murmur"?—or listening on October 15th (twelve weeks after conception), had he any physiological reason for surprise that he "could not detect any sound resembling the fœtal heart"? Does Mr. Croft *now* think that the "peculiar whirring sound, synchronous with the patient's pulse," was anything more than the abdominal aorta or common iliac? Can Mr. Croft oblige me with any pathologic account of the *nature* of the tumour which co-existed with the pregnancy, also whence it came, and whither and how it disappeared? Does he think "the vomiting of clear, tenacious mucus" and the "acrid salivation, which caused the mucous membrane of the mouth and lips to crack, and produced a burning feeling in the stomach and gullet," had any connexion with the tumour, or was it merely dyspepsia pyrosis?

I am, Sir, your obedient servant,

February, 1860. A PROVINCIAL DISPENSARY SURGEON.

Medical News.

ROYAL COLLEGE OF PHYSICIANS. — At the Comitia Majora, held on the 1st inst., the following members of the College were admitted into the Fellowship:—

Sir Andrew Smith, K.C.B., M.D., Thurloe-square.
James Black, M.D., Edinburgh.

At the same Comitia, the following gentlemen were admitted members of the College under the temporary bye-laws:—

Henry Bell, M.D., Aberystwith.
George Lund, M.D., Madeira.
Edward Thomas Wilson, M.B., Hen Castle, Pembrokeshire.
Cornelius Black, M.D., Chesterfield.
Edward Hodges, M.D., Bath.
Glass Black, M.D., Torquay.
William Macturk, M.D., Bradford, Yorkshire.
William Hall, M.D., Exeter.
James York, M.D., Market Harborough.
David Hudson M'Nicoll, M.D., Southport.
William Roberts, M.D., Manchester.
Henry Fearnside, M.B., Preston.
Henry Day, M.D., Stafford.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Jan. 19th, 1860.

Griffith, Alfred Leete.

Thursday, Jan. 26th, 1860.

Braddon, Charles Hitchman, Upton-on-Severn, Worcester.
Bullock, Thomas William, Stow-on-the-Wold.
Culling, Robert, West Lydford, Somerton.
Hicks, Charles, Smethwick, near Birmingham.
Hudson, George, Newport, Yorkshire.
Murphy, Joseph Beauval, West Ella, Yorkshire.
Warburton, Charles Wesley, Betley, Staffordshire.

The following gentlemen also on the same day passed their first examination:—

Eccles, Edmund, St. George's Hospital.
Harris, William John, Worthing.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the primary examination in Anatomy and Physiology, were reported to have done so to the satisfaction of the Court of Examiners on the 30th ultimo, and when eligible will be admitted to the pass examination,—namely: Messrs. Thomas Bell, William Nash, Benjamin Tyffe, Frederick Amy, Decimus Curme, John Sealy, and Robert Percy Middlemist, of King's College, London; John Willett, Abraham Leach,

William Folkes, Alfred Clarke, William Rayner, Daniel John Leech, and John Guest, of Manchester; Charles Ferdinand Keele, James Reed, Oliver Calley Maurice, Edward Barton Gardner, and George Colley, of St. Thomas's Hospital; Henry Trimmer, Francis Trimmer, Henry Russel Symons Ridsdale, and George Daniel Harding, of Guy's Hospital; Walter Williams Jones, John Hughes Williams, James Jackson Adair, and William Henry Bournes, of Dublin; Edward Thos. Tibbits, John Penning Baker, and Frederic Nash, of University College; Richard Henry Milson, Samuel Hope, and Edward Nicholson, of St. Mary's Hospital; James Scott Sequeira, Samuel Thompson, and William Augustine Mahony, of the London Hospital; John Henry Bridges, William Irving Page, and William Smith Batten, of St. George's Hospital; Carr Holstock Roberts, Robert Cooke, and John Joseph Skegg, of the Charing-cross Hospital; James Wilson, Joseph Todd, and Samuel Smith, of Birmingham; Thomas Rolls, and George Hilgrove Robinson, of St. Bartholomew's Hospital; Henry Boothley Dow, and John Lovegrove, of Grosvenor-place; Charles Frederic Long, of the Westminster Hospital; Sidney Hayward, of the Middlesex Hospital; William Thomas Winter, of Bristol; William Holt, of Leeds; Thomas Cargill Nesham, of Newcastle; Thomas Burnet Temple, of Edinburgh; William Thursfield, of Aberdeen; John Bourke, of Cork; Samuel Norton Harrison, of Hull; Henry Smith, of Glasgow; John Hosteller, of Pennsylvania; and Edmund Henry Comerford, of Paris.

ARREST OF HÆMORRHAGE BY ACUPRESSURE. — On Tuesday last, this new plan was put in practice in the Carlisle Infirmary, after an amputation of the leg, by Mr. Page, Dr. Simpson being present. It was most successful. Very little blood was lost, and there was less difficulty in controlling the vessels than is often experienced in this situation.

SIR CHARLES HASTINGS has been appointed by her Majesty the Queen Deputy Lieutenant of the county of Worcester.

LUNACY.—The receipts of the Commissioners of Lunacy during the year ending the 31st of July last were £14,301, and the payments £14,123. The salaries of the commissioners are £9000; the salary of the secretary, £800; and those of the clerks and servants, £1072.

INFLAMMABLE CLOTHING.—A severe accident, threatening to be fatal, owing to the ignition of the clothes at a bedroom candle, is announced by the *Cornish Telegraph*.

YELLOW FEVER AT ST. THOMAS'S.—The West Indian mails announce St. Thomas's as generally healthy. A few cases of yellow fever, of a mild character, had shown themselves amongst the sailors, but the disease was rapidly declining.

APPEAL IN CRIMINAL CASES. — Mr. M'Mahon's Bill, to give a right of appeal in criminal cases, is printed. It proposes to give power to the Court of Queen's Bench to grant a *certiorari* with a view to a new trial, as if no former trial had taken place; and that in no case shall any person be executed or transported beyond the seas until the time for applying for a new trial is passed.

ARSENICAL POISONING BY PAPER-HANGINGS. — Three children near Tipton have suffered from the arsenical emanations from a green bed-room paper in a newly-papered house. The symptoms were emaciation, pining, general restlessness, (worse at night,) and twitching of the facial muscles. Dr. Ballenden, observing these symptoms, concluded that they were suffering from the effects of gradual poisoning; and on being removed into another room, the children recovered.

MEDICAL SOCIETY OF LONDON. — The conversazione given by Mr. Hilton, the president of this Society, at the Hanover-square Rooms, on Saturday last, passed off with great success. It was attended by nearly all the fellows of the Society, and by several hundred guests, including the majority of the leading members of the profession. There was a grand display of microscopes from the most distinguished makers in the metropolis, including Ross, Smith and Beck, Powell and Lealand, Pillischer, Ladd, Baker, &c., and numerous others from private contributors; the objects were well selected, and of great interest. The electric and lime lights were exhibited in all their power; and some very beautiful marine aquaria from Mr. Bohn were much admired. Private individuals contributed countless objects of great rarity and interest, including scientific and meteorological instruments, stereoscopes, polarizing apparatus, with vegetable and mineral productions, in their natural condition and as applied to the arts. The College of Surgeons and Kew-gardens supplied interesting specimens; some beautiful medals and other objects from her Majesty's Mint were also presented to notice. A private friend emptied his picture gallery, and decorated the walls of the room with a noble collection of pictures from the modern artists. A large table was covered with some of Townes' well-known models of the brain, and Tuson's also came in for a share of admiration. In an inner room were some fine water-colour sketches of the war in Italy, lent by Messrs. Day and Son; and also portfolios of rare and valuable engravings, sketches, and photographs. An interesting table was occupied by Mr. Tennant, who exhibited, amongst other things, models of the large Australian nugget; and by Mr. Johnson, the assayer, who kindly brought a curious collection of Japanese coins and other objects. Messrs. De la Rue, Knight, Millikin, Bigg, and others too numerous to mention, kindly lent their aid. The refreshments were conducted upon a most liberal scale, and everything was done to minister to the physical as well as intellectual enjoyment and comfort of the numerous guests, as is shown by the fact that the party did not break up till nearly twelve o'clock, all being gratified at the very interesting evening they had spent.

ROYAL FREE HOSPITAL.—On Tuesday last the annual meeting of the governors of this excellent institution was held in the board-room of the hospital, Gray's-inn-road. General Watkins occupied the chair.

The Rev. J. B. OWEN, the chaplain, read the report, which showed a favourable aspect of the finances as compared with previous years, the amount of donations being £2504; subscriptions, £1665; and legacies, £3583. Under these circumstances the mortgage debt had been reduced from £5000 to £1700, which the committee hoped to pay off in the course of this year. The usefulness of the hospital had kept pace with the extension of its means. During the year 1859, 1063 in- and 40,290 out-patients, making a total of 41,353 cases of destitute sickness, were relieved.

The report was then adopted, and the committee of management for the year were re-appointed.

Mr. Edward Masterman was re-appointed treasurer; and Messrs. E. W. Davis, John Goldsmid, and G. W. Scott were appointed auditors.

A vote of thanks was passed to the treasurer and to the auditors for the past year.

The CHAIRMAN then proposed a vote of thanks to Dr. Marsden, the founder of the institution.

Dr. MARSDEN returned thanks, and said that it had been his object through life to promote the adoption of the great principle, that poverty and disease were the only letter of recommendation which ought to be necessary for admission to an hospital. (Hear, hear.) The Royal Free Hospital was the first institution of its class which opened its doors freely to the stranger in sickness and destitution. He need say nothing at this time of day in defence of that great principle. (Hear.) The only fact that was needed to show how acceptable it had proved to the public was, that during the first year 800 persons had been relieved, and during the thirty-second year, which had just elapsed, 40,000 persons had been relieved. (Hear.) Nothing could more forcibly illustrate the necessity of such an institution than such a fact as he had just stated. He hoped to live to see the day when all the hospitals in the country would be opened as freely as their own. (Hear.)

Votes of thanks were also passed to the honorary medical officers, the committee of management, and other officers of the institution.

It was agreed to hold the annual meeting henceforth on the first Thursday in February, instead of the last Tuesday in January, as at present; and also that power be given to the weekly board to give some remuneration to the medical officers of the institution during the year, should its finances admit of such a course being adopted.

The proceedings terminated with a vote of thanks to the Chairman and the Press, for the support so freely rendered to the institution ever since it had been established.

NEW OPERATION FOR REMOVAL OF NASO-PHARYNGEAL POLYPUS.—Prof. Langenbeck, of Berlin, describes (*Deutsche Klinik*, No. 48, 1859; *Gazette Hebd.*, Jan. 27th) a new operation in these cases, which consists in resecting the nasal bones and the orbitar process of the superior maxillary bone, leaving a bridge of periosteum by which the bones remain adherent to the neighbouring parts, and which permits them to reunite after the polypus has been removed and the bones replaced. Prof. Langenbeck has performed this operation with perfect success. The union appeared to be complete at the end of fifteen days, and left neither swelling nor tenderness.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—Amongst the graduates elected to the Membership of the College, at the Comitia Majora held on the 1st inst., was Charles Edward Brown-Séquard, M.D., Paris. The enrolment of this distinguished man in the ranks of English physicians will be hailed with universal satisfaction.

YELLOW FEVER.—The steamer "Portugal," just arrived from the Brazils, reports no yellow fever at Rio Janeiro or Pernambuco—ports under the ban of the Portuguese quarantine authorities.

ABUSE OF COLD DOUCHE IN INSANITY.—M. Brocard has put forth in the *Thesis de Paris* (8th July, 1859) a well-founded objection to the use, or rather against the abuse, of shower-baths and cold douches in the treatment of insanity and of hysterical hypochondriac disorders of the nervous system. He views them as barbarous methods, capable of aggravating the mental disorder of the patient, by throwing them into profound terror, and of causing the system to endure a heavy shock by roughly disturbing the circulation, and producing a sort of asphyxia. The views of the author are one-sided; but there is a general conviction that cold baths are not unfrequently abused in such cases, and thus do more harm than good.

RATIONAL TREATMENT OF GOUT.—M. Galtier Boissière, himself the subject of gout, hereditarily transmitted through four generations, explains in an interesting monograph the remedies which he employs. His treatise is rather skilful, minute, and well contrived, than novel. So also his treatment. Prophylaxis—abundant drink, only so much of coffee, tea, or liqueurs as may facilitate digestion, mixed vegetable and animal diet, the former element predominating; therapeutics—sulphate of quinine, colchicum, alkaline drinks, baths, and frictions. His favourite alkali is bitartrate of potash; the colchicum he alternates with quinine, giving only thirty drops of the tincture each day.

PUBLIC HONOUR TO DR. LESCARBAULT.—This gentleman, whose remarkable perseverance and ingenuity in astronomical research were crowned by the discovery of a planet, has been rewarded by the Emperor of the French with the honorary distinction of Commander of the Legion of Honour. England has yet to learn the necessity of recognising public services other than of a military character.

BLOOMSBURY COUNTY COURT, JAN. 24TH.—DE CORDOVA *v.* BARKER, OTHERWISE DE ROOS.—This was an action brought by the plaintiff, resident at Jamaica, and proprietor of a journal, published in the West Indies, named *De Cordova's Advertiser*, and issued daily, against the defendant, whose name is Samuel Barker, but who, under that of Walter de Roos, professes to cure a certain disease, of 10, Berners-street, Oxford-street, to recover the sum of £20 odd for twelve months' advertisements in the said paper.—Mr. Dod, solicitor, Great Portland-street, appeared for the plaintiff; and Mr. Robinson, barrister, instructed by Mr. Williams, of Alfred-place, for the defendant.

The case had previously been entered into, and was adjourned in consequence of defendant's non-attendance on a subpœna issued by Mr. Dod, for which omission a penalty of £10 was imposed, and which he (defendant) had paid into Court. The defendant was now present; and in answer to the questions put by Mr. Dod, said he did order, by a person whom he understood to be the London agent of plaintiff, the insertion of his advertisements in the paper named, a copy of which he was to receive by every mail. He had not since received a single copy; and believing that such a paper was not in existence, refused when called upon to pay the amount. His address was 10, Berners-street, and it was a corner house. His name was not De Roos, but Barker; but on entering the business, in 1848, it being his first appearance in such a line, he adopted, instead of his own, his youngest son's (who was not yet out of his teens) Christian names—"Walter de Roos," in which he still continued to practise. His brother made up the pills and other medicines for the patients, but was no partner in their sale. He always paid his creditors what was due, when, if they demurred at the coin offered, they had the privilege of taking it out in physic. (Laughter.)

Mr. Dod here produced the defendant's advertisement, cut out of plaintiff's paper, which latter could not be brought forward entire, although every exertion throughout London had been made to obtain it.

Mr. Robinson, on behalf of his client, here submitted that no proof had been given of the debt claimed being owing; and his Honour suggesting a nonsuit to that course, Mr. Dod consented, for the produce of requisite witnesses, the Judge (Mr. Lefroy) upon that saying that he should remit one half of the fine which he had imposed upon defendant—viz., £10, and order the other £5 to be given to Mr. Dod in part payment of his client's expenses.—Judgment entered accordingly.

ALCOHOLIC DRINKS.—Dr. J. M. M'Culloch, Dumfries, delivered a lecture in the Merchants' Hall, Glasgow, on the 20th ult., under the auspices of the University Abstainers' Society, Dr. Joseph Bell, lecturer on Clinical Medicine to the Royal Infirmary, presiding. Dr. M'Culloch contended that alcoholic drinks were, in every form and quantity, deleterious. Alcohol was, in fact, a brain poison, and it was the duty of the individual to abstain from it, and of the Government totally and immediately to suppress its manufacture and sale. The Chairman, who said he had been a total abstainer during his forty years of professional career, expressed his concurrence with the views of the lecturer, as also did Dr. Jas. Gray, who stated that he, too, had entirely abstained from drinking alcoholic beverages during all his professional life.

THE DEFORMED SKULLS OF WROXETER.—Mr. Wright announces that he has brought to town the whole of the deformed skulls found at Wroxeter, which have been the subject of so much discussion, even amongst those who have not yet had the opportunity of carefully examining them, and that they are temporarily deposited in the rooms of the Ethnological Society. They will be exhibited at that Society on the 15th instant, when the discussion elicited will probably afford an authentic conclusion as to their real character. The prevalent opinion at present amongst those who have examined them is, that the deformities are the result of gradual pressure, the bones having been greatly softened during their impaction in the clayey earth.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 28TH.—The mortality in London last week was higher than that recorded in any previous return since the beginning of the year, the number of deaths having been 1386; while the corrected average would have given only 1291. A comparison of the results of the last two weeks shows that from zymotic diseases in the aggregate there was no increase; that the mortality from "constitutional" diseases remained exactly the same, and that there was an increase from "local" and also "developmental" diseases. Under the head "local diseases" the deaths by affections of the nervous system rose from 123 to 139; those by diseases of the heart rose from 53 to 65; those by diseases of the respiratory organs from 357 to 368; and by diseases of the digestive organs the deaths rose from 52 to 62. While there is an increase which is not inconsiderable in the total number of deaths, it is satisfactory to remark a decrease last week in small-pox, and also a continued decrease in scarlatina. The deaths from the former disease were 26; 2 of these occurred in one family in the London-road sub-district. From scarlatina, the deaths in the last three weeks were successively 62, 48, and 33. Last week there were 11 from diphtheria. Nine infants died from syphilitic disease; and no less than 16 from suffocation, apparently by accident, and all or for the most part in bed. Two children, one of the age of six weeks, the other seven weeks, and belonging to the same family, were suffocated in bed, the former on the 7th and the latter on the 17th inst. The registrar of the Kent-road sub-district returns three children, belonging to different families, who were "accidentally suffocated in bed," two on the 17th and one on the 23rd. Two persons died from privation.

Obituary.

DR. AYRE, OF HULL.

WE had to record, on the 21st ult., the death of Dr. Ayre, of Hull,—one of those fathers in the profession who link the past generation with the present. We are enabled this week to present our readers with a brief sketch of his life, character, and labours.

Joseph Ayre (or Eyre, as the name was more commonly spelt in former days), was born in 1781, at Lynn, in Norfolk. His father was a younger son, and had worked his way to a moderate independence as a shipowner. His mother—a woman of good judgment and considerable natural ability—was left a widow at thirty-four, with a family of eight children, of whom Joseph, then scarcely more than five years old, was the youngest.

Of his early years little is known, except that he is said to have been a fair, delicate child, gentle and loving, full of generous impulse, and, as a boy at school, of great activity, fearlessness, and courage. At fourteen years of age he was sent to sea, having been removed from school just when he was beginning to appreciate instruction. During the next seven years, when he most needed the counsel and guidance of a father, he seems to have been unsettled as to the direction of his future course. Several occupations were suggested, tried, and given up in succession. Beginning as a sailor, he ended his minority as clerk in a mercantile office. A short time afterwards the merchant failed; and the year 1803 found young Ayre in his twenty-second year, without any business or profession in view, but with his little patrimony at his own disposal. This was the turning point in his life. The choice lay entirely with himself; and he decided on the study of medicine. With the sanguine confidence which never forsook him, he determined to invest, if need be, the whole of his little capital in his medical education. He had no fears for the future if this could be successfully completed.

After a few months of preparation with a medical friend, we find him spending the session of 1803–4 as a student under Cline and Astley Cooper at Guy's, and Haighton at St. Thomas's Hospitals. In the autumn of 1804 he went to Edinburgh, and continued his medical studies under the Monros, Gregory, Hope, Home, Rutherford, Duncan, and Barclay. We have heard it remarked by their contemporaries that he and the late Dr. Armstrong were close friends, and almost inseparable companions, during their college course. Both graduated in 1807. The following year Dr. Ayre settled in Hull, where, shortly after, he was elected, as colleague with his friend, the late Dr. Alderson, physician to the Hull General Hospital, and was appointed also to several other public institutions.

In 1824 he removed to London, rejoining his friend Armstrong, and continued there, with a fairly successful and extending practice, till, his health failing, consequent upon a severe injury to the head, he was compelled at first to refrain from work for more than a twelvemonth, and ultimately to leave London altogether. He returned to Hull in 1831, where he was for many years an alderman in the town, and chairman of the Sanitary Committee of the Board of Health; and after his labours in the cholera districts in 1849, the governor and guardians of the Incorporation of the Poor presented him with a purse of one hundred guineas, as an acknowledgment of their sense of the value of his services. Within a few weeks of his death, he was gratified by the intelligence that, on the 2nd of November last, he had been elected to a fellowship of the College of Physicians.

Dr. Ayre is well known as a medical writer. His first publication was one on "The Disorders of the Liver," published in 1818; and his next "A Treatise on Dropsy," published in 1826. Both these works passed through several editions, and both have been translated into German. Their highest praise is the remark lately made, that many of the views of pathology and treatment, then advocated as new, are those which at the present day generally, if not universally prevail.

Of late years Dr. Ayre had become still better known to the public from his labours in the treatment of Asiatic cholera. It was towards the close of 1831 that he was sent with Dr. Longstaff as a deputation to Sunderland and Newcastle to witness cases of cholera, and report upon the disease, which had then for the first time appeared in England. So early as 1818, he had indicated what he thought ought to be the treatment of a kindred disease, and during this visit to the north he successfully applied his theory to the treatment of a case entrusted to his care by Dr. Clanny, and so introduced the practice with which his name has since been associated. In 1832, when the cholera visited Hull, Dr. Ayre was at work night and day amongst the poor in the cholera districts, and had the gratification of finding that the success of his plan of treatment exceeded even his most sanguine expectations. In the following year he published a work upon the subject, and the columns of THE LANCET contain many interesting and valuable communications from his pen, recording the results of his experience.

In 1849, on the outbreak of the cholera at Hamburgh, he immediately went thither, and spent some time in inspecting the hospitals, and observing the results of the various methods of treatment there in use, and returned to Hull fully confirmed in his former views, both as to the mode of treatment and the non-infectious character of the disease; on which last point, in 1832, he stood almost alone.

The last treatise he wrote was a memoir read before the French Imperial Academy of Sciences in 1857, and sent in with upwards of 150 others, in competition for the legacy left by M. Bréant for him who should discover an efficient means for the cure of cholera. The members of the Academy selected Dr. Ayre's paper as that which seemed best to fulfil the conditions laid down by the testator; but they declined to award the prize till a yet larger *ensemble* of facts should be adduced in proof of his treatment being a specific. This memoir, with the report of the Academy thereon, was published in June last by Mr. Churchill.

In Dr. Ayre, the profession has lost one of the most active and energetic of its older members. Naturally of quick perception and retentive memory, ardent in the pursuit of knowledge, with an acquired habit of indefatigable industry, with every leisure moment devoted to reading, it is not surprising that his mind became enriched by a vast store of information, gathered, as it was, not only from the literature of his own country, but from that of France, Italy, and Spain, with the languages of which he had early made himself familiar. He was of retiring habits, and though he wrote much, yet when he wrote, it was not because he wanted to say something, but because he had something to say. In setting forth his views, he was apt sometimes, perhaps, to rely too much on his own conviction of their truth, and to disregard the possible prejudices of his readers. His mode of treating cholera had proved successful in his own hands and in those of many of his friends. His great desire was, that others who confessed themselves at a loss, and without confidence in any plan, would fairly and faithfully give his plan a trial, and then publicly record the result. "Try it faithfully and perseveringly," he would say, "or not at all. At any rate, don't make me responsible for the result of the partial or imperfect trial."

He died of disease of the bladder, which seems to have been coming on for some few years, causing great suffering, which often, during the last six months, amounted to almost intolerable agony. His characteristic energy and love of study remained with him till within a few days of his death. During the intervals of ease, his mind was occupied with the highest of all subjects. His favourite work was Bishop Butler's "Analogy," which he esteemed as taking the highest rank amongst uninspired compositions, and he never wearied of hearing it read to him.

His sufferings increased in intensity till his frame sank from exhaustion; and though they failed to wring from him a murmur, yet they made him welcome death, because he looked beyond it. It came on the 15th inst.

So closed a useful, honourable, and laborious life, "leaving footprints on the sands of time."

MEDICAL DIARY OF THE WEEK.

MONDAY, FEB. 6	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. R. F. Foote, "On Quarantine in the East." ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, FEB. 7	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Owen, "On Fossil Reptiles." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, FEB. 8	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. NORTH LONDON MEDICAL SOCIETY. — 8 P.M. Annual Meeting and Election of Officers.
THURSDAY, FEB. 9	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS. Operations, 2½ P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Tyndall, "On Light."
FRIDAY, FEB. 10	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. T. H. Huxley, "On Species and Races, and their Origin."
SATURDAY, FEB. 11	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man."

To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

Dr. William Hitchman, of Liverpool, has written a long letter in deprecation of our criticism on Hahnemann's book, and our observations on what he describes as the "peculiar and refined method of therapeutics, yclept homœopathy." He requests that we open our columns to a discussion on the subject. Out of regard to our readers, we must decline compliance, as the proprietor of every quack medicine and the promoters of every new humbug exposed in these columns would have an equal right to claim the privilege of discussing the merits of their "peculiar and refined methods." Our judgment on Hahnemann and his book rested on his own statements, and if any expression was wrongly quoted we will make the correction. As regards his individual practice, Dr. Hitchman observes:—"I generally prescribe according to the law of similarity between the pathogenetic and the curative action of medicinal substances; but I deprecate in the most emphatic manner the exclusive use of the term homœopath, and take my stand, come what may, as a legally-qualified medical man, at perfect liberty to use all means that science possesses," &c. We doubt if Dr. Hitchman would be a very acceptable champion to the people in whose defence he writes. "Some men," says Dr. Simpson, in his pamphlet on Homœopathy, "pretend they can honestly and honourably mix up the two practices. Most physicians naturally doubt whether any man can, in honour and honesty, combine such incompatible incongruities. Neither any true homœopath nor any true allopath would give this spurious set credit for their integrity of purpose and principle." Some remarks on the Modern Disciples of Homœopathy and their Literature will probably appear in the next LANCET, to be followed by a third article on the Dupes of Homœopathy.

X. X.—He can be proceeded against if he assume any title implying that he is registered under the provisions of the Medical Act, or if he practise as an apothecary.

Vaccinator.—Not compulsory upon those who are already in practice.

INTERSCAPULAR PAIN.

To the Editor of THE LANCET.

SIR,—In the course of practice I have witnessed more than once the severe pain to which reference is made by Mr. Leckie in your journal of last week. It has always occurred in females of an hysterical temperament, whose bowels are more or less constipated. The pain seems to radiate from the arch of the colon; it remains for a considerable time, and increases in intensity, especially on the motion of the body, and during the evacuation of the bowels, when the pressure of the diaphragm is brought to bear on the large intestine. That this pain is mainly owing to the enormous distension of the gut, caused by flatus, solid contents, or both, is proved by the relief afforded when the bowel is restored to its pristine condition. The size to which the bowel becomes inflated is at times almost incredible, and partial paralysis of its muscular fibres is sure to ensue.

I have procured decided relief to the patient by the application of belladonna plasters at the seat of the pain; they seem to act better here than immediately over the gut. At the same time I give the valerianate of zinc, combined with sulphate of quinine, compound rhubarb pill, extract of camomile, and carminatives. Small doses of strychnia will produce marked benefit. When the above pills have restored in some degree the power of the bowel, Mr. Leckie will find the ferri et strychniæ citras (liquor), as prepared by Mr. Bastick, a most excellent form for administration. Your obedient servant,

Greenwich, February, 1860. HENRY USSHER, M.B.

A Union Surgeon has no right to complain. He confesses that he has refused to join in the wholesome movement which Mr. Griffin has commenced and carried on with judgment and perseverance. Let him join heart and hand in that righteous movement. If wrongs are to be redressed, it must be by a determination upon the part of those who are suffering under a vicious system. We can have no sympathy with lukewarm advocates or inconsistent friends. He who wishes for reformation must place his own shoulder to the wheel, must act in concert with the true reformers of abuses, and must not content himself with merely making complaints, without taking a single step to remedy the abuses under which he labours.

Nemo.—In the year 1837.

Dr. Brinton's Clinical Remarks (No. II.) arrived too late for insertion in our present number.

A. B. C.—It is not desirable to allude to the subject at present.

EXCISION OF THE HIP-JOINT.

To the Editor of THE LANCET.

SIR,—On a former occasion you were good enough to insert in your journal a request that any surgeon who had performed the operation of excision of the knee-joint (not publicly recorded) would kindly furnish me with a few of its leading particulars.

I am now anxious to obtain correct statistics and details of the operation of the complete or partial removal of the hip-joint for disease; and, as the insertion of my former appeal was attended with many obliging and satisfactory replies, I trust you will again accord a similar favour, to enable me to collect much important information, which is intended not solely for myself, but for the profession. I am, Sir, your obedient servant,

7, Green-street, Grosvenor-square, Feb. 1860. P. C. PRICE, M.R.C.S.

"The Welcome Guest" at King's College.—The great *soirée* at King's College held on the 19th ultimo, was followed by a little one given to the students on the 20th, which appears to have been projected with a keen eye to business. Special care was taken to make it generally known that the company of "intending students" would be particularly agreeable; and since it was obviously a difficult matter to address a card to every "intending student," it became necessary to devise some handy method by which the *alumni* in search of an *alma mater* could be reached. It was shrewdly calculated that those who had already been caught might best help to catch others. The circular inviting the students *in esse*, informed them that the Secretary would be obliged by the recipient suggesting to any student *in posse* whom he might know of, to enrol himself in time to receive a card. The *Athenæum*, in adverting to this liberal entertainment, says, "We are sorry we did not hear of the intention till after the *soirée* had come off."

Mr. T. Ward.—He could be indicted for a misdemeanour for disobeying a statute law.

Dr. G. Corfe.—The paper has been mislaid, but search shall be made for it, and Dr. Corfe communicated with.

Rurus.—Mr. Griffin, Weymouth.

Mr. H. G. Earnshaw.—The case of "Aneurism of the Arch of the Aorta" shall, if possible, appear in our next impression.

Studens.—Not if he "enters to lectures" previous to the 1st of January, 1861.

A PROPOSED AMENDMENT TO THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—My attention having been called to many cases of evasion of the Medical Act, and to one in particular mentioned in the last number of your journal by "Studens Medicinæ," of Leeds, I would suggest that a clause be added to the Medical Registration Act, something after the following plan:—

That no person shall be allowed to practise medicine, or surgery, or midwifery, nor visit or prescribe for *any* patient in or out of doors, whether for gain or otherwise, whose name shall not appear upon the Register, and in failing of which they shall be made liable to the penalties of the Medical Registration Act.

While writing, allow me to enclose 10s., which you will kindly hand to Dr. Ladd, the indefatigable and worthy Secretary of the London Medical Registration Association, as my subscription to that fund.

I am, Sir, yours truly,

GEORGE SELWYN MORRIS, M.R.C.S.

Chartham, near Canterbury, February, 1860.

Dr. R. P. Wilkins, (Newport, Isle of Wight,)—Mr. B., under the circumstances, would have acted more in accordance with professional propriety if he had handed over the patient to Dr. Wilkins.

Mr. Hancock's Clinical Remarks on the "Division of the Ciliary Muscle in Glaucoma, &c.," shall be inserted in our next number.

IF *A Sufferer* be really a medical practitioner, he is surely but little acquainted with the literature of the profession.

M.D.—1. The fee is ten guineas. The examination is of a thoroughly practical character.—2. The qualifications are sufficient.

A. Z.—He may call himself "practitioner of medicine."

West.—If he do not enter to lectures next October, he must pass the preliminary examination.

WILL *E. L. S.* repeat his question, his note having been mislaid?

FOURPENNY PHYSICIANS.

To the Editor of THE LANCET.

SIR,—In the aristocratic parish of Paddington, not many miles from the Edgware-road, resides a recently-made physician of the Edinburgh College, *without examination*, who has at his house what he calls a Philanthropic Dispensary, to belong to which each member has to pay the large sum of *fourpence* per month, in return for which they receive professional attendance at their own homes and physic. Alas! alas! what is the profession coming to, when licentiates of the Royal College of Physicians of Edinburgh—who glory in putting "Dr." on their door-plates—descend to such a paltry mode of practice. I should imagine that the Edinburgh College would never have granted their diploma to the party in question had they been aware of this *fourpenny dodge*. Have they not the power of erasing his name from their list for bringing their College into such discredit? Yours truly,

Regent-street, February, 1860. H. HODSON BUGG, M.R.C.S.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Hancock; Dr. C. J. B. Aldis; Mr. J. T. Beck; Mr. H. G. Earnshaw; Dr. Brinton; Dr. J. N. Heale; Mr. Canton; Mr. Edward Booth, Stalybridge; Mr. G. Padley, Swansea; Mr. Wallace, Edinburgh; Mr. Matthews; Dr. Bernard Kavanagh, Limerick; Mr. Oliver Pemberton, Birmingham; Mr. P. C. Price; Mr. J. Elliott, Islington; Dr. W. Hitchman, Liverpool; Mr. G. S. Morris, Chartham; Mr. Davies, Newcastle Emlyn, (with enclosure;) Dr. Jones, Llanfyllin, (with enclosure;) Mr. Gallie, Glasgow, (with enclosure;) Mr. Sinclair, Caithness; Mr. Higgs, New Radnor, (with enclosure;) Mr. Jones, Tredegar, (with enclosure;) Mr. Stretton, Beverley, (with enclosure;) Mr. Stobo, Renfrew, (with enclosure;) Mr. Hutchinson, Bishop Auckland, (with enclosure;) Mr. Henchley, Glamorganshire, (with enclosure;) Mr. Underwood, Bristol, (with enclosure;) Mr. Sprigg, St. Neots, (with enclosure;) Mr. Nichols, Eton, (with enclosure;) Mr. Cheves, Millbrook, (with enclosure;) Mr. Dudley, Hants, (with enclosure;) Mr. Holbrow, Gloucester, (with enclosure;) Mr. Eldridge, Sutton Scotney, (with enclosure;) Mr. Orrell, Cheltenham, (with enclosure;) Dr. E. P. Wilkins, Newport, Isle of Wight; Mr H. Hodson Bugg; Mr. Henry Ussher, Greenwich; Mr. T. Ward; Dr. Corfe Dr. H. Heisham, Yarmouth; Holmrook; Fiat; M.R.C.S.E.; &c. &c.

SPECIAL NOTICE.

TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1st MARCH.

POLICIES EFFECTED ON OR BEFORE 1st MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1st MARCH, 1865.

Scottish Equitable Life Assurance

SOCIETY.

Head Office—26, St. Andrew-square, Edinburgh.

The Profits are divided every three years, and wholly belong to the members of the Society. The last division took place at 1st March, 1859, and from the results of it is taken the following

EXAMPLE OF ADDITIONS.

A Policy for £1000, dated 1st March, 1832, is now increased to £1664 9s. 5d. Supposing the age of the Assured at the date of entry to have been 40, these Additions may be surrendered to the Society for a present payment of £363 17s. 8d., or such surrender would not only redeem the entire premium on the Policy, but also entitle the party to a present payment of £104 4s., and in both cases the Policy would receive future triennial additions.

The Existing Assurances amount to	£5,372,367
The Annual Revenue...	187,340
The Accumulated Fund (arising solely from the Contributions of Members)	1,194,057

ROBERT CHRISTIE, Manager.
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London Office—26, Poultry, E.C.
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Loans granted on approved personal security.

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FREDERICK BIGG, Actuary and Secretary.

[ESTABLISHED 1841.]

Medical, Invalid, and General Life

OFFICE, 25, Pall-mall, London.—Empowered by special Act of Parliament.

At the EIGHTEENTH ANNUAL MEETING, held on the 24th of Nov., 1859, it was shown that on the 30th of June last,—

The Number of Policies in force was.....6,110
The Amount Insured was ..... £2,601,926 10s. 8d.
The Annual Income was ..... £121,263 7s. 7d.

The new business transacted during the last 5 years amounts to £2,482,798 16s. 11d., showing an average yearly amount of new business of nearly

HALF A MILLION STERLING.

The Society has paid for claims by death, since its establishment in 1841, no less a sum than £503,619.

HEALTHY LIVES.—Assurances are effected at home or abroad, at as moderate rates as the most recent data will allow.

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Every information may be obtained at the chief office, or on application to any of the Society's agents.

C. DOUGLAS SINGER, Secretary.

Accidents of Every Kind and from

Any Cause Insured against by an Annual payment of £3 to the RAILWAY PASSENGERS' ASSURANCE COMPANY, which secures £1000 at death, or £6 weekly for Injury.

ONE PERSON in every FIFTEEN of those insured is injured yearly by Accident of some description.

No EXTRA premium for Members of Volunteer Rifle Corps.

No charge for Stamp Duty.

For terms, prospectuses, &c., apply to the Provincial Agents, the Railway Stations, and at the Head Office.

This Company ALONE, without union or amalgamation with any other Company, has paid in

COMPENSATION
£53,000.

Railway Passengers' Assurance Co., Office, 3, Old Broad-st., E.C.
WILLIAM J. VIAN, Secretary.

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

Communications addressed to the Manager, HENRY F. HOME, 49, Berners-street, London, will receive immediate attention.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.
Sold by Chemists, Grocers, &c., throughout the world.
Wholesale Agents, Lewis Watkins and Co., Worcester.

Smith, Beck, & Beck, late

SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

The Council Medal of the Great Exhibition of 1851, and
The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

Microscopes.—J. Amadio's Botanical

MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 16s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

Students' Achromatic Microscopes,

complete at £3 3s.—C. BAKER, of 243 and 244, High Holborn, begs to inform the Medical Profession that, from the introduction of improved machinery, he is now enabled to supply the cheapest and most useful Medical Microscope ever manufactured; they are fitted up, complete, with Three beautifully defining Achromatic Object Glasses, that are capable of showing, in a very superior manner, all the usual physiological objects quite equal to the more expensive kinds.—Catalogues free by post.

Established in 1765. (Opposite Day and Martin's.)

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The largest and cheapest assortment in London at C. BAKER'S, 243 and 244, High Holborn. Also, every description of New, of the best quality, at the lowest possible prices: viz.,—

Dissecting Cases in Ivory ...	15s. 6d.	Stethoscopes	2s. 0d.
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Elastic Bougies and Catheters	1s. 0d.	Enemas ... ... from	6s. 6d.
Clendon Teeth Forceps	3s. 6d.	Midwifery Forceps ... from	8s. 6d.
Tomes ditto	5s. 0d.	Lancets	1s. 0d.
Bennett Speculums...	12s. 6d.	Silver Probes	0s. 9d.
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All other articles equally cheap, and warranted of the finest quality.

MEDICO-GALVANIC COILS and BATTERIES, with CONDUCTORS, complete, 32s. 6d.

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MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1746. No. 3, New-street, St. Thomas'-street (near the Hospital), Southwark.

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OPINION OF

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"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy.—6, Savile-row, W., August 1st, 1859."

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The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
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Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c.
8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

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Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

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Messrs. REW & CO. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chestnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

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The Oil of Horse-Chestnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

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Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
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Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street, and all respectable Wholesale Druggists and Patent Medicine Houses.

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

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Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: May 21st, 1844.—I have made trial of Mr. MACORD'S Waterproof Transparent Plaster in the treatment of wounds, and have been quite satisfied with its adhesive properties. It is, moreover, unirritating, and in most circumstances must be more advantageous than plasters containing resin.—JAS. M. ARNOTT, F.R.C.S., Surgeon to the Middlesex Hosp.

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The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

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Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

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Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

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72 nauseous Drugs (Copaiba, Cod-

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CAUTION.

Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than DR. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

DR. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely*, *solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, DR. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of DR. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. DR. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

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"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

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More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

Superphosphate of Iron and Super-PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Liquor Potassæ Permanganatis (CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street. Chemical Works, Battersea.

Health, Fresh Air, and Pure Water. By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent*; instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 58, Minories.—Chemical Works, Battersea, S.W.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Hogg's Lithia Water, Super-CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pullna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Aërated Lithia Water.—The exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession. These Waters are as agreeable in flavour as the ordinary aërated beverages now so generally used, and are sent out in bottles of similar size.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

Every cork and bottle sent from this Establishment bear the name and address of the Proprietors,

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Asses' Milk.—For Invalids and INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 63, Bolsover-street (late Upper Norton-street), W., promptly attended to.

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Lavender Water,	Old Windsor Soap,
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These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

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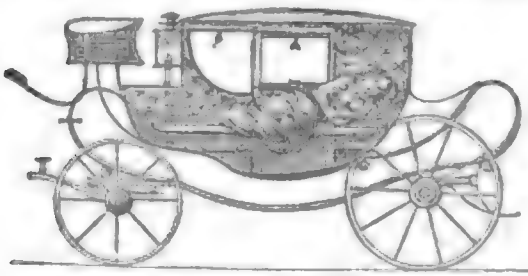

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To be Sold.—In consequence of the

death of a Medical Gentleman of high standing in the Profession, the whole of his valuable Collection of SURGICAL INSTRUMENTS are offered for Sale. They are of the most approved construction, and many of them are by Weiss.—Apply, by letter, in the first instance, to H. C. S., 15, Granville-square, Pentonville.

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beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.

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Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a new Truss; all of which have been approved and ordered by the Army Medical Board.

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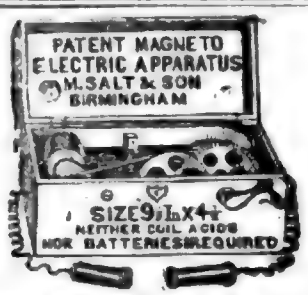
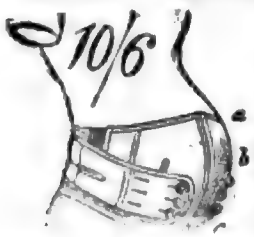


Thompson's Hydro-Pneumatic INHALER, for the Local Treatment of Affections of the Larynx, and other Mucous Passages of the Throat, &c., with Solution of Caustic or other medicated liquids, is easily applied by the operator, and occasions no inconvenience to the patient; vide THE LANCET, 28th Jan. 1860, p. 95. It may be had of MILLIKIN and LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London. Price 3½ Guineas.

A liberal discount to the profession.



Huxley's Half-Guinea FULCRUM BELT.—Great advantage will be found from the diagonal arrangement of Huxley's Fulcrum Belt, securing in cases of pregnancy the chief support at the lower part of the abdomen. It is an extremely light and elegant article, and, weighing under 4 oz., is well adapted for India and warm climates. It is the only thoroughly efficacious Belt at a low price. Free by post for 11s. 2d.; to Medical Men, 9s. 2d.

Measures required: Circumference, at *a*, *b*, *c*, depth, from *a* to *c*.—Illustrated and Priced Catalogues free by post on application to E. HUXLEY, 12, Old Cavendish-st., W.

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Lindsey's New Patent Truss, suitable for Right or Left, and Double Hernia, WITHOUT STEEL SPRING OF ANY KIND.

The Faculty are invited to inspect Lindsey's new Truss, highly recommended for its extreme simplicity, ease, and efficiency, especially in cases where a Steel Spring Truss cannot be worn.

It consists of a plate of a light material and convenient form, and a soft or an elastic waistbelt, by which pressure (regulateable) is applied to BOTH abdominal rings, by which any descent of Hernia is prevented on either side.

For all cases of RECENT and incipient Hernia, Lindsey's Patent Truss is the best form of support, being at once curative and preventive.

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Samples and prices forwarded free on application.

Hunterian Society: Forty-first ANNIVERSARY.—The ANNUAL ORATION will be delivered by STEPHEN H. WARD, M.D., on Wednesday evening, February 15th, at Eight o'clock.

The ANNUAL DINNER will be held at the London Tavern, Bishopsgate-street, at Six o'clock precisely, D. HENRY WALNE, Esq., President, in the chair.

Tickets for Dinner and Tea (One Guinea) may be had on application to the Secretaries.

4, Bloomfield-street, Finsbury, February, 1860. S. W. DEVERTEUIL, M.B., H. J. FOTHERBY, M.B., } Hon. Secs.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

University of London, &c.—A First-class B.A. and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Evening Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

Royal College of Physicians of Edin-BURGH.—Notice is hereby given, that the year of grace, during which duly-qualified Practitioners can be admitted Licentiates of the Royal College of Physicians of Edinburgh, on passing a modified Examination, will terminate on the 20th of April next.

Licentiates of any of the existing Licensing Boards, not deriving any profit from the sale of Drugs or Medicine, who produce satisfactory testimonials of character and professional qualification, and who pass an Examination in Practical Medicine, are eligible for the Licence of the College until the above date.

After the 20th of April, 1860, all Applicants for the Licence (other than Graduates of British Universities claiming exemption under the Charter of the College) will be required to produce Certificates of having gone through the Curriculum of Study prescribed by the College, and to undergo the preliminary and professional Examinations as laid down in the permanent Regulations.

It is requested that Applicants who propose to avail themselves of the present temporary Regulations will, without delay, communicate with the Secretary to the College, in order that the necessary arrangements for Examination may be made.

The Licence of the College has been recognised by the Poor-law Board, and is therefore now recognised as a Medical Qualification by every public board.

The Stamp Duty on the Diploma having been remitted, the Fee payable by Licentiates is now Ten Pounds.

In Name and by Authority,

Edinburgh, January, 1860. D. R. HALDANE, Hon. Sec.

The Loyal Leicester Lodge of Odd FELLOWS, at Wells, Norfolk, numbering upwards of 200 members, are desirous of engaging the Services of a duly qualified Medical Practitioner.—For particulars, apply to the N. G. of the above Lodge.

Wells, Norfolk, Jan. 19th, 1860.

Royal Berks Hospital, Reading.—A competent Non-resident DISPENSER is required for the above Institution. He will only be allowed to visit the wards by the permission of the House-Surgeon, and will be under his superintendence. The salary will be £60 per annum.

Applications, accompanied by testimonials, should be sent, addressed to the Secretary, at the Hospital, on or before the 13th instant, from whom, in the meantime, any further particulars may be learned.

Reading, Feb. 1st, 1860.

To Invalid Ladies. — A retired Medical Man, living within five miles of London, having a larger house than he requires, will be glad to Receive a Lady and her Maid, who could have the entire use of Three most agreeable, well-furnished Rooms.—Address to E. M., Mr. Haywards, 204, Regent-street, W.

Twickenham House.—Dr. Diamond (for nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence, and reside with his family.—For terms, &c., apply to Dr. Diamond, Twickenham House, S.W.

Medical.—To be Sold a bargain, by order of the Executors of a deceased General Practitioner in the Eastern suburbs of London, the FITTINGS of a SURGERY, with STOCK and IMPLEMENTS. The House may be rented, and a recommendation will be given.—Apply to Messrs. Dickson and Davenport, Estate Agents, 32, Bucklersbury, City, E.C.

To be Disposed of, in consequence of ill-health, for £100, payable on entrance, a small PRACTICE in a town twenty miles from London (S.W.) Appointments worth £70 per annum. This is an excellent opportunity for a young man about to commence.—For particulars, address (in the first instance) M.R.C.S., 2, Claremont-villas, Tollington-park, Hornsey-road, London, N.

ROYAL MEDICAL BENEVOLENT COLLEGE.

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Patron—HER MOST GRACIOUS MAJESTY THE QUEEN.
President—THE RIGHT HONOURABLE THE EARL MANVERS.
Visitor—THE LORD BISHOP OF WINCHESTER.
Treasurer—JOHN PROPERT, Esq.

The Council of the Royal Medical Benevolent College have the pleasure to inform the Governors and Friends of the Institution that the EIGHTH ANNUAL FESTIVAL will take place at the FREEMASONS' TAVERN, on THURSDAY, the 26th of APRIL next, when the Right Hon. the LORD LEIGH has kindly consented to take the Chair.

The following Gentlemen have already undertaken to act as Stewards on the occasion, and a further list will be published shortly. Gentlemen who are willing to serve are requested to send their names to the Treasurer or to the Secretary. There is no liability attached to the office of Steward.

Birkett, Edm. Lloyd, M.D., 48, Russell-square.
Burton, Colonel, Portland-place.
Carr, Wm., Esq., Lee-grove, Blackheath.
Chandler, James, Esq., Epsom.
Churchill, John, Esq., New Burlington-street.
Cory, C. F., M.D., 8, Nassau-place, Commercial-road.
Dalton, William, Esq., Cheltenham.
Fletcher, Bell, M.D., Waterloo-street, Birmingham.
Forest, Robert, Esq., Montague-place, Clapham-road.
France, John F., Esq., Bloomsbury-square.
Gibney, Dr., Cheltenham.
Greaves, E., Esq., M.P., Avonside, Barford, Warwick.
Hammond, J. J., Esq., Jersey and Guernsey.
Harcourt, George, Esq., Chertsey.
Harrison, W. A., Esq., 10, Keppel-street, Russell-square.
Hawkins, Bisset, M.D., 29, Upper Harley-street.
Havers, John, Esq., 10, Bedford-place, Russell-square.
Hogg, Jabez, Esq., Gower-street, Bedford-square.
Hayes, Rev. Sir J. W., Bart., Arborfield Rectory, Reading.
Jones, Dr., Lower Seymour-street.
Jones, William, Esq., 20, King's-Arms-yard.
Kendall, T. Masters, Esq., Lynn, Norfolk.
Machen, J., Esq., Lillington Lodge, Leamington.
Manby, F., Esq., East Rudham.
Miller, Major, 6, Duke-street, Portland-place.
Oxley, T., Esq., Boddington Manor, Cheltenham.
Pilkington, Thos., Esq., Cheltenham.
Robertson, C. Lockhart, M.D., Hayward's Heath, Sussex.
Smith, W. Abbotts, M.D., 38, Doughty-street, W.C.
Sparrow, Dr., Zetland-place, Southsea.
Thorpe, Major-General, Guernsey.
Watlington, F. W. Percy, Esq., M.P., Moor Hall, Harlow, Essex.
Wyman, George, Esq., Alcester.

By Order of the Council,

ROBERT FREEMAN, *Secretary.*
HERBERT WILLIAMS, *Assistant-Secretary.*

Office, 37, Soho-square, W., February 2nd, 1860.

A Registered Medical Gentleman is at this moment plunged into the most painful distress by the obdurate conduct of a merciless creditor, who has arrested him, and threatens to deprive his family of their means of existence, unless the sum of £70 can be immediately raised. If any Gentlemen would kindly come forward and assist this unfortunate family, they would not only be performing an act of charity, but ample security would be given for the repayment of the amount. Every particular will be given by the friends inserting this.—Address, by letter, Medicus, Post-office, Queen's-road, Dalston.

Medical. — Wanted, in a Mining district in the county of Durham, an ASSISTANT, to Visit, Dispense, and attend Midwifery.—Address, stating age, weight, reference, and salary required, Medicus, care of Mr. Hollis, Bookseller, Bishop Auckland.

Medical Assistant. — A Country Surgeon, in very extensive practice, has a five years' Pupil, competent in every branch of the profession, whom he is anxious to recommend to any gentleman in London requiring an ASSISTANT.—Reference, Mr. Benjamin Thomas, Surgeon, Llanelly.

Assistantship Required (Out-door) with a Medical Man. Remuneration not an object. Can Visit, Dispense, and attend Midwifery. Must reside within three quarters of an hour's walk of the Elephant and Castle, in any direction—S. or W. preferred. Good references.—Address, Galenicus, THE LANCET Office, 423, Strand, W.C.

Wanted, a Qualified Assistant (In-door), to Dispense, Visit occasionally, and attend Midwifery.—For particulars, apply to Messrs. Whicher and Cross, Surgeons, Petersfield, Hants.

Wanted immediately, a Resident ASSISTANT, to Dispense and Visit occasionally.—Address, Mr. Bangham, Surgeon, Ashby-de-la-Zouch, stating age, references, and salary required.

Wanted, by a Surgeon in the country, an Out-door ASSISTANT, to attend Midwifery, Dispense, and Visit occasionally.—Apply, stating age, salary required, and references, to Medicus, care of Mr. H. B. Brady, Druggist, Mosley-street, Newcastle-on-Tyne.

Wanted, by a Medical Gentleman in the country, an ASSISTANT. He must be able to attend Midwifery, Dispense neatly, ride on horseback, &c. A comfortable home secured.—Address, prepaid, to A. B., Messrs. Kimpton's, Medical Booksellers, Wardour-street, W., stating salary required, and enclosing references.

Wanted immediately, by a Surgeon in the Country, a Visiting and Dispensing ASSISTANT (unqualified). The duties are very light. Good references required.—Address, stating salary, H. L. G., care of Mr. G. Tunnicliffe, Chemist, Barton-under-Needwood, near Burton-on-Trent.

If Dr. Foster, late of 33, Cedar-road, Fulham, will send his Address to the Gentleman he corresponded with in Kent, he will hear of something to his advantage.

Wanted, by a Gentleman in extensive practice, a qualified ASSISTANT, to Visit, Dispense, and attend Midwifery.—Address, C. E. S., Post-office, Tredegar, Monmouthshire.

To Chemists and Druggists. — Wanted, by a young man, possessing a knowledge of Town and Country Trade, a Situation as ASSISTANT in a good house of business, where more than one are kept. Satisfactory references given.—Address, A. Z., Post-office, Towcester, Northamptonshire.

Dispensing Assistant Wanted.—A L.M. preferred, as he will be occasionally required to attend Midwifery. He must be a gentleman, and will be treated as such.—Address, with full particulars, to M. D., Post-office, Cornhill.

Visiting and Dispensing Assistant, in a Country Practice. Must be a member of the Hall or College, or both; steady, sober, accustomed to horse exercise, &c. Salary (in-doors), with board and lodging, £50.—Apply to J. C. Pawle, Solicitor, 7, New-inn, Strand, London.

A Medical Gentleman, of advanced age and declining health, in a Country Practice, requires a qualified ASSISTANT immediately. The arrangement will probably lead to one of a more permanent character. Strictest references required.—Address, Mr. Tatterson, Lepton, near Huddersfield.

A Gentleman, who has been articled to a Surgeon, and had much experience since in Visiting and Dispensing, wishes an ENGAGEMENT with either a respectable Chemist and Druggist, or a Surgeon.—Address, M. S., Whitchurch, Hants.

Medical.—Wanted, by a married gentleman, a PARTNERSHIP in a first-class GENERAL PRACTICE in London or elsewhere.—Apply, by letter, to Zeta, care of Tufnell Southgate, Esq., Solicitor, 7, King's Bench-walk, Temple.

Wanted to purchase, by a fully-qualified gentleman, accustomed to Private and Union Practice, a PRACTICE in a rural district in the Midland Counties.—Address, D. D., St. Neots, Hunts.

An elderly Metropolitan Physician, contemplating retirement, would introduce a Gentleman, duly qualified, and of suitable age, to his City PRACTICE, on equitable and liberal terms.—Applications, by letter only, to M. D., care of Messrs. Baron, Harvey and Co., Gilltspur-street, London.

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MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
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PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

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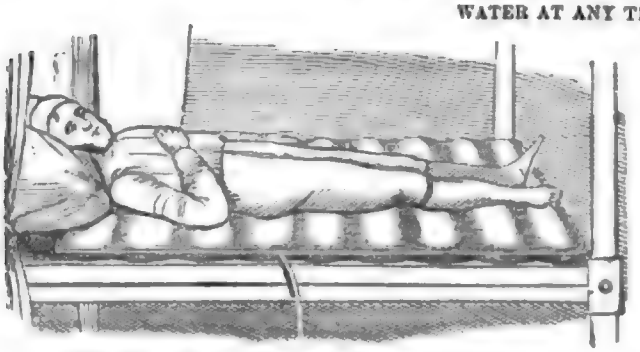

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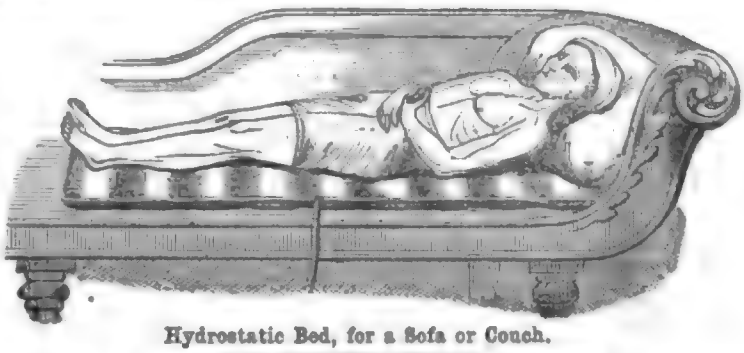

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FIG. 1.

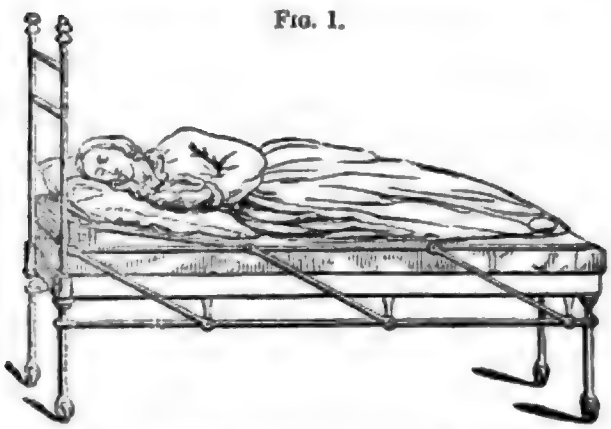

FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

FIG. 2.

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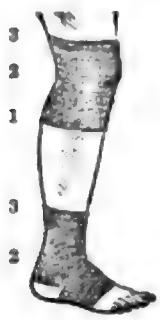

1
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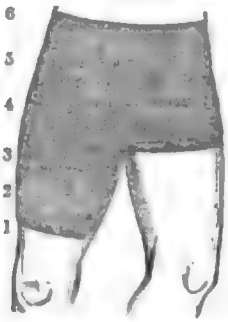

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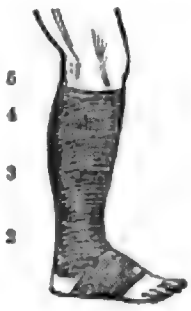

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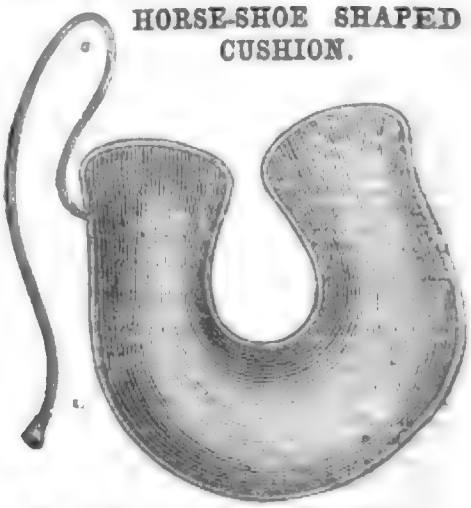

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On the Diagnostic Value of Murmur in the Pulmonary Artery. By Edward H. Sieveking, M.D., F.R.C.P. 135

Aneurism of the Arch of the Aorta. By Hugh G. Earnshaw, Esq., M.R.C.S., Bingley 137

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MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society: On a Form of Secondary Syphilitic Inoculation 141

Obstetrical Society of London: A Remarkable Case of Midwifery. — Case of Twins: one Blighted. — Description of a Large Fibrous Tumour of the Uterus.—On the Action of Belladonna on the Secreting Mammary Gland.—On Midwifery in the East 142

REVIEWS AND NOTICES OF BOOKS.

Notes on Nursing. By Florence Nightingale 144

Stricture of the Urethra: its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections. By Robert Wade, F.R.C.S., &c. Fourth Edition 144

LEADING ARTICLES.

Privy Council Vaccination-Diplomas and Vaccination at Hospitals 146

Homœopathy: its Disciples ... 146

"Surgeon-Dentist" Gould 148

The Income-Tax the Prop of Intemperance 149

MEDICAL ANNOTATIONS.

Domestic Arsenical Poisoning. —New Science Degree of the University of Cambridge.—The Undue Mortality amongst Operatives.—Lord Seymour's Hospital Bequest.—Fitting the Cap. Medico-Parliamentary 149

The late Dr. Todd 151

CORRESPONDENCE.

Arsenical Fly-Papers: Letter from Dr. R. H. Brett 145

Staff-Surgeons, R.N. 146

Dr. Newton Heale and the Royal Society: Letters from Professor Sharpey, Mr. Bowman, and Dr. Thomas Williams 153

The Causation of Disease: Note from Dr. Parkin 154

The Army Medical Warrant..... 154

College of Dentists of England: Lecture by Mr. Hulme 154

MEDICAL NEWS.

Pass-lists of the Royal College of Surgeons and Apothecaries' Hall. — Cambridge University: Professorial Certificate Examination. — Appointments. — Membership of the College of Physicians of London.—Flogging in the Army.—Dinner to Dr. Lescarbault. — New Remedy for Burns. — Wet-Nursing. — The Turkish Bath.—Disinfected Cod-liver Oil.—Strangulation not Infanticide. — Scarborough Sea-Bathing Hospital.—The Mineral Waters of France. — A New Member of the Academy of Medicine of Paris.—Suffocation in a Room from Want of Air. — Academy of Medicine of Paris: Prizes awarded for the Year 1859. —Lemon-juice in Rheumatism. —Testimonials. — Double Constitutional Syphilis.—Health of the Metropolis..... 155

Obituary. — Frederick H. Thomson, Esq. 157

Births, Marriages, and Deaths ... 157

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Notices to Correspondents 158

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SENIOR SURGEON TO THE ROYAL WESTMINSTER OPHTHALMIC AND CHARING-CROSS HOSPITALS, ETC.

GENTLEMEN,—From the preceding observations, you will doubtless have gathered that I regard glaucoma for the most part to depend upon an arthritic condition of the blood, and that the bloodvessels, sooner or later, become diseased and changed in structure, in the same way as the vessels and valves of the heart are affected in arthritic disease.

According to Bowman, these vessels, in recent cases, excepting small aneurismal swellings of the retinal capillaries, seem to have a healthy appearance, and are free from atheromatous and fatty degeneration, but in the more advanced cases these changes are met with. It is not unreasonable, therefore, to infer that, though in the earlier stages there may not be any appreciable change of structure in the minute vessels of the retina and choroid, still they are in an unhealthy condition, predisposed to degeneration, and less able to resist pressure or to overcome any interruption to the circulation of their contents. Accordingly they form little capillary pouches in the retina, which frequently give way, the blood either spreading amongst the elementary structures of the retina, or, bursting through the hyaloid membrane, forms clots in the vitreous humour, whilst the larger vessels of the choroid, becoming varicose, by their pressure outwards cause absorption of the sclerotica, and produce staphylomata of that coat of the eye. Consequent upon these changes in the bloodvessels, the humours of the eye are affected; the vitreous humour, containing blood-discs and fibrous shreds, assumes a yellowish tinge, whilst the lens has the same or a greenish tint. As the disease progresses, effusion takes place within the eyeball, rendering it exceedingly tense and hard by the resulting intra-ocular pressure, which, acting upon the ciliary nerves and retina, causes intense pain, and ultimately total blindness.

A difference of opinion appears to obtain as to the exact seat of this effusion. Mackenzie, for instance, (p. 896, 4th edit.,) says: "The dissolved state of the vitreous humour, which my dissections of glaucomatous eyes lead me to consider as forming part of this disease, is always attended, at least in the middle stages of glaucoma, by an abnormal firmness of the eye to the touch, evidently arising from over-distension of the tunics." Baron Von Gräfe, according to Wolfe, (THE LANCET, December 10th, 1859,) considers acute glaucoma to be a choroiditis, or an irido-choroiditis, with an infusion into the aqueous and vitreous humours, the augmentation of which causes intra-ocular pressure, thus producing excavation of the optic nerve and irido-plagia; whilst we read in Hulke's description of Bowman's dissections that, so far from the vitreous humour being dissolved or loaded with fluid, it is of remarkable consistence, and does not flow readily. When viewed by the ophthalmoscope, a glaucomatous eye usually presents a dilated state of the retinal veins, which are often tortuous and turgid with blood. Small ecchymoses are seen scattered over the surface of the retina, and occasionally small blood-clots in the vitreous humour, with pulsation of the arteria centralis retinæ, and excavation of the optic papilla.

In June, 1856, Baron Von Gräfe performed his celebrated operation of iridectomy for the first time. "The mode in which he performs it is by passing a Beer's cataract knife into the sclerotica, about a line's distance from the margin of the cornea on the outer side, and, having directed it forwards into the anterior chamber, cutting upwards so as to make an incision nearly half an inch in length. Through this the iris readily prolapses, or, if it do not, is readily drawn by forceps, and a portion of it, varying from a fifth to a third of its whole, is cut away. The remains of the prolapsed iris is left in the wound."

How the removal of one-fourth or one-fifth of the iris will cure a disease the pathological appearances of which I have just given you, has never been satisfactorily explained. It is said to be very successful, although its warmest advocates are by no means agreed as to the *modus operandi* of the operation. According to Hulke, "Von Gräfe conjectures that the excision of the portion of the iris removes pressure or tension by the diminution of the secretory surface of the iris, by the relaxation of the tensor muscle of the choroid (ciliary muscle), and the influence exerted over the circulation of the choroid." According to Jordan, he maintains, "that the relation between the two chambers is altered, and that a removal of a portion of the iris tends to restore the communication desired;" whilst, according to Hildige, he asserts, "that by excising a portion of the iris, the secreting surface is diminished, and its secretion thereby reduced to a minimum."

Mr. Bowman supposes that the primary relief of the internal tension results from the escape of the aqueous humour at the time of operation, and its continuous trickling; that, "as the wound becomes united, the gap in the iris allows the aqueous and vitreous humours to come together, of course with the intervention of the delicate hyaloid and suspensory ligament; whereas the iris was before an effectual barrier between them, as shown by the researches of Cramer, Donder, and others." He conceives the result of excision of the iris probably is, that "the redundant fluid effused behind, and mingled with the vitreous humour, causing it to compress the retina, is permitted to transude into the aqueous humour, and then to escape through the cornea (a road not previously open to it); or by being absorbed by the vessels distributed on the anterior surface of the iris. As this removal of effused fluid gradually takes place, opportunity is given for gradual restoration of the aqueous humour in its natural quantity, and for the return of the lens and iris to their proper positions, whilst the globe acquires more firmness without becoming tense."

Mr. Critchett, on the other hand, considers that "time is allowed for the adjustment of the normal tension, and a sort of safety-valve is left for a time, to prevent such equilibrium from being again disturbed."

You will observe from the preceding quotations that, although Von Gräfe conjectures that the excision of a portion of the iris, besides other results, removes pressure or tension by the relaxation of the ciliary muscle and the influence exerted over the circulation of the choroid, the prevailing opinion is, that blindness in acute glaucoma mainly depends upon intra-ocular pressure from effusion, and that the operation of iridectomy, by evacuating the fluid, diminishing the secreting surface of the iris, and allowing the contact of the aqueous humour with the hyaloid membrane, effects a cure. If this opinion be correct—if the great object for attainment be simply the removal of intra-ocular pressure, it is extremely difficult to discover the superiority of iridectomy over "paracentesis oculi," as practised by Reverius in the year 1679, or in our own time by Middlemore and Desmarres; neither is it clear how, by the excision of one-fourth or one-fifth of the iris, the effusion can be reduced to a minimum, since three-fourths of the iris, with the whole of the choroid, remain. And the same doubt attends the third hypothesis, that relief is obtained by allowing the aqueous and vitreous humours to come together (the delicate hyaloid intervening); for if the assertion of Cramer, Donder, and others, that in the normal condition of parts the iris is an effectual barrier between these two humours, is correct, we can scarcely understand how the mutilation of so important a constituent of the eyeball as the iris, and the substitution of an unnatural for a natural relation of parts, can lead to the restoration and subsequent preservation of a normal and healthy performance of function. The following question may also fairly be asked: If the relief, as conjectured by Gräfe, results from the relaxation of the ciliary muscle, and the influence thereby exerted over the circulation of the choroid, why should we seek for this relief in a roundabout manner, by removing a large portion of the iris, and producing permanent disfigurement and the objectionable results attending this procedure? Why should we not at once attack the ciliary muscle itself?

I differ from those who regard acute glaucoma merely as a choroiditis, or an irido-choroiditis, with infusion into the vitreous and aqueous humours, as they seem to me to regard results as causes. I believe that glaucoma, whether acute or chronic, is essentially a disease of the blood and bloodvessels, and that the effusion or infusion, as may be described, is the result of this condition, which, if not arrested, sooner or later, destroys sight. I do not, therefore, believe that any operation

will of itself cure glaucoma, but that, by removing the impediment to the circulation through the bloodvessels of the choroid and retina, the disease may be arrested until, if not too far advanced, it may frequently be cured by the aid of constitutional remedies.

I have observed, what I have not found noticed by any previous writer, that in acute glaucoma the eyeball is constricted and marked by a circular depression at the point corresponding to the ciliary muscle, whilst the vessels around this part are gorged to a great degree. The eyeball is elongated in its antero-posterior diameter, and the cornea lessened in all its diameters, and rendered more conical than natural; whilst, when the patient turns his eyeball sideways, irregular bulging of the sclerotica (staphyloma) is exposed to view. In one or two cases, also, in which I performed iridectomy, the pupil was dilated to excess, and the iris so tense and rigid that it resembled a piece of cat-gut, and could with difficulty be drawn through the wound. It is not at all clear how regular, equable pressure from fluid within the eyeball can, *per se*, produce cupping of the optic papilla, pulsation of the retinal artery, aneurismal swellings of the retinal veins, a varicose condition of the choroid veins, &c. &c.

Equable pressure from confined and compressed fluid exerted in all directions from within outwards, would, if uninfluenced by extraneous circumstances, tend rather to stretch the retina and choroid, and thus prevent the cupping of the optic papilla and bulging of the choroid. We can, however, readily understand that, the lateral expansion of the eyeball being, in a great degree, prevented by the constriction of the ciliary muscle, the force of the compressed fluid acts more powerfully in the antero-posterior direction; hence the puckering and cupping of the retina, the irregular bulging of the choroid, the alteration in the shape of the cornea, and elongation of the eyeball.

Having carefully marked these several changes, and studied them in conjunction with the appearances observed by the ophthalmoscope in the interior of the eyeball, and with those seen on dissection, I compared them with the normal anatomy of the eye. I directed my attention to the connexion between the inner elastic layer of the cornea with the ciliary muscle, and considered how the vessels from the choroid pass through this muscle to reach the iris, the peculiar arrangement of the vessels of that latter organ, and of the choroid (especially of the choroidal veins) with regard to the ciliary muscle. I regarded also the relation between that muscle and the ora serrata of the retina, as well as the distribution of the retinal vessels close to their junction.

All these considerations led me to suspect that the ophthalmoscopic and pathological appearances of the bloodvessels were greatly enhanced by, if not, in some instances, entirely due to, the obstruction of the circulation caused by the undue and excessive constriction exerted upon them by the spasmodic or extreme contraction of the ciliary muscle, analogous to the spasm so often observed in the muscular fibres of the urethra, as well as in the sphincter ani muscle in certain affections of those parts.

This supposition was strengthened by the character of pain so often described to me by patients as ushering in the attack of acute glaucoma: for instance, a lady, to whom I was called by Mr. Jackson, informed me that having been exposed to a very strong light at a party given by one of the foreign ambassadors, she felt, upon her return home, as though she had received a violent blow upon her eye, followed by excruciating spasmodic pain, which lasted for several hours.

From these facts, I was led to hope that by cutting the muscle across, as we divide the sphincter ani under analogous circumstances, I should not only get rid of the effused fluid and relieve the constriction of the different parts connected with the ciliary muscle, but at the same time, by removing the impediment to the circulation of the blood, favour the return of the vessels to their normal condition, and so prevent a recurrence of the effusion into the eye; and I was the more inclined to make the trial inasmuch as, whilst failing, after the most careful study of what had been written of Gräfe's operation, for and against, to discover the principles which regulate its performance, I found that even where most successful, it causes certain results which it is most desirable should be obviated. For instance—

1. The disfigurement resulting from the removal of a portion of the iris, and the formation of a coloboma iridis.

2. The removal of one-fourth or one-fifth of the iris.

Whatever difference of opinion obtains with regard to other points connected with iridectomy, there does not appear to be any on this. All agree that the smaller the quantity of iris removed, the better. "By the excision of a portion of the iris, the edge of the lens, with its suspensory ligament passing in front of the vitreous humour to the ciliary process, is exposed to view; therefore, to remedy this inconvenience, Mr. Bowman makes an incision above, because he believes that the cover thus given by the upper lid to the margin of the lens, which has been exposed by the removal of the iris, contributes to the perfection of vision."

3. The loss of the power of adapting the eye to near objects, which it in some degree retains in chronic glaucoma.

"The exercise of this power depending upon the increased curvature of the lens in the pupillary area from the pressure of the iris on its margin,—an action which becomes almost, if not quite, impossible when part of the iris is excised."

By the operation which I am about to propose to you, these inconveniences are avoided. It is very simple, and may be performed easily and quickly.

I introduce a Beer's cataract knife at the outer and lower margin of the cornea where it joins the sclerotica. The point of the knife is pushed obliquely backwards and downwards until the fibres of the sclerotica are divided obliquely for rather more than one-eighth of an inch; by this incision the ciliary muscle is divided, whilst the accumulated fluid flows by the side of the knife. This procedure is rarely followed by bad symptoms. In one case there was inflammation, but it was reduced without difficulty. The operation appears to me to present the following advantages:—

1. It obviates the objections to iridectomy.

2. It relieves pain by the removal of the constriction of the eyeball, and the consequent pressure upon the nerves from the undue contraction of the ciliary muscle.

3. By it, the accumulated fluid is evacuated, and, the impediment to the circulation through the bloodvessels being got rid of, they are placed in a favourable condition to recover their normal state; and the probability of a recurrence of the effusion is greatly diminished.

4. By the situation and oblique direction of the incision, a free drainage of the fluid is provided for.

5. The iris is but slightly wounded, and the pupil is preserved of its original size and shape, and in its normal situation.

6. The danger of wounding the lens is avoided.

(To be concluded.)

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"On examination, his urine, scanty in quantity, and of specific gravity 1032, turned out to be loaded with albumen (which subsided into a layer two-fifths of the total bulk of urine), and to contain many waxy casts. His kidneys, in short, had long been disorganized. There was also great, and apparently recent, disease of the heart; the details of which suggest some curious *minutiæ* of diagnosis, to be now confirmed or contradicted.

"The accompanying diagram is taken from a pen-and-ink outline I made on his chest at the time of my first interview.

"The large shaded surface at the confluence of the sternum and epigastrium enclosed a space everywhere very dull to percussion. To the right, a small circle (*a*) limited a region somewhat tender to pressure, where a strong but very small (almost crackling) friction-sound could be heard, chiefly with the heart's diastole. To the left was a region (*b*), almost limited by the darker shading here, in which a musical murmur, chiefly systolic, could be traced upwards, gradually diminishing in intensity, until lost along the course of the aorta.

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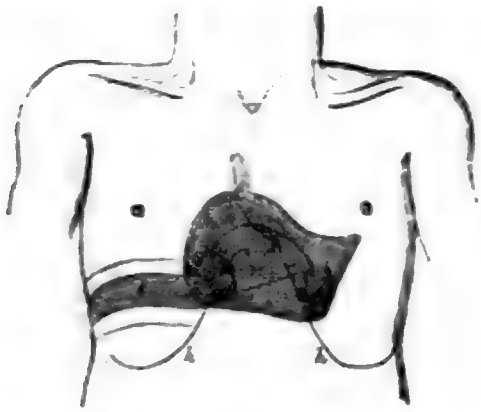

a a, Edges of hypochondria, converging upwards to the ensiform appendix.
l, Liver: dulness to percussion, with a region of less complete dulness above and below, where the liver was overlapped by lung, and overlapped the intestines, respectively.
a, Region of the pericardial rubbing sound.
b, Region of the musical murmur, extending with decreasing intensity up the sternum.
(The irregular ellipse which encloses the surface containing *a* and *b*, corresponds to the region of complete dulness on percussion, found at the first interview: the semicircle within this, to the much smaller region of similar dulness found two days later.)

"The diagnosis was as follows:—Large pericardial effusion of liquid; with pasty lymph opposite to the front and lower part of the right ventricle. Mitral regurgitation, from an endocardial deposit: if we dare conjecture, arranged in warty vegetations on this valve. Both of these points concurred in some degree with the uræmic origin of the cardiac inflammation; as did especially the presumable irregularity in the arrangement of the pericardial lymph.

"The prognosis from such a complication of diseases could only be that of death, sooner or later. To check all excess of diarrhœa; to prevent fatal syncope; to favour the absorption of the pericardial liquid, and the adhesion of the pericardial lymph: these were the objects of a treatment by which we could only hope to prolong life, and to mitigate suffering.

"Bismuth, kino, and a little chloric ether, with small quantities of nourishing food, soon reduced the stools to four or five daily (beyond which I judged it inadvisable to suppress the really depurative diarrhœa), and raised his strength. And in two days, the blister (six inches by five) applied over the distended pericardium had reduced its outline to the really vast extent indicated by the innermost or semicircular line in the diagram. The rubbing sound had also ceased to be audible, and the mitral murmur was much less loud and musical.

"Two days later there was a shade of friction sound again audible at *a*; and from hence it spread, in the course of a few days, towards the left side, so as finally to occupy the same situation as the mitral murmur (*b*), at the apex of the heart, where it soon disappeared. The lower border of the pericardial outline had now subsided (or rather risen) to a still higher level, its upper border remaining unchanged.

"With many fluctuations, he now gradually improved; so that, in the course of a fortnight, he was able to take some cod-liver oil, with great benefit to his strength, and with a marked improvement of his symptoms. His pulse and breathing had now sunk from 120 and 36, to 84 and 24, per minute respectively. His urine, 1020–1025 sp. gr., contained much less albumen. He sat up in bed, and took food with appetite; and was quite lively and cheerful.

"A few days after this improvement, however, he was so greatly alarmed by the death of a patient in the next bed that we were afraid he would die of fright. Rallied by stimulants, he improved again for a while; but seemed to have lost all hope of recovery. He died at last, more from failure of the cardiac action, and pulmonary congestion, than from mere uræmia.

"The older physiologists wisely discriminated between the *systemic* and *somatic* deaths; between the death of the individual as a whole, and the death of his various organs and particles. The practical physician, too, may trace an analogous distinction in many cases like the foregoing:—between the *essential* and the *casual* deaths in a given malady; between the accidents which threaten the trembling balance of life and death, and the primary lesion which is sure ultimately to make the former kick the beam. Our poor patient was, I take it, twice or thrice rescued from exhaustion, from syncope, and perhaps even from uræmia; nay, more, was almost cured of his pericarditis; to die from fear, acting on a heart weakened by mitral disorganization, rather than from the renal disease which had preceded and caused all the other mischief.

"(The necropsy showed the pericardium but moderately distended with fluid; much of which could be certified to as having only been effused after death. The lower part of the anterior surface of the right ventricle, near the apex of the heart, was glued to the apposed parietal pericardium, by lymph already far advanced towards its development into areolar tissue. The left extremity of this adhesion reached some distance over the left ventricle, where it was more pasty and recent. There was no pleurisy. The kidneys, extremely congested in their medullary substance, showed a white cortical mass, of rather large bulk, in a state of waxy degeneration. The tortuous tubes, softer and more endosmotic to water than usual, seemed (at least as regards the vast majority) otherwise quite healthy. The Malpighian tufts, universally congested, in striking contrast to the bloodlessness of the whole cortical substance, were also greatly enlarged; and their capillaries (plainly devoid of all cell-covering) appeared to be matted together by a darkish yellow lymph of great tenacity; so that large numbers of such diseased tufts were found free on tearing up any small piece of the cortical structure. The small arteries leading to these tufts appeared to be also much thickened and hypertrophied.)"

ON THE

DIAGNOSTIC VALUE OF MURMUR IN THE PULMONARY ARTERY.

BY EDWARD H. SIEVEKING, M.D., F.R.C.P.,
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DISEASE of the valves of the pulmonary artery is so rare that we are not likely to err if, on that ground alone, we attribute a murmur produced in the pulmonary artery to some influence acting upon the vessel from without, rather than to an obstacle to the blood-current existing within its area. I have not met with an instance of diseased pulmonary valves in a series of 600 autopsies of promiscuous disease which I have recently analyzed; and in the analysis by Dr. Chambers* of 367 cases of cardiac disease, there was not one in which the pulmonary arteries were alone affected, though there were sixteen cases in which, conjointly with the aortic, mitral, and tricuspid, aortic and mitral, or with the aortic alone, the valves of the pulmonary artery were morbidly affected. Although disease of the pulmonary valves is one of great rarity as an idiopathic affection, and this rarity may aid us in our diagnosis, I have no doubt of its occurrence, as I think I could illustrate by a case now and for some time past under observation. Every auscultator knows that bruits limited to the site of the pulmonic orifice are heard with much greater frequency than the numbers just quoted would indicate. In the cases taken from the St. George's records by Dr. Chambers, the complication of several valvular affections can have left no doubt as to the real nature of the disease, and the pulmonary murmur, if recognised during life, was probably only of secondary importance. But when, as is so frequently the case, we have to deal only with a pulmonary murmur, when there is no other evidence of cardiac disease, and when we have satisfactory proof that the "effect defective" does not come by an obstacle to the circulating current within the artery, then it may become a matter, not only of interest, but of vital importance, to determine the manner in which the murmur is produced. The questions that at once suggest themselves are: What tissues or organs are likely, either in their normal or abnormal conditions, to interfere with the dimensions of the pulmonary artery?—can we, by the aid of a murmur in the pulmonary artery, arrive at any conclusion regarding the condition of surrounding parts?

The pulmonary artery, on emerging from the right ventricle, lies under the sternum, somewhat towards the left side, near the fourth costal articulation; it inclines outwards, so as to lie partly in the third intercostal space, passes upwards under the third costo-sternal articulation, and then, curving inwards, passes through a portion of the second intercostal space. It is

* Decennium Pathologicum: Brit. and For. Med.-Chir. Review, Oct. 1853, p. 497.

therefore in this region—the second and third intercostal spaces, and the second and third costal articulations—that the sounds, normal or abnormal, produced in the pulmonary artery are heard. This locality is diagnostic: neither aortic nor mitral murmurs are heard here unless they are also heard in the parts corresponding to their site; pulmonary murmurs are not found to extend much beyond the region just named.

But if post-mortem records so rarely exhibit the explanations of the murmurs attributed to the pulmonary artery, why are we to regard this artery as the means of their production? Would not consonance or conduction, or some other acoustic principle, serve to attribute the sounds to other agents? It seems difficult to adopt such a view in defiance of all the rules by which we judge of physical phenomena; and moreover, the occurrence of a few typical cases may serve to set the question at rest, and to determine whether or not the pulmonic orifice is subject to the same laws as the other vessels. As an illustration of the importance of investigating this matter carefully, and arriving at positive conclusions: In a young lady whom I have recently attended in conjunction with Dr. Vinen, in rheumatic fever accompanied by endocarditis and pericarditis, convalescence was established with an arrest of the cardiac symptoms. Owing to circumstances which do not require to be detailed here, a relapse took place, and now for the first time a loud systolic murmur was heard in the region of the pulmonary artery, to the left of the sternum, without a trace of it at the second right intercostal space. "This murmur," to quote from my notes, "had not been previously audible; the day before, and generally, there has been an aortic systolic murmur." During a protracted confinement to bed in a not very airy apartment, tubercle had become developed at the left apex, as evidenced by marked dulness and tubular breathing; and the point that could be raised with reference to the murmur was, whether it was not rather due to the pressure exerted by the infiltrated lung upon the subjacent pulmonary artery, aided, perhaps, by counter-pressure from enlarged bronchial glands on the posterior surface of the artery, than to any obstruction within the artery arising from the endocarditis. That the former is frequently the case, especially in the early stage of phthisis, when considerable infiltration has taken place, so as to involve the inner and upper portion of the left lung, which is in contact with the pulmonary artery, I am satisfied. The murmur, under these circumstances, is often only audible towards the end of expiration, when the incompressible, tuberculated lung is pressed against the artery as it rises to meet the former. Again, in other instances, where a similar state of things may be inferred from other circumstances, the murmur is not heard in the erect posture of the patient, but is produced by the least pressure when he is in the recumbent position. Here, in the one case, the pulmonary artery appears to recede from the condensed lung; in the other, the indurated tissue rests upon it, and diminishes the channel, a diminution which is increased by the slightest pressure with the stethoscope.

I have an interesting case still under observation, in which, during convalescence from scarlet fever, I discovered, in a boy of fourteen years, a loud systolic murmur, limited to the pulmonary artery; there was slight dulness at the site of the murmur, but otherwise no symptom of organic affection. In the erect posture the murmur disappeared. But under similar conditions the murmur has always been reproduced, and subsequently it also became audible in the erect posture. My conviction from the first was, that it was due to a pressure exerted from without upon the artery; and the opinion that it was brought about by enlarged bronchial glands has been confirmed by the appearance of auscultatory symptoms of late, which indicate a deposit of tubercle at the apices, but especially in that of the left side.

The following case offers numerous points of interest, but I quote it chiefly as bearing upon the question of the production of pulmonary murmurs.

G. B——, a discharged soldier, aged twenty-two, came under my care at St. Mary's on the 6th of December, 1859, complaining of cough, from which he had suffered for two years; he had hæmoptysis between seven and eight months previously. There was great emaciation, with absolute dulness of the whole of the left side of the thorax, anteriorly and posteriorly; and entire absence of respiratory murmur and vocal fremitus in the same extent. At the upper part of this side the heart's sounds were heard loudly, and there was bronchophony. There was a harsh systolic murmur at the third left cartilage, and a diastolic murmur was heard to the right and below the left nipple. Nothing wrong was noted on the right side of the chest. There was no doubt as to the presence of consolidation of the entire left lung, of a pulmonary murmur, and at first also of a mitral murmur, the two last being apparently the result of endocardial disease. He was ordered to rub in tartrate of antimony ointment as a counter-irritant, to take the syrup of the iodide of iron (one drachm three times a day), and a quarter of a grain of morphia nightly.

Dec. 9th.—The systolic murmur heard, at last report, at the third left cartilage, is now diffused over the left clavicular space; it extends to the second right cartilage, below the left clavicle, towards the acromion, and downwards to the middle of the sternum. No murmur, but only the impulse of the heart is perceived under the left nipple. There is no respiratory murmur over the left side. The pulse is 112, full. The man coughs less, and says that he feels better. Repeat the syrup and a quarter of a grain of acetate of morphia, with five grains of the compound extract of colocynth, every night.

13th.—The patient states that for four or five months he has had a difficulty of swallowing; complains of a continued pain in the region of the heart, and vomits with his cough; was much flushed at the time of the visit. There is a loud systolic murmur over the whole heart; and it is doubtful whether it is louder over the pulmonary artery or over the left apex. The heart's impulse, but no murmur, is heard at the back of the patient. A nitre mixture, and four leeches to the region of the heart, were ordered. Very severe hæmoptysis supervened shortly after this, he became rapidly worse, and death ensued on the 18th of December.

The autopsy took place on the following day. On opening the thorax, a quantity of reddish-brown fluid escaped from the left lung, owing to the laceration of a cavity at its upper part; similar fluid was found in the larynx and trachea. The left lung was absolutely and universally adherent, the adhesions being so old and tough as to render regular dissection necessary to remove the organ. On the right side there were only very slight old adhesions at the back. The middle and base of the right lung were in a semi-consolidated condition from recent inflammatory action. These parts broke up easily, and contained much sero-purulent fluid. There was no trace of tubercle in the right lung. The whole of the left lung appeared deprived of vitality; the bloodvessels were empty; the tissue presented a dirty-green colour, was evidently gangrenous, and uniformly indurated. Throughout the lung were small, irregular cavities, and the greenish colour was broken by a dense whitish matter, disposed in coarse reticulations, and proceeding or shooting out, as it were, from an accumulation of large masses of the same growth at the base of this lung. It cut hard, and was peculiarly white and fibrinous-looking. The part of the lung bordering upon the heart also presented a similar hard, scirrhous appearance to the eye and to the touch. Adjoining the large vessels of the left lung, a large white and pinkish mass, with a smooth surface and lobulated, was observed cropping out from below. It was clearly a cancerous growth, developed probably in some of the bronchial glands. It occupied the pulmonary artery, so as to surround it below and at the sides, and, with the superjacent tongue of indurated and gangrenous lung tissue, to compress it, and materially to narrow the channel of the artery. The aorta just escaped contact with the mass.

Here, then, we had at once a complete explanation of the pulmonary bruit heard during life. The chief mass of cancer at this point took up about as much space as an orange; the cancerous growth entered the lung along with, and external to, the pulmonary artery, which, however, continued pervious as far as it could be traced, and did not appear to have materially suffered in its structure. The pulmonary artery external to the lung was perfectly healthy, and not adherent to the growth. The pleura were much thickened in many parts, and presented a lardaceous appearance from infiltration with cancerous matter. In some parts, immediately subjacent to the pleura, there were yellow nodules, closely resembling softening tubercle, and varying in size from a pin's head to a pea; the pleura and the pericardium were fused together on the left side; the pulmonary valves, as well as the curtains of the mitral valve, were healthy: so that we have in the case of the mitral, as well as the pulmonary murmur, to seek for the cause in some derangement unconnected with the structure of the valves. As the persistent and coarse pulmonary murmur appears to have been due to narrowing of the arterial channel by the joint influence of the cancerous growth and the indurated and incumbent lung, the mitral murmur may be assumed to have been due to the arrest of the pulmonary circulation and the consequent diminution of the blood-current that reached the left side of the heart. Much stress, however, cannot be laid upon the mitral murmur, because it was not constant, and because, under the circum-

stances, it might be explained by propagation of the pulmonary murmur downwards.

The results of a minuter examination of the different parts were as follows:—A section of the white medullary-looking mass at the entrance of the vessels into the lung showed a soft, translucent substance, through which were scattered opaque, white spots of greater density. Both exhibited a cancerous juice, and, subjected to the microscope, were found to consist of a fibroid matrix, full of nuclei and small cells. The difference between the two substances consisted in this, that the opaque matter contained large quantities of dark glomeruli, as if in them an active process were being carried on. A portion of the denser white substance, taken from the base of the lung, showed a similar structure; but there was more fibroid tissue, and there were compound cells, together with many glomeruli. The thickened pleura contained new growth, evidently malignant, consisting of nuclei, oval cells, and fusiform cells. The circular yellow, softened deposits subjacent to the pleura, and before stated to present to the naked eye the appearance of tubercle, were not to be distinguished from this substance by the microscope; they consisted of a fine granular matter, particles of free oil, granular nuclear corpuscles, (with a faint outline, and quite distinct from the nuclei seen in the other morbid growths,) and glomeruli.

I have no hesitation in pronouncing it to have been a case in which cancer and tubercle were associated; and although the gangrenous condition of the entire lung left me in the dark as to the state of the organ previous to the occurrence of the gangrene, the whole history of the case, the duration of the cough, the gradual emaciation, and the hæmoptysis seven or eight months before coming under observation, indicate tuberculosis as the commencement of the series, the malignant growth being superadded at an advanced period, and by its pressure inducing an arrest in the nutrition of the lung. The whole apex and the greater part of the lung, except the base and root, did not exhibit the appearance of cancerous growth. The induration might have resulted from pneumonia; but, taking into consideration the cavities in the lung, the peculiar hard appearance of the deposit, and moreover the naked-eye and microscopic appearance of the yellow nodules, which retained their peculiar colour and were not involved in the prevailing gangrenous hue, the probabilities seem to me, by negative and positive evidence, to favour the view that tubercle was the primary, cancer the secondary affection. It must, however, be admitted that it might be urged that there was no tubercle in the right lung. That this raises a difficulty is true; but as we do sometimes find tubercle limited to one lung, and there seems to be no other satisfactory mode of explaining the various phenomena by having recourse to other processes of reasoning, I still think the balance of evidence in favour of the previous argument.

Although the case just related is in its particulars an unusual one, it serves to illustrate the mode in which, no doubt often, persistent pulmonary murmurs are produced,—namely, by pressure from morbid bronchial glands behind, and by pressure of a superincumbent portion of indurated and hypertrophied lung from before. If these circumstances are conjoined, we are likely to find the murmur at all times and in all postures of the body; where only one exists at a time, change of posture, as in the young gentleman alluded to, will probably cause the murmur to cease, or materially modify it—a result not brought about in aortic or mitral disease. The character of the murmur does not suffice to establish the diagnosis. Within the last fortnight a young woman of tolerably healthy aspect, who came to me with cardiac symptoms, exhibited so loud and well-marked a pulmonary bruit, that it seemed necessarily to result from a change in the calibre of the channel through which the blood passed; the entire absence of dulness on percussion forbad the idea of there being any tubercular deposit, yet I was not prepared for the complete disappearance of the murmur when I examined her a few days after the first consultation. Here the explanation may, perhaps, lie in an anæmic condition of the blood.

It has not been my object in this communication to exhaust the topic of pulmonary murmurs, therefore I do not now inquire into other extraneous influences which, doubtless, may induce them; as, for instance, pericardial effusion, aortic dilatation, morbid growths in the anterior mediastinum, and the like. I would merely add one word as to the necessity of distinguishing a murmur produced, by whatever cause, in the pulmonary artery, from one originating in the subclavian of of the left side. We often find, especially in tubercular disease, and perhaps chiefly in the early stages of phthisis pulmonalis, a subclavian murmur produced by pressure of the indurated lung, or in inspiration by compression of the artery as it passes behind the subclavian muscle and crosses the first rib; this murmur, again, which is of a short, blowing character, is distinct from the propagated heart sounds, which are also, under similar circumstances, heard in the clavicular region, and are, perhaps, more valuable in a diagnostic point of view than the subclavian murmur. The murmur which is produced in the subclavian artery is heard immediately under the clavicle, and is generally not of an intense or prolonged character, as compared with pulmonary murmur, which, again, is limited, as before said, to the site of the pulmonary valves, and is generally more circumscribed than aortic or mitral murmurs are.

In conclusion, I would observe that the main practical interest of murmurs produced in the pulmonary artery is dependent upon their connexion with the early stage of phthisis, and in this respect I would especially press the matter upon your notice.

Manchester-square, Feb. 1860.

ANEURISM OF THE ARCH OF THE AORTA.

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ALTHOUGH the following case of thoracic aneurism may possess no therapeutic value, it may perhaps possess interest for some of the readers of THE LANCET as a pathological study, and to some it may offer points of medical jurisprudence worth consideration. It will also serve, though subordinately, to illustrate those frequent cases of barbarous cruelty practised at sea by officers of the merchant service on their sick and timid seamen; and may, in this way, be of use now that international law on the subject has become a Government question. The admission of the case into the hospital took place some months ago, but as I report it from my note-book, I make use of the tenses in which it there stands:—

Antone P——, aged thirty-four, a coloured man and a seaman, was born at St. Vincent, Cape de Verde Islands. He is a Portuguese, but able to speak English plainly. About six months ago, he was shipped in London with several more men of colour, and signed articles to join the *Caledonia*, a foreign ship of 1000 tons, then at Havre, in France, and proceed with that vessel to Cuba. The vessel did not, however, sail for Cuba, but to Mobile, in the Southern States of America. At the time of Antone's joining the ship, he was, as he alleges, hale and hearty. A short time before, he had caught cold from lying out in the night air in a fit of drunkenness. A severe cough immediately ensued, which was attended with some expectoration of blood. For the relief of this, he went into one of the London hospitals, where he was under treatment for a week, and was then discharged cured, without having had any intimation conveyed to him that he was the subject of aneurism. This, it may be supposed, from the frequent use that must have been made of the stethoscope, would have happened, if the aneurism had at this time attained much dimension. He next joined his vessel at Havre, and remained there with her four days, at the end of which she sailed in ballast. The voyage to Mobile occupied about two months. Three weeks after leaving Havre, the weather became suddenly severe, and the man took a fresh cold. He lay by, in consequence, for a short time, and was physicked by the captain. He recovered his usual strength and activity; worked the remainder of the passage out without any failing of either; and during the time the vessel was lading with cotton at Mobile, he assisted in the labour like any other of the crew. He states positively that he had no feeling of ailment, and made no complaint from that time until about three weeks ago, when he first found a difficulty in moving about, and was attacked with, as he thought, rheumatic pains in the lower limbs. The difficulty consisted not so much in any want of voluntary power over these limbs, as of uncertain sensation of the ground he was walking on; and this caused him to lift the feet hastily like a spavined animal, and to put them down with a feeling of insecurity, except when engaged in watching his own movements. In this way he used to stumble and trip on deck, so as to have it thought sometimes by his messmates that he was in liquor. This condition increased on him, and

attracted his captain's notice, who thought, as he did, that it was nothing but rheumatism, and gave him a stimulating embrocation to rub on the legs, &c. He, in a day or two, felt thoroughly sick and unfit for work, but was reluctant to state as much, and he therefore progressed with his duties as well as he was able. Being one day engaged in this manner, one of the under officers strove to hurry him in his movements, and ordered him to make more haste in what he was doing. Antone replied that he was unable to move quicker. The officer retorted "You are soldiering," and raising his foot whilst he was standing a few feet more elevated than Antone, kicked him violently in the back. The man fell at once, but was presently lifted by the officer, and saluted a second time with a slap in the face. From that time Antone was unable to raise himself upright. He was carried below, and there remained until brought to the hospital on a stretcher, when the vessel arrived in this port, as near as possible six months from the time he shipped.

When I proceeded to inquire into his symptoms and condition, his complaint was of a swelling in his back, which he declared had certainly not existed before the officer's kick, and which he believed had been produced by that blow. I examined the back, and found a large, pulsating, circumscribed swelling, which was the one he referred to, situated at the lower angle of the left scapula. The circumference of its base was about equal to the rim of a glass tumbler, and its arc to that of the half of a good-sized orange. It was slightly movable, incompressible, heaved synchronously with the pulse, and was without bruit. He complained also of having lost sensation from below the navel. Over the legs he had a little command of movement—over one a little more than the other, but it was only to the extent of lifting the feet a short way from the bed, and of moving the legs to and fro as he lay upon it. He complained that every now and then, without willing it, they became convulsed. The touch of my hand, either on the limbs or the abdomen, frequently produced these uncontrollable startings. A pin buried anywhere in the flesh as high as the sixth and seventh ribs, though not known to himself, caused these startings also; and when one or the other foot was gently titillated, the opposite one was sometimes immediately jerked upwards, and there shook convulsively for several seconds. The bladder evacuated its contents naturally, and at will. The bowels had failed to act for a week or more. He was fleshy, and his appearance bespoke tolerable health and a good habit of body. He betrayed no excessive anxiety of countenance. His appetite was moderate; his pulse weak, especially that at the left wrist.

Sunday was the day of his admission. Monday and Tuesday passed without any change of his condition, except that the pain (about which also he had at first complained) at the site of the tumour increased, and spread around the side to the heart, and over the shoulder to the left breast. To subdue this, he had a drachm of Battley's sedative solution, which soon gave him ease and refreshing sleep. On the Wednesday evening he was conversing with adjoining patients; and having just drunk a cup of tea, supporting himself meanwhile in a half-sitting posture by his outstretched hands, he suddenly drooped on his pillow, and died within two minutes. I examined his back presently, and found that the tumour had almost disappeared, and that the part was at its proper level.

Autopsy.—About twenty hours after death I made an examination of the body; and made it, assisted by my colleague, Mr. Weaver, with as much pains as could be taken, partly on account of its being a criminal case and under police investigation. The interspaces within the left side of the chest were occupied with coagulated blood. I removed the spine from the first to the eleventh dorsal vertebræ, with a few inches of the corresponding ribs on either side, and the contained viscera. I then carefully cut away all but the aorta, from its origin to its thoracic termination, and dissected out a large aneurism. I found it to consist of a reniform tumour, of about the fulness of a dilated adult heart; and I found it lying principally on the left of the spinal column, its fundus being embraced by the clavicle, and its lower end reaching to the root of the tenth rib. Its neck, or hilus, was the part at which it protruded from the aorta, and it commenced an inch below the (left) subclavian, and extended about three inches downwards. The upper part of the tumour overlapped the bodies of the fourth, fifth, sixth, seventh, and eighth dorsal vertebræ, (though but to a small extent of the fourth and eighth), and was adherent to them, and to the roots of the fourth, fifth, sixth, and seventh ribs of the *right* side. On the *left* side, the tumour reposed on, and was adherent to, the inner surfaces of the ribs, from the second to the tenth, and having at about its middle passed backwards to the *outside* of the chest, it had attached itself to the left side of the spines and laminæ of the seventh, sixth, and fifth dorsal vertebræ. The three *left* ribs belonging to these vertebræ were broken and comminuted; and thus the aneurism had escaped from the chest at this part. The bodies of the vertebræ—namely, the fourth to the eighth, but especially of the fifth, sixth, and seventh, were much consumed, their respective intervertebral cartilages being uninjured. The fragments of the comminuted ribs were carious, as were also the broken extremities, between which the aneurism had found its way backwards, and so had been able to establish adhesion to the spines and laminæ of the vertebræ, in the manner just explained. Especial notice is deserved of the fact, that of those laminæ the aneurism pressed chiefly on the sixth and fifth, and that these were carious and broken down in fragments; and, through their destruction, contact was effected with the spinal cord itself. The membranes of the cord at this part were very vascular, and the cord itself was soft and pulpy.

It may be borne in mind that, in the history of the case, the man had retained to the last some amount of voluntary motion of the lower extremities, and that from the first the function of sense in these parts had become impaired, and at length totally lost.

In examining the tumour apart from the general anatomy of the disease, there were four points which drew attention especially:—

The first was the fundus of the aneurism. It *appeared*, on the most careful dissection, to comprise all three coats of the artery, and contained a numerous series of concentric layers of dense white fibrin; and notwithstanding the former inference of the man having been in hospital, of having been frequently stethoscopized in the course of treatment for the pneumonic affection, and of no discovery having been made of the existence of the aneurism, yet its size and solidity, and concentric laminæ, will probably lead to the conclusion that its origin was of old date. It occupied that space of the left pleural cavity belonging to the upper lobe of that lung, which previously it had pushed forwards and consolidated by its pressure against the front walls of the chest, and then had firmly fastened itself to a small portion of its posterior surface.

The second point was that portion of the aneurism on the bodies of the vertebræ and the roots of the four right ribs. This portion seemed to possess the same characters as the first.

The third point was that portion of the aneurism which depended below the neck, extending from the fundus downwards, and adherent to the inner surfaces of the several ribs on the left side, before mentioned, and which extended backwards through the gap in the seventh, sixth, and fifth ribs to the left plates or laminæ, and to the spines of the seventh, sixth, and fifth vertebræ. This portion of the aneurism communicated with the aorta by the same throat as the former two portions; but the two and the one were essentially and plainly unlike in appearance and structure. The two, considering them as one portion, looked, to use the expression, a solid mass, and its parietes were thick, strong, and separable into layers; but the latter, the third portion, being more in a line with the current of the blood, hung downwards three or four inches like a pouch, its walls being flexible and soft, and, from its thinness and structure, inseparable into layers. It contained only a soft coagulum of blood. Its outer surface was dark, and covered with patches of lymph, like a gangrenous intestine. It adhered inwardly and posteriorly to the bodies, laminæ, and spines of the seventh, sixth, and fifth vertebræ, and so rotten and insecure seemed its margins of attachment, that I entertained no doubt that here the aneurism had ultimately burst, although, in consequence of the confused state of the structures, no distinct place of rupture could be made out.

The fourth point that attracted notice was a mass of coagulated blood lying immediately behind the portion just described, and infiltrated into the substance of the trapezius muscle. It was enclosed within no sac, and no channel could be traced between it and the cavity of the aneurism. It was this which had formed the swelling beneath the lower angle of the left shoulder-blade, of which Antone complained when first admitted, and which he stated had been caused by the officer's kick. Within the substance of this coagulum were contained the comminuted fragments of the seventh, sixth, and fifth ribs.

The weight of blood within the left pleural sac was five pounds eight ounces; that of the whole tumour cleansed from blood was two pounds.

Bingley, Yorkshire, February, 1860.

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MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

WOUND OF THE NECK, AND INJURY TO THE THYROID CARTILAGE, IN AT ATTEMPT AT SUICIDE; DEATH FROM FRACTURED RIBS.

(Under the care of Mr. CÆSAR HAWKINS.)

So frequently is the throat chosen as the seat of injury by suicides that the pupils of every one of our large hospitals have ample opportunities of witnessing the frightful mutilations which are sometimes produced. The mortality which ensues is not always in the ratio of the severity of the wounds inflicted, but depends mainly upon the amount of inflammation which supervenes, and its influence upon the lungs by extension downwards from the trachea. In a number of cases of cut throat taken at random, the greatest diversity will be found to prevail in the manner of its performance, although in the aggregate the situation most usually selected in attempts at self-destruction is between the hyoid bone and thyroid cartilage, and, therefore, more out of the way of the essentially vital structures in the neck. The injuries inflicted upon the neck and throat are a peculiar class in themselves, and require much study and a promptitude of action in the hour of danger. Most writers vividly depict the miseries experienced by the would-be suicide, whose general despondency assists much to complicate the dangers of his situation.

In wounds of the throat, the great sources of danger to life are threefold—namely, hæmorrhage from injury to some large bloodvessel, (the carotid artery, for example,) which may prove fatal in a few minutes; the larynx and trachea may be so injured that suffocation may quickly ensue; and, thirdly, in the event of both of these having escaped, there is the risk of inflammation occurring, especially in the larynx and its prolongations; and the surgeon is often annoyed to find that all his previously successful efforts are baffled by this last cause, which refuses to yield to almost any treatment that may be pursued. Such cases, therefore, at all times, and under all circumstances, give rise to uneasiness as to the ultimate result.

As promised on a previous occasion, we present four examples of self-inflicted wounds of the throat, which have not been specially selected, but taken as they came under our notice. Three issued in recovery, and one was fatal. The wounds in the first three were in the usual situation,—between the hyoid bone and thyroid cartilage,—but varying in extent, depth, and severity. The carotid artery, which escaped injury in the first two, was wounded in the fourth, requiring to be tied; whilst in the third, and most interesting case, the epiglottis was cut off. The larynx was intact in the first and fourth. The instruments used were a razor, penknife, common table-knife, and a carving knife. In these four cases we have illustrations of nearly all the consequences arising from injury to the throat, if we except, perhaps, wounds of the spine.

The fatal case, which is the one immediately following, terminated from the effects of a severe fracture of several of the ribs. This injury caused so much suffering in the first instance as to induce the poor man to seek relief by cutting his throat, and thus put an end to his misery, the wound being inflicted in the spot most commonly chosen, and not actually penetrating the larynx, but slicing off a portion of the thyroid cartilage. The incisions extended right across the neck, from one sterno-mastoid muscle to the other; but as the mucous lining of the larynx was intact, the case appeared to be a favourable one for recovery, and we have no doubt that such would have been the result had it not been for the serious thoracic mischief, which proved fatal on the fourth day. Subsequent examination showed the contiguity of the wound to the trunk of the common carotid, the sloughy state of the neck, fracture of three of the ribs, pleuritis, and probably acute bronchitis.

For the notes of this and the subsequent case we are indebted to Mr. G. F. Cooper, surgical registrar to the hospital.

William B——, aged fifty, was admitted on the 17th of March, 1859, into the Oxford ward, under the care of Mr. Cæsar Hawkins. On the previous morning he fell off a carriage and hurt his left side, for which he came to the hospital, where a rib-roller was applied, but no fractured rib could be detected on account of the man being so restless. After he left, he states, the pain was so great in the left side of his chest, that it drove him mad, and caused him to cut his throat. The cut extended across the upper part of the thyroid cartilage, the ala of its left side being cut off and adherent to the thyro-hyoid membrane. The sterno-mastoid on the left side was partially cut through, and the wound extended to that muscle on the opposite side. On the right side, the thyro-hyoid membrane itself was cut, but there was no opening anywhere into the larynx, the membrane lining it being sound. Shortly after admission, there was some bleeding, requiring the application of a ligature; pulse frequent and small; complained much of his left side; tongue furred; no cough. The wound was brought together with strapping. To have a blister to the chest, two pints of beef-tea, porter, arrowroot, and four ounces of brandy.

March 18th.—Great congestion of lungs, head, and face; complains still of his side; sweats much; pulse jerking, 126; some dyspnœa; loud mucous râles are heard over the whole of the chest, but no pneumonic crepitations. Omit the brandy; to have half an ounce of wine every three hours, and a compound nitre draught every six hours.—Seven P.M.: The whole chest was resonant on percussion, during which he complained of great tenderness on the left side.—Ten P.M.: Repeat wine, and continue everything.

19th.—Had considerable dyspnœa during the night, on account of not having the power of bringing up the mucus; but this morning, for the first time, he has been able to expectorate, bringing up a very large quantity of frothy mucus. The pain, he says, is now all round the chest. Another rib-roller being applied, he experienced great relief. Face very much less congested; pulse frequent, but stronger; the wound of the throat sloughy. Continue the wine every three hours.

20th.—The dyspnœa is increased, as is also the pain in the chest, for which a blister is to be applied; expectorated a large amount of frothy mucus during the night; rather delirious at times; spirits very low and desponding. An ounce of port wine every hour.

On the following morning he died.

Post-mortem appearances.—The body was that of a spare but muscular man. Throat: There was a large sloughy wound in the neck, running transversely from the left side, where it had narrowly escaped the bifurcation of the common carotid artery, across the thyroid cartilage, the left ala of which was denuded of perichondrium, and completely divided into two near its upper edges, and terminating in the soft parts on the right side of the neck. A small vessel was tied near the thyro-hyoid membrane; its situation being that of the laryngeal branch of the thyroid, but the parts were too sloughy to dissect. There was a small abscess near the left angle of the wound. Notwithstanding the extensive division of the thyroid cartilage, the larynx was not opened, and both it and the trachea seemed healthy. Thorax: There were recent pleural adhesions on the left side. The sixth, seventh, and eighth ribs were fractured near their angles, and the posterior fragment of the middle rib had nearly but not quite perforated the pleura. The sixth rib was also fractured near its cartilage, but without any displacement. There was no appearance of pneumonia on this side, but the bronchial tubes were full of tenacious mucus. There was a small quantity of recent lymph on the costal pleura at the base of the right lung. The ribs were uninjured on this side, and the lung healthy. The abdominal viscera were healthy.

WOUND PENETRATING THE LARYNX IN AN ATTEMPT AT SUICIDE, WITH DETACHMENT OF A PIECE OF THYROID CARTILAGE; RECOVERY.

(Under the care of Mr. H. C. JOHNSON.)

THE wound in the present instance was inflicted with a penknife, which completely divided a portion of the right wing of the thyroid cartilage, and permitted a small piece to be dangling from its middle. This of course laid open the windpipe,

and the wound was continued in a direction so as to expose the right carotid artery. These injuries were the result of several distinct wounds. The patient could not swallow for the first twenty-four hours, and was fed by means of an œsophagus tube. Subsequently he had delirium, which passed off; the wound in the larynx contracted; the voice was reduced to a whisper, but afterwards gained strength, and he completely recovered.

There is much similarity between these two cases in their general features; for the thyroid cartilage was wounded in each, with penetration of the larynx in the second and nearly so in the first. In both the proximity of the wound to the carotid was remarkably close, and yet the vessel escaped injury. The nature of the mischief in the two other cases differed considerably, but in all excepting the last the suicidal efforts were, as usual, directed to severing the windpipe, from the popular belief that life is thus destroyed sooner. It is, perhaps, fortunate that this opinion should prevail, for reasons which are obvious.

Joseph B——, admitted Sept. 23rd, 1859, into the Oxford ward, under the care of Mr. H. C. Johnson. He has been suffering for the last month from what he called "sun-stroke," for which he has been treated by a medical man. He had complained of pain in the head, but nothing else. For the last three weeks he has been with some relations, having come up from the country on a visit for pleasure, but during that time his friends say he has been rather low-spirited, which they attribute to his malady, knowing of no family circumstance likely to have caused it. He is married, but has no children. About seven o'clock this morning he went into a room by himself, and with a penknife cut his throat. He was directly found, and taken to a medical man, who sewed up the wound; but on his admission here, it was laid freely open. The wound was about an inch and a half long, on the right side, and opposite the middle of the thyroid cartilage, a piece of the right ala of which he had cut completely off, and which was brought in by his friends; another small piece was hanging from the middle of the cartilage. The larynx was freely laid open, so that it would admit one's finger readily. The right carotid artery was laid bare, and one's finger could be passed behind the sterno-mastoid muscle at that incision; thus it is evident he must have made several incisions in completing his object. There was much blood lost at the time, but no hæmorrhage on his admission. He is very pale; can put his tongue out slightly; chest quite resonant on percussion. He is quite unable to swallow. Beef-tea to be injected into his stomach every four hours.

Sept. 24th.—Looks much better. Nothing done to wound, but simple water-dressing applied. Injections to be omitted, and two pints of strong beef-tea given him to swallow, as he can do so to-day.

26th.—He has swallowed his beef-tea since the 24th. Aspect much happier and gaining colour; wound healthy; spits up much mucus; tongue moist, and can be protruded further.

28th.—Last night he was rather violent. Wound discharging freely, and very fœtid. Expectorates much; is more desponding, and yesterday refused to take his food. To have four ounces of wine.

29th.—No sleep last night; he was very violent, and tried to strangle one of the nurses. Countenance exceedingly distressed; wound very fœtid; pulse 70, hard. To have six ounces of wine.

30th.—Countenance less anxious; no sleep, and was very noisy in the night; not delirious at all by day; refused to take his food, and was obliged to have another injection. Pulse 112, sharp.

Oct. 5th.—Is more cheerful; sleeps well; takes his food. There is a hole opening into the trachea as large as a sixpence, but the edges are very healthy and contracting.

17th.—No opening left, the whole aperture being covered over with granulations. He seems very cheerful again, but cannot speak beyond a whisper.

20th.—Recovered.

LONDON HOSPITAL.

WOUND OF THE THYROID CARTILAGE, SEVERING THE EPIGLOTTIS, INFLICTED BY A TABLE-KNIFE; PNEUMONIA; RECOVERY.

(Under the care of Mr. CURLING and Mr. WORDSWORTH.)

THE patient who was the subject of this case had a much more extensive wound, which commenced in the old situation, the knife passing between the hyoid bone and thyroid cartilage, slicing off a part of the latter, and, in its extension backwards, cutting off the epiglottis; thus dividing the entire laryngeal apparatus. This serious wound gaped three inches from above downwards, and four inches from side to side. When the patient drank, the fluid poured out of the wound; the finger could be passed upwards through it into the mouth, and downwards into the trachea, and speech was gone. This is very similar to the striking example recently recorded in the "Mirror," under Mr. Hillman's care, at the Westminster Hospital, (THE LANCET, vol. ii., 1859, p. 388,) only that in the latter the epiglottis was uninjured. In the present case, severe inflammation followed, with pneumonia and other consequences, as most accurately narrated by Mr. J. S. Cumming, clinical clerk, (to whom we are indebted for the notes of the case,) and a good recovery ensued, although at one time the prognosis was most grave:—

J. S——, aged thirty, a pedlar, tall and slender, but wiry-looking, was admitted on the night of Sept. 8th, 1859, with an incised throat. At first he was under the care of Mr. Wordsworth, and in the course of a fortnight under that of Mr. Curling. A somewhat lacerated wound extended from the pomum Adami, severing the epiglottis and slicing the thyroid cartilage on a level with the false vocal cords, and directed upwards to just above the anterior wall of the œsophagus. The vocal cords and arytenoid cartilages were not wounded. The incision had also divided the integuments and some of the muscular structures right across the neck. There was no bleeding, and no vessel of importance appeared to have been touched. On being laid upon a couch, the wound gaped three inches from above downwards, and four inches from side to side. The finger could be passed with equal facility into the œsophagus or up into the mouth. The complete action of the vocal cords and arytenoid cartilages, on inspiration and expiration, was seen, the light of a candle glancing through the larynx about an inch into the trachea. On attempting to swallow some water, the larynx rose somewhat, and tilted forward, the cords being firmly clenched; the constrictors of the pharynx, under the eye, appeared to expel the fluid, which rushed over the closed larynx through the wound. On attempting to speak there was a buzzing sound, with spirting of mucus from the vocal cords, but all other speech was apparently impossible, no air entering the mouth. The wound was inflicted with a common table-knife, in a fit of despair, in consequence of the mother of several children by him, but to whom he was not wedded, having left him to marry a soldier.

On admission he was much prostrated, half insensible, and appeared to be dying, but still making ineffectual attempts to complete the suicide. He was placed in the ordinary accident ward, and a brandy enema administered. The head was raised on a pillow so as to somewhat approximate the edges, a piece of wet lint being lightly laid on the wound. No sutures were employed, granulation from the bottom, and of the entire raw surface, being anticipated from the first. During the first three days attempts at swallowing were entirely futile. Milk, beef-tea, and ice, were ordered.

On the fourth day bronchitis set in, with expectoration, after a time, of very tenacious mucus, and swelling of all parts about the larynx. Râles universal through the chest. Six ounces of wine were ordered, but were taken with great difficulty, causing troublesome cough. Complained of constant hunger. Pulse 90, and very low. Administration of food by the stomach-pump was commenced; milk, beef-tea, and arrowroot were given twice a day, under which he rallied, and the pulse improved.

At the second week there was a fine crepitation at the base and large portion of the right lung. The tongue became dry and brown; pulse 120; exhaustive sweats, and much dozing. During this period his state appeared desperate; his mental condition was unfavourable; despairing, and resolute to repeat the attempt.

The pneumonia subsided in a few days, and the bronchitis became more chronic. Although a good deal of attention was directed to cheer him, little was done until a most experienced nurse was engaged, who appeared to possess the secret of inspiring him with hope and courage. From that time he rallied from the deepest depression, and began to swallow thick food, until he could take liquid into his mouth and swallow. The parched condition of the mouth was urgent and most distressing. The stomach-pump was discontinued three weeks after admission. The wound then gradually closed; an inch and a half only of the tube being seen as it passed to the œsophagus, and was easily directed with the finger. Eggs, thick arrowroot, bread and milk, and light puddings, were now given, and continued to October 17th, with a chop and a pint of porter,

which were persevered in for a month, and then full diet ordered up to the present date.

He had now for a month been walking about the ward in a very weakened state, but hopeful, with an opening about half an inch in diameter, leading immediately on to the vocal cords, which since he has been up had been carefully covered; his voice is harsh, grating, and sepulchral. The wound is closing, and his strength much improving. For occasional exacerbations of bronchitis he has had squill pills, with Dover's powder.

The most noticeable features of this case are,—that the patient was placed in the ordinary ward, without an attempt to regulate the temperature; that on severe chest affections supervening, they succumbed without any additional measures, active treatment being wholly out of the question; that from the first, granulation alone was contemplated, and the free escape of all matters by the wound; the timely support of the patient by the stomach-pump, and the happy choice of a nurse in his extremity, who perfectly appreciated his despairing state, and inspired him once more with hope and cheerfulness. The patient always attributes his recovery to the zealous efforts of the nurse.

He subsequently left the hospital recovered, but with a wound still remaining.

ST. THOMAS'S HOSPITAL.

INCISED WOUND OF THE NECK WITH A CARVING-KNIFE, INJURING THE EXTERNAL CAROTID ARTERY; LIGATURE OF THE COMMON CAROTID; DOING WELL.

(Under the care of Mr. LE GROS CLARK.)

WIDELY differing from the preceding cases, in there being no attempted injury to the larynx, the following illustrates a direct effort to wound the great vessels at the upper part of the neck, behind and internal to the angle of the jaw, which was successful, and much hæmorrhage ensued from the external carotid artery. This could be controlled only by a ligature on the common trunk further down the neck, and has thus far been followed by good results. The patient seems to have had a better idea of the vital parts of the neck than any of the others; but fortunately for himself his efforts at self-destruction were but partly successful. For the notes of the case we are indebted to Mr. W. Allingham, surgical registrar to the hospital:—

J. W——, aged twenty-seven, a bricklayer, was admitted into Henry's ward, under the care of Mr. Le Gros Clark, at about two o'clock A.M. on Jan 23rd. He had received a severe incised wound, which commenced about three-quarters of an inch below the outer angle of the left eye, and extended backwards and downwards until it terminated deeply immediately beneath the lobule of the left ear. The injury had been inflicted with a carving-knife about an hour prior to his being brought to the hospital, and a medical practitioner who had seen him had brought the edges of the wound together, and applied a compress, which, however, failed to arrest the hæmorrhage for more than a few minutes. When the dressing was removed by Mr. Chater, there was a gush of blood, but cold promptly applied soon arrested its flow, and on the wound being opened no bleeding point could be discovered. However, as the patient had evidently lost a considerable quantity of blood, and was very faint, he was sent up into the ward, and by the time he had arrived at the top of the stairs the hæmorrhage had returned copiously, and could only be restrained by keeping up pressure at the bottom of the wound below the ear. Mr. Grabham, the house-surgeon on duty, endeavoured but unsuccessfully to find the bleeding artery. Mr. Clark, being sent for at six A.M., placed a ligature on the upper portion of the common carotid, which had the effect of immediately arresting the hæmorrhage. The edges of the wound were brought together by wire sutures. When this was concluded, a gush of arterial blood took place from the original wound; but it was speedily arrested by pressure, and did not recur.—Midday: No return of the bleeding, and the man appears tolerably comfortable; the skin is cool, and the pulse quiet. He only complains of difficulty in swallowing and some pain in the head.

24th.—He slept at intervals during the night, and there has not been the slightest hæmorrhage, only a little oozing of serum from the original wound. He swallows better; skin cool; pulse quiet. He is not in any pain, and only complains of slight headache.

Feb. 6th.—The patient has progressed up to this date without a bad symptom.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 24TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON A FORM OF SECONDARY SYPHILITIC INOCULATION.

BY HENRY LEE, ESQ.,

SURGEON TO KING'S COLLEGE HOSPITAL, AND SENIOR SURGEON TO THE LOCK HOSPITAL.

IN a previous communication, published in the last volume of the "Medico-Chirurgical Transactions," the author had described two distinct forms of primary syphilitic inoculation: one of these was found to present the characters of the adhesive, the other, of the suppurative inflammation. The former was proved not to be again readily inoculable on the patient himself, while the latter was capable of being reproduced an unlimited number of times, either in the same patient, or in another individual. The first was regarded as a disease which, in its natural course, infected the patient's system; the second as a local disease requiring only local treatment. It had also been shown that indurated sores, which did not ordinarily yield a discharge capable of being again inoculated upon the patient, might, under conditions of artificial irritation, furnish an inoculable secretion. The inoculations thus produced were, however, quite distinct from those which resulted from the inoculation of the discharge of naturally suppurating sores. The author now stated that the effects of one form of secondary syphilitic inoculation were very similar to those produced by the inoculation of the secretion from a primary sore affected with the characteristic and specific adhesive inflammation; for although not ordinarily inoculable, secondary syphilitic affections might, under conditions of increased activity, give rise, by contact, to a disease which, in its physical characters, very much resembled the primary indurated sore.

A case was given, in which a woman, having suffered from secondary disease, was married, and lived with her husband nine months without communicating to him any disease. The wife then became pregnant. The increased activity of the uterus was accompanied by an abrasion or ulceration of the os uteri, and then the husband presented a disease with all the characters of a primary infecting chancre.

In a second case, a grandmother was infected at the age of sixty-six, from her own grandchild, who inherited the disease from her son.

In a third case, the marks of a secondary eruption, together with a slight remaining induration from a primary sore, existed at the time of marriage, and in a month afterwards an indurated spot formed on the left labium of the wife. This was followed by secondary symptoms.

In all these cases the disease communicated presented the characters of the specific adhesive inflammation.

The author observed that it had been formally and perseveringly denied that secondary syphilitic disease could be communicated by contact—a theory which had been adopted by a large and influential school, had inflicted much domestic misery, and had been the cause of most painful and unjust accusations. Married ladies, for instance, had not unfrequently found eruptions upon their skins which they were unable to account for. These had been pronounced to be syphilitic by the medical attendants, who, when asked how they could have arisen, had sometimes been bold enough to assert that such diseases could only have resulted from primary chancres, which themselves could only be produced by primary disease. The husbands, misled by such assertions, had been induced to suspect the fidelity of their wives, when they themselves had communicated the disease by means of their own secondary symptoms. The number of cases in which unmarried women had been unjustly accused, and had had a twofold injury inflicted upon them, was very much greater.

The form of secondary syphilitic inoculation, to which the author now directed the attention of the Society, commenced by a chronic form of adhesive inflammation, which terminated in a circumscribed thickening. This might be raised from the surface, in the form of a pimple or tubercle, or it might produce an induration not at all raised above the surrounding parts. The cuticle was generally abraded over the affected surface, but ulceration was no essential part of the disease. The secondary inoculations did frequently ulcerate, but they also often ran their

course without any material loss of substance. When the ulceration did occur, it was at the time of the appearance of the constitutional symptoms that it often manifested itself.

A period of incubation, varying from one to six or seven weeks, generally occurred between the contagion and the manifestation of the symptoms. Any idea of destroying the poison by caustic within the first few days was, therefore, quite out of the question. Even if applied immediately that the disease was perceived, it would not check the morbid action. This action might have taken some four or five weeks to develop itself, and could not be counteracted by the destruction of a portion of the tissues which had imbibed the poison. Neither would excision of the indurated part stay the disease; the cut surface would take on the specific morbid action. But the author was led to believe that the cases ultimately did much better in which the indurations were excised, than those in which they were allowed to remain.

Babington* had affirmed long ago that induration might precede ulceration in syphilitic sores. This was formally denied by Ricord.†

In the form of secondary syphilitic inoculation under consideration, the induration undoubtedly did appear when there was a slight epithelial abrasion only, and might exist for weeks without any action that could be called ulceration. As the induration might exist without the ulceration, so might the ulceration, or abrasion, exist, for a time at least, without the induration. They might follow each other at an uncertain interval upon the same part; or they might in a few rare cases be separated, and each element of the disease might appear at a different spot.

A discharge from the urethra not unfrequently preceded the form of disease now described. This discharge might easily be mistaken for gonorrhœa. It differed, however, in being more viscid and tenacious in its nature; in not being accompanied by the same amount of irritation, or ardor urinæ; in its short duration, and often abrupt termination.

But neither the character of the induration, the period of incubation, nor the accompanying discharge, would with certainty, in the absence of a correct history, distinguish a secondary from a primary natural syphilitic inoculation. A case was recorded, and the drawing given of a case, in which these corresponded accurately with the foregoing description, and yet the inoculation must have been primary, inasmuch as neither party had had any secondary disease. Several cases were recorded, in which the period of incubation was well-marked, and in which the disease consisted at first of an induration only, without ulceration. These cases were accompanied by specific enlargement of the glands in the groin, and in some of them the peculiar discharge from the urethra preceded the specific adhesive inflammation. In the absence of any distinct history, these cases, in the author's opinion, could not with certainty be classed as instances either of primary or of secondary natural syphilitic inoculation.

Mr. ACTON was no believer in the possibility of inoculating secondary symptoms. M. Ricord had not changed his opinions on this subject to the extent which had been occasionally represented. From communications which he (Mr. Acton) had lately held with the surgeons to the venereal hospitals of Paris and Brussels, he found that none of them believed that secondary symptoms were inoculable. The attempt to effect this had often been made, but without any success. He thought Mr. Lee's cases were not conclusive. The sources of fallacy in these cases were well known to be numerous. Was Mr. Lee in a position to demonstrate, by actual experiment, that secondary symptoms could be inoculated? In such an inquiry it was not sufficient to detail cases, portions of which were not known. Many of the cases on record were of a doubtful character. Thus, secretions were taken from sores said to be secondary, when it was very doubtful whether they were so; for instance, condylomatous sores in the anus, a position in which primary sores might be found. No doubt there were cases in which the breasts of healthy women became affected with symptoms of a doubtful character, from suckling the children of syphilitic mothers; but no satisfactory conclusion could be drawn from such cases. When brought before the criminal courts, it was soon shown how far the data on which they rested could be relied upon. No single instance had occurred to him in which he had reason to believe that a genuine secondary sore had produced an affection in another person. On the contrary, he had constantly seen persons living together, one of whom had secondary symptoms without the other being affected. He had attempted inoculation, but in this had failed.

* Works of Hunter, by Palmer, vol. ii., p. 321.
† Leçons sur le Chancre, p. 86.

Mr. HENRY LEE said that it had justly been observed by Mr. Acton, that the question of the inoculability of secondary syphilis was not confined to this meeting or to this country. It had been said, here and elsewhere, and gravely maintained, that in every case where syphilitic symptoms had appeared, however strong the evidence may have been of the secondary origin of the disease, yet that, in reality, some matter from a primary sore must have been the source of the evil; and in truth it was extremely difficult to say, in any given case, that the contact of the secretion of a primary sore had been absolutely impossible. But were we, as reasonable men, to have the facts which passed before our eyes so overlaid by an ingenious theory as to be incapable of duly appreciating or interpreting them? Were our judgments to be so warped by the dictum of any individual with regard to this disease as to remove it from the ordinary rules of clinical observation? As well might we maintain that scrofula was always introduced into a patient's system by contact with the secretion of a scrofulous sore, because such contact was possible in any given case. It might be said, and it had been said, until by frequent repetition the assertion had assumed a stereotyped form, that the syphilitic poison might always be traced by the characteristic morbid action which it induced; that the specific pustule, occurring always at the same period after inoculation, enabled us to trace the cause of this disease. But in the cases before us no such specific pustule arose, and the periods at which the disease appeared were very variable. The theory here did not coincide with the facts observed. The great luminary who originated the theory must yield to the observation of cases as they occur in nature; and with him must fade his numerous satellites, who for a short period had shone with borrowed light. The theory which he propounded had, indeed, been taken from the observation of nature, but one-half only of the subject had been described. The specific pustule and its regular development followed certainly enough upon the inoculation of matter from a suppurating sore. The case was, however, entirely different with regard to secondary inoculation, and also with regard to the inoculation of the primary indurated sore. These were followed by an entirely different series of actions, and much confusion would arise, and had arisen, from not distinguishing them from the results of the inoculations of local suppurating syphilitic disease.

Mr. ACTON would repeat the inquiry he had previously made of Mr. Lee: Was he prepared to demonstrate by experiment that secondary symptoms could be propagated by inoculation?

Mr. HENRY LEE said that it was, indeed, very difficult to demonstrate by experiment the inoculability of secondary symptoms, but this arose from the fact that syphilis was not easily inoculated upon a patient who already had the disease, and few surgeons would be hardy enough to try the experiment upon a virgin constitution. Mr. Lee had successfully inoculated the secretion of a secondary eruption upon a patient who already had the disease, but he had never introduced the disease for the first time into a patient's system, and would positively decline so doing.

Mr. SKEY remarked, that a person in France had been fined for performing the experiment. It was certainly a most hazardous one.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEB. 1ST, 1860.

DR. TYLER SMITH, V.P., IN THE CHAIR.

LETTERS were read from Dr. M'Clintock, Dr. Matthews Duncan, and Dr. Fleetwood Churchill, thanking the Society for their election as Honorary Fellows.

A REMARKABLE CASE OF MIDWIFERY.

BY DR. FITZPATRICK (MADRAS ARMY).

(*Communicated by* Dr. MURPHY.)

The patient, aged 32, pregnant for the fifth time, and residing at that period in India, had been treated whilst in Europe a few years before for ulceration of the uterus, which was said to have been cured. She had not been pregnant for seven years. Taken in labour at the eighth month, there was found to be a breech presentation; the liquor amnii had escaped. Labour made no progress, however, owing apparently to the presence of a membrane, which, when pushed up, formed a cul-de-sac. After some deliberation, this membrane, thick and resistant, was incised, and the child delivered. A second child was soon after born, also a breech presentation. There was much

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hæmorrhage, and the patient was with difficulty brought through. She finally did well.

Some discussion took place as to the nature of the membrane incised.

Dr. MURPHY conjectured an ovarian cyst might have been present, pushing the lower part of the uterus to one side.

Dr. TYLER SMITH thought it was a case of agglutination of the os, and that the uterus itself had been cut through.

CASE OF TWINS: ONE BLIGHTED.

BY W. SANKEY, ESQ. (DOVER).

A fœtus, apparently about the fourth month, was exhibited, which had come away from the uterus together with a healthy, ripe, living child. The woman had suffered from slight hæmorrhage at about the fourth month, following a strain.

DESCRIPTION OF A LARGE FIBROUS TUMOUR OF THE UTERUS.

BY H. G. TIMES, ESQ.

The large fibrous tumour exhibited was eleven inches in length, and weighed ten pounds and a quarter. It was removed from a patient, aged fifty-three, single, who died after a short illness. The tumour had been present to the patient's knowledge for nine months. The catamenia had been regular to the age of forty-eight. The tumour filled the left iliac fossa, was hard, dense, and calcareous in the centre. It was not connected so immediately with the uterus as usual, owing, as the author believed, to the weight of the tumour having by degrees effected a separation. The right ovary was dropsical.

Dr. PRIESTLEY was in doubt as to whether the tumour had actually originated in the uterus or not. He was of opinion that a more careful examination would be necessary to decide this important question.

Dr. Priestley and the author were accordingly requested to furnish a more particular account of the specimen.

Dr. TYLER SMITH exhibited a fœtus, born at nearly the full time, where the labour was impeded by a large tumour attached to the nates of the child, which was still-born. The tumour was partially covered with skin, and was composed of a number of large hydatiform cysts, cutaneous tissue, and pieces of bone and cartilage of irregular shape. At one or two points, processes resembling fingers grew from the external surface of the tumour, and some of the cysts contained cerebriform matter. The tumour appeared to consist of a degenerated ovum, the placenta and the remains of the fœtus being fused together in a perfectly amorphous manner. The attachment of the mass to the healthily-formed fœtus was only by cutaneous adhesion, and was readily separated.

ON THE ACTION OF BELLADONNA ON THE SECRETING MAMMARY GLAND.

BY RICHARD MARLEY, ESQ. (BROMYARD).

The author brought before the Society his experience of the efficacy of inunctions of belladonna in repressing the secretion of milk, after the method first pointed out by Dr. Goolden. He had invariably found the means resorted to efficacious and the results satisfactory. Forty-four cases were cited, in which, from a variety of causes, it was necessary to apply the remedy. All were successfully treated.

Dr. TANNER's experience would fully bear out the statements of the author. He was constantly in the habit of applying the belladonna inunctions, and was, in consequence, never troubled, as formerly, with inflammation and abscesses of the breast, &c.

ON MIDWIFERY IN THE EAST.

BY J. JACKSON, M.D. CANTAB.

LATE OF THE BENGAL MEDICAL STAFF.

The paper was written with the view of bringing to the notice of the Obstetrical Society of London the existence of midwifery hospitals in India, and the labours of the medical officers attached to these institutions; and it suggested that much interesting and valuable information might be gained respecting the diseases of women and children in the East, and their treatment, if correspondence were entered into by this Society and the respective heads of those establishments.

In order to give some insight into the peculiarity of some of the diseases of the female, especially in the parturient condition, Dr. Jackson gave a sketch of the state of health in which the young European girl frequently entered upon her life in India, when, after a long sea voyage, she suffered from amenorrhœa, and arrived in a plethoric state, liable at once to an attack of fever, and invariably experiencing the irritating and venomous bites of the mosquitoes. On her restoration to health, and in the event of her soon afterwards marrying and becoming pregnant, the author spoke of the simple manner in which the labour was carried on, and the generally successful issue both to mother and child. He stated, however, that there were diseases peculiar to the country which required careful watching, and amongst these the most severe one attacking the infant was that of trismus, which came on generally on the morning of the third day, and invariably proved fatal.

Dr. Jackson observed that amongst the older residents, with relaxed fibre and exhausted system, or amongst those that had borne several children, there was at the time of labour great tendency to hæmorrhage from the want of contractile power in the uterus; and that post partum hæmorrhage was not unfrequent, requiring the early administration of ergot, &c. In many females, during the period of pregnancy, diarrhœa was an occasional ailment, and even dysentery, from a mild to its most severe form, giving rise to miscarriage and even death. Cases of long-continued vomiting and death from pregnancy were not unknown. It was worthy of observation, also, that during the parturient state phthisical patients in India did not obtain that relief to the pulmonic disease which was generally seen in this country: the muscular powers became enfeebled, the heart's action weakened, and there was no cessation of the complaint.

The author also stated that children were very liable to fever and convulsions during teething; and that the milk of the native nurse during a catamenial period generally caused great irritability in the child, and, during the hot weather, not unfrequently gave rise to convulsions, which continued more or less, in a milder form, during the whole period of dentition.

A sketch was then given of the mode in which labours were carried on amongst the native females: how at that particular period they were considered impure, and placed in an outhouse; and how there had been for years immemorial an established custom, but not a religious rite, of subjecting the poor woman to the stupefying fumes of charcoal (while she lay upon the floor) and the smoke of wood fires, which filled the apartment, and produced an anæsthetic influence less complete, but less dangerous, than that caused by chloroform or ether.

The greater irritability of the native female was spoken of, and her liability to tetanus at the catamenial period, which he had never known in the European at that time, though he had seen the disease in a healthy European woman after the birth of the child, on the third day. He stated that the native female was subject to the same diseases as the European.

Some few instances of malpractice of the native midwife were then given, both in reference to the production of abortion by mechanical means, and as showing the violent measures made use of for the delivery of the child. Dr. Jackson stated that now there had been established by the paternal government of the East India Company a midwifery class in connexion with the several medical colleges, which was very carefully instructed in this particular branch; and as European and even native nurses had an opportunity of being instructed in the management of women at the time of childbirth, and as the higher ranks of natives at the presidencies had begun to appreciate the value of this privilege, and availed themselves of their services, it was to be hoped that instances of malpractice would become less and less frequent, and in time unknown.

Dr. TYLER SMITH observed that the common effect of the voyage to India, and other long voyages, was to produce amenorrhœa. The influence of the sea upon menstruation was very marked. It relieved dysmenorrhœa, and especially membranous dysmenorrhœa. It would be important to ascertain if children in this country, suckled by nurses who menstruated during lactation, were more liable than others to convulsions when teething. The fact that the fumes of charcoal had been used to allay the pains of labour in Hindostan for centuries was highly interesting. No doubt they also had an oxytocic effect. It was found that when gravid women died from the inhalation or retention of carbonic acid gas the child was violently expelled. The relaxation of the uterus which led to post-partum hæmorrhage in Europeans in India continued after their return to this country, and some of the worst floodings he had seen occurred in tropical invalids. He usually recommended that women going to India, or other hot climates, should take ergot immediately after the expulsion of the child.

In answer to a question from Dr. ROUTH,

Dr. JACKSON stated that the age at the first menstruation was, according to his experience, twelve to fourteen years as a rule, and the age at the last menstruation forty-five, forty-eight, or fifty.

Dr. GRANVILLE believed that fourteen was the earliest year amongst the middle classes.

Reviews and Notices of Books.

Notes on Nursing. By FLORENCE NIGHTINGALE. London: Harrison, Pall-mall.

THIS is a very remarkable book. If it should produce one-half the good which it ought to effect, Florence Nightingale will have conferred a greater benefit on her kind, and have achieved a higher claim to their gratitude, than any woman of her time. It is not possible to convey a satisfactory notion of its contents by any review such as we have here space to afford. It is pregnant with short, clear, and suggestive thoughts, tersely expressed and cleverly arranged. It does not readily admit of condensation: for each paragraph deals with a separate proposition; and each proposition is announced in plain and forcible language. It is an interesting study for physicians and surgeons, a homily to women, and a text-book for nurses.

Miss Nightingale treats of nursing in its widest sense: as signifying the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet. She has seen nursing of the best and of the worst kind. She concludes that it is an art almost wholly unknown.

The first rules of nursing she wisely adjudges to be these:—To keep the air the patient breathes as pure as the external air, without chilling him. The sick room—aye, every room—must be ventilated neither from hall, nor corridor, nor basement, but from the external air. Windows are made to be opened; doors to be closed. People do not catch cold in bed with proper bedclothes and (if necessary) hot bottles. Cold air admitted from an adjoining room is not ventilation; nor is fresh air a means of chill. Pure night air from without is preferable to foul night air from within. All these propositions command the assent of thinking men; but if we review our experience, and even our practice, in sick rooms, it is startling to think how directly they are contravened by the usual routine of nursing. The pointed illustrations in which the work abounds are worth a world of argument.

All houses are, in their time, nurseries for the healthy, and nursing-homes for the sick. These five essentials the authoress enumerates for securing the healthiness of houses: 1. Pure air; 2. Pure water; 3. Efficient drainage; 4. Cleanliness; 5. Light. The best London houses are too often deficient in all these. As to the first point, be sure that the air in a house is not stagnant, or sickness must follow. As to the second, beware of impure wells. As to the third, have a care to abolish untrapped sinks.

"The ordinary oblong sink is an abomination. That great surface of stone, which is always left wet, is always exhaling into the air. I have known whole houses smell of the sink. I have met just as strong a stream of sewer air coming up the back stairs of a grand London house from the sink as I have ever met at Scutari; and I have seen the rooms in that house all ventilated by the open doors, and the passages all unventilated by the closed windows, in order that as much of the sewer air as possible might be conducted into and retained in the bed-room."

Amongst "negligences and ignorances" in managing the health of a house generally, Miss Nightingale enumerates—first, the neglect of the head in charge to see to (not to do) house hygiene herself; second, the omission to cleanse, air, and sun systematically uninhabited rooms; that the window, and one window, is considered sufficient to air a room, and the chimney throat choked with a wisp, or closed with a board. A picture is painted in the very colours of truth of an unhealthy house, and the reasons why it was unhealthy.

We pass the sections on Petty Management, Noise, and Variety, commending them, however, to careful study. We arrive at the discussion on the subjects of Taking Food, and What Food? Miss Nightingale starts with the assertion that "every careful observer of the sick will agree that thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food." We dare not disagree, under the fear of the penal clause with which the sentence opens; but although strongly convinced of the propriety of the subsequent suggestions, we nervously shrink from endorsing this startling estimate of loss of life. Careful watching of the moments of appetite, the moments of faintness, frequent supply of small quantities of food, minute selection, and accurate punctuality, save many lives—more, Miss Nightingale thinks, in hospital than in private practice; for there the head nurses second the doctor more cordially in these momentous minutiæ.

In the section on What Food to Take, the authoress is rather expository of the errors as to the value of arrowroot, jelly, and beef-tea, (which still survive generally amongst nurses,) than suggestive of any novelties. She justly says that chemical science has as yet afforded but uncertain utterances in relation to the dieting of the sick, and that observation must supply the deficiency.

Second only to the need of air is the need of light. Beds for the sick should be placed so as to afford a southern aspect, view from the window, and free sunlight; for the bed is the dwelling-place of the sick man. House cleanliness and exquisite personal cleanliness, on these Miss Nightingale expends all the eloquence of truth, intimate knowledge, and conviction. But peculiarly interesting to the medical practitioner is the section on the Advisers of the Sick Man. Here is a woman, who has stood by many thousand bedsides, and has seen all the faults and shortcomings of doctors, nurses, and friends, and who does not hesitate to tell plain facts in strong words. Her reproof to the friends, who will shower advice upon the sick to leave off some occupation, try some other doctor, some other house, climate, pill, powder, or specific, will be echoed by every practitioner who has been worried, and has seen his patients unnerved and harassed, by legions of advisers. The chapter on Observation of the Sick is full of invaluable hints. The difficulty which the practitioner has in obtaining satisfactory accounts of his patient during his progress is almost insurmountable in private practice; for even when the patient has been duly watched, the nurse does not observe any of the facts which he wishes to know. They may learn from this book many things which are especially to be observed, and how necessary it is to observe all things carefully.

In the final pages, Miss Nightingale utters a warning against the reckless amateur physicking by women. There are few physicians who cannot recall a score of ludicrous and painful mistakes arising from this foolish and injurious practice. A good nurse neither physics herself nor others. Medicine assists nature to cure disease; good nursing puts the patient in the best condition for nature and medicine to act upon him. How this may be done has never been so well told as by Miss Nightingale.

Stricture of the Urethra: its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections. By ROBERT WADE, F.R.C.S., &c. Fourth Edition (with Engravings), fcap. 8vo, pp. 354. London: Churchill.

THE fourth edition of Mr. Wade's work on Stricture appears at a time when the treatment of the disease is attracting universal attention in the profession. There can be no doubt that some of the advocates of particular plans of treatment have carried their views beyond legitimate bounds. Mr. Wade has ably criticized the various plans of treatment which are at present in use. Dilatation, the division of strictures, and the employment of caustic, are fully canvassed by him. In a vast majority of cases, he contends, and no doubt correctly, that dilatation, carefully and assiduously performed, will effect all the purposes required. He is in favour of a slow and gradual process of dilatation, but has had no personal experience of the more rapid mode of effecting the dilating process lately followed and recommended by Mr. T. Wakley, Mr. Barnard Holt, and

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others. He considers, however, that the evidence adduced in support of this mode of proceeding sufficient to prove that, in certain cases, it may be advantageously employed. As it is only resorted to in proper and selected cases, he admits it to be capable of effecting all that its proposers ever contemplated. Mr. Wade has had great experience in the treatment of urethral obstruction by means of the caustic potash, and he adduces a large number of cases to show its beneficial effects. It is his opinion that what are called the "perineal section" and the "division of stricture," by cutting instruments of whatsoever kind, are scarcely ever necessary, and that these formidable operations should never be resorted to until all other legitimate means of treatment have failed.

Mr. Wade's book is thoroughly practical, and may be consulted with advantage by all interested in the treatment of stricture of the urethra.

ARSENICAL FLY-PAPERS.

(LETTER FROM DR. R. H. BRETT.)

To the Editor of THE LANCET.

SIR,—My attention has lately been drawn to the subject of arsenical fly-papers, in consequence of a short notice by Mr. Draper, published in the *Pharmaceutical Journal* of November. The results of a good many experiments upon fly-papers, commonly sold in the shops, lead me to the conclusion that the quantity of arsenic present is frequently much larger than the amount stated in the communication just referred to; and as this is a subject of considerable importance, not only to the profession, but also to the public at large, perhaps you will allow me space in THE LANCET for a few remarks.

The papers experimented upon were obtained from different shops, the greater number being those called "*papier moure*;" some, however, were from other makers. These papers differ considerably in weight, the lighter weighing about fifty grains, the heavier from eighty-five to ninety grains. They were all dried before weighing. These fly-papers may be divided into two classes: the one called "*papier moure*" contains the arsenic in the form of *arsenic acid*, combined with potass; the other, free *arsenious acid*, not combined with any base. Both sorts, when burnt, give out the peculiar odour of metallic arsenic in in the state of vapour. The papers called "*papier moure*" yield an ash strongly alkaline to test-paper; water dissolves out carbonate of potass, combined with a small quantity of undecomposed arseniate of potass; the alkaline base is readily detected by the ordinary tests. The other class of papers does not furnish an alkaline ash by burning. Upon boiling the "*papier moure*" in distilled water, and filtering, a solution is obtained, precipitated white by a salt of lime, brick-red by neutral nitrate of silver, and yellow by hyposulphite of soda and muriatic acid when heated, indicating the presence of *arsenic acid;* the last is a very good and easily-applied test for this class of papers. Both descriptions of paper, when boiled with dilute muriatic acid and bright copper wire, deposit metallic arsenic upon the copper, which, when heated in a long test-tube, furnishes a crystalline sublimate of arsenious acid. The metallic arsenic is more readily deposited upon copper from those papers which contain free arsenious acid, than from the arseniate of potass papers. The experiment, however, is sufficiently striking in either case.

The watery solution from the arsenious-acid papers is precipitated yellow by the ammonio-nitrate of silver, green by the ammonio-sulphate of copper, and, after the addition of muriatic acid, yellow by sulphuretted hydrogen, showing the presence of *arsenious acid*. The quantity of arsenic acid in the "*papier moure*" was determined as follows:—A given weight of the paper was boiled with pure muriatic acid and water, and the filtered fluid submitted to a current of sulphurous acid gas. In order to reduce the arsenic to the state of arsenious acid, after boiling the fluid to get rid of the excess of sulphurous acid, sulphuretted hydrogen was passed through for some time. If the reduction of the arsenic to the state of arsenious acid is not effected by means of sulphurous acid, prior to the use of sulphuretted hydrogen, the whole of the arsenic is with difficulty got down; and hence, I believe, in some cases, where this precaution is not adopted, the actual quantity of arsenic is much under-estimated. The fluid containing the ter-sulphuret of arsenic is then heated for some time, and the precipitate collected upon a weighed filter. The whole is then carefully washed, dried, and weighed. The filter, with its contents, is afterwards heated with strong nitric acid. The sulphuric acid thus formed is converted into sulphate of baryta, from the weight of which the whole amount of sulphur is determined, the weight of the original precipitate, less the quantity of sulphur, gives the amount of metallic arsenic, from which the equivalent, either of arsenious or arsenic acid, as the case may be, is easily deduced. The quantity of arsenious acid in the other class of papers may be ascertained in the same way. It is not, however, necessary to employ the reducing agency of sulphurous acid, because the arsenic exists already in the state of arsenious acid, and is then easily thrown down from muriatic acid solutions by sulphuretted hydrogen.

Subjoined is the per-centage of arsenic and arsenious acids in the "*papier moure*" and arsenious-acid papers respectively. In the former I have given the equivalent of arsenic acid also, because as such it exists in the papers:—

Samples.	"*Papier moure.*"	Per cent.
No. 1	As_2O_5	8·42 = As_2O_5 7·25
,, 2	As_2O_5	9·75 = As_2O_5 8·40
,, 3	As_2O_5	8·82 = As_2O_5 7·60

Samples.	Arsenious-acid papers.	Per cent.
No. 1	As_2O_3	15·0
,, 2	As_2O_3	7·0
,, 3	As_2O_3	8·2

It will be seen from the above that the per-centage quantity of arsenic in these several papers, estimated as arsenious acid, does not materially differ, with the exception of one of the arsenious-acid papers, where nearly double the amount was obtained. With regard to this sample, indeed, it was found that, when two square inches of the paper was boiled with fine, bright copper wire and diluted muriatic acid, so much metallic arsenic was deposited that the latter separated, in great measure, from the copper surface in the form of small *black flakes*. As the "*papier moure*" gives a bitter-sweet extract to alcohol and water, it was examined for strychnine. This alkaloid could not, however, be detected. It is probable that the bitter principle is due to quassia, mixed with some saccharine matter.

It may be proper to observe, that the average weight of the fly-papers submitted to examination was about sixty-nine grains; and the average per-centage of arsenious acid (not including the paper containing 15 per cent.) was about 7·69 per cent.; thus giving to each paper 5·3 grains of arsenious acid.

Such papers, Sir, are sold without any restriction. Should they be allowed to be sold at all, when two or three of them contain sufficient arsenic to poison a whole family?

I am, Sir, your obedient servant,

R. H. BRETT, Ph.D., M.R.C.S., &c.

Formerly Lecturer on Chemistry and Medical Jurisprudence at the Liverpool Infirmary School of Medicine.

Argyle-street, Birkenhead, Jan. 1860.

STAFF-SURGEONS, R.N.

To the Editor of THE LANCET.

SIR,—The July and October *Navy Lists* have continued the designation *staff-surgeon* according to its meaning before May, 1859, previous to which time it was given to certain surgeons in hospitals, and to the surgeons in flag-ships.

Apparently it has been overlooked that the Queen's Order in Council of May 13th, 1859, abolishes the grade of staff-surgeon as existing in the Navy before that date. The Order in Council expressly says, "that in future there shall be four grades: inspector, deputy-inspector, surgeon, (who, after twenty years' full-pay service, including ten as surgeon, shall be styled staff-surgeon,) and assistant-surgeon." The designation *staff-surgeon*, according to its old meaning, is not recognised in the Warrant: by inference it is abolished, and any continued use of it is an act of disobedience to the Queen's Order in Council. The general improvement in rank and pay will compensate the old class of staff-surgeons for their ceasing to be styled staff-surgeons, and those of them in flag-ships for the additional shilling a day. Many of them will be qualified to be placed in the new class of staff-surgeons; but this is quite immaterial, and has nothing to do with the error that has been committed for the last six months, in continuing a grade abolished by the Queen.

I am, Sir, your obedient servant,

STAFF-SURGEON, R.N.

February, 1860.

THE LANCET.

SATURDAY, FEBRUARY 11,

BEING

No. 6

OF THAT JOURNAL FOR THE YEAR 1860.

A PROJECT is now being discussed between the Privy Council, the College of Surgeons, and the hospitals, in which the voice of the profession at large, and especially of the District-Vaccinators, ought to be heard. The extraordinary scheme of the Privy Council, of introducing a special vaccination diploma, to be granted, not by the recognised Examining Boards, but by individuals nominated by the Council, was commented upon in this journal, immediately after its promulgation. It was scarcely to be expected that the Privy Council would directly acknowledge the unconstitutional character of the step it had taken, by abandoning it. It seems, however, to have become satisfied that the attempt to separate vaccination from Medicine and Surgery, and to hold up a qualification to vaccinate as something with which the Colleges had nothing to do, was not likely to be successful. It has accordingly taken another step. It has invited the College of Surgeons to demand from candidates a certificate of skill in vaccination; and with a view to this, the College invites the Hospital authorities to institute vaccination departments, for the purpose of affording the students practical instruction in this subject. We believe that at present no definite arrangement has been made. It is not yet decided whether the College will accept certificates from any of its members, or whether the certificate of a particular officer of an hospital is alone to be admitted. This is one point that ought to be settled. But since the ultimate object is, of course, to secure efficient vaccinators, we ought also to be informed whether the College proposes to be content with the certificate that a candidate has witnessed and performed a certain number of vaccinations, or whether it proposes to institute some kind of examination into his knowledge of the subject. Is the hospital or private certificate to be not merely a testimony of instruction, but also to possess the attributes of a diploma; such, for example, as will qualify the holder to be appointed a vaccinator under a board of guardians? Is the College merely to stamp this certificate, or is it further to examine? If it propose to examine, then where is the machinery? We need not say that, even supposing that the surgical examiners would not repudiate the task, they are not competent to this duty. How many of them have actually performed the operation? There is the Board of Examiners in Obstetrics, admirably qualified; but no part of the general Board of Examiners. Their diploma is no ingredient in the diploma of the Member or Fellow; but something as distinct as if the Board met at Dublin or Edinburgh. Now bad as is the principle of giving a distinct diploma in Midwifery, the idea of giving a distinct diploma in Vaccination is even more absurd. It is clear, therefore, that examination in vaccination must be made an integral part of the general professional examination for a diploma. This subject deserves the practical attention of the joint Committees of the Colleges, now sitting to adjust the schemes for the double examination and double qualification. We regret that there is on those Committees no gentleman engaged in the practice or teaching of Obstetrics upon whom reliance can be placed to urge this amongst other important claims of the obstetric department. But as the matter now stands, we trust that it will not be overlooked.

To put the question in a few words, these are the chief points to be considered: Is it an object to associate a qualification to vaccinate with the general diploma of the practitioner? Is it an object to abolish the preposterous Privy Council diploma in vaccination? Is it an object to institute practical instruction in vaccination in our hospital schools? If these questions be answered in the affirmative, it follows that the scheme will, in the first instance at least, be carried out somewhat at the expense of the general practitioner and of the district vaccinator. Each hospital will immediately divert some thousands of children annually from the stations of the vaccinators. This is to abstract an equal number of fees, which are usually looked upon as a desirable compensation for worse-paid parochial work. This injury we are satisfied the medical officers of the hospitals would be very unwilling to inflict. The measure will probably to a great extent be forced upon them.

There can be no doubt that the recent spread of small-pox demonstrates the necessity for revising and improving our machinery for vaccinating. But if this scheme be carried out, as it probably will be, then should the miserable fees of the district vaccinators be augmented. Indeed, the wretched remuneration for this duty is the chief cause of the imperfect extension of vaccination. When this truth shall be recognised the evil will soon disappear.

IT is a sorry sight—that last effort of the showman at a country fair to catch yet one more audience before he is compelled to close his booth of tawdry shams. He still beats his drum, still blows his trumpet, and shouts his mendacious description of the wonders within. But the fellow's pluck is gone; for the two or three gaping boobies round the stage have much faith, but no money; whereas the folks on whom he has his eye are steadily striding homeward, to awake in the morning and wonder how they could have been so juggled by mountebanks. One more chance there is, and he seizes it with the dexterity of his tribe. The contents of the booth are turned out on the platform—the wonderful dwarf, the pig-faced lady, and the performing dog. "Judge for yourself," shouts BALPHEGOR, as a last hope to gather yet a few more pence before there remain but the stinking wicks of the extinguished lamps to mark his whereabouts.

To some such pass the professional disciples of homœopathy are now driven. They have blown their own trumpets, abused their neighbours, and entreated belief in monstrous and unproven assertions, until even that exceeding personal impudence essential to a successful homœopath—"Nil conscire sibi, nulla pallescere culpâ"—avails no longer. Their latest plan is a repetition of the showman's last expedient. They deliver popular lectures on homœopathy at mechanics' institutions and public-houses. They are continually seeking opportunities to submit their sophisms to the judgment of old women or ignorant men, with immense deference to their opinions, if favourable. And lately there has been a continual oozing from the homœopathic press of unwholesome-looking green pamphlets, explaining to the credulous what are the opinions and

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addresses of the particularly disinterested authors, and entreating them to try homœopathy for themselves.

A pile of such books lies before us—tracts, pocket-books, essays, explanations, sketches, &c. Some are written to order for homœopathic chemists, but the greater number are merely straightforward statements of the writer's confidence in his own consummate skill and unrivalled talent. They are all, of course, of the popular class, adapted to the very meanest capacity, and soliciting its opinion as a competent judge of scientific truth. We will refer to two or three of what may be considered the best, as their authors give proof that, at some time of their lives, they have been ordinary men.

Thus, NEVILLE WOOD, M.D., F.R.C.P.E., (who parades these titles, oblivious, simple man! of the implied conditions under which they were conferred,) reports an address delivered to an Institute of Working Men, to whom he speaks thus:—

"I leave you to judge whether the absurd and impossible are on the side of allopathy, with its bleeding, blistering, and its weakening remedies; or of homœopathy, with its small and gentle, but healing doses.....Homœopathy is more varied in its resources than the old practice, curing many disorders which the latter cannot even relieve. Cases that have been despaired of at the hospitals are often cured by homœopathy..... I make it a rule never to refuse to see a patient because he cannot afford to give a fee. (Cheers.) Well, gentlemen (!) you appear to think much more of this little statement than I do myself.....For honest, plain-spoken gratitude, commend me to the British artizan. (Loud cheers.)"

How lost to all self-respect must an educated man have become who can stoop to perform a solo on his own trumpet before such an audience! yet we believe that Dr. WOOD is considered rather a shining light amongst his class. *Proh pudor!*

In a small tract by JOHN MOORE, M.R.C.S.L., we find the following specimen of historical audacity:—

"In all ages a few great minds have caught glimpses of the truth of homœopathy. Amongst these we may mention Hippocrates, Haller, and, in our own country, John Hunter. Hunter's celebrated law, that no two diseases can exist in the body at the same time, is just another version of the homœopathic principle.....It is a more philosophical science than the old, and those who love the easy arm-chair of routine practice can never become homœopathists."

To appreciate the unbounded impudence of this, we need only to think on the crowds of men who labour without ceasing, all their lives through, to pile little facts together for the attainment of truth, and contrast them with the half-educated adventurers who fill the ranks of homœopathy, not one of whom has ever recorded a single original fact on the roll of science, or advanced a new opinion capable of demonstration—unless we are content to receive as discoveries HERING's administration of triturated bugs and diluted pus, or MUHRE's statement that 283 different symptoms are caused by taking an infusion of *lice*. Hence, indeed, arises much of our active disgust at homœopathy; for the base on which it rests is only a revival of the errors into which STAHL and his followers fell more than two centuries ago, which led then, as it would lead now, to inert practice, to the neglect of anatomical research and of the collateral branches of medical science. This first result has already ensued, and, being one that patients can appreciate, is gradually but surely upsetting that influence with the public which homœopaths have attained by loud self-assertion—the lever of every quack, from St. JOHN LONG down to the "Docteur NOIR," who has recently come to grief in Paris. Now, this falling off in faith, and consequently in fees, is a serious matter; and the homœopaths are in such a great state of alarm, that they are splitting up into factions, and quarreling about big and little doses, in a refreshing manner. In a pamphlet by G. WILKIN, M.D., M.R.C.S.E., principally devoted, as usual, to the sounding of his own praises, he says that the infinitesimal or small dose of homœopathy is "its principal glory in our eyes," whereas the latest authority on the subject writes thus:—

"Let me here relate very clearly and declare most emphatically to all who have ears to hear, that homœopathy does not consist, either, in infinitesimal doses revealing themselves to our senses under the appearance of mysterious globules. Cease, then, your invectives and slanders against our poor globules; we will give them up if you care so much about it."

Monsieur GRANIER, who affords this affecting instance of generosity, has recently written a portly book called "Conferences on Homœopathy," with which his fellows in this country are enraptured, and by which their dupes are ready to swear. There is considerable shrewdness in the work, and a power of imagination which serves equally well to furnish illustrations and supply serious arguments, mixed with much vulgar audacity and a painful irreverence. These qualities, and a history which is very characteristic of the way in which homœopathic matters are managed, induce us to notice the book at some length.

After a continental tour such as English folks take, and knocked up as only English folks knock themselves up in conscientiously "doing MURRAY," it chanced that one of a party of travellers was "dead beat" at Nismes. The party consisted chiefly of women, with that spurious kind of half education so frequently bestowed on females of the middle rank in England, and, therefore, believers in homœopathy, and willing flies for the mesh which M. GRANIER, of Nismes, immediately begins to weave about them when called in to see the patient. Being a fluent talker and mighty boaster, he discourses boldly on everything that women guess anything about, and is, of course, taken for a genius by the credulous creatures—a sequence as old as the days of DIDO. The result is that his admiring audience undertake to translate into English a book which he shall write to prove that homœopathy is great, but that he is incontestably its greatest prophet. So the patient gets well after six weeks of rest. And the foolish virgins who edit the book are in ecstacies at such a recovery without "the "tedious convalescence generally attendant on allopathic treat-"ment"—as they state in a preface, written with the intention of deluding the reader into believing that it is a man's work. Anything more ludicrous than the achievement of writing a professedly scientific book on medical matters for a couple of prim unmarried women to translate, never entered into the brain, even of a Frenchman, to attempt; but it is adroitly managed, and the syphilis and itch theories which HAHNEMANN so loved are slurred over, and Science dressed *à la mode*, lest the women's ears should tingle at their work. The French Academy has evidently, at some time in his small career, had the agonizing misfortune to differ from M. GRANIER—probably treating him with that contempt which real men of science feel for flippant chatterers. So he devotes a large share of a bulky volume to abusing them; and chases them up and down his pages with the comical viciousness of a little dog, returning

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again and again to bark at a couchant lion. Being a renegade from our ranks, he occupies another hundred pages or so in rancorous abuse of the profession with all the intense virulence of a pervert. His course of reasoning resembles that of a man who, seeing spots on the sun, inveighs against anyone benefiting by its light, and produces as its substitute a farthing rushlight he happens to possess. M. GRANIER declares himself to hold opinions different from other homœopaths, some of whom he soundly abuses and calls heretics, whilst his wrath is so roused by the dieting men who leave their patients no choice what to eat and drink, that he declares—

"If I were in the place of the patients who consult them, I would rather a thousand times keep my complaint than submit to so tantalizing a punishment."

And, with admirable consistency, he observes in another page—

"It is, in fact, impossible that homœopathic doctors should not have the same opinions and methods of treatment in their consultations, since they see the same objects through the same medium."

The peculiarly small candle which M. GRANIER proposes as a guiding light in therapeutics, to explain everything, is as follows:—

"In embracing the whole extent of the physiological field, we will arrest our attention upon the vital fluid. This principle ought to be our beacon, star, and compass. Health is the more or less perfect equilibrium of this vital fluid: diseases are the virtual and dynamic changes of the vital equilibrium. I have shown that this doctrine is in accordance with the nature and destiny of man: you have, perhaps, foreseen that it is also consonant with the actual and undefined progress of science. In fact, I would ask if, in the middle of the nineteenth century—an age eminently favourable to the development of fluidism,—anyone should object to consider diseases as the fluidic derangements of our vital fluid? which is, perhaps, our specific electric fluid."

This very lucid, though not very original, explanation of what is to be worked in, is followed by an equally satisfactory description of what is to be worked with:—

"Medicines are fluidic powers. They are beings (*êtres*) that man may create at his will. I wish I could say they are occult powers forming the chain of fluidic communication between this world and that beyond the tomb. But I am convinced in my own mind that, placed on the limits of fluidic dynamism, our observation might cast a scrutinizing glance into the unseen world."

And in case the above should not prove very easy of comprehension, this delicate tribute to "*nous autres*" is offered by the man who cries out plaintively that his class are called hard names and laughed at:—

"Instead of the brutality of allopathic means, we offer you the gentleness of homœopathic remedies, and you will not accept them! Homœopathy would lead you with a kind and maternal hand along a smoother and less painful path, and you resist it, and prefer limping along a highway paved with bluestone, bristling with lancets, and swarming with leeches ready to suck your blood."

Of course M. GRANIER has a hobby, but it is a less nasty one than is usual with homœopaths, whose administration of the matter from glandered horses and other eccentricities in treatment are probably known to many of our readers. His patients may eat what they like and drink what they like, but there is one thing which they must avoid, this particularly noxious article being camphor, the very smell of which "forms an antidote to homœopathic medicines in infinitesimal doses." He calls it the "oïdium of the pharmaceutical vineyard," and declares that a piece in a patient's room destroys the influence of his remedies, and that its neighbourhood to the small vials of sugar-plums neutralizes their dread potency.

This book is so illustrative of a characteristic trait common to all homœopathic writings that we cannot pass it unnoticed; for the same gross irreverence with which the works of HAHNEMANN are saturated—the same free and uncalled-for employment of terms and ideas which we associate with the holy name of religion—is also found in this book of M. GRANIER. Thus the old German is styled "The Messiah of Medicine." The parables of our Saviour are definitely declared to foreshadow homœopathy. And in selecting terms of abuse for some one who had recommended the free use of aperients, this M. GRANIER, whose book is translated by two Englishwomen, (to their shame be it remembered,) thus writes what might be wit, but sounds like blasphemy:—

"It is really to be regretted that Leroy was not installed chief physician to the terrestrial Paradise. As soon as the too-inquisitive Eve had pressed the pulp of the seductive fruit with her pearly teeth, he would have given her a good vomi-purgative, and the bowels of this sinner, immediately washed and cleansed, would have had no time to lose their virginal purity, and consequently her children would have never been ill or needed purgatives."

SOME misapprehension has followed the decision of the judges in the case of GOULD, the *soi-disant* surgeon-dentist, which it is important to correct. It has been hastily assumed that the decision was adverse to the interests of the profession—a judicial invalidation of the Medical Act. But this is by no means true. It will take some other decisions yet before the exact limits of the legal use of the term "surgeon" shall be defined. Our Courts proceed in these matters with great deliberation. They rarely step beyond the particular question before them. Leading principles are seldom laid down when the immediate question is simply the interpretation of the words of an Act of Parliament. Consequently, the Court, in pronouncing upon this case of GOULD, simply dismissed it, because the point brought before it was the matter of *fact* as to whether GOULD had represented himself to be a *surgeon*. This it was for the magistrate to decide. As no point of *law* was submitted to the Court, the Court was careful to pronounce no opinion. Lawyers do not act as volunteers either on the bench or at the bar. When the question of law is brought before the Court, perhaps an *ex cathedrâ* opinion will be given; but we may be sure it will not be given before.

The matter is very plain. The magistrate, having certain evidence before him, found as a fact that GOULD had not used an appellation in such a manner as to infringe the Medical Act. One of the judges (CROMPTON) indeed said that there was evidence enough to determine the magistrate "*either way*" upon this point of fact. Right or wrong, the fact was all the magistrate decided upon, and this the Court had no power to call in question.

That the decision cannot by any means be regarded as one in favour of GOULD's claim to use or abuse the title "surgeon-dentist," is further proved by the significant fact that he had to pay his own costs. We are far from finding fault with this decision. It is quite in accordance with the cautious, even

wary, practice of our Courts. The "surgeon-dentist question," as it is called, has still to be tried. The man who, not being a surgeon, shall venture to seize the appellation, "unguibus auribus aut dentibus," and describe himself as a surgeon-chiropodist, surgeon-aurist, surgeon-dentist, surgeon-shampooer, or what not, will, in all probability, find to his cost that he would have done better not to ultracrepidate, but to stick to the latter half of his incompatible titles.

THIS number of our journal will reach the hands of most of our readers simultaneously with the political journals containing the taxation-scheme of the Chancellor of the Exchequer. Owing to the postponement of Mr. GLADSTONE's speech, we are precluded from stating, in precise terms, the measures of taxation he has to propose. It is, however, generally understood, that a commercial treaty with France will form an important part of the scheme. A large reduction, amounting practically to almost a remission, of the duties on brandy and wines is proposed. In the first instance, at least, a considerable loss of revenue will be entailed. To make up the deficiency, the odious, unjust, unequal, and oppressive Income-tax is to be maintained at an exaggerated scale. To support such a compact upon the pretence of progressing in free-trade policy is absurd. If it were a question of facilitating the interchange of the necessaries of life, or of giving freedom to the operations of commerce, it would ill become this country to obtain these advantages by driving a bargain. There are people who, unfortunately, consider *tobacco* a necessary of life. But it has been held to be wise policy to add the burden of taxation so as to enhance the difficulty of indulging in vicious or noxious habits. In what respect does the indulgence in brandy and wines differ in principle? Nothing in principle: it differs only in this, that it is an indulgence by classes who can afford to pay for its gratification. The proposal to facilitate the consumption of brandy and wines in the measure proposed, is simply to make the Income-tax the prop of intemperance. And for this questionable purpose, is that most iniquitous tax upon labour, upon uncertain health, upon over-worked intellect, to be maintained? And this in the name of Free Trade! Let there be free trade in labour, in the product of the sweat of men's brows, in the works of intellect. We earnestly trust that the project will not be allowed to be ratified without a strong and unmistakable remonstrance.

Medical Annotations.

"Ne quid nimis."

DOMESTIC ARSENICAL POISONING.

THE Legislature has done its best to hinder poisoners from procuring or administering arsenic without arousing suspicion. The returns of the Registrar-General seem to show that the effect has been to change the character of crimes and suicides by inducing a resort to other poisons rather than to diminish their frequency. It must be said, too, that our manufacturers and tradesmen do their best to nullify the benevolent intentions of the Legislature in protecting us from the criminal administration of arsenic by substituting slow and ingenious processes of domestic poisoning, and introducing such a quantity of arsenic into articles of home use as may readily supply the fatal dose. The recorded cases of arsenical poisoning from the emanations of green paper-hangings are now sufficiently numerous to call for a strong expression of public opinion and a general admonition as to the danger of such Borgian decorations. No process of poisoning can be more subtle, more gradual, or in time more certainly mortal than that to which they give rise. Only acute and trained observation, guided by a concurrence of symptoms and circumstances, led to the first suspicion of their toxic influence by Dr. Halley, himself a sufferer. This observation once made has since been repeated with unpleasant frequency.

We recorded last week the most recent instance: it occurred under the observation of Dr. Ballenden, of Manchester. Three children were introduced into a sleeping chamber, newly papered with green hangings. Soon they pined unaccountably; they became emaciated; they grew restless and nervous; then occurred involuntary twitchings of the muscles of the face; and then—Dr. Ballenden's intelligence led him to look for the external cause of a series of symptoms otherwise inexplicable, and the children were removed in time from the arsenical atmosphere which they had been breathing. These symptoms, together with more or less of smarting in the eyelids, ophthalmia, and subsequent gastro-enteric affections, have marked all the recorded cases. They are such as might be expected to result from arsenical poisoning. It is not altogether tranquilizing to reflect upon the consequences which may have followed the use of these hangings in times past, when the bed-room walls were not suspected of poison, and when children and grown people were not "removed in time." It is certain that papers thus tinted have long been used, and that the observation of their dangerous effects dates not a score of months back. The narrowest scope of governmental duty is to provide for the "security of the subject." It may be, then, that here is some ground for interference.

A man may really now-a-days be surrounded with arsenical preparations unawares. There he sits, unconscious in his library, on a summer day, his walls coated with arsenic, a suspicious green dust on his books, and arsenical particles floating in the air, filling his air-passages, inflaming his eyes, disturbing his digestion, and preparing him for dismal and racking pains. He lights a green taper to seal a letter, and as he blows it out he perceives a strong odour, as of onions. The peculiar alliaceous odour is characteristic of arsenic. This Mr. Barnes will explain for him by the statement that the green colour, in every taper which he examined, was produced by the ubiquitous arsenite of copper. Scheele's green, arsenite of copper, begins to be one of the nightmares of our existence. This deadly poison, arsenic, possesses the fatal gift of beauty in its combinations. So it happens that in one form or another it haunts us in our walls, in our paper, and paints; it fills the air, and at times gets into our food, poisons our bread, or mayhap, as orpiment, adds a fatal charm to our "Bath buns." A parcel of sweetmeats has this week been forwarded to us by Dr. Bramwell, of Nottingham, which have produced all the symptoms of irritant poisoning in a family of children there. These insidious "lumps of delight" are coloured beautifully green in the centre with arsenite of copper, and have a bright-yellow rind pregnant with chromate of lead. Green is the colour which we have especially associated with the innocent beauties of nature, and have most delighted to reproduce in our surroundings. In time we shall be stripped of this illusion also. Nothing is innocent now in this world. We must give up these notions worthy of Utopia, and belonging only to Paradise. We must learn to see Scheele's arsenite in all the virid decorations of our rooms, as Adam was fated to see the serpent hidden beneath the leafy cover of the tree of knowledge.

But colour is no safeguard. For on the table of this unhappy man—arsenic haunted—lies a brown fly-paper, perhaps a *papier moure*. The spectacle of the sacrifice of a hecatomb of flies is particularly attractive to his child standing near; and as the fly-paper is very pleasantly flavoured with a sweet-and-bitter essence, child nature will be sorely tempted to suck the said

paper. Let parents and guardians be warned that each of these fly-papers contains an average of 5·3 grains of arsenious acid. Now this is a quantity which is amply sufficient to poison a whole family. It was thought at first that the toxicological list had been, as it were, ransacked for the purpose of completing these poison-traps, and that for the bitter flavour they were indebted to strychnine; but Dr. Brett reports that they are apparently flavoured, or rather baited, with quassine and sugar. The sale of these fly-papers amounts, in one sense, to nothing else than the unrestricted sale of arsenic, which the Legislature have sought to forbid. Very little ingenuity is needed to remove the arsenic from the papers; and although we are not disposed to detail the means, yet it were dangerous affectation to speak with bated breath of this source of possible danger.

On the other hand, there are some alleged sources of the unperceived ingestion of arsenic which we believe to have been suggested inaccurately, or without sufficient general grounds. Thus it was said that trisnitrate of bismuth, so much used externally as pearl-powder (*blanc de Venus*), and internally in intestinal and dyspeptic affections, is frequently admixed with a deleterious proportion of arsenic. There is great reason to mistrust such statements. Dr. Edwards, of Liverpool, observes that if the trisnitrate of bismuth be manufactured from the crystalline nitrate there would never be any danger from an artificial admixture of bismuth. He does not believe that arsenic exists in the salts of bismuth to nearly the extent stated, as he has made careful analysis of several specimens, and not found a trace of arsenic. Reports of an exaggerated nature have also been circulated to the effect that arsenic has been found in various salts and tissues, and that the arsenious acid had been absorbed by plants, and subsequently incorporated with the tissues of animals which have fed upon them. All this is mythical. The supposed origin of the arsenic is the sulphuric acid now largely used in the preparation of bones for manure. These are scientific *canards*, of which we would desire to arrest the circulation. But the public and the profession cannot be too much on their guard against those sources of arsenical emanation which experience and judgment have shown to be fraught with danger.

NEW SCIENCE DEGREE OF THE UNIVERSITY OF CAMBRIDGE.

THE Senate of the University of Cambridge have taken an important step, according with that which we have already announced on the part of the University of London. They have resolved to recognise the claims of the natural sciences. The scientific classes had already acted so far upon the classic heads of the University as to induce them to institute a Natural Science Tripos, in which comparative anatomy, chemistry, physiology and botany, geology and mineralogy, have found a place, and received collegiate recognition as subjects not less worthy to be marked in examination than abstract mathematics and the dead languages. A further step has now been made. The University of Cambridge will not only consent to examine in the natural sciences, but it will confer a degree for scientific proficiency. The Senate appointed a Syndicate by grace of October 27th, 1859, to consider whether any changes should be made in the regulations concerning the Natural Sciences (and Moral Sciences) Tripos. The Syndicate now report that they are of opinion that the study of the sciences, in either division, would be encouraged in the University if students who show that they have attained sufficient proficiency in them to deserve honours be entitled to admission to the degree of Bachelor of Arts. They therefore recommend that the degree be conferred on students who shall pass the Tripos examinations with credit. The Bachelor of Arts degree, conferred on these grounds, will be equivalent to the Bachelor of Sciences degree of the University of London. It is probably in accordance with the conservative and traditional policy of the University not to institute a nominally new diploma. But it is obvious that there is a great convenience in the distinctive title which the University of London has adopted. Some expedient may be employed to render the new Sciences degree of the Cambridge University equally significant in its title; but, as announced, the mere title of Bachelor of Arts is not by any means expressive of that special training in science which it really implies, and which the title Bachelor of Sciences fully explains. The next examination at Cambridge for the Science Tripos will take place on the 2nd of March next.

THE UNDUE MORTALITY AMONGST OPERATIVES.

AT the last meeting of the Society of Actuaries, on Monday, January 30th, Mr. H. W. Porter read a paper "On some Considerations suggested by the Reports of the Registrar-General: being an inquiry into the question as to how far the inordinate mortality exhibited by those reports is controllable by human agency." The intensity of the present undue mortality is mainly owing to five principal diseases or classes of disease,—namely, pulmonary diseases, fevers, small-pox, infantile diseases, and accidents; and these chiefly operate amongst the labouring classes. The first step to amelioration must be, removing the prejudices and the apathy of the working classes. These are due to deficient knowledge. Nearly thirty per cent. of the whole number of deaths that occur arise from tubercular diseases and diseases of the organs of respiration. To these causes nearly nineteen per cent. of the whole number born succumb. The causes of respiratory disease were discussed, and especially the peculiar conditions under which the operatives labour in printing-offices, mills, and factories. These conditions are evidently precisely those which tend to foster diseases of the lungs. The mortality from industrial pursuits, we may remark, is a disgrace to our time. But it is not likely that it will be suffered to endure long at its present height. The isolated researches of a large number of medical practitioners have afforded the data for diminishing the mortality of printers, millers, stonemasons, metal-workers, coalheavers, and others. An excellent summary of the recent additions to our knowledge on this point has been contributed by a well-known physician to the last number of the *Edinburgh Review;* and a report to the Privy Council on the subject is in preparation by Dr. Headlam Greenhow, to whose statements we shall look with great interest. The whole question is one which has been and is now slowly maturing. We think that the time is near at hand when a general movement may be desirable in order to stir up a simultaneous effort to bring about the necessary hygienic reform, on the part of both employers and employed. Meanwhile the individual testimony and personal researches of each physician who is brought into contact with the industrial classes have an especial value.

LORD SEYMOUR'S HOSPITAL BEQUEST.

FRESH difficulties and delays continue to arise in this case. In the Rolls Court, on Tuesday, Mr. Schomberg, with whom was Mr. Vincent, applied to the Court in order to obtain the appointment of a party to represent the claims of the English residuary legatees under the late Lord Seymour's will. It appears that the testator had made no fewer than twenty-one wills. Of this number, eighteen are valid under the French code, while the remainder would be invalidated if disputed within twelve months from the date of his death. Under one of his wills, the residuary estate is given, as we stated some weeks since, to the hospitals of Paris and London—a bequest in itself more than sufficiently puzzling and complicated. The residuary estate is said to reach £36,000 per annum. The English Court of Probate have refused to admit proof of the three wills disputable in France until the twelve months shall have elapsed. His Honour, the judge of the Court, with the concurrence of Mr. Wickens, who represented the Attorney-General, decided that such course should be pursued in the matter as he might sanction in Chambers.

FITTING THE CAP.

THE public journals have represented Lord Clyde's admirable Order of the Day on the deficient supply of quinine to certain Indian hospitals, as conveying a severe rebuke to the medical men for not protesting against carelessness in supplying medical material. We have reason to believe that this is a misapprehension. The medical men had already protested ineffectually, and the rebuke is intended to apply to the commanding officers who had not properly supported and supervised the medical interests of their regiments. This is expressed in the following passages of the Order, which appear to us sufficiently clear:—

"The commanding officer is as much responsible that his hospital is duly supplied with medicines, as that his men receive their daily pay. If the regimental doctor has reason to complain to the superintending surgeon, and cannot get what he wants, the commanding officer should address the general officer commanding the division. If that is of no avail, he should write to the Adjutant-General of Her Majesty's Forces. If that resource fail him, it is his bounden duty to address the Commander-in-Chief in person. It is incumbent on him, as being entrusted with a great and trying responsibility, to report to superior authority when he considers his regiment wronged or neglected."

MEDICO-PARLIAMENTARY.

COMMONS.—*Tuesday, Jan. 31st.*—Mr. Scholefield obtained leave to bring in a Bill to prevent the adulteration of food and drink.—The Bill was read a first time.

Monday, Feb. 6th.—Mr. Cobbett asked the Home Secretary whether it was intended to alter the law relating to coroners' fees.

Sir G. C. Lewis replied that at present there was no tribunal of appeal in cases of disputed fees. It was his intention to create a right of appeal to the Queen's Bench. After the more important questions of dispute had been thus decided, it would be competent to introduce further changes if necessary.

Sir William Dunbar introduced a Bill to regulate births, marriages, and deaths in Scotland.

Sir F. Heygate had a notice on the paper for Tuesday to ask whether a Registration Bill for Ireland would be introduced, but did not put the question.

THE LATE DR. TODD.

ROBERT BENTLEY TODD, M.D., F.R.S., whose untimely death, in the zenith of successful practice, we briefly noticed last week, was the second son of Mr. Todd, the late eminent surgeon of Dublin, and was born April 9th, 1809. Dr. Todd received his medical education at the Richmond Hospital, Dublin, and graduated in Arts at Trinity College, becoming also a member of the Royal College of Surgeons in 1831. He came to London in the same year, and, being without introduction or friends his first effort was to connect himself with some medical school; and he accordingly, by the advice of the late Mr. Travers, obtained the post of lecturer on anatomy at the Aldersgate-street School, subsequently quitting this to join the medical school of the Westminster Hospital in the same capacity. It was at this period (1835) that he projected his great work—the "Cyclopædia of Anatomy and Physiology"—which first brought him into prominent notice as an author. This noble work, which he lived to edit to its completion twelve months since, marked him at once as an enterprising and able physiologist; and the Council of King's College showed their appreciation of his worth by appointing him Professor of Physiology in 1836. In this year he also obtained an Oxford degree of M.D., and became a licentiate of the College of Physicians. Lectures on physiology were at that time a novelty in the London schools; but the attraction which Dr. Todd's course offered to the student soon compelled their adoption at other institutions. Not only was the method of treatment new, but many of the subjects themselves were novel; for it was at this period that the microscope first began to display the minutiæ of structure hitherto disregarded, and to alter and correct the notions which had been formed respecting the functions of the several organs. Dr. Todd was always foremost in this race of investigation, convinced as he was that no true physiological conclusions could be drawn without the most intimate acquaintance with the structure of all the parts of the human body; and when (in conjunction with Mr. Bowman) he published (1845) the "Physiological Anatomy," it became immediately the standard authority on all questions of minute anatomical investigation. But though so anxious to trace the minutiæ of every tissue, he was far from confining his attention to minute anatomy *per se*, but looked upon it merely as a means to understanding more fully the great laws of Nature, and so arriving at more correct knowledge of health and disease. We believe that Dr. Todd regarded none of his discoveries with more satisfaction than his establishment of the fact of the co-ordinating powers of the posterior columns of the spinal cord; and this piece of pure inductive reasoning he had the gratification of finding confirmed of late years by the elaborate experiments of Dr. Brown-Séquard.

While, however, working laboriously at physiological investigation, he did not neglect the cultivation of medicine. As physician to the Western Dispensary and the Royal Infirmary for Children, Dr. Todd had but small scope for clinical study or teaching, and accordingly he used his utmost efforts to establish an hospital in connexion with King's College. Many were the difficulties and many the rebuffs he had to endure before his project was carried out; but at last, in 1840, he was able to attain the position of a clinical teacher in a recognised hospital, which owed its foundation to his untiring efforts.

No man, probably, has done more to impress upon the profession, and particularly its younger members (so many of whom were his pupils), the necessity of accurate and intelligent clinical observation. No man had a greater power of combining the philosophical with the practical, or more fully proved himself at once the accomplished physiologist and able physician. No man wrought more to change the whole practice of medicine, to root out the blind acceptance of routine practice, and to show the necessity of accurate diagnosis before treatment could be adopted. Dr. Todd may be *read of* in after-years as a physiologist; but it is by his Clinical Lectures, and as a physician, that he will *live*. No one can look back upon his *clinique* without grieving for a master from whom so much was gained, whose keen insight pierced the thickest veil of disease, and who so kindly helped those who were still struggling on the first steps of knowledge.

In his Lectures before the College of Physicians Dr. Todd impressed his views upon Convulsive Diseases, and also upon Delirium and Coma; while in his later volumes of Clinical Lectures he treated of the Diseases of the Nervous System, and of Diseases of the Urinary Organs and Dropsies. Shortly before his death he completed another volume of Clinical Lectures, probably the most interesting of all, as embodying particularly his special views upon the treatment of Acute Diseases; and this, with that kindly spirit which so distinguished him, he has dedicated "to the former and present house-physicians and clinical clerks of King's College Hospital."

Owing to the pressure of private engagements, Dr. Todd resigned his Chair of Physiology in 1853, and in December last was obliged, by his still increasing practice, reluctantly to quit the hospital, of which he was immediately appointed the consulting physician, and in the welfare of which he continued to his last moments to take the deepest interest. To the profession at large Dr. Todd's death is a great loss; for his opinion on any obscure or doubtful case was always of the greatest service, and no one could more skilfully pioneer through the dangers which so frequently beset the path of life. In him the public has lost an attendant, whose kindness was in no way inferior to his skill, while his friends have to deplore the death of one who was a friend indeed, and who would spare no pains or trouble to give a helping hand to any who required his aid. Nothing could more clearly show the feelings with which their late friend and teacher was regarded than the assemblage of medical men (mostly old students) at Kensal-green Cemetery on Saturday last. Doubtless but for the short notice many more would have been present; but as it was, more than two hundred followed their old teacher to the grave, and many a tear flowed as his coffin was lowered into the silent tomb.

We understand that a movement has been set on foot amongst Dr. Todd's old pupils (under the auspices of Dr. Freer) to raise a memorial, expressive of the deep regard they entertained for him, both as teacher and friend.

Correspondence.

"Audi alteram partem."

DR. NEWTON HEALE AND THE ROYAL SOCIETY.

[LETTER FROM PROFESSOR SHARPEY.]

To the Editor of THE LANCET.

SIR,—It is hard to be obliged to repel accusations such as that directed against myself and Mr. Bowman by Dr. Newton Heale, in a letter inserted in your last number; but as there are allegations in that letter which, if allowed to pass unheeded by those at whom they are aimed, might eventually breed mischief, I request of you the favour to give insertion to what follows:—

Several weeks ago, Dr. Heale called upon me to say that he wished to make a copy of a paper of his, on the Bloodvessels of the Lung, read before the Royal Society in 1853, and deposited in the archives of the Society, and also to obtain engravings from some of the drawings which accompanied it. I informed him that, on his applying to that effect, I had no doubt the Council would grant his request, and suggested that if he employed Mr. Basire to execute his figures, the Council might probably entrust the originals into the hands of that artist, (who had been long accustomed to engrave for the "Philosophical Transactions,") whereby the expense of making copies might be saved.

Without waiting for a formal application from Dr. Heale, I applied on his behalf to the Council at their next meeting, and they readily complied with his request, and also with my suggestion as to the drawings, which, it will be seen, was not a condition prescribed by the Council, but a proposal to which they acceded for Dr. Heale's advantage. Of this I informed Dr. Heale by letter, telling him that on any day he found it convenient to call at Burlington House, Mr. Weld, the assistant-secretary, would give him the facilities he required. I need scarcely say that I never doubted that the manuscript and drawings would be found in their proper place.

Accordingly, happening to be at Burlington House when Dr. Heale called with Mr. Basire, to make a selection of his figures, I was no less surprised than concerned to learn that the MS. and drawings were missing. I am unable to account for this unlucky circumstance. I can only suppose that the paper had been accidentally mislaid, and its absence overlooked when the papers for the year were, as usual, bound up into a volume.

A ready explanation, however, has occurred to Dr. Heale. But before speaking of it further, I must notice his complaint of the selection of Mr. Bowman and myself as referees on his paper, and of our proceedings towards him.

Dr. Heale objects to the referees because, he says, they held opinions adverse to those advanced by him in his paper; and he refers, in confirmation, to a work on Anatomy of which I am one of the authors. But he ought to remember that the opinions stated and approved by the writer of a systematic work are not necessarily peculiar to the writer. Moreover, a new paper usually contains, or professes to contain, something new, and therefore, if the above objection were valid, the only fair referee in such a case would be one who had never openly entertained or approved an opinion on the question, and who yet must be known to be conversant with the subject by those who appoint him.

Before drawing up my report (a copy of which will be sent by Mr. Bowman, with his own, for insertion, if you can afford space for it), I made a most careful and, as I believe, thorough examination of the preparations; and, so far from resting on preconceived opinion, I made fresh injections from the bronchial artery of the human lung, both in the child and adult. After my report was handed in, but before it was read to the Council, Mr. Bowman and I met Dr. Heale at Somerset House, to give him the opportunity of personally explaining his preparations. Dr. Heale appears to have forgotten that he was not "required" to attend on that occasion, but invited to meet us, because he wished to do so for his own satisfaction. Nothing came out of his demonstration to alter the conclusions at which I had arrived from my own previous examination. But, according to Dr. Heale's suggested explanation, we were so intolerant of views adverse to our own that we reported unfairly against his paper, and thus prevented its appearance in the "Transactions," and were even so base as to retain or abstract the manuscript and drawings which had been confided to us, so that they might not be preserved in the archives and bear witness against us some future day.

But Dr. Heale "wishes it to be distinctly understood that he brings no such charge"—not he!—*he* would not think of doing so against persons of our "character and reputation." The less scrupulous or more suspicious reader may, indeed, put this and that together, and draw his own conclusions. As for Dr. Heale, he refrains from bringing a charge because he has not "a scintilla of evidence to establish it." But still, he significantly adds, "the paper and drawings were entrusted to their custody as referees, and they have not since been heard of."

This last allegation, brought, incidentally of course, into juxtaposition with the "charge understood not to be brought," Dr. Heale, tender as he is of the reputation of others, will be rejoiced to hear has no foundation in truth. The paper and drawings were duly returned by me (as is marked, indeed, in the record kept by the clerk) that they might be sent to the other referee, by whom they were assuredly not retained; and they did not come into the possession of either of us again. Moreover, Mr. Bell, who was then secretary, assures me that he is confident the paper and drawings were, subsequently to their return by the referees, produced by him before the Committee of Papers in October, when the question of printing came on for decision, according to his uniform practice, any deviation from which he would certainly have noted. I succeeded Mr. Bell as secretary, but had nothing further to do with Dr. Heale's paper.

The disappearance (I still hope temporary) of Dr. Heale's manuscript and drawings, although through no fault of Mr. Bowman or myself, has caused me no small concern, both on account of the disappointment thereby caused to the author, and the reflection it naturally brings on the arrangements of the Society. I regret still more that this case has afforded a fresh illustration of the unhappy length which the wounded susceptibility of one who thinks his discoveries or opinions unduly slighted or disparaged may sometimes carry him in misconceiving the motives and misinterpreting the acts of those who differ from him.

I remain, Sir, your obedient servant,

Woburn-place, Feb. 1860. W. SHARPEY, M.D.

(LETTER FROM MR. BOWMAN.)

To the Editor of THE LANCET.

SIR,—I was asked by the Council of the Royal Society, in the summer of 1853, to report on Dr. Heale's paper. I was far from seeking such employment. The paper impugned no published statements of mine, inasmuch as I had made none on the subject. He was not *required* or *called upon* to show his preparations, but transmitted them spontaneously, and wished the referees to inspect them. This Dr. Sharpey and I did on the 15th of August, in company with Dr. Heale, as stated in my report written on that day, a copy of which, together with a copy of Dr. Sharpey's, I append to this letter for publication. Dr. Sharpey had previously carefully examined the specimens sent by Dr. Heale, and on the 15th of August we examined them together, in Dr. Heale's presence, and with his explanations. We were judges appointed by the Council to report on the fitness of the paper for publication, and had no other interest in the inquiry than a regard for scientific truth, and for the reputation of the "Philosophical Transactions."

Dr. Sharpey's report is conclusive as to the patient and candid attention he had given to the subject, and is an honourable example of how much thankless labour is spent in the Royal and other Societies on this item of "reports." But for Dr. Heale's letter of last week, it would never have seen the light. Such reporting is necessarily, in a great degree, of a private nature; but, from all I know of it, I am satisfied that it is, with hardly a single exception, honestly and ably done. When I was habitually referred to at a period of greater leisure than at present, I never myself had the slightest objection to the authors being made acquainted with the facts of the reference; indeed, I used to prefer that they should be so, and I was always ready to inspect any preparations which they might consider to support their views. It now appears that greater reserve on my part might have been sometimes more prudent.

As to the absence of the paper from the archives of the Society, I am sorry for it, but have no personal concern in it whatever, the paper having been certainly returned to the Council by the referees, as shown by the tick-mark in the Society's own book. Had it not been so returned, the Society's officers would, no doubt, have required it at their hands. It may have been mislaid amongst other papers, or during the remove from Somerset to Burlington House. But however that may be, as Dr. Heale still thinks his results worthy of publication, I am glad to find he has a rough copy at home, and that the preparations admit of duplicate drawings being made. It might possibly save anatomists trouble, if he would, in the interval preceding publication, descend from his height of "confidence in the irrefragable correctness of his statements," and reinvestigate, for a little time, the simple question of the distribution of the blood supplied by the bronchial arteries; taking care, however, that the material injected through those arteries reaches some capillary network or other. Under the circumstances, it would really be a pleasure to me to find that the bronchial coats are not supplied with blood by their own vessels.

I am, Sir, your obedient servant,

Clifford-street, Feb. 1860. W. BOWMAN, F.R.C.S.

[COPY.]

Report of Dr. Sharpey on Dr. Heale's Paper.

In this communication the author professes to have discovered that none of the branches of the bronchial arteries terminate in the capillaries of the lining membrane of the bronchial tubes, as is commonly believed, but that the capillary bloodvessels of that membrane are continued from those of the air-cells, and are therefore derived from the pulmonary artery. He conceives that the blood is returned from the bronchial membrane by the pulmonary veins solely, and not jointly by these vessels and the bronchial veins, as generally understood.

In support of his views, the author appeals to the results of injections of the vessels made by himself, which are represented in the drawings accompanying the paper, and may be seen in corresponding preparations which he has transmitted for the sake of verification.

On examination, I find there is nothing to be objected to the fidelity of the drawings; but I am satisfied that neither they nor the actual specimens which they represent afford any valid proof of the peculiar opinion maintained.

Of the preparations which bear on the question, the greater number are portions of sheep's lung, in which the pulmonary arteries are injected with yellow and the pulmonary veins with red material,—the former imperfectly, the latter (so far as I can judge with a lens of low power) very completely,—whilst no injection has been introduced into the bronchial arteries or veins. In these specimens the capillaries of the air-cells have got filled with red injection from the pulmonary veins, and the vessels of the bronchial mucous membrane are also minutely injected with the same colour. This, however, proves nothing more than that the pulmonary veins return the blood not only from the capillary network of the air-cells, but largely also from that of the bronchial membrane—a fact already well known. It is known also that the *fine branches* of the air-tubes, especially when their walls become cellular, receive a share of the general capillary network formed by the terminations of the pulmonary arteries and commencing pulmonary veins on the adjacent air-cells; but the specimens exhibited appear to me to afford no evidence that the capillaries of the bronchial mucous membrane *generally* are derived from those of the air-cells as maintained by the author.

In the specimens just referred to, the bronchial arteries were not injected; but in another preparation of sheep's lung (shown in drawing No. 8), these arteries alone have been injected, while the pulmonary arteries and veins have been left empty. In this specimen, branches of the bronchial arteries filled with yellow injection are seen running on the outside of the bronchial tubes, and also beneath the pleura on the surface of the lung, but no injection has reached the bronchial mucous membrane. I am satisfied, however, that this negative result is owing merely to failure of the injecting process. The author, it is true, considers the injection as complete, and, in a figure of the opposite lung (injected simultaneously), represents vessels on the surface, which he regards as bronchial veins filled with yellow injection from the bronchial arteries; but in the specimen sent I can find no *capillaries* filled with yellow injection in any part—none, for example, in the interlobular cellular tissue or underneath the pleura, where, not only by common consent, but according to the view of the author himself they ought to have been conspicuous had the injection of the bronchial artery been successful. The yellow vessels under the pleura, indeed, are many removes larger than capillaries, and in various places the injection may be plainly seen to have stopped in considerable-sized branches, the empty continuations of which are quite obvious.

It thus appears to me that the evidence adduced by the author does not bear out his opinion as to the termination of the bronchial arteries; and I may add that positive evidence against it is furnished by the general experience of anatomists as to the result of injecting the vessels in question. For, in point of fact, there is usually no difficulty in filling more or less completely the capillaries of the bronchial mucous membrane with a fine injection from the bronchial arteries. I have myself repeatedly made the experiment, and have never met with a failure.

The subject I have here reported upon constitutes almost the only matter of interest in the communication, and, seeing the opinion which I have been led to form respecting it, I cannot recommend the paper for publication in the "Philosophical Transactions." (Signed)

July 7th, 1853. W. SHARPEY.

[COPY.]

Report by Mr. Bowman on Dr. Heale's Paper.

I have had an opportunity to-day, in company with Dr. Sharpey and Dr. Heale, of examining the preparations illustrating Dr. Heale's paper and of hearing Dr. Heale's remarks and explanations, and I have no hesitation in agreeing with Dr. Sharpey in the report which he has drawn up, that the conclusions of the author are not so borne out by the preparations as to warrant the publication of the paper in the "Philosophical Transactions." (Signed)

5, Clifford-street, Aug. 15th, 1853. W. BOWMAN.

(LETTER FROM DR. THOMAS WILLIAMS.)

To the Editor of THE LANCET.

SIR,—The letter of Dr. Newton Heale, of Winchester, in THE LANCET of the 4th instant, has awakened in my mind slumbering recollections of some few incidents in the history of my intercourse with the Royal Society. I have presented two papers to the Royal Society, both of which have been published in the "Philosophical Transactions." These papers cost me an amount of labour, time, money, and anxiety which now, at this distance of time, I could neither venture to weigh nor to measure in the balance. When they were under reference, I suffered intensely from the agonies of several feelings:—1st, from the months of heartless delay; 2ndly, from the ice-like indifference of the Society; 3rdly, from what, in one case, I imagined to be jealousy and antagonism on the part of the referees, &c. When I presented my second paper, to which I attached the highest value, and about which I was extremely anxious, I made an appeal to Dr. Sharpey, the physiological secretary, on one point. I said that, in my paper, I had had occasion to controvert the views of certain gentlemen whom I knew to be intimately connected with the Royal Society, and from whom, therefore, in the natural course of "human nature," I anticipated that kind of opposition which proceeds from *bad personal feeling*. I requested it as a favour that my paper should *not be referred* to either of those gentlemen. Nothing could have exceeded the prompt kindness of Dr. Sharpey on that occasion, although I was to him personally unknown. Two referees were appointed who were believed to bear towards me no other than a friendly feeling. By them my paper was judged with the utmost rigour and exactness; and I travelled from here to London with various specimens and preparations in order to convince them with respect to certain points under dispute. I found it exceedingly difficult to convince them, by aid even of drawings and preparations, as regards the questions under doubt; and if I had written an account of my interview with them, I should have warmly embraced the strongest language of complaint. But shortly after, those very referees, in honour of their desire to do justice, further referred my paper to Professor Milne-Edwards, and, I believe, M. Quatrefages, in Paris, gentlemen whom they conceived to be better acquainted with the subject of my paper than they were themselves. Professor Milne-Edwards returned a favourable answer, and my paper was ordered to be published in the "Philosophical Transactions." When all this examination was gone through, of course I attached to my paper infinitely greater value than I did originally.

Now, let us review the case of Dr. Heale. He contributes a

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paper to the Royal Society upon a very limited and special question on the Anatomy of the Lungs. I find that in my article on the Organs of Respiration in the "Cyclopædia of Anatomy and Physiology," and also very recently by Mr. Waters, of Liverpool, in his Prize Essay on the Lungs, Dr. Heale's views have been fully referred to. This advantage arises from the fact exclusively that now that the Royal Society from time to time publishes "Proceedings," in which all the transactions of the Royal Society are recorded, all papers are noticed in abstract, whether published in the "Philosophical Transactions" or not; so that Dr. Heale need not complain of obscurity, since his researches have been noticed by the two last writers, who have written upon the subject. The "Philosophical Transactions" stand quite unique in the world as a publication. Those contributions which are refused a place in the "Philosophical Transactions" might easily, if translated, find admission into the *highest* periodicals of France, Germany, or America. On the other hand, I will admit with pain and regret that papers presented to the Royal Society, announcing *great* English discoveries, have been rejected by the referees of that Society. The platinum and nitric acid battery of Mr. Grove, involving a perfect revolution in science, was first placed before the Royal Society; the late Professor Daniel was the referee. Because Mr. Grove's views controverted, if they did not annihilate his own, the paper was rejected. It was then read before the Royal Academy in Paris. Dr. Marshall Hall's first paper, announcing the discovery of the excito-motory system, was laid before the Royal Society. It was rejected. Dr. M. Hall ever after *hated* the Royal Society. Time proved that his paper was foremost in value amongst modern discoveries, and this conviction intensified his hatred, which was quenched only by death.

But how in any part of the world are we to have a *tribunal of merit?* It is only possible by the appointment of *judges*. The Royal Society adopts this course. In the scientific as in the political system, these *judges*, it must be admitted, sometimes prove fallible. But the Royal Society, in its efforts rightly to adjudicate merit, goes far to prevent and counteract the consequences of a *personal feeling* on the part of the referees; for the "report" of the referees is again laid before a Committee, by which it is then forwarded to the Council. There can, however, be no question that the "referees" are the most influential judges: if they decide that the paper is not worthy of publication in the "Philosophical Transactions," then it is lost both to the Committee and the Council.

But notwithstanding the theoretically perfect organization of the Royal Society, it admits of no dispute that *personal feeling* has frequently much to do with its decisions. If men in power are attacked, they resent. It is morally very difficult for a man who has worked hard at a point in science, and *convinced* himself, to submit to an adverse representation from another. This axiom applies as severely to the judges as to the author.

I think I have said enough to indicate the position and vindicate the conduct of the Royal Society. Scientific men living in the country feel the difficulties which they have to encounter in their scientific progress very much more than those living in London. The latter may easily acquire a perfect knowledge of the *feeling* of those connected with the Royal Society. The former can only communicate with them by letter. The difference is considerable.

I trust that what I have stated will go far to remove from the mind of Dr. Heale the impression that he has been unjustly treated by the Royal Society. I feel pretty certain that, if he were called upon to act as referee, others would prefer against him the same charge as he lodges now against Dr. Sharpey and Mr. Bowman.

I remain, Sir, yours, &c.,
THOMAS WILLIAMS, M.D. (Lond.), F.R.S.,
Swansea, Feb. 1860. Physician to the Swansea Infirmary.

THE CAUSATION OF DISEASE.

(NOTE FROM DR. PARKIN.)

To the Editor of THE LANCET.

SIR,—In the article on the "Causation of Disease," inserted in the last number of THE LANCET, there is a slight inaccuracy which the writer has made while referring to my opinions, and which I trust you will allow me to correct. It is there stated that, according to my conclusions, "drainage, ventilation, and pure water supply are useless for the prevention of disease."

With respect to the first, I have set down drainage—that is, *subsoil* drainage—as one of the agents to be resorted to for the prevention of disease. I only infer that the removal or retention of the excreta of men and animals—or, in other words, the employment of cesspools or sewers—will make no difference in the prevalence or prevention of ordinary diseases, or epidemics and endemics. As regards ventilation, I have stated, it is true, that the admission of the external air is injurious under particular circumstances and in particular climates; but then I also infer that it is beneficial and necessary under other circumstances. The cause of the difference I have explained elsewhere. And lastly, with respect to water, I should never contend that impure water, in certain states of concentration, is not productive of injury to the system; I only argue that such effects would be local or individual; and that such a cause will never account for the production of ordinary and specific diseases. A pure water supply is therefore desirable, not only for the above reason, but also in a social point of view; for when impure, those who are obliged to employ it are apt to resort to some substitute, or to add spirits, in order to cover the nauseous flavour. It is for these reasons that I have recommended other supplies to be sought for the inhabitants of London than that of the filthy Thames.

I am, Sir, your very obedient servant,
London, Feb. 1860. J. PARKIN, M.D.

THE ARMY MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—I observe in THE LANCET of the 26th of November last, p. 551, a letter signed "A. M. D.," in which it is stated that certain clauses of the Army Medical Warrant of the 1st of October, 1858, are still unattended to on home service. Amongst others, attention is drawn to Clause 17. Allow me to mention, that in India the pay of a surgeon-major (of perhaps considerably more than twenty years' service), not holding charge of a regiment or depôt, is at the same rate as that of the junior captain in India. The pay of a staff-surgeon, of perhaps nineteen years' service, not in charge of a regiment or depôt, is also at the same rate as that of the junior captain in India. The pay of an assistant-surgeon of six years' service (who ought to have the advantages attaching to the rank of captain) is at the same rate as the junior lieutenant in India.

When the surgeon-majors, staff-surgeons, and assistant-surgeons are holding charges of entire regiments or strong depôts, their *allowances* are often undeniably good. But from the day these several medical officers are rendered helpless from sickness arising from the very performance of their duties, these allowances cease, and the unfortunates are reduced to a rate of remuneration below that to which they are entitled by the Royal Warrant. I am, Sir, your obedient servant,
January, 1860. M. B.

COLLEGE OF DENTISTS OF ENGLAND.

MR. HULME gave his second lecture on the Structure and Development of the Teeth. The lecturer continued the description of the modifications of tooth-structure which are met with in the class of fishes. The teeth of sharks are composed of an outermost layer of fine dentine, largely impregnated with the hardening salts, and giving rise to the white, shining investing layer, usually regarded as enamel; beneath this, the pulp forms that kind of coarse, branching dentine so characteristic of fishes' teeth; the base of the tooth is converted into an irregular osseous structure, intimately connected with the mucous membrane, by which alone the teeth of these fishes are supported. The teeth of the rays were next illustrated by drawings of the microscopic appearance presented by the flat, tesselated-pavement-like teeth of the eagle rays. In a transverse section, each tooth is seen to be composed of numerous pulp processes, passing from the base to the grinding surface of the tooth, each surrounded by its special system of calcigerous tubes. The denticles, which thus form the compound teeth of the myliobates, are separated from each other by hexagonal interspaces; these are either transparent, or are filled up by bone-corpuscles, which maintain a communication between the different systems of calcigerous tubes.

After describing the general characters of the teeth of the reptilia, the bones to which they are attached, their form and number, the mode of action and construction of the poison-fang in the venomous serpents, the lecturer observed that the

modifications of structure exhibited by the teeth of the reptilia were far more uniform than those which were met with in the previous class. The teeth of serpents are composed of an exceedingly fine, compact dentine, the tubes even at their commencement measuring only the $\frac{1}{70000}$ of an inch in diameter, and are not separated from each other by more than two or three times their own diameter; the outermost layer consists of cement, which is most conspicuous on the roots. In the crocodiles, the same compact dentine constitutes the principal mass of the tooth; the fang also is coated by a layer of cement, but on the crown there is a layer of almost structureless enamel, over which a thin layer of the cement is continued.

Lastly, on comparing the reptiles with the fishes, the teeth are seen to be passing from the general to the special; their numbers are reduced, their position in the maxillary bones more determined, forming a gradual transition to that greater individuality which occurs in the mammalia, where each tooth has a definite relation to all the others, and in consequence of which its homologue or representative tooth may be traced throughout the entire series of these more highly organized members of the animal kingdom.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 3rd inst.:—

Andrew, William Wickes Wayte, Hetharsett, Norfolk.
Bartleet, Thomas Hiron, Birmingham.
Bournes, William Henry, Belmullet, Co. Mayo.
Bridges, John Henry, Victoria-square, Pimlico.
Dunn, Frederick, Wolverhampton.
Gibson, Francis William, Haverstock-hill.
Heath, Robert Edward, Arklow, Wicklow.
Kennard, David, Lambourne.
Payne, William George, March, Cambridgeshire.
Powell, William Lobdon, Macclesfield.
Smith, Charles John, Newington, Surrey.
Thursfield, William, Bridgnorth, Shropshire.
Weekes, William Hampton Carlile, Hurstpierpoint, Sussex.

The following gentlemen were admitted members on the 6th inst.:—

Anderson, Mark French, Trinidad.
Bourke, John, Cork.
Bromley, Charles Henry, Southampton.
Chalmers, John Erskine, Hull.
Cornbill, John, Birmingham.
Curtis, Collins, Harting, near Petersfield.
Evers, Charles, York.
Foster, Francis Morris, Hull.
Gayleard, Christopher, St. Jago de la Vega, Jamaica.
Holt, William, Horbury, near Wakefield.
Hopkins, Alfred Boyd, Dalston.
Jones, Thomas, Brecon, South Wales.
Kennedy, John Blydesteyn, Stratford, Essex.
King, John Lyons, Toronto, Canada.
Morgan, John Theodore, Ceylon.
Payne, Edwin, Cuckfield, Sussex.
Rayner, William, Manchester.
Roberts, Edward Stokes, Chester.
Stern, Moritz, Jamaica.
Stokes, William, Camberwell.

NEW FELLOWS.—The following Members having been elected Fellows at previous meetings of the Council, were admitted as such on the 9th inst.:—

Arthur, John, Commercial-place; diploma of membership dated March 10, 1843.
Chapman, Walter, Lower Tooting; May 27, 1840.
Gardner, William Henry, Gloucester-terrace, Hyde-park; Aug. 27, 1839.
Manifold, Michael Fenton, Army; July 14, 1843.
Wren, Erasmus, Bedford-row; Nov. 3, 1837.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Feb. 2nd, 1860.

Barr, Joseph Henry, Stockport.
Greenwood, Thomas Frederick, Wallingford, Berks.
Rogers, John Frederick, Chesterfield, Derbyshire.
Ruffe, Richard Edwin, Tamworth, Staffordshire.
Stride, Edward, Sheerness, Kent.

The following gentlemen also on the same day passed their first examination:—

Bennett, Charles, Shifnall, Shropshire.
Leech, Daniel John, Manchester.
Trotter, Arthur Edwin Hutchinson, King's College.

CAMBRIDGE UNIVERSITY.—PROFESSORIAL CERTIFICATE EXAMINATION.—On Friday, the 3rd instant, the following gentlemen obtained certificates of the Downing Professor of Medicine:—Brereton, Brown, and Bull, St. John's College; Cavill, Jesus College; Cox, Trinity College; Denney, St. John's College; Fowler, Macdonald, Mildred, and Smith, Trinity College; Starkie, Trinity Hall; Ward, Catharine's College; Wilson, Corpus Christi College; Witwell, St. John's College. The list was signed by the examiners, W. J. Fisher, M.D., and G. E. Paget, M.D.

APPOINTMENTS.—The National Vaccine Board, on Monday last, elected W. E. G. Pearse, Esq., M.R.C.S., &c., of Marsham-street, Westminster, a Member of that establishment.

Dr. Hardwick was elected Physician to the Leeds Infirmary on the 30th of January, in the place of Dr. Wilson, who had resigned.

Dr. William Steventon has been appointed to the post of Public Medical Officer for the Island of Montserrat, West Indies.

MEMBERSHIP OF THE COLLEGE OF PHYSICIANS OF LONDON.—Applications for admission to the membership of the College, as at present received, must be made before the 18th of February, that being the last day for accepting such applications.

THE number of legitimate births in Paris in 1858 was 37,451; illegitimate, 11,757. This is an enormous proportion of illegitimacy.

PROFESSOR OWEN has commenced a course of twelve lectures on Fossil Mammalia at the Jermyn-street School of Geology.

FLOGGING IN THE ARMY.—A return to an order of the House of Commons gives the following statistics for 1858: Total number of punishments, 997; of lashes inflicted, 1230; of men liable to corporal punishment, 47,646; of lashes inflicted by court-martial, 784; highest number of lashes, 50; lowest number of lashes, 3.

JOHN GUEST, Esq., of Dudley, has made a donation of £1000 to the funds of the General Hospital at Birmingham.

DINNER TO DR. LESCARBAULT.—The medical profession of Paris have resolved to give a grand dinner to Dr. Lescarbault, the discoverer of the new planet between Mercury and the sun. It is to take place at the Hôtel du Louvre, on the 18th of the present month.

LORD MACAULAY had been charged with opium-eating. In a letter printed and circulated in America, dated 1853, the historian indignantly denies this report:—"All the opium that I have swallowed in a life of fifty-three years does not amount to ten grains."

NEW REMEDY FOR BURNS.—M. Velpeau recommends the powdered subnitrate of bismuth to be sprinkled over the surface of burns. The part is to be kept exposed to the open air, and the subnitrate changed when soaked and coagulated in small masses. It is not stated in what respect this powder differs from any other inert powder of purely protective nature.

WET-NURSING.—We beg to direct the attention of our readers to a meeting announced in our advertisement columns to take place on Monday evening next, at the Hanover-square Rooms. The question to be discussed possesses much interest, both to the scientific observer of the subject and to those members of the profession whose practice brings them into close acquaintance with the evils attending the present system of artificial rearing.

THE TURKISH BATH.—There is a strong movement in the metropolis towards the introduction of the Turkish bath, founded on the principle of the old Roman bath. The discipline is very severe, since the alternations of temperature in the tepidarium and frigidarium are excessive; but there is not any painful sensation endured in passing through these changes, and the general result is peculiarly agreeable.

DISINFECTED COD-LIVER OIL.—It would appear by an article published in *L'Union Médicale*, that Messrs. Antier and Chevrier have succeeded in removing the disagreeable smell and taste of cod-liver oil without impairing the medicinal or nutritive properties of this useful agent. M. Leriche, assistant professor at the School of Pharmacy of Paris, has carefully analyzed the oil thus disinfected, and has found that the substances added to free the oil from its nauseous taste and smell, do not in any way interfere with its medicinal efficacy. The author of the article states that trials on a large scale are being made in the Paris hospitals, and in many parts of France.

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STRANGULATION NOT INFANTICIDE.—At the Central Criminal Court, a few days ago, Anne Green, aged twenty-one, was indicted for wilful murder of a child. It was a full-grown infant, of which she had concealed the birth. It was found with a piece of ribbon tied tightly round the neck, which Dr. Roper considered to have been the cause of its death by strangulation. The eyes and tongue protruded, the face was livid, the hands clenched, and there was extravasated blood on the brain. The prisoner said she did not know how the ribbon came round the child's neck. She was acquitted. The learned judge (Wills) laid it down as the law, that to substantiate a charge of infanticide there must be complete severance of the child from the mother; even the cord must be cut. So that, if the extraction of the placenta be but postponed, while the child—although breathing by its lungs—is being deliberately killed, there is no murder! In the present state of the law of infanticide, it is nearly impossible to obtain a conviction.

A NEW MEMBER OF THE ACADEMY OF MEDICINE OF PARIS.—M. Briquet, physician to the Charité Hospital, has lately been elected in the section of physics and chemistry. The only opponent was the well-known M. Regnauld, who had thirty-nine votes, and M. Briquet forty-one.

SCARBOROUGH SEA-BATHING HOSPITAL.—A section of the governors of the Royal Northern Sea-Bathing Infirmary are doing their best to disgust the respectable practitioners of their town, and thus to destroy the efficiency of their institution. A handsome new building has just been completed at an expense of £5000, mainly subscribed in the West Riding of Yorkshire. The resident governors have resolved on reconstituting the medical body, appointing the officers for one year only, and declaring them ineligible for a seat at the Board of General Management during their year of office. This absurd and vicious principle is justly resented by the present medical officers, who have been unceremoniously ousted, although elected for life, and faultless in the performance of their duties. The medical officers of all the great hospitals of the metropolis are *ex-officio* members of their respective boards. But Bumbledom in Scarborough wishes for authority, and seeks to deny a place to the men who are the backbone of the institution.

THE MINERAL WATERS OF FRANCE.—The regulations referring to the management of the establishments connected with the mineral waters have just been considerably modified. Each watering place of any importance is inspected by a physician appointed and paid by Government; and regular reports are periodically sent in to the central authorities at Paris, so that very important facts relating to the more or less efficacy of mineral waters are, in France, easily obtained. Such inspectors have long been in existence; but the late regulations have accurately specified their duties, and completely organized the working of the watering places, which are almost all under the control of Government.

SUFFOCATION IN A ROOM FROM WANT OF AIR.—This is the kind of asphyxia which slowly kills many thousands in these kingdoms. Rarely does so rapid and direct a calamity ensue as that which is this week related of the family of John Robertson Gaffer, on the Hamilton and Strathaven Railway. Himself, wife, infant, and three children were huddled in one bed, in a small, dingy, smoky dwelling, consisting of one room without ventilation. About five A.M. the wife awoke. She found her infant, aged nine months, dead in her arms; a boy named Allan, aged three years, also dead; the third, a girl nine years old, seemingly dying. Her husband, faint and weakened, dragged the girl from the room, and she thus fortunately recovered. This was suffocation from want of ventilation. And thus, in a minor degree, do hundreds of thousands slowly asphyxiate themselves in their sleeping-rooms and sitting-rooms, and so favour the advances of those respiratory diseases which carry off annually half a quarter of a million of our population.

ACADEMY OF MEDICINE OF PARIS: PRIZES AWARDED FOR THE YEAR 1859.—The prize for experimental physiology was awarded to M. Pasteur, and a certificate to M. Ollier. M. Pasteur's essay treats of certain chemical actions of organized beings, which actions are designated by the name of *fermentation*. M. Ollier's work refers to his well-known experiments on the transplantation of the periosteum. The Committee has postponed for next year the examination of two other important works on physiology—namely, Budge "On the Nervous System," and Corvisart "On Digestion." In medicine and surgery no prize has been awarded; but certificates of the value of £60 have been granted—1st, to M. Béhier, for his book "On Puerperal Fever." This work contains a record of 1200 cases of puerperal fever, of which 85 were fatal; and the author concludes that the disease is first local in the uterus, and gives rise, through the venous circulation, to pyæmia. 2ndly, to M. Gallois, for his essay "On Oxalate of Lime in Urine, Gravel, and Calculi." 3rdly, to M. Girand Teulon, for his book "On the Principles of Animal Mechanism, and on Locomotion in Man and Vertebrate Animals." 4thly, to M. Luschka, for his monograph "On Hemi-Diarthroses of the Human Body." 5thly, to M. Marcé, for his work "On Insanity occurring with Pregnant Women, those in the Puerperal State, or Nursing." Several other works obtained flattering notices, without any pecuniary reward; and the cholera prize, instituted by M. Bréant, was not awarded. M. Flourens read a lively sketch of the life of the celebrated chemist, Thénard.

LEMON-JUICE IN RHEUMATISM.—This remedy has lately been extensively employed, and with considerable success, by the celebrated pathologist Lebert, formerly professor at Zurich. In the Clinical Report just published, lemon-juice is stated to have been given with excellent results, especially in cases where several joints were affected. Patients improved towards the third and fourth day; they were much relieved on the sixth day; and, save a few cases where relapses took place, convalescence was fully established towards the tenth or twelfth day. M. Lebert thinks lemon-juice, the use of which was introduced by English and American physicians, of great efficacy in rheumatism: he begins with four ounces a day, and gradually rises to eight, given by tablespoonfuls. Citric acid was also tried, but did not answer so well, and did not agree with the patients.—*Arch. Path. Anat.*

TESTIMONIALS.—Mr. Clark, of Yarmouth, Isle of Wight, on retiring from duty at the age of seventy-four years, has had a very massive but perfectly plain silver teapot, accompanied with a purse containing £75, presented to him as a mark of the respect of all in the locality in which he practised. The testimonial was delivered to him by the rector of the parish, and bore the following inscription:—"Presented to John Clark, Esq., R.N., by three hundred and six of his patients, inhabitants of Yarmouth, Freshwater, Thorley, and Shalfleet, on his retirement from active life as medical practitioner for more than thirty years in those parishes, during which time he has invariably shown himself the kind and sympathizing friend, as well as the skilful and untiring medical attendant. This piece of plain but sterling plate represents the simple and genuine expression of their earnest prayers that many years of happiness and honourable rest may yet remain to him, crowned by that which imparts the highest value to the choicest gifts, namely, the blessing of the Lord."

Dr. McCulloch has just had presented to him by the inhabitants of Dumfries a carriage and pair of horses, thirty-seven of his brother practitioners joining in the address of congratulation.

DOUBLE CONSTITUTIONAL SYPHILIS.—An authentic case of double constitutional syphilis is recorded by M. Delestre, the house-surgeon of the Midi, in the wards of M. Ricord. M. Ricord, Cullerier, Puche, and Bauchet, have confirmed the details of the case. The patient was aged forty-eight. He had been treated by M. Ricord in 1838 in the hospital, for indurated chancre, followed by secondary eruption on the arms, chest, abdomen, and mucous tubercles. These symptoms yielded to the protoiodide of mercury. He is now readmitted after twenty years with indurated chancres of a typical character, accompanied by bi-inguinal and posterior cervical adenitis, and followed by well-marked secondary symptoms. This interesting case bears upon the law of unicity of syphilis, to which it seems to furnish an authentic exception.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEB. 4TH.—The deaths registered in London in the week that ended last Saturday were 1389, being nearly the same as the number returned in the previous week. The deaths from small-pox again rose last week; the number was 44. There were 39 deaths from scarlatina, and 4 from diphtheria. Pulmonary diseases, exclusive of phthisis and whooping-cough, were fatal in 389 cases, the corrected average for corresponding weeks being 293. The 389 deaths were chiefly the result, in various proportions, of bronchitis, pneumonia, and asthma, which were fatal respectively in 217, 136, and 23 cases, the corrected averages of each being 159, 91, and 23. From these figures it appears that this class of diseases is at present considerably more fatal than usual.

Obituary.

FREDERICK HALE THOMSON, ESQ.

THIS gentleman was born in 1799; and his mother was the daughter of Dr. Madan, Bishop of Peterborough,—the daughter of the "Miss Madan" who corresponded frequently with Cowper the poet. She died when he was young, and the care of his nurture and education was undertaken by his aunt, Miss Madan. After his apprenticeship, he entered at St. Bartholomew's, in 1819. He commenced practice as a general practitioner at Clapham, but did not succeed. His aunt and father died about this time, and he succeeded to a handsome property. On leaving Clapham, he became a student of ophthalmic surgery, at Mr. Guthrie's Eye Infirmary, Warwick-street, Golden-square, and soon contracted a warm friendship for that gentleman. In the celebrated quarrel between Sir Charles Forbes and Mr. Guthrie touching the prosecution of THE LANCET by the latter gentleman, Mr. Thomson took the part of Mr. Guthrie; and addressing some offensive words to Sir Charles, a quarrel ensued, in which Mr. Guthrie refused to interfere. The result was a duel on Clapham-common. The animosity of the combatants was so great that four shots were exchanged before the seconds succeeded in concluding the fight.

Mr. Thomson was an early member of the Athenæum Club; and as his friend, Mr. Guthrie, was one of the surgeons of the Westminster Hospital, Mr. Thomson, in 1827, became an active member of the managing board of that institution. In the frequent feuds that took place amongst the administrators of that charity, Mr. Thomson steadily supported the Guthrie party, and was strongly opposed to the old medical interest, headed by Messrs. Lynn and Anthony White, Sir A. Carlisle, &c. In 1830, he competed for the office of assistant-surgeon with Mr. W. B. Lynn, and was defeated; but upon the death of Mr. Lynn, in 1833, having married the daughter of Mr. Hallet, treasurer of the hospital, he again tried his fortune against the late Mr. John Maitland, and was elected to the post of assistant-surgeon.

After the election of Mr. Thomson, the misunderstandings between the several members of the medical staff were not composed, but quarrels often occurred. In particular, in 1838 a charge of incapacity was brought by Mr. Thomson against Sir Anthony Carlisle, which terminated in the acquittal of Sir Anthony. Some years later, after Mr. Thomson had attained the dignity of surgeon, the friends of Sir Anthony Carlisle endeavoured to serve Mr. Thomson with a Roland for his Oliver. The pupils of the hospital were encouraged to bring charges of unskilful practice against him; but after an investigation of a fortnight before a numerous committee, in which all his surgical colleagues appeared as witnesses against him, he was honourably acquitted. Immediately after this encounter, it became his duty to perform the operation of lithotomy in the presence of his hostile colleagues. This was a most painful predicament, but he was relieved from it by the generous sympathy of the late Mr. Liston, who volunteered to act as his assistant on the occasion. Co-operation in duty with his coadjutors on the medical staff of the hospital becoming too irksome, Mr. Thomson resigned his situation of surgeon in 1849, and was elected consulting surgeon.

After his retirement from the active duties of the hospital, Mr. Thomson became engaged in a speculation called the "Glass-Silvering Company." It is stated that in this he sank upwards of £40,000. From this, we believe, he never completely recovered. His nervous system had been considerably shaken, and he required the use of opiates to obtain sleep; these were ultimately useless, and he increased the quantity so rashly that on Sunday, the 22nd ultimo, an overdose of chlorodyne proved fatal. His servant found him dead, lying on his back, in his study. He has left a widow and several children.

In his profession, his fault was excess of audacity, which occasionally made him neglect necessary precautions. As an operator on the eyes he was unsurpassed, and the combined delicacy and firmness of his touch ensured almost invariable success. It would, perhaps, have proved better for him had he confined his attention to that interesting and important specialty.

Mr. Thomson contributed little to the literature of his profession. He published, about fifteen years since, a short course of lectures in this journal on the "Diseases and Deformities of the Spine," to the study and treatment of which affections he had devoted his attention for several years.

In person, Mr. Thomson was about the middle height, and strongly built. He had remarkably dark hair and eyes, with a somewhat florid complexion. To those who were not well acquainted with him his manner appeared somewhat haughty and *brusque*, but he was a stedfast and generous friend. He possessed great personal courage, and was much beloved by those who knew him intimately.

Births, Marriages, and Deaths.

BIRTHS.

On the 25th ult., at Elis House, Allenheads, Northumberland, the wife of William Hewitson, Esq., L.R.C.P. Edin., M.R.C.S., of a son.

On the 28th ult., at Longsight Old Parsonage, the wife of William Clarence Matthews, Esq., Surgeon, of a son.

MARRIAGES.

On the 26th ult., at the Cathedral, Armagh, Joseph Robinson, M.D., of Warrenpoint, to Elizabeth, eldest daughter of Thomas Kidd, Esq., J.P., Armagh.

On the 4th inst., at St. Peter's, Eaton-square, John T. Tallent, Esq., M.R.C.S., of Hingham, Norfolk, to Jane, third daughter of the late Richard Crawshay, Esq., of Ottershaw-park, Surrey.

DEATHS.

On the 12th ult., at Walton, near Felixstowe, Suffolk, Thos. Grimwood, Esq., M.R.C.S., aged 40.

On the 29th ult., at Harleston, Norfolk, Ann Mary, aged 30, the wife of John Candler, Esq., M.R.C.S.

On the 3rd inst., at Cowbridge, Glamorgan, Caroline, daughter of William Haines, Esq., M.R.C.S., aged 5 months.

MEDICAL DIARY OF THE WEEK.

MONDAY, FEB. 13	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Hare, "On the Diagnosis of Cancerous and some other Tumours of the Liver."
TUESDAY, FEB. 14	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Reptiles." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—7½ P.M. Ballot.—8½ P.M. Mr. Acton, "On the Remarkable Immunity from Venereal Disease of the Troops quartered in Brussels, compared with the Liability to those Affections of the Foot Guards in London."
WEDNESDAY, FEB. 15	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—7 P.M. Annual Election.
THURSDAY, FEB. 16	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS. Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." HARVEIAN SOCIETY.—8 P.M.
FRIDAY, FEB. 17	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. T. C. Calvert, "On the Influence of Science on the Art of Calico Printing." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. Marcet, "On Sulphurous Mineral Waters." HUNTERIAN SOCIETY.—Annual Dinner.
SATURDAY, FEB. 18	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man."

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To Correspondents.

A Subscriber of Twenty Years to THE LANCET.—The first two questions can only be answered by referring to the fortieth clause of the Medical Act. Our correspondent cannot have failed to observe that this clause has been frequently discussed in our pages. Taken by itself, or unconnected with the other clauses in the Act, it would undoubtedly give the right to a registered practitioner of assuming any title he pleased. The penalty for the assumption of titles in the clause in question clearly refers to unregistered persons. Being, moreover, a penal clause, it would be interpreted by the judges literally; but the spirit and intention of the Act generally are against the assumption of any title which is not consistent with the qualification or qualifications of the person registered. It has been decided already in a county court that an apothecary *cannot* assume the title of "surgeon." This point has yet, however, to be settled in the superior courts of law. It is impossible to determine what may be the opinion of the judges respecting it.—3. The College mentioned is not included in the Schedule. The members of it, therefore, are not entitled to call themselves "doctors."

A Reader of THE LANCET might perhaps spend his time more profitably by attempting to write something original, than by inditing ill-natured criticisms on others.

INTERSCAPULAR PAIN.

To the Editor of THE LANCET.

SIR,—The cases quoted in your last number by Drs. Tilt and Usher do not apply to Mr. Leckie's, the pain being referable in the one case to uterine disease, and removed by purgatives; in the other occurring in hysterical females, and merely *increased*, not *produced*, by evacuation of the bowels.

Mr. Leckie's words are these: "One of my patients declared to me that *he* was never well nor free from pain, except when *his* bowels were constipated," showing that one of his patients at least was a male.

As these patients are under treatment for gouty dyspepsia, I would submit that the disease is nervous gout; that the pain is caused by some acid secretion in the intestinal canal, probably in the lower part of the colon or rectum; that when the contents of the bowel are liquid, the materies morbi is diluted—when solid, the secretion is prevented by its pressure, or the nerves benumbed by the same cause. Along with the general treatment by colchicum, &c., I would give undebilitating laxatives, as aloes guarded by henbane, free administration of antacids, and copious anodyne enemata; and should the pain show any tendency to become periodical, I would prescribe large doses of quinine. I remain, Sir, yours truly,

Cheltenham, February, 1860. R. S. SESSON, M.D.

W. A. S., (Somerset.)—It is doubtful whether the druggist infringed any Act of Parliament by the course he pursued. As the child came afterwards under the care of a registered practitioner, it is questionable whether the coroner would consent to hold an inquest. Had it been otherwise, an inquest should undoubtedly have been held.

Inquirer, (Wigston Magna.)—Not if he have already commenced his studies as a pupil to a registered practitioner.

A West-end M.D., M.R.C.P. Lond.—There is no occasion for any such arrangement. The tendency of the age is opposed to keeping up mere nominal and absurd distinctions.

A Subscriber.—Yes, it is acknowledged as a medical qualification.

A Public Vaccinator.—A great portion of the communication forwarded to us is illegible.

HYPOPHOSPHATES IN PHTHISIS.

To the Editor of THE LANCET.

SIR,—Would you or any of your numerous readers inform me what amount of trial has been given to the hypophosphates in phthisis, and the result?

Yours very obediently,

February, 1860. A COUNTRY PRACTITIONER.

M.D., (Norfolk.)—Mr. Glaisher, of the Royal Observatory, would, we are assured, gladly direct how to keep a meteorological register. We have not the address of the Secretary of the Meteorological Society; but a letter addressed to Dr. Dundas Thomson, 41, York-terrace, Regent's-park, would receive attention.

Ignoramus.—1. Yes, under certain restrictions. The fee is £10.—2. It is not yet decided, but will probably soon be so.

C. K. J. had better apply to Dr. Carpenter, Registrar of the University of London, Burlington House, W.

K. S.—He is not obliged to take medical evidence from an unregistered person.

THE RECENT ADMISSIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—It may be interesting, though not very pleasant, to your correspondent, Mr. W. H. Manifold, (vide THE LANCET of January 28th,) to know that a great change has taken place with regard to the granting of petitions by the Council of the Royal College of Surgeons since his day, not only as regards those who have no right at all to be admitted members, but the students themselves. In my experience of three years, I can call to mind about nine cases where petitions have been granted to men, some of whom had only attended two winter and one summer sessions; others more or less to within a few months of the termination of their curriculum; and those cases did not occur in a large school, but in one where the average number of students does not exceed sixty. The plea put in by most of the men was "bad health," which in one or two was genuine; others had "urgent private affairs" in Australia, &c. As a proof of the urgency of the private affairs of one of the petitioners, I may mention that as soon as he had obtained the College diploma, he began to work for a Scotch M.D., which he also obtained (by petition also), and then quietly settled down in practice in the neighbourhood of the hospital.

I merely mention this to show the preposterous manner in which petitions are granted to some men, and refused to others.—I am, Sir, yours, &c.,

February, 1860. R. M.

Mr. A. H. North.—In our publication of the 17th December last, p. 627, will be found full information as to the requirements of the Privy Council in relation to the qualification to vaccinate. The subject is further specially considered in our columns this week. It is highly probable that the recognised Examining Boards will supersede the infantine diploma of the Privy Council. Our correspondent would do well to wait awhile.

Mr. J. Styrap would oblige us by sending a short account of the whole proceedings to which his letter refers.

Inquirer, (Liverpool.)—It is competent for the coroner to do so in such a case; but it is opposed to the practice generally pursued.

Mr. F. D. Ross.—1. The paper was received, and shall be published.—2. Russell-place, Fitzroy-square, London.

THE continuation of *Mr. Coulson's* paper "On Lithotrity" is postponed until next week.

L.S.A.—Under the present regulation of the Council, graduates in medicine of foreign Universities, admitted *in absentiâ*, are not eligible for registration.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—In reply to "M.D.," in your journal of the 28th ult., I intend sending the particulars of the Cæsarian operation I performed in December last as early as possible to THE LANCET, if the Editor will allow its insertion.

The motive for sending it to the local paper was to give the public a knowledge that the operation had not been performed secretly, and to meet those friendly medical remarks too often made ironically. It was not sent from a private motive, for its publicity will be no advantage or disadvantage to myself or the gentlemen who assisted me. Possibly such cases ought not to be sent to the public journals; if so, I must bear the blame, and not offend again.

As to the other three cases "M.D." alluded to, two of them, I am informed, have been post-mortem examinations, which would certainly enable them to be performed without inconvenience to the women; but it is doubtful whether the time mentioned for the performance of the operation would enable the gentlemen to make any important observation, or add to their medical knowledge. If they were post-mortem examinations, the motive for their insertion is evident. The third case was noticed in the local paper at the time of its performance, about eight years since; but I believe has not yet appeared in any medical publication, although the necessity for the operation was undoubted. I am, Sir, your obedient servant,

Walton-le-Dale, Preston, Feb. 1860. HENRY ASHTON, L.S.A.

Mr. B. M. Wharton, (King's College.)—The announcement arrived too late for insertion in our last impression. If such information be forwarded to us by the Wednesday evening, it shall appear in the forthcoming number of THE LANCET.

Subscriber, W. H.—1. The regulation refers only to those who commence their professional education after January, 1861.—2. There is only one examination at the University in question.

Mr. W. W. Thomas, (Llanfair.)—The letter, if published, would serve no useful purpose.

Inquirer.—1. Grosvenor-street.—2. Yes.

Dr. Joseph Williams is thanked for his note. The paper forwarded shall appear in the next LANCET.

Justitia.—1. It will depend upon the rules which regulate the election.—2. Has he been registered since the issue of the Register of 1859?

THE NEW POOR-LAW ACT.

To the Editor of THE LANCET.

SIR,—As it is probable there will be shortly an alteration of the General Poor-law Act, would it not be most desirable to obtain, through your valuable journal, an expression of public opinion upon the question whether it would be for the interest of the poor, and the more effective administration of Poor-law medical relief, if in any contemplated Act of Parliament powers should be given to all boards of guardians to dismiss all their officers, not excepting the medical officers? It is important that this expression of opinion should be promptly given, as it is not unlikely a measure containing such clauses may be introduced. I remain, Sir, yours obediently,

Manchester, February, 1860. AN INQUIRER.

IN consequence of the extreme pressure on our columns this week, we are compelled to postpone reports of the Royal, Medical, and Pathological Societies; also communications from Mr. Croft, Mr. T. Bryant, Mr. Holmes Coote, letters on Militia Surgeons and Poor-law Medical Reform, and other important papers, already in type.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Basham; Dr. Sharpey; Mr. Bowman; Dr. J. M. Strachan; Dr. C. Brunwell; Dr. Higginbottom; Dr. J. Williams; Mr. Joseph Walker; Dr. Edward Young; Mr. Walter Jessop; Mr. W. W. Thomas; Dr. Newton Heale; Dr. J. Nicol; Mr. W. J. Cumming; Mr. T. Bryant; Dr. Thomas Williams; Mr. J. H. Maitland, South Molton; Dr. James, Braintree, (with enclosure;) Mrs. Baines, Brighton; Mr. R. Hunter, Merthyr, (with enclosure;) Mrs. Taylor, (with enclosure;) Mr. W. M'Donald, Maryhill, (with enclosure;) Mr. C. J. Barker, Alderley, (with enclosure;) Dr. M'Loskey, Rothwell; Mr. R. Harrison, Liverpool; Mr. A. H. Collier, (with enclosure;) Mr. J. A. Farebrother, Broadsham, (with enclosure;) Mr. W. Eaton, Knowle; Mr. W. D. Moore, Denton; Mr. F. Hall, Banoldswick; Dr. Elliott, Exeter; Dr. Gerstang, Doncaster, (with enclosure;) Mr. M. Dudley, Whitchurch; Mr. S. A. Jones, Trinity College, Dublin; Mr. W. Williams, Festiniog, (with enclosure;) Mr. R. Griffin, Weymouth; Mr. E. Edwards, Crewe, (with enclosure;) Mr. B. R. Hankes, Whitworth, (with enclosure;) Mr. M. Tinley, Macclesfield, (with enclosure;) Mr. R. Simpson, Poplar, (with enclosure;) Mr. H. Young, Hindon, (with enclosure;) Dr. Wilkinson, Portsmouth; Mr. T. Knight, Brill, (with enclosure;) Mr. J. Goodson, Upper Sydenham; Messrs. Field, Ibbotson, and Co., Liverpool; Mr. J. Boyd, Harleston, (with enclosure;) Dr. Hassall; Studens Medicinæ; Another Militia Surgeon; M.D., Bromley; A Poor-law Medical Sufferer; Staff-Surgeon R.N.; Justitia; &c. &c.

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SPECIAL NOTICE.

TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1ST MARCH.

POLICIES EFFECTED ON OR BEFORE 1ST MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1ST MARCH, 1865.

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EXAMPLE OF ADDITIONS.

A Policy for £1000, dated 1st March, 1833,

is now increased to £1654 9s. 5d. Supposing the age of the Assured at the date of entry to have been 40, these Additions may be surrendered to the Society for a present payment of £363 17s. 8d., or such surrender would not only redeem the entire premium on the Policy, but also entitle the party to a present payment of £104 4s., and in both cases the Policy would receive future triennial additions.

The Existing Assurances amount to	£5,273,367
The Annual Revenue...	187,240
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ROBERT CHRISTIE, Manager.
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The General Apothecaries' Company

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The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Mousell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

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Invalids, especially those suffering

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in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, R. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.
Sold by Chemists, Grocers, &c., throughout the world.
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S. V. R., 56 O.P., 17s. net Cash.

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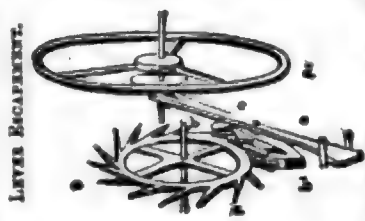

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CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

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"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

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ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

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Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely, solely*, and *entirely* to

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N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

"COMPOUND SYRUP OF THE PHOSPHATES, OR CHEMICAL FOOD."

Syrup of Hypophosphite of Iron.—

This preparation has been recently successfully given in Hysteria, Epilepsy, Spermatorrhœa, and other exhaustive derangements of the Nervous System.

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For the past eight months I have been in the frequent habit of prescribing the Compound Syrup of the Phosphates, a preparation designed, as its name of 'Chemical Food' implies, to replenish the salts of the blood, which are often more or less deficient in the inhabitants of London and other large towns.

It is a most serviceable and at the same time most agreeable tonic remedy in degeneracy of the blood and of the nervous and muscular tissues. I have found it of special benefit to scrofulous children, many of whom could take this when they could take no other ferruginous preparation.

In all specimens of this article that I have seen manufactured by first-rate pharmaceutical chemists, there has been a copious deposit. This defect has been overcome by Mr. BREWER, whose preparation is superior to the others in taste and efficacy, as well as in elegance of composition.

(Signed) SEPTIMUS GIBBON, A.B. & M.B. Cantab.,
Officer of Health, late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c. &c.

J. W. N. BREWER, Pharmaceutical Chemist,
5, Liverpool-street, Bishopsgate-street, London, E.C."

Tompson's Hydro-Pneumatic Inhaler,

for the Local Treatment of Affections of the Larynx, and other Mucous Passages of the Throat, &c., with Solution of Caustic or other medicated liquids, is easily applied by the operator, and occasions no inconvenience to the patient; vide THE LANCET, 28th Jan. 1860, p. 95. It may be had of MILLIKIN & LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London. Price 3½ Guineas.

A liberal discount to the profession.

Davis & Kidder's Magnetic Machine.

Wholesale (only) from J. ATKINSON'S American Stores, 37, Manchester-street, Liverpool. This Machine has now become one of the most essential instruments in all medical men's use. Numbers of spurious imitations have sprung up, which in a very short time lose their power, and become a constant tax upon the purchaser.—N.B. Ask for Davis and Kidder's.

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Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

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SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

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The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

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J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

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DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,

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To Mr. J. Pratt,
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Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

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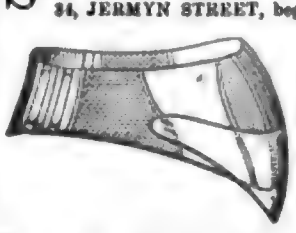
34, JERMYN STREET, beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.—N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.



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E. Huxley solicits those

Gentlemen who have hitherto paid the high charges made for SPIRAL STOCKINGS, BELTS, &c., to favour him with their orders for these goods, and effect a saving of 30 per cent. He can assure the Profession that, though so much cheaper, he never makes an article which can by any one be regarded as inferior to those made by others, however pretentious. Discount to the Profession, 20 per cent. Measures required: Circumference, at *a*, *b*, *c*, *d*, and *e*; length, from *a* to *d*, and *d* to *e*. Priced and Illustrated Catalogues on application to

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ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

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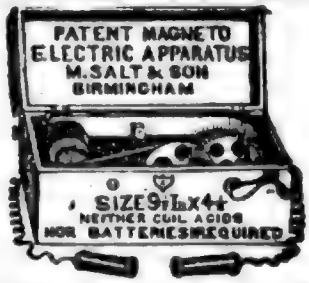
The Profession, Trade, and Hospitals supplied.



Microscopes.—J. Amadio's Botanical MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

Smith, Beck, & Beck, late SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of,

The Council Medal of the Great Exhibition of 1851, and
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The best House in London for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.

A large Stock of New Instruments always on Sale, all warranted.
Instruments Bought, Sold, or Exchanged.
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W. F. Durroch, Surgical Instrument MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

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Infants' New Feeding Bottles.—These celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

To Invalids.—The Patent Rheocline BEDSTEAD, so strongly recommended by Miss Florence Nightingale in her "Notes on Nursing," (vide page 46,) to be had of the Manufacturers and Patentees, 2, Winsley-street, Oxford-street, W.

Handsome Brass and Iron Bedsteads. HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

HEAL AND SON'S ILLUSTRATED CATALOGUE, containing Designs and Prices of 100 Bedsteads, as well as of 150 different articles of Bed-room Furniture, sent free by post.—HEAL & SON, Bedstead, Bedding, and Bedroom Furniture Manufacturers, 196, Tottenham-court-road, W.

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Glenfield Patent Starch is the only STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the

GLENFIELD STARCH,

we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

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Wanted, Left-off Clothes. Ladies or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

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Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Hyam and Co.'s Conjoint Garments, consisting of Guinea Coat and Vest, Twenty Shilling Trousers and Vest, and Thirty-eight Shilling Whole Suits; well designed from uniform patterns.

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HYAM & CO.'S CAMBRIDGE, SAC, AND PAGET JACKETS.—The best possible garments for gentlemen's customary in-door or out-door wear. Price 12s. 6d., 16s. 6d., 21s., 25s., and 31s. 6d.

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Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Threaded.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks "	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons "	27 0	38 0	40 0	50 0	44 0	54 0
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Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

Estimates furnished for services of plate for hotels, steam-ships, and regimental messes.

A costly book of engravings, with prices attached, gratis and post free.

MAPPIN BROTHERS, 67 & 68, King William-street, City; Manufactory, Queen's Cutlery Works, Sheffield.

Diabetes.—Bran Biscuits, from the prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TURNBULL, M.D."

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JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice, for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

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MANCHESTER—Jewsbury & Brown, 113, Market-street.
DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.
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☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

Kinahan's LL Whisky *v.* Cognac BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

THE OCTOBER BREWINGS ARE ARRIVING.

Bass's East India Pale Ale. BARCLAY'S PORTER AND STOUT.

In 18-gallon casks, bottles, half-bottles, and imperial pints.

Also, DEVONSHIRE CIDER.

BERRY BROS. & CO., 3, ST. JAMES'S-STREET, S.W.

Younger's Scotch Ale, which is so strongly recommended by the Medical Profession for its nutritious and invigorating qualities, may be had in bottle or on draught from Wine and Beer Merchants and Licensed Victuallers in every district of London, whose addresses will be forwarded on application to Paul's Wharf, Upper Thames-street, E.C., or 1, Sun-court, Cornhill, E.C.

Brewery, Edinburgh. Established 1749.

Allsopp's Pale or Bitter Ale.—Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Dacie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

Finest Old Sicilian Sherry, 27s. 6d. per dozen, including bottles. Samples forwarded free on application.

T. W. REILLY, 33, Finsbury-place North, Finsbury-square, London, E.C.

The Dinner Sherry at 30s. and 36s., and the IMPERIAL CLARET at 30s. and 36s., pure and good flavoured, are the wines most recommended for general use. Old Bottled Ports, 42s. and 48s. Champagne d'Epernay, 48s. A large variety of fine old and rare Wines, at moderate prices. South African, best quality, 24s. and 28s.

Price Lists on application. Carriage paid by rail.

MARSHALL & SON, Purveyors to the Queen, 20, Strand, W.C.

18s. per Dozen, South African Port and SHERRY; finest quality; one price.

XEREZ PURO, 28s., 34s., 40s., 46s.
PURE PORT, 36s., 42s., 48s., 54s., and 90s. per Dozen.
MARSALA, INGHAM'S, finest quality, 24s. per Dozen.

WINE IMPORTERS ASSOCIATION, 15 and 16, Adam-street, Adelphi.
R. E. BARNES, Manager.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine. THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ¼-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

NOTICE.

TO INDUCE A TRIAL OF

South African Wines,

AT 20s. AND 24s. PER DOZ., BOTTLES INCLUDED,

The consumption of which has now reached 420,000 doz. per annum (*Vide* Board of Trade Returns),

A CASE containing four samples, sealed and labelled, will be forwarded on receipt of 30 POSTAGE STAMPS, viz.:—

Half-pint bottle of best South African Sherry.
Half-pint bottle of best South African Port.
Half-pint bottle of best South African Madeira.
Half-pint bottle of best South African Amontillado.
Bottles and Case included.

COLONIAL BRANDY, very superior, 15s. per gallon.
BEST GIN, full strength, 11s. 3d. per gallon.
Price lists free on application.

Address—Mr. ANTHONY BROUGH, Wine and Spirit Importer, 29, Strand, London, W.C.

South African Port and Sherry, 20s. per dozen, free from acidity. Four dozen Cases carriage free to all railway stations in England.—WOOD & WATSON, 16, Clement's-lane, City, E.C.

Pale India Ale and Stout 4s. 6d. per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Excellent Sherry, 30s. per dozen. Fine old Port, 50s. per dozen.

WOOD & WATSON, 16, Clement's-lane City.

T. Kingsford and Son's Oswego PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Plumbe's Genuine Arrowroot, 1s. 6d. per lb., should be used in preference to any other. It is greatly preferred by the most eminent Physicians in London for Invalids, and as the best food for Infants. It also forms a light, nutritious diet for general use.—Report on Plumbe's Arrowroot by Dr. HASSALL: "I have subjected Plumbe's Arrowroot to careful examination, microscopical and chemical. I find it to be perfectly genuine, and of superior quality, equal in all essential respects to the best Bermuda, for which so high a price is usually charged. Signed, ARTHUR HILL HASSALL, M.D."—Directions and testimonials with each packet, which bears the signature of A. S. PLUMBE, 3, ALIE-PLACE, ALIE-STREET, LONDON, E. Retailed in London by Snow, Paternoster-row; Ford, Islington; Morgan, Sloane-street; Williams and Lloyd, Moorgate-street; Medes, Camberwell; Fincham, 55, Charing-cross.—Agents Wanted.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The above Company has been formed to supply PURE WINES of the highest character, at a saving of 30 per cent.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. "
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 32s. "
SPLENDID OLD PORT (ten years in the wood)... 42s. "
SPARKLING EPERNAY CHAMPAGNE..... 38s. "
ST. JULIAN CLARET, pure and without acidity... 28s. "

Bottles and packages included, and free to any London railway station. Terms, Cash.

WILLIAM REID TIPPING, Manager.

Pure Granulated Cocoa, 1s. 2d. per lb.,

in 1 lb. & ½ lb. packets. Manufactured precisely in the same manner as when analyzed by the Sanitary Commissioners of this Journal in the year 1851, and declared by them to be not only genuine, but of superior quality and manufacture.

Homœopathic Cocoa, a most nutritious and convenient article, in 1 lb. and ½ lb. canisters. This suits some constitutions better than the pure Granulated. It is made in the cup by the addition of boiling water in one minute. It is well adapted for use at sea, and in chambers. 1s. 4d. per lb.

Stomachic Chocolate, from the formula of a Physician, to be eaten in cold, foggy weather; very nourishing and warming to the system.

HANDFORD & DAVIES, 61, High Holborn, W.C.

Pure Country Milk and Cream.

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 6½d. and 7½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE,
30, Ludgate-hill, near St. Paul's, E.C.

Flour, warranted free from adulterations,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s.; Households, recommended for bread-making, 8s. 4d.; Seconds, 7s. 8d.; Meal for brown bread, 7s. 6d.—Address, HORSNAIL & CATCHPOOL, Bulford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

H. Breidenbach, Perfumer to the

Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

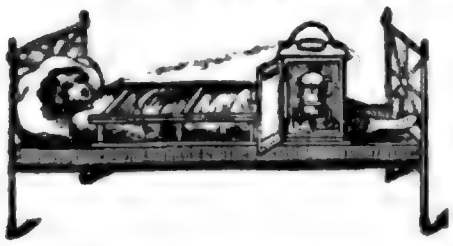
Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 B, New Bond-street, W.

Noedl's Patent Vapour Bath—

a very simple and useful Apparatus for Private Use or for Public Institutions.



Price reduced to Four Guineas, including japanned outer case.

A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

Manufactured and sold by

BENHAMS & FROUD, 40, 41, and 42, Chandos-street, Charing-cross, W.C.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of
NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. "	7s.	
3 oz. "	8s.	
4 oz. "	10s.	
6 oz. "	15s.	
8 oz. "	18s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. "
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. "
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

University College, London.—

Former Students of the College are requested to do the Professors the favour of forwarding their present Addresses at their earliest convenience to the Office of the College.

Royal College of Physicians, Edin-

BURGH; COLLEGE and HALL, LONDON.—Gentlemen desirous of becoming doubly qualified by obtaining the Diplomas of the above Examining Boards, can be prepared in a short time for the Examinations, without any necessity of leaving their Practices.—Address, M. D., 11, Crown-street, Finsbury, London.

The late Dr. Todd.—A Meeting of

the friends of this eminent Physician will be held at King's College, London, on Wednesday next, February 15th, at Three P.M., with a view of establishing some memorial of him in connexion with the Institution, of which he was for so many years the distinguished Professor of Physiology.

R. W. JELF, D.D., Principal of King's College.
W. A. MILLER, M.D., Dean of the Med. Dep.

Twickenham House.—Dr. Diamond

(for nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence, and reside with his family.—For terms, &c., apply to Dr. Diamond, Twickenham House, S.W.

Mental Disorders.—Wye House,

BUXTON, DERBYSHIRE.—Private Establishment for the Cure and Treatment of a select and limited number of persons mentally affected.

Resident Proprietor—T. DICKSON, L.R.S.C.E.,
Late Medical Superintendent of the Manchester Lunatic Hospital.

Wye House is delightfully situated in its own grounds of Twelve Acres, at Buxton, and forms part of the magnificent scenery of Wye Dale.

The well-known salubrity of Buxton, and the hygienic effects of its Waters and Baths, render it a desirable locality for Invalids nervously or mentally affected.

Ample means are provided for the occupation and amusement of the Patients, including Carriage and Garden Exercise.

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Hanover-square Rooms.—On Monday Evening, February 13th, at half-past Six o'clock, a paper will be read on the "Comparative Properties of Human and Animal Milks, considered in relation to some Physiological Facts." The object of the meeting is to induce discussion upon the theory propounded, which raises a question as to the best substitute for breast-milk in the case of hand-reared children. Several eminent medical men are expected to attend.

Tickets can be obtained at Mr. Churchill's, 11, New Burlington-street, W., and at Messrs. Booth's, Regent-street, Langham-place.

N.B.—Gentlemen who wish to take part in the proceedings are requested to enclose their name and address to Chemicus, care of Mr. Churchill.

Royal College of Surgeons of England. Notice is hereby given that the Primary or Anatomical Examination for the Diploma of Member of this College will be held on Tuesday, the 3rd day of April next, and following days.

And that the Surgical or Pass Examination for the Diploma of Member will be held on Wednesday, the 11th of April, and subsequent days.

Particulars relating to these Examinations may be obtained on application at the College.

Feb. 3rd, 1860. EDMUND BELFOUR, Secretary.

Royal College of Physicians.—The LECTURES of the Present Year will be delivered at the College, Pall Mall East, at Four o'clock on each of the following Wednesdays and Fridays.

GULSTONIAN LECTURES.—DR. RADCLIFFE: February 22, 24, 29.
"The Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy."

CROONIAN LECTURES.—DR. GUY: March 2, 7, 9.
"On the Numerical Method, and its Application to the Science and Art of Medicine.

LUMLEIAN LECTURES.—DR. BARKER: March 14, 16, 21.
"Observations on some Diseases of the Heart."

(By order of the President)

February, 1860. W. COPNEY.

Liverpool Northern Hospital. — A JUNIOR HOUSE-SURGEON is Wanted for this Hospital. Salary, £80 per annum, with board, &c. Must be a Member of a College of Surgeons, and Licentiate of Apothecaries' Hall, London.—Applications, with testimonials, to be sent into the Committee on or before Friday, the 17th instant, at Twelve o'clock, and to attend personally at that time.

R. B. ANDERSON, Chairman.

West of London Hospital and Dispensary, HAMMERSMITH, W.—A Vacancy having occurred in the Office of HOUSE-SURGEON, Candidates, who must be Members of one of the Royal Colleges of Surgeons, and Licentiates of the London Apothecaries' Company, are requested to send in their applications to the Hon. Secretary, W. F. Ainsworth, Esq., on or before Thursday, Feb. 23rd, when they will receive notice to attend the Medical Board. The salary is £80 per annum, with coals, candles, and attendance.

Wanted, at the Joint Counties LUNATIC ASYLUM, Abergavenny, an ASSISTANT MEDICAL OFFICER. He must be legally qualified. Salary £90 a year, with furnished rooms in the Asylum and partial board, and a progressive increase of salary of £10 annually for the second and third years. He must be prepared to enter upon his duties immediately after his election. Testimonials to be sent in not later than the 29th of February inst., addressed to the "Committee of Visitors, Joint Counties Asylum, Abergavenny," and superscribed "Application for the appointment of Assistant Medical Officer." After which, a selected number will be requested to attend. Further information may be obtained by applying to Mr. Browning, Clerk to the Committee, at the Asylum, Abergavenny.

Salford and Pendleton Royal Hospital and DISPENSARY.—Wanted, a JUNIOR HOUSE-SURGEON to this Institution. The salary is £80 per annum, with furnished apartments, coals, and attendance. He will be required to devote the whole of his time to the service of the Institution, to reside in the Hospital, and to engage for a period of two years, at the expiration of which time he will be eligible for re-election from year to year. Each candidate must be a Member of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of the Society of Apothecaries of London. Diplomas and other testimonials must be sent in to the Dispensary on or before the 15th of February next, and addressed to

Board-room, Feb. 3rd, 1860. J. OUGHTON BRADBURY, Secretary.

N.B.—The Junior House-Surgeon is nominated by the Medical Board of the Institution, subject to the confirmation or rejection of the General Board.

Brighton—Old Steine.—To be Let, Unfurnished, in the best part of the Old Steine, an excellent DWELLING HOUSE, containing 16 rooms, in good substantial and ornamental repair. It is well suited either for a professional or private residence. Rent on lease, £210 per annum.—For particulars, apply to Mr. Wilkinson, House and Estate Agent, North-street, Brighton; or to Messrs. Lahee and Wood, Auctioneers and Estate Agents, 65, New Bond-street, W.

Capital FREEHOLD RESIDENCE, standing on a large plot of ground, suitable for a Public Institution, Medical or Scholastic, in the salubrious district of Brompton.

Mr. Fred. Godwin will Sell by Auction, at the Mart, on Thursday, March 1st, at One, the above capital Premises, containing 18 rooms, standing in the main road, with good frontage, two miles from Hyde-park-corner, and known as "Warwick House." Particulars of C. Fiddey, Esq., 3, Harcourt-buildings, Temple, or by post of Mr. Godwin, 3, Halkin-terrace, Belgrave-square.

Appeal to the Profession.—William JOHN CUMMING, of Olney, Bucks, an L.A.C. of London, diploma dated July 14th, 1836, is most anxious for the sake of his family to procure the additional qualification of M.R.C.S. London. He lost his Union appointment some short time ago, solely for want of the double qualification, and is now by family misfortune without the means to raise the sum required. His case and circumstances are well known to William Newnham, Esq., of Tunbridge Wells, the late Treasurer of the Provincial Medical Benevolent Fund, and also to Edward Daniell, Esq., of Newport Pagnell. The former has most kindly undertaken to act as Treasurer for him for the fund raised for this special object.

Olney, Bucks, Feb. 7th, 1860.

A married Surgeon, residing in one of the Home Counties, is desirous of Receiving a Nervous or Invalid Patient. The house and garden are pleasantly situated in a healthy village, within an easy distance of town, and near a railway station.—Address, W. B., Mudie's Library, Oxford-street.

To Invalids and others.—Residence in DEVONSHIRE.—A married Clergyman, with one child, residing in the north of Devon, wishes to Receive into his House a Gentleman or Lady, Sisters, or a Married Couple, where the comforts of a quiet home can be confidently offered. The house is modern and commodious, beautifully situated, commanding a fine view of the country, and surrounded by lawn, gardens, and shrubbery. It is within five minutes' walk of a small market town. Good references given and required.—Address, the Rev. T. H. Maitland, Parsonage, South Molton, North Devon.

To be Disposed of, an Introduction to a PRACTICE, in a large Town in the north of England.—Apply, by letter, to D. M., care of Mr. Don, 31, Threadneedle-street, London, E.C.

Medical.—A Practice of £300 a year, situated in a rural district in Kent, will be vacated shortly. An active Surgeon could succeed to it by purchasing some Furniture—price £120—and taking the House from the present occupier. There is ample scope for increasing the Practice.—Address, L. S. A., 93, Minories.

To be Disposed of, a small, genteel CHEMIST'S BUSINESS, prettily situated by the sea. The profits are £100 per annum, and the Fittings, Drugs, &c., worth about £120. Price £160. Full particulars of Mr. Jacobson, Walbrook-chambers, London.

A good Opening for a young Medical Gentleman wishing to commence Practice.—The House of the deceased Surgeon is to Let, with Drugs and Fixtures to be taken at a valuation.—Apply to Mrs. S. Taylor, Queenshead, near Halifax, Yorkshire.

Nucleus.—For immediate Transfer to a qualified Gentleman, a first-class NUCLEUS of a GENERAL PRACTICE, in a capital Market Town within fifty miles of London. No Unions or Clubs attached. A good Opening for any active young man. Entrance will not exceed £100.—Address, X. Y. Z., THE LANCET Office, 423, Strand, London, W.C.

To Medical Practitioners.—For immediate Disposal, a good PRACTICE, now worth from £600 to £700 per annum, with appointments, and capable of great extension.—Satisfactory references and full particulars to be obtained on application to J. Sutterby, Chemist and Druggist, Long Sutton, Lincolnshire.

Select Practice for Sale; amongst the best society, in a beautiful rural neighbourhood on the Great Western line; very pretty residence, with excellent field sports. Fitted only for a gentlemanly, married man, who wishes an easy addition of about £300 a year to his income. Every facility for inquiry given.—Address, in the first instance, Medicus, High Field House, Moortown, near Leeds.

Medical.—Wanted, by a married gentleman, a PARTNERSHIP in a first-class GENERAL PRACTICE in London or elsewhere.—Apply, by letter, to Zeta, care of Tufnell Southgate, Esq., Solicitor, 7, King's Bench-walk, Temple.

To Surgeons and Druggists. — A PARTNER may be received in an old-established Practice, with Retail and Counter Practice; or the latter may be had by a Chemist, the Vendor continuing in Private Practice in the neighbourhood.—Apply by letter, prepaid, R. E. P., 65, Charlotte-street, Caledonia-road.—Accommodation in payment of purchase money, if required.

A Partner is Required in an extensive Practice in a country town, the receipts from which have averaged over £1450 for the last three years. He must be highly qualified, not too young, and if married preferred. The terms for One-Third Share will be £950, £500 of which must be paid on entrance, and the remaining £450, on security at five per cent., at the end of two years.—Address, Medicus, care of Messrs. Gale and Oldfield, 15, Bouverie-street, Fleet-street, E.C.

Partnership.—Wanted, a Gentleman, fully qualified, and possessing energy, to join a Practitioner of long standing in the establishment of a Practice in the neighbourhood of Town. As the latter is in delicate health, the former would have to take the onerous parts of the duties. In consideration of this, and of the fact of there being but the Nucleus of a Practice as yet formed, no sum of money will be required, but it will be necessary that a party thus joining should be prepared to wait twelve months ere a remunerative return may be calculated on.—Address, by letter only, to E. H., care of Mr. Ashby, Oil and Colour Warehouse, Coleman-street, City, E.C.

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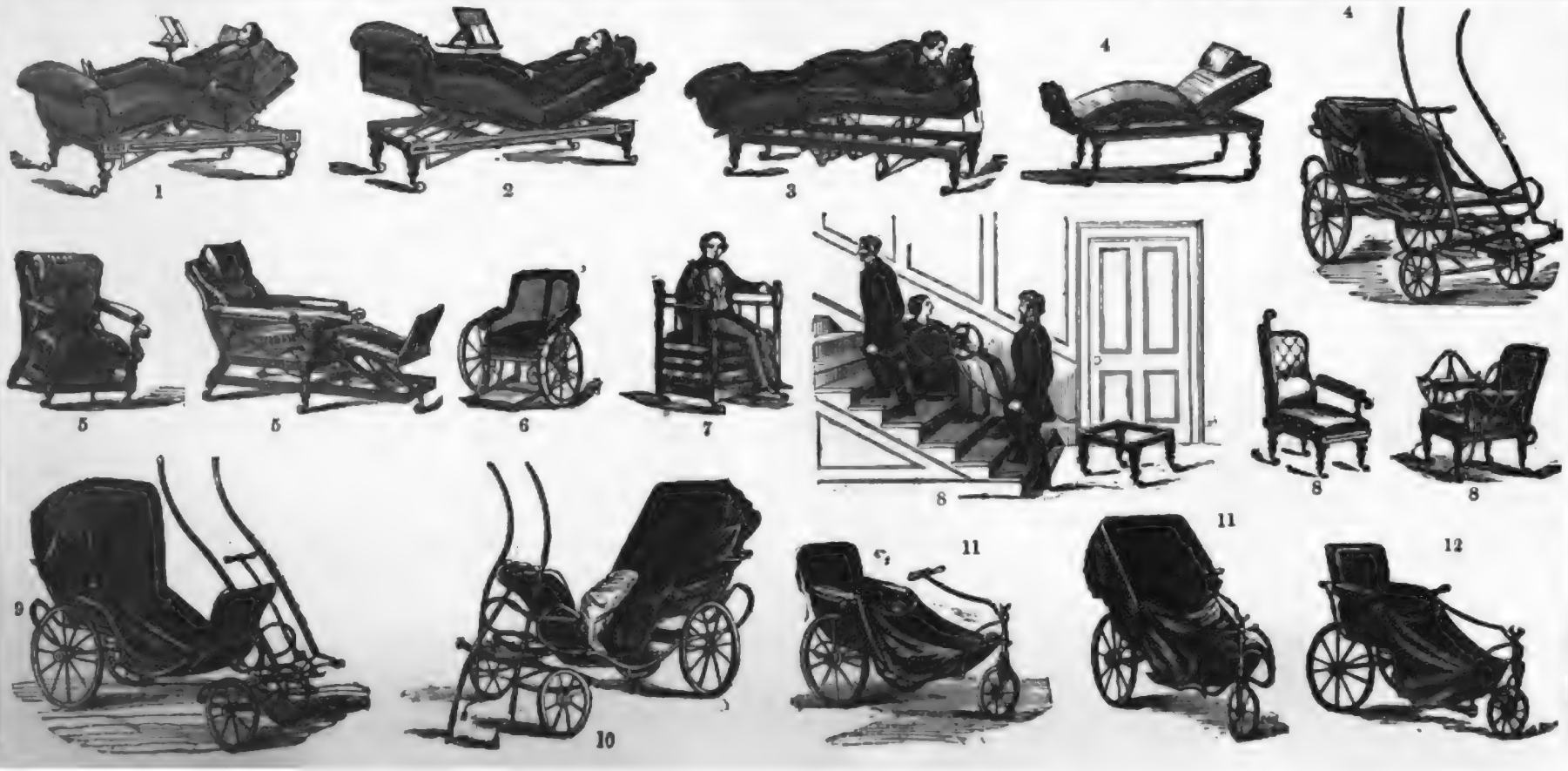

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Lecture IV.—Enteric Fever... 159

Observations on Lithotrity. By William Coulson, Esq., (continued.) ... 163

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital. Chlorosis as a Cause of Venous Obstruction ... 164

On the Cerebro-Spinal Fluid. By Joseph Williams, M.D. ... 165

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

St. Bartholomew's Hospital: Abscess of the Liver, Punctured Externally; Secondary Hepatic Abscesses; Dysentery ... 166

St. George's Hospital: Abscess of the Liver and Loin, Puncture of the former; Secondary Hepatic and Pulmonary Abscesses ... 168

St. Thomas's Hospital: Abscess of the Liver from Dysentery in a Hot Climate; Puncture Externally; Recovery.—Abscess of the Liver following Hepatitis; Evacuation by Puncture and by the Bowels; Recovery ... 168

Royal Society.—On the Saccharine Function of the Liver ... 169

MEDICAL SOCIETIES.

Medical Society of London: On the Study of Disease by Synthesis ... 169

Pathological Society of London: Stricture of the Rectum: Suppuration of the Liver.—Hydatids of the Liver opening into the Gall Duct.—Chronic Pericardial Effusion. — Fractured Femur united at a Right Angle.—Talipes Varus. — Recurrent Fibroid Tumour ... 170

REVIEWS AND NOTICES OF BOOKS.

On Diseases of the Throat, Epiglottis, and Windpipe; including Diphtheria, Nervous Sore-throat, Displacements of the Cartilages, Weakness of the Voice and Chest: their Symptoms, Progress, and Treatment. By Geo. D. Gibb, M.D., M.A., M.R.C.P.L., &c. ... 171

On the Employment of Trained Nurses amongst the Labouring Poor: considered chiefly in relation to Sanitary Reform and the Arts of Life. By A Physician 171

NEW INVENTIONS.

Novel Hot-Air Bath. (*With an Engraving.*) ... 171

The Vaccination Diploma of the Privy Council ... 172

LEADING ARTICLES.

The Income-Tax ... 173

Homœopathy: its Disciples ... 173

Militia Surgeons ... 175

MEDICAL ANNOTATIONS.

The Real Authors of the Calamity on board the Ship *Accrington*.—Surgeons not Privates.—Certificates from the Registered. — Pure Wine for the Sick. — Medico-Parliamentary ... 176

CORRESPONDENCE.

Poor-law Medical Reform ... 172

The Anatomy of the Lung: Letter from Dr. Jas. Newton Heale ... 178

The Distribution of the Bronchial Arteries — Dr. Heale and the Royal Society: Letter from Dr. Waters ... 178

Mr. Thomas Wakley's Stricture Tubes ... 179

Militia Surgeons ... 179

Protest addressed to the Medical Council by the Surgeons of Reading ... 180

MEDICAL NEWS.

Medicines and Medical Stores for the Navy ... 163

Pass-list of the Royal College of Surgeons. — The late Dr. Todd. — Medical Directorship of the Army. — Cambridge University. — Appointments. — Medical Benevolent Fund Society of Ireland. — A new Medical Journal. — The Faculty of Strasburg. — The Queen of Madagascar. — Extraordinary Fecundity. — A Clerico - Homœopathic Association.—Severe Fits of Sneezing. —A Chair of Ophthalmology at Turin.—Fracture of the Skull in Natural Parturition. — Riots at the Medical School of Constantinople.—Abolition of the Titles of "Assistant-Physician" and "Assistant-Surgeon" to Hospitals.—City Dispensary, Queen-street, Cheapside. — Obstetrical Society, Manchester. — Hunterian Medical Society.—Testimonial to a Poor-law Surgeon.—Therapeutic Uses of Veratrum Viride. — Bibron's Antidote. — Diphtheria. — A Pious Ruse of the Doctor. — Health of the Metropolis ... 180

Medical Diary of the Week ... 182

Notices to Correspondents ... 182

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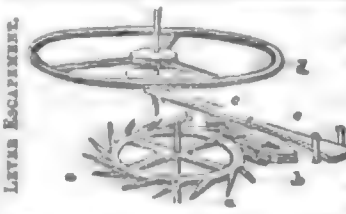

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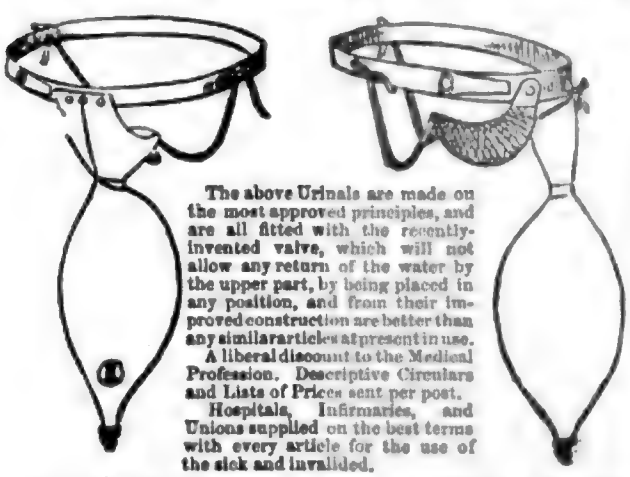

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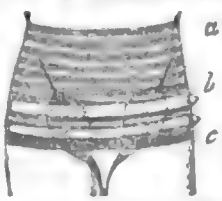

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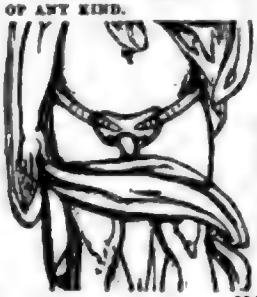

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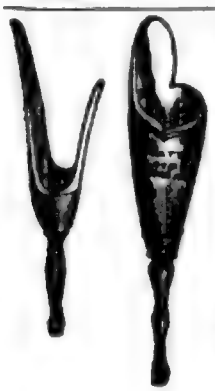

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858-59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE IV.

ENTERIC FEVER.

Gastric symptoms (continued)—abdominal pain, meteorism or tympanitis, gurgling. 3. Symptoms referable to the Skin—lenticular rose spots, sudamina, erysipelas. Epistaxis. 4. Organs of respiration—bronchial catarrh, bronchitis, pneumonia, angina laryngea, pleuritis. General observations on the secondary lesions—latent enteric fever—duration of enteric fever.

GENTLEMEN,—*Abdominal pain* is rarely observed in the commencement of enteric fever, except in the more severe cases; but when the abdomen, in the progress of the disease, becomes distended, there is generally tenderness on pressure—especially in the right iliac region. The degree of pain, like the diarrhœa, is in proportion to the gravity of the fever. It is most generally felt around the umbilicus, sometimes in the iliac region on either side, occasionally over the whole abdomen.

It is well to be cautious in examining the abdomen, especially in the later stages of enteric fever, in consequence of the activity with which the changes in the intestinal glands occasionally proceed, and the tendency of the ulcerative process to spread in depth, and ultimately perforate the peritoneal covering. The less, indeed, the bowel is disturbed the better; and hence the necessity for abstaining from aperients, on the one hand, and for avoiding rough external pressure, on the other. I have already alluded to the hysterical tenderness not unfrequently observed in females of the nervous temperament, and the possibility of its being mistaken for peritonitis. The diagnostic hints I gave may be kept in view in such cases. It is unnecessary to repeat them.

There is, however, a more serious form of abdominal pain—that arising from a fatal lesion, to be presently noticed—intestinal perforation. The characteristic signs of this lesion, which takes place in the advanced stage of the disease, or during convalescence, and often in cases apparently of no great severity, are—occasional chills or rigors, sudden excruciating pain in the abdomen, sickness and vomiting, marked change of features, clammy perspiration, rapid tympanitic distension, hurried breathing, and death within thirty to forty hours.

The maxim of Louis is full of practical import. He states that "if in the course of a severe or slight typhoid affection, or even under unexpected circumstances, the disease having been latent to that moment, there supervene suddenly, in a patient with diarrhœa, pain in the abdomen, aggravated by pressure, accompanied by altered expression in the features, and more or less speedily by nausea and vomiting, there must be a perforation of the small intestine." In this short sentence the symptomatology of intestinal perforation is succinctly given. Louis further affirms, and the observation is important, that he has never met with peritonitis in the progress of acute diseases, except as a consequence of perforation of the small intestine in subjects affected with the typhoid affection.

On the other hand, it should be kept in mind that even when this accident (intestinal perforation) occurs, the symptoms may not be so well pronounced. For example, in a case given by Louis, in which, during cerebral disturbance, perforation occurred and was the cause of death, the only symptoms were—constant chills, and twelve hours before death the face, hands, and upper part of the chest became of a purple hue. The abdomen, which was much distended, was not painful, except on firm pressure, which produced a little distortion of the features. On examination after death, a perforation about the size of a large pin's head was found in the ileum, about six inches from the cæcum.

Though few patients survive more than from twenty-four to thirty-six hours, or a few hours longer, after the signs of perforation show themselves, instances have occurred in which existence has been prolonged for some days after. Louis had one patient who lived seven days after the development of the first symptoms, which were very violent at the commencement, and were not mitigated until the beginning of the fourth day. In a case under my care in the hospital, the patient survived sixteen days.

It is well to remember that intestinal perforation may happen suddenly when it is little looked for. I have known it occur when convalescence was supposed to be progressing so surely and satisfactorily that the patient was allowed to leave the house. Nor is the state of the bowels, either as to the presence or absence of diarrhœa, to be depended on as a guide, for you will find cases recorded (and I have had repeated instances in my own practice) in which the evacuations were formed and healthy in appearance at the very time when the perforation happened, and destroyed life. Such cases, though fortunately not very frequent, show the necessity of giving a guarded opinion as to the ultimate issue of enteric fever, however apparently mild.

Meteorism, or tympanitis.—This is a common symptom in enteric fever, and seems to arise from a special cause, as the condition of the mucous membrane of the colon, in which the air is chiefly collected, does not reveal its origin. The amount of accumulated air varies: it is sometimes moderate, sometimes excessive. In mild cases it is either absent, or so slight in degree as not to produce sensible elevation of the abdominal parietes, and may not even be perceptible on palpation. In the more severe, it is always present, the degree or amount corresponding with the gravity of the other symptoms; and when the distension is considerable, the discomfort is much increased by the impediment offered to the descent of the diaphragm. In a recent instance under my care, for example,—and I have witnessed several such,—the tympanitic resonance was well-marked as high as the third rib, and produced the greatest distress. I succeeded in giving relief and freedom to the lungs and heart, by having an œsophagus tube introduced into the colon, through which the air freely escaped. The tube was kept in this situation for many days, being only removed from time to time. As I shall speak of the mode of managing this symptom in a subsequent lecture, the present allusion is made merely to point out the enormous distension and corresponding distress occasionally induced by the accumulated air.

The period of the fever when meteorism supervenes, varies. Except in severe cases it seldom appears early, generally not until the second week, sometimes much later. In one instance given by Louis, it was not observed until after thirty-eight days; and in another, not until the fever had run on so long as sixty-five. When it is present, it continues until the termination of the disease.

In regard to its comparative frequency, Louis noted it in thirty-four out of forty-six cases which were fatal, and in forty out of fifty-seven patients who recovered; of whom, in four, it began on the seventh or eighth day; in one, on the ninth; in thirteen, between the tenth and twelfth; in a majority, at a much later period; while in some in whom the fever ran its course slowly, it did not occur before the third week, or even later. As to degree, it was considerable in seven, and moderate, or very slight, in the remaining; it diminished gradually in many, rapidly in others.

Though it may appear unaccountable that this symptom—meteorism—should be mistaken, such a diagnostic error has

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been committed. For example, Louis states that he heard an eminent physician pronounce a patient with the typhoid affection (enteric fever) to have hepatization of the right lung, on the ground that, the abdomen being greatly distended with air, a flat sound was elicited, much higher than usual, on percussing the right back of the chest. Examination of the body after death showed the lung to be quite healthy, and the cause of the flat sound to be the liver, which had been pushed very high by the great distension of the tympanitic colon.

During my attendance, some years ago, on a gentleman with enteric fever, an hospital surgeon met me in consultation, in consequence of the alarm excited by the unusual tympanitic distension. This gentleman mistook the hour appointed for our meeting, and after waiting some time, the medical attendant of the family, who had watched the case with me, was sent for, and the examination of the patient was proceeded with. On retiring to an adjoining room, the pathology of the case was debated, when this hospital surgeon came to the conclusion that the disease was ascites, and, notwithstanding the remonstrance of the family attendant, was in the act of prescribing elaterium, when I arrived, and took the liberty of stoutly resisting both his diagnosis and therapeutics. The patient after a tedious illness ultimately recovered.

In the enteric fever of children, this symptom occurs not less frequently than in adults. M. Rilliet met with it, in various degrees, in about two-thirds of his cases, but more frequently in those who died than in those who recovered.

On the whole, it may be inferred that the infrequency of meteorism in acute diseases, not enteric fever, and its frequency and degree in the latter, render it an important diagnosic symptom.

Gurgling.—If the region of the cæcum be carefully examined by the fingers of both hands—with the precaution, for obvious reasons, of handling this portion of the intestinal canal with care—a gurgling sound may be elicited. It was first pointed out by Chomel, who considered it as one of the signs of enteric fever. Though it may be frequently discovered, it is much oftener absent, and cannot therefore be regarded as one of the constantly present diagnostic symptoms of this disease.

3. *Skin.*—One of the most distinctive characters of enteric fever—not, however, as we shall see, invariably present—is an eruption of small lenticular rose-coloured spots, scattered chiefly over the surface of the abdomen and chest, where the cuticle is known to be thinnest. Sometimes a few of these spots (from six to twenty) are seen, after careful examination, on the abdomen, or one or two may be discovered on the chest and back; when there is an abundant eruption, they are not limited to the region of the trunk, but may be seen on the extremities, and even, though rarely, on the face.*

Each spot is of a circular shape, varying in size from a point to a line and a half, rarely exceeding two lines in diameter, slightly raised above the surrounding cuticle, and of a pink-rose colour, disappearing on pressure, but returning as soon as the pressure is removed. Their eruption is not attended by any unusual sensation, and they seldom appear before the fifth day of the fever, more commonly in the second week.

M. Louis, who observed these spots very carefully, found them readily in twenty-six out of forty-six cases that were fatal; and in fifty-seven that recovered, they were discovered in all, except three. It was also noticed to be invariably present in all the cases that were mild.

In respect of the period of the disease at which it came out, it was visible in two patients on the sixth day; in three, on the seventh; in a third of the cases on the tenth; and in ten, it did not appear until between the twentieth and thirtieth day of the disease. In the cases tabulated by Chomel, it was noted in two between the sixth and eighth day; in thirteen, between the eighth and fifteenth; in seven, between the fifteenth and twentieth; in four, between the twentieth and thirtieth; and in one, on the thirty-seventh day.

If, however, an average be taken, these rose spots may be assumed to come out between the sixth and ninth days after the commencement of the fever: it is certain, at least, that in half the number of patients they are found between those days. It would also appear that, except in cases of relapse, fresh rose spots do not appear after the thirtieth day of the fever.

Again, these spots do not, as in the typhus eruption, persist throughout the fever, but, after remaining visible eight or nine days, they gradually fade, and ultimately entirely disappear, without leaving a mark or stain. They are replaced by a fresh eruption, which, after pursuing a precisely similar course, in its turn dies away; and in this manner the spots come out and disappear, until the termination of the fever. Their mean duration may be stated to be from eight to nine days.

This eruption (rose spots) is, according to M. Taupin, not less frequently observed in children than in adults; for out of 121 cases of enteric fever in early life noticed by him, it was observed in all except eleven, and of these eleven three were not received into the hospital until three weeks or more after the commencement of the disease, during which period the spots might have disappeared. M. Rilliet, on the other hand, observed them in two-thirds of his cases only; but he does not say whether the patients in whom the spots were not seen were received into the hospital at a late period of the fever. It may, however, be assumed that in children the spots appear at an earlier stage of the fever than in adults, for both these writers state, that they observed the eruption generally from the fourth to the eighth day of the fever, sometimes sooner, occasionally later. They were found by M. Taupin in some children as early as the second day, but they generally disappeared after a day or two.

It is satisfactory to find from this author, that he had never met with the rose spots in any other infantile disease, except enteric fever.

There is another point in connexion with this spotted eruption that requires passing notice. In some cases it is preceded for a day or two by a scarlet efflorescence, very much like roseola; when it appears, it is apt to throw doubt on the nature of the disease, and there is even a possibility of its being mistaken for scarlatina. As the disease progresses, however, the doubt is soon dispelled.

But this rose-coloured rash is not invariably present. It is very difficult to obtain statistical results on this point that can be relied on. The spots may have disappeared, when the patient is examined, or they may be so few in number as to escape detection. We have not overlooked this matter in the Fever Hospital, for the presence or absence of the characteristic rash is invariably noted; and were I to give an approximative idea of the total number of cases in which the rose spots do not appear at any stage of enteric fever, I think ten or twelve per cent. will be nearly correct.

Sudamina.—In the progress of enteric fever, we occasionally observe a vesicular eruption, termed, from its resemblance to sweat drops, sudamina, though no one supposes that it has the most remote connexion with the function of perspiration. It is known also by the name of miliaria, or miliary rash, and consists, as you are aware, of small, prominent, round, transparent vesicles, formed by the effusion of limpid fluid under the cuticle. The vesicles are usually about the size of millet-seeds, the intervening spaces retaining the natural colour of healthy skin.

This rash, which is an occasional accompaniment of other acute maladies, rarely appears before the end of the second week of the fever. It comes out more generally on the anterior aspect of the thorax, on the abdomen, inguinal regions, neck, and axillæ; seldom on the back or limbs, and never on the face. Its duration is not uniform; sometimes the vesicles, after continuing prominent for a few days, shrivel, and disappear with desquamation; in other cases, they remain visible for eight or ten days. Their average duration, however, may be stated to be from three to ten days.

This eruption does not seem to have any special influence on the symptoms or progress of the fever, though it has more frequently been observed in cases of more than average severity than in the milder. And as to its comparative prevalence, out of ninety-eight patients (observed at the Hotel Dieu or La Pitié), it was discovered in seventy-six; and it was remarked that there seemed, in these instances, to be very little relation between the abundance of the sudamina and the condition of the skin as to perspiration.

This eruption has also been observed in the enteric fever of children; M. Rilliet having noted it in two-thirds of his cases, and M. Taupin in one hundred and four out of one hundred and twenty-one. M. Rilliet states that it generally appeared between the eleventh and twentieth days, and that its average duration was from one to six days.

My own experience of the occurrence of sudamina, both in hospital and private practice, differs in respect of frequency from that of continental physicians. It is comparatively rare in the enteric fever of this country; and I do not remember a single instance of its occurrence in private practice.

Erysipelas.—I may here advert to the occasional appearance

* For permission to exhibit the beautiful wax model of this eruption on the table I am indebted to the authorities of Guy's Hospital. It is a life-like representation, executed by Mr. Town, whose artistic skill has enriched the museum of Guy's with the most valuable series of pathological models in Europe.

of erysipelas in the progress of enteric fever, but it is to be regarded as accidental or intercurrent only. It shows itself in the wards of the Fever Hospital at certain periods of the year, just as it is known to prevail in other hospitals amongst the medical, but more especially amongst the surgical patients; often appearing suddenly, lasting for a time, and then disappearing. When it gets into the wards, it spreads by contagion, but it may be also excited by trivial wounds, such as leech-bites, cupping scarifications, or blistered surfaces. It is infinitely more common on the face and head, often apparently commencing in the throat, and thence spreading outwards, through the nose or ear, to the face, scalp, and neck. It seems to have no precise or definite duration, and terminates either in resolution, vesication, or purulent infiltration, and, when severe and extensive, may be, *per se*, the destroying cause.

Epistaxis.—This is another occasional accompaniment of enteric fever. The amount of blood varies, being sometimes small, perhaps only a few drops; more often moderate, seldom profuse. It may occur once only, or for several successive days; and it is not limited to any period of the fever, occurring sometimes at the commencement—more commonly when it is somewhat advanced. It is seldom preceded by any unusual sensations to denote its advent, nor is the patient sensible of any change in the symptoms after its cessation.

It is observed less frequently in the mild than in the more severe cases. Thus, Louis noted it in about half the cases that were mild, and in twenty-seven out of thirty-four in whom the fever was severe, but not fatal. I am inclined to think that it is less frequently observed as a concomitant of enteric fever in this country. Dr. Jenner remarked it in only five out of fifteen, the particulars of which were obtained from the commencement of the disease.

As to the occurrence of epistaxis in childhood, it happens oftener before than after fifteen years of age. M. Taupin, for example, met with it only three times amongst one hundred and twenty-one children, and in those only to the extent of a few drops of blood; and he noticed, that several children who had been subject to bleeding at the nose before they had enteric fever, had none at all during the whole period of their illness.

4. *Organs of respiration.*—Although it cannot be said that in enteric fever the pulmonary organs are necessarily involved in the general disturbance, there are few cases of severity in which they entirely escape.

The pulmonary complication may be exhibited either in the form of simple catarrh, bronchial catarrh (bronchitis), inflammation of the pulmonary parenchyma, or of the pleural covering, each being indicated by its peculiar local or physical signs.

In a considerable number of patients, but especially when there is coexisting brain affection, the pulmonary lesion is latent, and can only be detected by careful auscultation. Irregular accessions of flushing, and general heat of skin, especially if accompanied with paroxysms of coughing, are sufficient to indicate some form of secondary pulmonary affection, the precise nature of which can only be revealed by careful physical examination. But even such general symptoms are often absent, and the lung disease may remain undiscovered, unless the practitioner is on the watch, and, by repeated local examination, detects the existence of the secondary affection of the lung, which, be it remembered, may suddenly spring up at any period of the fever, and render a mild case severe, or even dangerous, if not fatal.

Rokitansky ascribes these various pulmonary complications to the peculiar typhous deposit (or, as he terms it, *typhous process*), which may be effused either on the epiglottis and larynx, the mucous membrane of the lungs and bronchial glands, or into their parenchyma, producing laryngitis, bronchitis, or (the so-called) typho-pneumonia.

The *bronchial catarrh*, however, is perhaps the most common form of pulmonary complication in this country, and is indicated by frequent cough, glairy, tough expectoration, wheezing respiration, and moist râles over the chest.

Pneumonia is a much more serious affection. Rokitansky seems to think that in all cases of severe enteric fever, or indeed in all cases, but especially when the symptoms are well marked, there is hypostasis in the lower lobes, which becomes converted into pneumonia—a gelatinous, glutinous, soft product (similar to that which takes place on the bronchial and intestinal surfaces) being effused, and corresponding with the existing typhous dyscrasia, which he supposes to be the result of an adynamic state of the system. This lesion is indicated chiefly by the local signs: the dulness on percussion; the fine crepitation at first, and afterwards the bronchial breathing, the consequence of portions of the lung being blocked up by the infiltrated morbid products.

The *laryngeal angina* alluded to is fortunately much less frequently met with than either of the preceding lesions, and, whether it arise from simple œdematous infiltration or from the typhous deposit, may be recognised by its characteristic symptoms—intense agony in the effort of swallowing, succeeded by ringing cough, stridulous sound of the breathing and voice, with frequent attacks of laryngeal spasm threatening suffocation.

Pleuritic inflammation.—In enteric fever there is a marked tendency to inflammation of serous membranes, and hence pleuritic inflammation is a frequent complication or secondary affection. It may not be always recognised by the general symptoms alone, but by careful auscultation its presence can scarcely be overlooked. It is decidedly less frequently observed in the typhoid affection of Paris. Thus Louis mentions that out of fifty-seven cases, he only met with one example of it. This infrequency of pleurisy as a complication of enteric fever does not accord with the experience of British physicians. There appears, as I have already remarked, to be a peculiar susceptibility in this fever to serous inflammation, more especially to pleurisy, and it is well to be on the look-out for it even in mild cases. It is indicated by sudden chills or shivering, pain or stitch in the side on deep inspiration, disinclination to lie on the affected side, hurried breathing, with pleural friction, or a limited degree of dulness, but these may not be always detected. In other, and perhaps the greater number of cases, however, the disease is less open; there may be little if any pain or stitch, little or no hurry in the breathing, perhaps only flushing and hot skin, to indicate that something is wrong. Examination of the chest seldom fails to reveal the secret, by circumscribed creaking heard over the seat of the pleuritic inflammation; or if the mischief has crept on insidiously, the percussion note is dull and the respiratory murmur absent, indicating the existence of fluid more or less copious in amount. It is remarkable how rapidly the fluid accumulates in some cases, and even with little warning of the antecedent inflammation; hence the necessity of watching, in cases of enteric fever even comparatively mild, for the first approach of pulmonary symptoms, which may surprise us at any stage of the disease, or even during convalescence.

When the pleuritic inflammation occurs on the left side, it may spread to the pericardium and even to the valvular apparatus of the heart—a complication which, I need scarcely observe, though not always necessarily fatal, seriously involves the safety of the patient.

Again, it should be kept in mind, that fever, either enteric or typhus, occasionally supervenes on chest diseases (as well as other organic affections), and may thus become ingrafted on the various forms of chronic pulmonary disorders so prevalent in this variable climate. The history of each case, if carefully inquired into, will tend to distinguish this class from those of enteric fever with pulmonary complication, though it must be admitted that there is often much difficulty in arriving at a correct diagnosis.

Abdomen.—In the abdomen we rarely meet with peritoneal inflammation as a secondary affection, but more generally as the result of intestinal perforation.

The other lesions found after death—the various changes in Peyer's glands, in the mesenteric glands, and in the spleen—to be afterwards more particularly described—are not to be viewed as complications, but as constituting the true anatomical character of this disease.

The various lesions which occur in the progress of enteric fever, as might be supposed, not only materially influence the general character and duration of the disease, but may even be the immediate cause of death. The changes in question, though having in many respects a resemblance to inflammation, are to be ascribed rather to the specific effect of the fever poison on individual organs, in the same manner as other poisons when introduced into the system affect particular structures. We may have, for example, cerebral symptoms—headache, delirium, somnolence, and even convulsions, without vascular turgescence; nay, these very symptoms may depend on an anæmic or bloodless condition of the brain, and hence the judgment and caution required in dealing with these secondary cerebral affections, for were we to prescribe on the supposition that such nervous symptoms were the result of cerebral fulness, a fatal error might be committed.

You may remember that I alluded to the cases observed by Louis, in which, though the brain symptoms were prominently

marked, the appearances after death by no means corresponded with, or accounted for, so much local disturbance.

There are instances, on the other hand, in which the vessels of the brain, but more particularly its investing membranes, are more or less congested, as the symptoms during life evince, and in such examples, we find evidence after death of pre-existing vascularity, in the form of redness of the membranes or substance of the brain, or of both, and probably of subserous effusion, or even of lymph. But these cases of congestion are much less frequent than the nervous or neurotic, as they may be called.

The pulmonary complications, too, though exhibiting the ordinary physical signs by which the idiopathic form is recognised, partake less of the acute character; and if we adopt the opinion of Rokitansky, that they are mainly due to the infiltration of that low or caco-plastic material he has denominated *the typhous process*, it is clear that the whole exudative phenomena are not those of inflammation, strictly so called, though in the effort made by the system to throw off this exudation, and we may presume that a temporary local or congestive action is set up, and hence the increased local and constitutional disturbance induced.

I have repeatedly alluded to the frequency of inflammation of the pleural covering of the lungs in enteric fever and the more or less copious effusion into the thoracic cavity, and I advert to it now only to point out that, though it is unquestionably an inflammation, the whole phenomena are of a less acute character than idiopathic or primary pleurisy. It requires also a modified, certainly less active treatment, and, as we shall afterwards point out when the treatment of those lesions is discussed, a combined plan of local and constitutional measures, in order to check, on the one hand, the local action, and at the same time to sustain the vital and nervous powers.

If we go to the great centre of the circulating system—the heart—so constantly and variously disturbed in fever, we do not find the slightest evidence of inflammatory action; on the contrary, it is either little influenced, or its action may be so weakened that it appears scarcely equal to its ordinary work, so that its sounds, but especially the first, are nearly inaudible. It is in this condition of the heart that we find the brain bloodless or anæmic, the patient rambling or unconscious; the face and lips pale, and the surface cold and perhaps livid. And, moreover, this bloodless state of the brain explains the quantity of alcoholic stimulants occasionally required, both in enteric and in typhus fever, to rouse the dormant powers, and the tolerance of quantities which, if taken by the same individual in his ordinary or healthy state, would probably deeply intoxicate.

As to the condition of the abdominal organs, if we except the specific lesion of the intestinal glands, mesentery, and spleen, we rarely find disease either of the peritoneum or other structures within this cavity. It is true that, when the typhous process has destroyed in succession the coats of the intestine, and the perforating ulcer permits the alimentary contents to become effused into the abdominal cavity, violent peritonitis and rapid death follow. But this is an accidental lesion only.

Latent enteric fever.—We have been hitherto considering the more ordinary course of enteric fever, the symptoms of which are generally, in prominent particulars, so well marked as to be readily recognised—at all events by those who are practically acquainted with the pathology of fevers. Cases, however, occasionally occur, in which, though some of the symptoms may be present, the general aspect of the disease is such as to leave its nature somewhat uncertain. For example, medical aid is sometimes requested by an individual, who is unable to give a better description of his ailments than that for some time previously he has been suffering from undefined indisposition, which he is unable to throw off; he complains of lassitude, irregular chills alternating with transient flushes of heat, of being easily fatigued, and unable to pursue his usual employment, and of loss of appetite and restless nights. On further inquiry, it will transpire that the bowels have been irregular, with tendency to griping and purging, and consequently the whole ailment has been ascribed, not unreasonably, to what is popularly known as bilious disorder. After a few days, it is manifest that matters do not improve, but are probably getting worse; the prostration and disinclination to exertion have so much increased, that there is no longer the desire, or even the ability, to keep about, and the patient of his own accord remains at rest. Some, more energetic and enduring than others, make an effort to pursue their avocations, and I have known individuals transacting in a measure the ordinary duties of life,—mercantile men appearing "on 'change," or clergymen performing their parochial duties,—when on close examination, besides the altered countenance, general excitement, and staggering gait, the peculiar rose-coloured spots, relaxation of the bowels, and abdominal distension, showed too clearly the serious nature of the latent or hidden disease. I have known instances in which the patient could not be persuaded that he was seriously ill, until profuse hæmorrhage from the bowels convinced him that the apprehensions of his friends and medical attendant were not groundless, and I have seen such cases terminate fatally a few days after the first alarm was taken.

In others, the disease may assume the form of common cold; there may be cough, accompanied by moist râles over one or both lungs, in addition to other signs of latent enteric fever; so that the whole phenomena are ascribed to the patient having "taken cold." But in a few days the chest affection passes away, leaving the other symptoms stationary, or, it may be, somewhat aggravated, until the true nature of the disease becomes revealed by some of the prominent signs of enteric fever.

I need scarcely remark to my present audience that such latency is not confined to the class of maladies now under consideration, but is observed in symptomatic fevers, more especially subacute pulmonary inflammations—pleurisy and pneumonia, for example—in which the only general signs to indicate the one or the other may be, perhaps, occasional cough, slight acceleration of breathing on unusual exertion, and irregular paroxysms of fever. When the chest is examined, we find one side dull, perhaps as high as the scapula, or even the clavicle, with absence of respiratory murmur, and, if the effusion be considerable, prominence of the intercostal spaces, if not perceptible dilatation of one side.

But in uncomplicated latent enteric fever, physical diagnosis does little towards clearing up the mystery, so that we are obliged to trust to a minute survey of the symptoms, and to contrast them with whatever previous history we can obtain; and, after all, we are too often in the dark, and obliged either to confess our doubts and fears, or make a bold guess as to the nature of the disease. Happily, however, such obscurity is comparatively rare, and I have drawn your attention to these cases of latent fever more with the view of warning you of their occasional occurrence, than of aiding you with the diagnostic signs.

M. Louis, in alluding to latent enteric fever, gives several marked cases in illustration, and has shown that the disease may proceed even to intestinal perforation, without any of the symptoms that usually indicate this fatal lesion.

Duration.—In my second lecture, in alluding shortly to the analogy between the two leading varieties of fever (typhus and enteric fevers) and the exanthematous, I mentioned that the duration of the former constituted a point of resemblance to the latter.

Let me for a moment draw your attention to the duration of enteric fever, which is important in a diagnostic point of view; for when uncomplicated it certainly has a determinate duration.

It is necessary to bear in mind that there is often a wide difference between the duration of the fever and that of the enteric disease; and this applies not only to the class of fevers we are now considering, but to the eruptive. For example, we know that in mild or uncomplicated scarlet fever, the whole phenomena are in general completed before the end of the second week from the earliest period of its commencement. Let a local or secondary disease, however, spring up, and the duration of the malady may be protracted for weeks. The original or primary fever may have been mild, or of moderate severity only, and, had no intercurrent local disease supervened, would have disappeared as usual in ten or twelve days.

We find precisely the same thing happen in enteric fever, to which the same reasoning applies. The average duration of this fever is from twenty to thirty days—that is, if no local disease supervene; and it appears, from united experience, that if the duration exceed thirty days, some complication is the cause of the protracted duration, which may be indefinite, according to its nature and extent.

M. Louis, after analyzing the cases observed by him which proved fatal after the thirtieth day—nine in number—found in all of them local lesions sufficient to account for death; which corresponds with the results obtained by Dr. Jenner at the Fever Hospital, not a single case fatal after the thirtieth day having been noted in which, on inspection of the body, there was not a lesion discovered sufficient of itself to destroy life.

MEDICINES AND MEDICAL STORES FOR THE NAVY figure in the new estimates at £73,000. Last year they were estimated at £60,000.

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OBSERVATIONS ON LITHOTRITY.

By WILLIAM COULSON, Esq.,
SURGEON TO ST. MARY'S HOSPITAL.

(*Continued from p. 112.*)

THE most common effect of the operation, even when performed with the utmost skill and care, is some degree of irritation of the bladder; and the most frequent accident of lithotrity is an increase of this irritability, occurring in cases where the operations are protracted in consequence of the size or situation of the stone, or from any other cause. In most cases the symptoms are not severe, and usually yield to ordinary treatment. In some cases, however, the local irritation is considerably increased by the operation, and symptoms of a severe character supervene. There is great pain in the region of the bladder, with constant desire to pass urine; the urine is turbid, charged with mucus, and often tinged with blood; the patient is feverish and restless. These symptoms are evidently the effects of the operation, and they are kept up and increased by the irritation arising from fragments of stone in the bladder. This state may pass into inflammation, when other symptoms of an unfavourable character show themselves. There is still frequent desire to pass urine, the discharge of which is attended with great pain; the urine is tinged with blood, and loaded with adhesive mucus; and there are constitutional symptoms which are not present when mere irritation of the bladder exists.

After such an operation as lithotrity, some disturbance of the expulsive power of the bladder is naturally to be expected, and often occurs. Hence it is an important rule never to neglect the condition of the bladder after each operation, or to fail to determine how far it is able to expel its contents. The causes of retention are various; but most frequently the retention will be found to depend on an atonic state of the bladder.

In addition to these local effects of the operation, there are others which deserve to be noticed. Of these the most frequent are hæmaturia and orchitis. When we reflect on the condition of the bladder in calculous patients, irritated as it has been by the presence of a foreign body, we can easily understand how the manipulations required to break up a stone may readily give rise to some effusion of blood. Hence it is by no means rare to find the urine, after the first operation, more or less tinged with blood, which, after a short time, usually disappears. But the hæmorrhage may be more copious and continued. Here, supposing that there has been no injury inflicted by the manipulations, we have to inquire into the cause of the bleeding. It usually manifests itself under two conditions. The stone, for example, is large, the bladder hypertrophied and irritable, strongly contracting under the least stimulus. In cases of this kind, the attempt to crush and seize the stone, or the irritation caused by the presence of detritus against the neck of the bladder, may cause violent contractions of that organ, and exudation of blood from its mucous surface. The same effect is observed in cases of stone where no operation has been performed from the mere contraction of the bladder round the foreign body.

In another class of cases, the cause of the hæmorrhage is very different. The bladder is enfeebled, readily distends on the accumulation of urine, and retention is favoured by an enlargement of the prostate, which gives rise to a congested state of the bladder or of the veins about its neck. The blood may also arise from one of those fungous or villous tumours which I have described at some length in the last edition of my work on "Diseases of the Bladder." The villous surface of these tumours bleeds on the least injury, and it is probable that the severe hæmorrhage which occurs in lithotrity sometimes depends on a cause of this kind. Any copious effusion of blood into the bladder is an unfavourable occurrence.

The treatment of these cases must depend on the cause of the bleeding. When the bleeding depends on violent contraction of the bladder, rest, with the temporary cessation of the operations, will usually succeed in arresting the effusion of blood. On the other hand, if the hæmorrhage depends on an atonic state of the bladder, the case will require great attention, the chief treatment consisting in emptying the bladder from time to time, so as to prevent any undue accumulation of urine.

Sympathetic inflammation of the testicle is an accident of no infrequent occurrence in lithotrity. It occurs in cases where the utmost care in the manipulations has been observed, as well as in those cases where some irritation of the prostatic portion of the urethra has been unavoidably excited. At the present time I have been obliged to suspend an operation of lithotrity in a patient of Mr. Reece, of Cardiff, in consequence of orchitis, and I have had other cases of a similar kind. The inflammation of the testicle evidently depends on some irritation produced by the lithotrite about the neck of the bladder, or the prostatic portion of the urethra. This condition is seldom of much consequence, and usually yields to the ordinary treatment.

Impaction of fragments in the urethra is an accident which occasionally occurs after lithotrity. It is more likely to take place in young subjects than in others; the bladder in early life contracts with force, and the neck of this organ being very dilatable, a quantity of detritus is passed at a time, a portion of which subsequently becomes arrested in some part of the canal. In adults, the conditions which favour impaction of fragments are of a different kind. The occurrence of this accident is promoted by any contraction of the urethra, and it may be looked for whenever the canal is very irritable, the contractile power of the bladder great, and the fragments or mass of detritus resulting from the first operation considerable. Whenever these conditions exist, certain precautions should be observed to prevent the occurrence of the accident. Immediately after each operation the bladder should be washed out with a large catheter, having a long slit on its upper surface; a quantity of detritus is thus removed, and the chances of impaction diminished. The patient also should be directed to pass urine on his side, and not on his knees, or in the erect position. When, in spite of these precautions, a fragment is impacted in the urethra, means must be promptly adopted for its removal. This can be effected by pushing the foreign body back into the bladder, by withdrawing it through the urethra, or by cutting it out. The choice of these methods will be mainly influenced by the seat of the impacted body. In a great number of cases the fragment is arrested at the fossa navicularis, or near to the external orifice, when its removal can be effected by a pair of long, narrow, dressing forceps. If the orifice is contracted, it must be enlarged by the urethrotome. Impaction of the fragment may take place at any point between the fossa navicularis and the bulb, in which case we must endeavour to extract the fragment through the external orifice of the urethra. Many instruments have been constructed for this purpose; but I have found none so useful as a straight steel instrument, eight inches in length, resembling in shape the section of a sound, with a jointed piece at its extremity, which can be turned up by means of a screw at its handle. The instrument can generally be insinuated beyond the fragment, and when it is in this situation the jointed piece at its extremity is turned up by means of the screw, which, acting like a blunt hook, generally dislodges the fragment. In case of being unable to dislodge the fragment, I should not for a moment hesitate to remove it by external division; but I have never yet failed with the instrument which I have just described. Whenever impaction takes place behind the triangular ligament, the fragment should be returned into the bladder, where it can be easily crushed.

Of the general effects of lithotrity, irritative fever is the most frequent; in fact, with the exception of some favourable cases, in which the stone is small and easily removed in two or three operations, few patients undergo lithotrity without experiencing some febrile symptoms. These usually set in after the first sitting, but may show themselves after any of the subsequent operations. Generally the feverish attack disappears in two or three days; but, on the other hand, it may hang about the patient for some time, returning regularly after each sitting. In many cases the febrile attack simply consists in shivering, followed by perspiration, and nothing more; or the patient may experience a single shivering fit, without consecutive perspiration. This form is probably rather connected with shock than irritation.

In other cases, soon after the first operation a violent shivering fit sets in; this either terminates in sweating and recommences, or is followed by febrile action, loss of sleep, thirst, and diminution of strength. Or we may have another form of a more unfavourable character: the rigor is short, and not violent, but no perspiration follows; the febrile symptoms are more continuous, without being severe; the tongue is white; there is thirst; and the patient is restless at night. This state continues for several days, after which the symptoms subside.

Lastly, the fever may attain a high degree, and present itself with the well-known characters of constitutional irritation.

I have denominated these conditions irritative fever, because they are, in my opinion, connected with various degrees of

irritation of the bladder. The severe rigors and subsequent fever of the first sitting are often an evident effect of our doing too much at a time; while the subsequent attacks are often as clearly kept up and increased whenever our operative proceedings are of a nature to irritate the bladder, or when the detritus is abundant and not readily discharged.

I consider the fever to be irritative, and not inflammatory, for it sometimes appears immediately after the first operation; and although the first attacks may be severe, they often disappear in two or three days under palliative treatment. Again, in some patients of a nervous and irritable temperament, each sitting, however short, gives rise to an attack of fever, often preceded by rigors, but the febrile symptoms disappear in a few hours. Lastly, a febrile attack of the same kind as that now described, which may be severe, and continue for several days, is sometimes excited, in spite of every caution, by simple examination with the sound or catheter.

The practical conclusion to be drawn from the nature and causes of this fever is, that, to prevent it, we should avoid everything calculated to excite or increase irritation of the bladder during the sittings. Formerly, when the operations were long, or repeated at short intervals, irritative fever was of much more frequent occurrence than it is now.

The treatment of this accident is modified chiefly according to the severity of the symptoms. Many practitioners give a dose of opium after the first sitting, as a means of diminishing the tendency to rigor; and, with the same object, Sir B. Brodie recommends a warm bed, with a tumbler of brandy-and-water. Our principal remedies are, of course, such as are best suited to calm the local irritation, on which the irritative fever depends.

This fever often puts on the intermittent type, commencing with rigors, ending with perspirations, and appearing at tolerably certain intervals; and this form usually yields to quinine. The reason why this irritative fever is so apt to assume the remittent or even the intermittent type is unknown to us, but the same forms prevail after irritation of the urethra produced by simple sounding or the passage of the catheter. The irritation of a calculous bladder, increased by frequent manipulations, may pass quickly into inflammation, in which case we have fever of a different kind. We have at first the same rigors, feverish paroxysms, and perspirations as in the former kind, but the attack soon becomes more permanent, and the peculiar signs of local inflammation are superadded; or the inflammatory fever may assume a very different form, likely to deceive the most observant practitioner. In these cases, the initial rigors are irregular, or may be absent altogether; the fever is not high, but it is continuous; there are no perspirations; the signs of vesical disease are not very prominent, yet the patient rapidly sinks. Latent disease of the kidney has probably been developed under the influence of the operation.

The most violent fever which occurs during lithotrity is that which is symptomatic of acute cystitis, but this is fortunately rare. The fever in these cases is of the pure inflammatory type: the skin is hot, the tongue dry, the pulse quick, above 120. This state continues for a short time only, for unless the inflammation be speedily arrested, symptoms of sinking set in, the pulse becomes small and weak, there is delirium, and, after the most intense local suffering, the patient dies in a state of coma. The severity and continuous type of this febrile attack, in conjunction with the local symptoms, will serve to distinguish it from any other form.

But, dangerous as is the symptomatic fever of acute cystitis, the danger of pyæmic fever is much greater, while the difficulty of forming a correct diagnosis can only be appreciated by those who have had to deal with this unfortunate complication. I shall reserve the consideration of this subject until I treat of the causes of death after lithotrity: amongst these pyæmia occupies a prominent place.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

CHLOROSIS AS A CAUSE OF VENOUS OBSTRUCTION.

"WE have here a case, interesting far beyond its rarity, from the relations, both scientific and practical, which it and its congeners have for some time suggested to me.

"The patient, a young woman of twenty-two, came in three weeks ago, with symptoms of extreme prostration and debility, attended with dyspnœa, palpitation, and slight cough. Her menses, scanty from the very beginning of her illness six or seven months ago, had for the last four periods ceased. She was thought, she told us, to be consumptive by one physician; was accused of diseased heart by another. A few days before admission she was seized with severe pain in the right ham, soon followed by swelling and tenderness of the right leg below the knee, rendering her unable to put her foot to the ground.

"The lungs, on examination, seemed quite healthy; devoid even of those equivocal signs which it is the fashion to dignify into a 'pre-tubercular state.' The heart was weak, with a soft systolic and aortic bellows-sound, which, though of great intensity, suggested no valvular lesion. Her emaciated (or rather flaccid and almost prematurely wrinkled) condition was associated with a colour better described as a fallow-white, than as the white or greenish hue of ordinary chlorosis. Her pulse and breathing were about 100, and 24, in the minute respectively.

"We will not attempt to 'beat the bounds' of chlorosis and leucocythæmia, or to launch into controversial pathology. Nor need I dwell on the details which seemed to exclude the heart and the lungs respectively from all but a secondary rank in the patient's malady. Perhaps, however, I may say that the mere intensity of a bellows-sound is (unless extreme) a bad guarantee for its valvular origin; which, again, is better suggested by a long (as during systole, diastole, and pause) and unvarying (as during sleep and excitement) character of the murmur. Further, the great increase in the pulmonic exhalation of carbonic acid in the chlorotic state implies, I think, an activity of the lungs; such as causes a noisy, and sometimes even irregular, style of respiration, in itself decidedly suspicious or equivocal, as resembling (until you sum up *all* the regions of such a chest) the local irregularities and compensations of tubercular deposit obstructing certain parts of the lungs only.

"Keeping, then, to the plain, common-sense points of the case, it suggested two chief diagnostic inferences: chlorosis affecting the system; and a painful, œdematous state of the right leg. On examination, the popliteal vein of this leg was found to be hard, swollen, and surrounded by an exquisitely tender infiltration of a semi-solid character. The chief pain and tenderness, localized here, radiated with decreasing intensity down the limb, in pretty close correspondence with the course of the sural vessels and nerves. The whole aspect of the leg reminded one of *phlegmasia alba dolens;* save that, in addition to its very different localization, the swelling was less smooth, white, and dense—in other words, more akin to ordinary œdema—than that of this malady.

"Here, then, was a concurrence of chlorosis and popliteal obstruction—we will not say *phlebitis*, for if we must have a single Greek word, *Phlebobyst* (*venæ obturatio*) would be more accurate, and less presuming. And the question I would now notice and answer is, 'Must this concurrence be regarded as a mere coincidence; or are the two states, the general and local, linked together?'

"The latter is the alternative I am anxious to affirm and enforce. Without being aware whether I am the first to do so, I wish to call your particular attention to a point of great practical importance in the pathology of chlorosis: to the risk of a coagulation, in some of the larger veins, of part of that fibrin, long known to be present in excess in the blood of chlorotic patients.

"As productive of a kind of *phlegmasia dolens*, quite distinct in its signs and symptoms (and, unhappily, in its intractability) from the dropsy of this malady, and I think oftenest affecting this very vein (the popliteal), it has been for some time known to me. And a case or two of fatal gangrene, and of inflammation, of the lung—as well as several of pleurisy, and of sudden and alarming dyspnœa, happily recovered from so as to permit no further verification of their local causes—have suggested to me the occurrence of similar clots and obstructions in the pulmonary veins as constituting less frequent, but more dangerous, incidents of the same kind in chlorotic subjects. And while our fever cases in this Hospital have shown me a decided preponderance of females in the *phlegmasia dolens* which occurs consecutively to this malady, I am inclined to attribute much of that more marked preponderance of female cases noticed by some writers (Mackenzie) to this chlorotic, as well as to the puerperal, variety of the lesion.

"Few better illustrations occur to me of the way in which, however unconsciously, working pathologists help each other, than in the confirmation these views of mine have lately received from an excellent Essay,* for which I am indebted to Mr. Humphry, of Cambridge. This distinguished anatomist and surgeon reports from his own practice several valuable

* On the Coagulation of the Blood in the Venous System during Life. Macmillan, Cambridge and London, 1859.

cases, which, while they go far to sustain the important deductions he bases on them, I can only now notice as abundantly confirming my own independent views, and in some respects with better evidence than I have to offer. On the frequency of the popliteal affection, indeed, he quite anticipates and extends my statement, which only refers to *chlorotic* obstructions of this vein. And though the specific danger of chlorosis which my observations indicate is not dwelt on by him, yet it is interesting to notice that several of his cases refer to young females affected with anæmia, or deficient menstruation. Lastly, as respects the pulmonary obstruction, his exact and numerous observations far surpass my own scanty or vague facts, and reduce these latter to a value chiefly bearing on the specific propositions suggested by the case before us.

These propositions I may sum up as follows:—That chlorosis has an element of danger, till now, I think, unnoticed—the risk of venous obstruction by the coagulation of fibrin of the blood. That this obstruction, oftener affecting the popliteal veins, sometimes engages the pulmonary arteries, the venous blood of which becomes the seat of coagulation similar to that in the preceding systemic vessels. That sudden and extreme dyspnœa, gangrene, pneumonia, or even pleurisy, occurring in chlorosis, justify a suspicion of some such accident in the pulmonary vessels. That, when localized in a limb, the analogous occurrence can generally be recognised with an ease approaching to certainty.

"As to *treatment*, the pulmonary cases suggest (and in my own practice have amply repaid) a treatment chiefly by stimulants, a generous regimen, and extreme quiet. The popliteal are, as already hinted, rather intractable. The general treatment of chlorosis, especially by ferruginous tonics and cod-liver oil, is of course all important. As to local remedies, those I have found most useful are: the raising and extension of the leg, as well as its support by careful bandaging; and, in severe cases, acupuncture of the distended areolar tissue some distance below the obstructed vein. The latter remedy seems to be both harmless and efficacious, especially if the limb be allowed slowly to drain off its contents, in a dependent posture, into a flannel bandage kept warm by frequent wringing out of hot water. This procedure is advantageously followed, when the punctures have healed, by gentle friction of the surface, with warm oil, once or twice daily; care being of course taken to use no more pressure than the tenderness of the parts will bear without causing pain. Lastly comes a local remedy which, in some of the œdematous swellings of mere debility, I have found of great advantage, and of considerable (though less) use in *phlegmasia dolens* generally—viz., steeping the leg in tolerably hot and strong brine (made by adding to each double handful of salt a gallon of hot water) for an hour at a time nightly. In the case before us, I have not thought acupuncture necessary. The patient has regained a good deal of strength, and even of colour. Her pulse and breathing have fallen in frequency to about 80 and 20 per minute. Her cough has disappeared. The leg, too, has greatly diminished in size; it has become much less tender and painful in its popliteal region, and it allows her to take a fair amount of walking exercise without any pain or limping difficulty. In short, she is far advanced towards recovery."

ON THE CEREBRO-SPINAL FLUID.

By JOSEPH WILLIAMS, M.D.

NEARLY five-and-twenty years have now glided by since my attention was first specially directed to the secretion and probable uses of the cerebro-spinal fluid, by reading in THE LANCET an account of the interesting experiments of Magendie. On the following session I attended a course of his lectures at the Collége Royal de France, and ever since that period my inquiries have been, from time to time, devoted to this abstruse and complicated subject.

Desirous that the views now promulgated may be duly tested, weighed, and sifted, I place them in the pages of THE LANCET, in order that other opinions may be elicited as to their validity. Some of the suggestions may at first appear somewhat startling, although upon patient investigation they will, I believe, gradually become more and more feasible.

The following statements, then, some of which we know to be matters of fact, while others are, in our present state of knowledge, *necessarily hypothetical*, I now venture to bring forward.

That the cerebro-spinal fluid occupies that space which exists between the inner layer of the arachnoid and the pia mater; and that, as pointed out by Magendie, the ventricles of the brain communicate with this sub-arachnoidal cavity.

That the fluid in the sub-arachnoidal spaces, and points of confluence, freely communicate with each other, and also with the ventricles of the brain; and further, that the cerebro-spinal fluid readily passes from the cranial sac downwards to envelop the spinal cord, and also upwards from the spinal sheath into the cranium.

That the central canal in the spinal cord *invariably exists, and bears the most evident marks of special design in its peculiar construction.*

That the intra- and extra-cranial sub-arachnoidal tubes, surrounding the cerebral nerves as they emerge from the cranium, communicate continuously and directly with the fluid in the large intra-cranial sub-arachnoidal spaces, and consequently, also, with the spinal sub-arachnoidal sac.

That the filaments of the roots of the cerebral and spinal nerves may be clearly seen floating in the cerebro-spinal fluid.

That the clear fluid which sometimes escapes so abundantly from the ear and from the nose in cranial fractures, is now proved to be cerebro-spinal fluid.

That the quantity of the cerebro-spinal fluid is infinitely greater than is usually imagined or described; and that it is not only rapidly secreted, but also rapidly renewed.

That it is doubtless being constantly secreted, there being a continuous *waste*, not only with each psychical, but with every physical and reflex action; and that a larger amount of cerebro-spinal fluid is probably formed for psychical than for mere physical effort.

That it is probably being continuously excreted by cuticular, but especially by renal action.

That the cerebro-spinal fluid becomes at once affected, tainted, impregnated, or poisoned, by alimentary, chemical, or therapeutic agents—by whatever, in fact, enters into the circulation.

That the cerebro-spinal fluid actually comes in contact with what we believe to be the most important portions of the cerebro-spinal mass; *and that it also probably is distributed throughout the whole of the brain and spinal cord, and even to the minutest peripheric terminations of the nerves.*

That the quantity of the cerebro-spinal fluid bears an inverse proportion to the size of the cerebro-spinal axis; and that, in obedience to the hydrostatic law, the fluid instantly passes to the point where the resistance is least; but that intracranial compression may actually occur, notwithstanding those numerous and wonderfully designed safeguards for preventing it.

That the cerebro-spinal fluid is probably secreted by the cellular portions of the cerebro-spinal mass, or by the pia mater, and that it is being constantly diffused throughout the whole of the nervous system.

That the pia mater not only dips down into the convolutions, as usually described, but that it probably, as a highly vascular and delicately attenuated membrane, *penetrates into every portion of the cerebro-spinal mass, wherever the arterial blood is distributed.*

That sea-sickness probably depends upon the irritation caused by the irregular and unequal vibratory pulsations or undulations of the cerebro-spinal fluid, as also the *anti-peristaltic action* so frequently observed in hydrocephalus, as well as the less frequent intussusception.

That the alternate rise and fall of the cerebro-spinal fluid does not synchronize with the pulsations of the heart, but corresponds with the movements of *respiration*, there being an alternate compression and exhaustion, and hence the dynamic power for sustaining the circulation of the cerebro-spinal fluid.

That undulatory motions or currents exist in all the cavities of the brain and spinal cord.

That in addition to the cerebro-spinal fluid forming a "water bed" on which the cerebro-spinal mass can float, and thus be protected from friction and concussion, and in which its nutrient bloodvessels can also be protected from any direct pressure, that it is also probably destined to pervade and moisten every portion of the nervous system.

That when this fluid is deficient, perverted, or desiccated, it may cause a partial or more complete paralysis, as also atrophic wasting of the muscles; *moisture being so essential for all nervous action.*

That the local pain of gout depends not only upon the irri-

tation set up by the acid state of the blood, but probably also of the acrid fluid circulating through the nervous fibrillæ; and that this hypothesis appears to be considerably strengthened by the development of gouty concretions.

That convulsions, and the undulatory chain of shocks, probably depend upon the abrupt and wave-like motions or impulses communicated to this fluid by the irritated nervous centres.

That the aura in epilepsy slowly, steadily, and continuously proceeds upwards from the peripheral point of irritation through the nerve to the great nervous centre, where an irrespondent or opposing action in the circulation of the blood probably takes place instantly.

That as in galvanic or electric operations, the very moment the chain is dissevered, the electric or galvanic influence momentarily ceases; so in the animal economy, the very instant an irrespondency takes place as to the regular transmission of the cerebro-spinal fluid, that instant insensibility occurs, to be followed usually by convulsion more or less general and severe.

Such are the opinions I venture, with great diffidence, to submit, as to the uses of the cerebro-spinal fluid. Its importance has certainly not yet been fully recognised. Only recently, when conversing with a distinguished physiologist, he told me he considered "it played but a very subordinate part in the animal economy." I would now, however, fain believe that but few persons will read this synopsis without at least acknowledging that the cerebro-spinal fluid must play a most important part in the animal economy.

Tavistock-square, February, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

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ABSCESS OF THE LIVER, PUNCTURED EXTERNALLY; SECONDARY HEPATIC ABSCESSES; DYSENTERY.

(Under the care of Dr. JEAFFRESON and Dr. MARTIN.)

IN studying the diseases of any special organ of the body, it is of great importance to understand the influence which disease in other parts of the system exerts upon it. This is the more necessary because the morbid influence, whatever it may be, in many instances, (of the liver and spleen, for example,) is perhaps the consequence of some other affection. If there is enlargement of the spleen, with no apparent disease elsewhere, it will be important for diagnostic purposes to learn whether the patient has ever suffered from intermittent fever. If we have a fluctuating hepatic tumour which is subsequently determined to be an abscess, it is very desirable to discover the cause that may have given rise to it: the patient may have had dysentery, and the abscess be the result of it. With the view of illustrating hepatic suppurations and the causes which produce them, so far as can be made out, we place upon record to-day four examples in which that result had occurred. Before giving the details, we shall inquire into the circumstances which will give rise to abscess of the liver. Acute hepatitis sometimes terminates in abscess, ushered in by rigors, the lessening or substitution of the pain for a sense of weight, and afterwards hectic fever. Suppuration of the liver and dysentery are commonly found to be associated together, and Dr. Budd has shown pretty satisfactorily, in his work on "Diseases of the Liver," that it is the intestinal affection which produces the former; and this view is now generally recognised. Injuries of some of the special viscera are oftentimes followed by hepatic abscess: of these, the rectum, bladder, and vagina are the principal. Some forms of ulceration of the bowels and stomach are followed by the same thing.

The symptoms of the primary exciting cause are occasionally, however, very obscure or altogether absent, and it is impossible to say how the abscess may have arisen. This occurred in the following example of unsuspected dysenteric disease—unsuspected, because the patient had no symptoms of it, nor any history previous to his admission indicating that it had preceded the abscess; but there is not the least doubt that it was the cause of the latter, as the details of the autopsy satisfactorily prove. The large abscess succeeded to the dysenteric ulceration, and the other and smaller abscesses scattered throughout the liver were different in their nature and in their origin. The latter arose from pyæmia produced by contamination of the hepatic veins around the larger abscess, which was traversed by several large vessels. A better proof of the primary affection having been dysenteric could not have been afforded than the fact of finding many of the old ulcers healed up, their cicatrices being most distinctly discernible. It is a very interesting and peculiar feature, as well as a very instructive one, that the earlier portion of the patient's illness should not have presented some one of the symptoms of the serious dysenteric ulceration which was present throughout the entire large bowel. For a week before his admission he had profuse perspirations, which were quickly followed by the appearance of an hepatic tumour; this was punctured on three occasions, and 126 ounces of mixed sanguineo-purulent fluid evacuated. Bilious diarrhœa supervened upon the last operation, and then blood, mucus, and pus passed by stool, terminating in death.

For the notes of the following case we are indebted to Mr. Reginald Southey, clinical clerk. A case in many respects similar is recorded in the ninth volume of "Transactions of the Pathological Society," by Dr. Bristowe, of St. Thomas's Hospital.

James C——, aged thirty, a well-nourished, powerful man, of robust muscular frame, was admitted on September 14th, 1859, under the care of Dr. Martin. He had a tumour over the right lobe of his liver, rather larger than a full-sized cricket-ball cut in half; its boundaries were not very definable, merging as it did into the substance of the liver, which seemed irrespectively somewhat hypertrophied. The appearance of the tumour was that of an abscess, then not very near the surface, but still giving a sense of deep-seated fluctuation. It was quite smooth on the surface, and the dulness on percussion extended up to the sixth intercostal space. He is a drover, a moderately temperate man, has never had any previous serious illness, and has suffered neither from dysentery nor jaundice. He states that he was quite well up to three weeks ago, when he was taken ill with sharp pain in the epigastrium. He took by advice some aperient medicine, and was able the next morning to go about his work; but the same evening the pain (now more in the right hypochondrium) returned most severely, and lasted without intermission nearly a week. He experienced no sickness and no purging. The pain was attributed to an attack of pleurisy, and treated as such. At the end of a week passed in bed, he got up, feeling quite recovered, and having observed no tumour; but five or six days later a slight recurrence of his old pain attracted his attention, and he then first noticed that there was a swelling over its seat. From that time to the present date, twelve days in all, the pain persisted, not severe indeed, but of a dull, aching character, and the tumour has been forcing itself more and more upon his attention by its increasing size and tenderness. For the last week he has suffered, at night-time especially, from most profuse perspirations.

Present condition.—He is at ease upon his back, but not without discomfort in any other posture; expression cheerful; complexion bronzed; cheeks flushed; conjunctivæ of natural colour; lips moist; tongue clean and moist; skin, without any jaundice stain, warm and perspiring freely; pulse 92, moderate volume, soft; his appetite is bad, and he is thirsty, especially so at night; bowels slightly open to-day, motion solid and natural; they had been previously confined for two days, but otherwise are commonly regular; urine scanty, loaded with lithates and purpurates. He complains of some pain, slight and aching in character, deep-seated, in the tumour, becoming worse towards evening; but seems most inconvenienced by a sense of tightness and weight interfering with the due expansion of his chest; his nights are not altogether sleepless, but he is restless and wakeful. Respiratory sounds free on both sides anteriorly and posteriorly throughout the left lung. In the right lung posteriorly, the sounds become feeble towards the base, where there is some fine crepitation upon deep inspiration. Resonance good throughout the left lung anteriorly and posteriorly, and throughout the right as low as the sixth rib anteriorly, where it becomes impaired. The base of the right lung posteriorly gives marked dulness in agreement with the

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auscultation. Milk diet, beef-tea, and four ounces of wine were ordered, avoiding solid food until his bowels should have acted, to effect which purpose aperient pills were to be taken immediately; a linseed-meal poultice was applied to the tumour. He was to take a quinine draught, one grain, every six hours, with a view of counteracting his profuse sweats.

Sept. 17th.—His bowels were well opened, and although his night had been but indifferent, he felt much better and more easy; he has a good deal of shooting and pricking pain over the tumour; this, too, is more tender, and the sense of fluctuation is nearer the surface; his skin continues to perspire profusely, and, with the exception of an improvement in his appetite, there is no great change in his condition; he coughs and spits up a little viscid mucus; the most tender spot is quite at the extreme left of the tumour, a little above the umbilicus. He was ordered some meat. A consultation was held upon the propriety of letting out the matter, when it was decided that an operation should, at all events, be postponed for two or three days.

On the 19th, he began to cough a little more, and expectorate a rusty, tenacious mucus; a little crepitation became audible in the right inframammary region; and the breathing on the right side posteriorly was very feeble, although no morbid sounds were audible. His skin was cool and moist; pulse 108, and of moderate volume; his tongue, as it has always been, clean and moist; and his appetite good. A pint of porter was added to his four ounces of wine, and on the 20th, as his bowels had not acted for two days, he was ordered two aperient pills immediately, to be followed, at night-time, by an aromatic draught containing tincture of opium. He passed a capital night; the bowels acted early on the morning of the 21st; and as the liver seemed adherent to the abdominal parietes, the wall of the abscess thinner, and the contingency of the matter making a way for itself through the lungs or into the peritoneal cavity at all events probable, if not likely, any further delay in making an external opening was deemed inadvisable; and on the following morning (the 22nd) Mr. Coote plunged a trocar into it. At least forty ounces of a grumous, coffee-like material escaped, mixed with some shreds of lymph and a little blood. He bore the operation well, complained of a little faintness, and took some wine. He experienced immediate relief, and, as he himself expressed it, could now breathe deeper. About half an hour after, he complained of aching pain in the calf of his left leg, which spread gradually upwards in the course of the femoral vein towards the thigh. There was tenderness in the course of the veins throughout, and the femoral vein could be felt distinctly and traced hard and cord-like up to the groin.

23rd.—The leg, knee, and foot are œdematous. He states that he only slept four hours during the night, and was very hot, perspiring, as he is now, a great deal. His bowels acted freely about six P.M. yesterday evening; his expression is tranquil; he complains of a little aching pain above the spot where the opening was made, but the leg seems to distress him a good deal; his appetite continues good; pulse 104, moderate volume; tongue clean and moist; coughs, and still expectorates a little rusty mucus. The site of the abscess, the surface of which, after the operation yesterday, sank so as to be on a level with the other side, is to-day more raised, as if the cyst were refilling; there is a livid line like a bruise extending from the ankle to the root of the great toe upon the left foot. The solid stick of nitrate of silver was ordered to be applied freely to the leg in the line of tenderness, and eight leeches over the most tender spot in the thigh; to leave off the quinine, and take a mixture of the acetate of ammonia, with camphor and spirit of nitrous ether, every six hours. The leg was enveloped in flannel, kept hot with poppy stupes.

Leeches and the local application of nitrate of silver in the course of the veins, formed the main treatment for the phlebitis which had been set up; the leg was kept wrapt up in a hot flannel, and the more serious symptoms soon subsided. On the 26th, as the former opening had entirely closed, his condition being generally more depressed, and the tumour, which had clearly refilled, was distressing him by its distension, a fresh opening was made, and sixteen ounces of sanguineous fluid were let out, the last portions being grumous and mixed with pus. The same evening a friction sound became audible between the left mamma and the sternum; and the next morning a little fine crepitation was to be heard over the same place; he coughed a little, and expectorated a small quantity of tenacious mucus. Still his appetite continued good, his tongue clean and moist; his skin cool during the day, but perspiring profusely at night; pulse 120, feeble; bowels pretty regular, but rather inclined to be confined than relaxed, for which he was ordered occasional injections. Such may be taken as a sketch of his general condition up to the 10th of October, when the œdema of the leg was fast subsiding, and no pain, or even tenderness upon pressure, remained in the course of the vein. A slight discharge, occasionally ceasing for twenty-four hours together, came from the old trocar wound; but it was far too slight. The abscess walls had become more prominent from the accumulating pus; and tension, tenderness, and dragging pain, which kept him awake all night, or necessitated the administration of a narcotic, all proved that some freer opening must be made. On the 11th, therefore, by Dr. Jeaffreson's wish, Mr. Coote made an incision, through which seventy ounces of grumous pus and a large quantity of slough came away. This slough consisted of liver parenchyma, and of some large branches of the portal vein, the coats of which were to be clearly made out by the help of the microscope. Lint was laid in the opening. The relief he experienced was immediate, and his appetite was noway interfered with. He took six ounces of brandy and several ounces of wine afterwards, and slept well the same night after fifteen drops of Battley's solution. For the next few days several ounces of pus, mixed with blood and shreds of liver parenchyma, came away whenever the lint was changed; but his pulse became feebler and a little more jerking; his tongue not furred, but inclined to be dry, and his general symptoms and copious perspirations all betokened more exhaustion.

On the 15th, without previous pain, he was suddenly seized with diarrhœa, the bowels being purged four times, the motions loose, but fæcal, and deeply coloured by bile. The left leg now became more œdematous, and his appetite began to fail.

On the 16th, he said he felt very weak and ill, and complained much of pain in his bowels, which continued to be much purged. Some bile was discharged from the wound, (the edges of which looked pale and flabby,) mixed with thin, watery pus, and several sloughs. His tongue was nearly clean, and he did not perspire so much, but slept ill.

17th.—The diarrhœa persisted, preceded at every motion by pain and flatulence; small quantities of mucus, tinged with blood, floated upon the evacuations, and presaged the appearance of pus, which for the future was to characterize them all. He was ordered to leave off the quinine, and take some chalk-mixture. The abscess continued to discharge, and there was considerable hardness in the left hypochondrium.

Henceforth the diarrhœa continued without intermission, and large quantities of matter came away with every motion. The discharge from the wound varied much in character and quantity from day to day, but never ceased. He was taking fifteen drops of Battley's solution every night; half meat diet, with two eggs, a pint of porter, four ounces of wine, and eight ounces of brandy daily. On the 23rd, he was ordered, in addition, sesquicarbonate of ammonia, liquor of opium and of cinchona, every six hours. But his countenance became anxious and sunken; the tongue pale and slightly furred; the pulse quicker, smaller, and more jerking. On the 26th, he complained of great pain and tenderness to pressure in the left hypochondrium, where the hardness had been and still remained so marked. The general flagging of his powers was attended by other symptoms: the pus from the tumour became dark and fœtid; the œdema of the leg and thickening about the femoral vessels again more apparent. Once he rallied, or appeared to rally slightly, the diarrhœa ceasing for twelve hours. This was on the 29th. But a cough now came on, with abundant expectoration of frothy, tenacious mucus; the discharge from the tumour became very offensive; the edges of the wound had passed into a state of slough; and there was extreme tenderness in the right hypochondrium. On the 31st, he was ordered to take half a grain of opium every six hours, in addition to his other draught. But he was sinking fast; nothing controlled the diarrhœa; and after a wandering, delirious night, he died on the morning of the 2nd of November.

Examination three hours and a half after death.—The heart was soft and dark in its muscular walls, but the valves were healthy. The lungs were quite healthy in the upper part, but the lower lobe of each was congested, of a dark-brownish colour, very friable, and gorged with serum. White frothy mucus oozed from the cut bronchi. In the abdomen, the peritoneum was found generally healthy; but adhesions, not very firm, had formed around the opening of the abscess, and also between the left lobe of the liver and the abdominal wall, in the position of the pain complained of towards the end of life; adhesion of the colon, at the junction of the transverse and descending portions, with the left lobe of the liver had also taken place. The liver was very fatty; and on section, and on its exterior, showed several (six or eight) smaller collections of

pus; these were rather purulent infiltrations than abscesses, many of them softening down in the centre into much the same clear serous fluid as escaped from the side before the last opening was made: they varied in size from that of a nut to that of an egg. The larger one, which had been opened, presented a ragged interior, with walls of a dark-brown colour, and was traversed by several vessels of considerable size; but no opening could be found into the intestine. The colon, at the junction of its ascending and transverse portions, was firmly adherent to the under side of the right lobe. On laying open the large intestine, it was found to be in a state of dysenteric ulceration all over from the cæcum downwards; many of the ulcers having evidently been old ones, which had healed and left cicatrices. There were many points of deposit of pigment in the mucous membrane—apparently preparatory to further ulceration. No disease of any of the branches of the vena porta, or of the veins forming it, could be found. The left external iliac vein was laid open, and contained a soft grumous clot, quite separate from the internal lining membrane of the vein, which did not show any sign of inflammation. On laying open the inferior vena cava and two common iliac veins, a firm clot was found extending some way along the left common iliac vein, and quite blocking it up; and a clot extending down the right common iliac vein, but not so far as on the left side, and three inches up the inferior vena cava; but there, and in the left vein, it allowed the blood to pass.

ST. GEORGE'S HOSPITAL.

ABSCESS OF THE LIVER AND LOIN, PUNCTURE OF THE FORMER; SECONDARY HEPATIC AND PULMONARY ABSCESSES.

(Under the care of Dr. PAGE.)

OUR next illustration of hepatic abscess arose from quite a different cause to that in the preceding case, and would seem to have occurred by the extension of suppurative action from the right loin, arising, it is quite fair to assume, independently of the liver itself. What gives strength to this supposition is, that there was much bilious vomiting for some days before the appearance of the tumour beneath the right breast, and when the latter appeared it was very painful, and resembled an acute recent abscess, although these details are not mentioned in the notes of the case. Its termination was, however, similar to that in the previous case—namely, by secondary abscesses in other parts of the liver and also in the lungs, the effects of pyæmia readily engendered by the large amount of suppurating surface in the loin and liver together. We have availed ourselves of the notes of Dr. Dickinson, the medical registrar, and the account of the autopsy made by Mr. T. Holmes, curator of the museum at the hospital.

Mary C——, aged thirty-four, admitted June 8th, 1859. She stated that she had had good health until five months ago, when an abscess appeared in the neighbourhood of the loins; this opened, discharged a quantity of matter, and then healed. Eleven weeks ago a small round tumour showed itself just below the right breast. For some days before there had been much bilious vomiting. The swelling increased, and she became weak and emaciated. When admitted, there was a soft, fluctuating swelling occupying the lower part of the right side of the chest in front; this was about as large as a child's head. There was considerable pain about it. There was also a small opening in the loins, which did not discharge much; but when pressure was made above it, a little, not unhealthy, pus appeared. The tongue was dry; pulse weak, 90; bowels open.

June 9th.—The patient slept badly, and during the night vomited a quantity of bile. The pain was somewhat relieved by the application of a liniment of opium; good diet was given, with some wine. In the evening a well-marked rigor occurred.

10th.—The tumour was now opened by Mr. Cæsar Hawkins, and thirty-eight ounces of very fœtid matter allowed to escape. Mr. Hawkins was inclined to consider the abscess as in the parietes, and not connected with any of the viscera. The wine was increased to eight ounces.

Next day the tongue was drier, the pulse weaker, and the skin was cold and clammy. During the night another rigor had occurred.

13th.—There was still some enlargement about the right hypochondrium, with tenderness. The tongue was glazed, and there was no appetite; nothing was taken but wine and beef-tea. A cinchona draught, with aromatic spirit of ammonia, was now given three times a day.

15th.—The throat was said to be sore, but nothing could be seen, and the patient's state generally was much the same.

On the night of the 17th, there was a severe attack of shivering, and in the morning the countenance was anxious, and the pulse more feeble; the tongue was glazed. The abscess continued to discharge freely.

On the 20th, there was more shivering; some matter, apparently purulent, was expectorated, and the woman appeared to be sinking.

Next day (21st), after another fit of shivering, she died.

Autopsy, twenty-five hours after death.—The body was somewhat emaciated. A sinus existed in the back, at the lower part of the right loin, which led amongst the muscles towards the crista ilii, but did not expose any bone. There was an opening made, during life, below the cartilages of the ribs on the right side, into a large abscess situated between these cartilages and the skin. On laying open this cavity, several apertures were found in its posterior wall, leading, some of them between, others below, the cartilages of the ribs, into a circumscribed cavity situated between the liver and diaphragm; and from the bottom of this cavity, again, the probe passed down directly into the substance of the liver. This cavity in the liver was filled with pus, and there were numerous other abscesses, evidently of pyæmic origin, in the liver, which were filled with fœtid pus, and some of them presented a well-marked pyogenic membrane. The kidneys were smooth, and their capsules adherent. The spleen was of large size, but healthy.—Thorax: The heart was healthy. There were several secondary deposits, in their first stage, in both lungs, a few of which had softened and formed small abscesses. There was recent adhesion in the right pleural cavity near the apex, corresponding to one of these deposits, and there was some gelatinous lymph in its cavity.

ST. THOMAS'S HOSPITAL.

ABSCESS OF THE LIVER FROM DYSENTERY IN A HOT CLIMATE; PUNCTURE EXTERNALLY; RECOVERY.

(Under the care of Dr. BARKER.)

IN the patient who was the subject of the following case, the history was clear, of dysentery in a hot climate, suddenly followed by pain in the side, then jaundice, and absence of bile in the motions. He was admitted with a tumour over the liver, the nature of which was readily made out. It was punctured, and some bilious pus evacuated. A recovery ensued in forty-four days.

For the abstract of the present and succeeding cases we are indebted to Dr. Stone, medical registrar to the hospital:—

A seaman, aged thirty-five, in Sierra Leone some years previously; had dysentery for eleven months, with great hæmorrhage from the bowels. During the continuance of this he was suddenly seized with a "stitch" in the right side, so severe that he rolled on the ground with pain. From that time he had slight jaundice and pipe-clay motions. On admission, he had an elastic, globular tumour projecting from under the right costal cartilages to about two inches above and outside the umbilicus. Its diameter was about four inches either way. It could be felt to fluctuate, and was made tense by the act of respiration. It was readily made out as an hepatic abscess. Thirteen days afterwards it was punctured, and fifteen ounces of pus evacuated, which had a biliary colour and smell. He recovered in forty-four days.

ABSCESS OF THE LIVER FOLLOWING HEPATITIS; EVACUATION BY PUNCTURE AND BY THE BOWELS; RECOVERY.

(Under the care of Dr. RISDON BENNETT.)

It is probable that acute hepatitis, in the first instance, gave rise to the formation of abscess in the following case, for the mere passage of blood by the rectum does not necessarily constitute dysentery. It is well known that in inflammation of the liver all the symptoms are not invariably present. There were here severe epigastric pain, vomiting, jaundice, and blood by stool. This last may have depended upon impediment to the free transmission of the blood through the portal venous system, in consequence of the inflamed state of the liver.

At any time an hepatic abscess is a very grave complication, and its gravity is often enhanced by the nature of the cause producing it. Fortunately, the course of the abscess is commonly towards the external surface of the body, as in all the cases we give to-day, and in two only of which recoveries ensued. When it bursts into the alimentary canal, it may do so either through the excretory ducts of the liver, if laid open by ulceration, or it may directly pour into some part of the bowel itself, which possibly was the case in the present instance:—

An Italian organ-grinder, aged thirty-eight; twelve days before admission, he had vomiting, epigastric pain, jaundice, and passage of blood per anum. When admitted, his countenance was anxious, and there were much pain and tenderness in the right hydochondrium. At that spot there were some fulness and hardness, which steadily increased for a hundred and nine days, accompanied by severe feverish symptoms. Here a puncture was made, and six pints of very fœtid pus removed. A few days later, a second spontaneous evacuation of pus per anum occurred. Disappearance of the tumour and complete recovery ensued in a hundred and ninety-seven days from the period of his admission.

ROYAL SOCIETY.

THURSDAY, FEB. 2ND, 1860.

SIR BENJAMIN C. BRODIE, BART., F.R.S., PRESIDENT.

ON THE SACCHARINE FUNCTION OF THE LIVER.

BY GEORGE HARLEY, M.D.,

PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE, LONDON.

THE author related a number of experiments which he had performed, in concert with Professor Sharpey, in the Physiological Laboratory at University College. The results of the experiments did not in any way countenance the notion, that sugar is not produced in the healthy animal body; but on the contrary, such conclusions as they afforded were altogether in favour of the following generally received views upon the subject:—

1. Sugar is a normal constituent of the blood of the general circulation.

2. The portal blood of an animal fed on *mixed* diet contains sugar.

3. The portal blood of a *fasting* animal, as well as that of an animal fed solely on *flesh*, is devoid of sugar.

4. The livers of healthy dogs contain sugar, whether the diet be *animal* or *vegetable*.

5. Under favourable circumstances, and with proper precautions, saccharine matter may be found in the liver of an animal (a dog) after three entire days of rigid fasting.

6. The sugar found in the bodies of animals fed on *mixed* food is partly derived directly from the food, partly formed in the liver.

7. The livers of animals restricted to flesh diet possess the power of forming glucogene; which glucogene is, at least in part, transformed into sugar in the liver.

8. As sugar is found in the liver at the moment of death (even when the plan of freezing it has been strictly attended to), its presence cannot properly be ascribed to a post-mortem change, but is to be regarded as the result of a natural condition.

AN interesting discussion followed the reading of the paper, in which Sir Benjamin Brodie, Dr. Sharpey, Dr. Carpenter, Mr. Huxley, Dr. O. Rees, Dr. Pavy, and Dr. Harley took part.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 30TH, 1860.

MR. HILTON, F.R.S., PRESIDENT.

DR. RICHARDSON read a paper on the

STUDY OF DISEASE BY SYNTHESIS,

illustrating his argument by reference to the nature of inflammation, and the artificial production of inflammatory disease. The first part of the paper was devoted to a description of the mode in which synthesis might be applied in medicine, together with the history of the manner in which it had already proved useful, although directed by no sytematized line of research. In the next place, the author indicated a systematic course for such inquiry, and divided diseases for this object into six great classes—viz., the parasitic diseases; the zymotics; diseases the primary origin of which is in the nervous system; diseases where from disordered chemistry a new growth is evolved out of the materials of the body (malignant diseases); diseases of simple degeneration—i. e., of misplacement of natural constituents of the organism; and, lastly, inflammation. The author then pointed out with great care the animals which might be properly subjected to synthetical experiment—i. e., to induced diseases; and, fourthly, he passed to the narration of his own experiments for the production of endocarditis by the introduction of lactic acid into the system, and by the generation of the acid in the system.

The following were the three inductions with which Dr. Richardson concluded his communication:—

1st. The results of his experiments taught, as fully as experiment can teach, that the hypothesis of Dr. Prout, as to the origin of rheumatism, was essentially correct. In course of time, Dr. Richardson thinks it probable that some modification of view may be offered as to the nature of lactic acid and its relationship to the œconomy. But the broad fact of the origin of the local disease, under the influence of the specific acid poison, will remain as ever. If the question should be asked, why, on the supposition of such a cause for a specific disease, the so-called predisposing and exciting causes play so important a part, Dr. Richardson's reply would be, that the results obtained give an insight into the meaning of the terms "predisposing" and "exciting" which they never had before. A man may absolutely live on a diet which is predisposing to the disorder. He may have an error in digestion which shall predispose him to other disease. But such a man may live on, and may suffer no acute mischief, so long as his excretory functions are perfect; so long as he can burn off the poison in the respiratory changes, or eliminate it in fluid excretions. But the excretions of this man, checked in the skin, in the lung, in the kidney, and therewith more or less in all these organs, are an exciting cause, and the poison accumulates, floats round with the arterial blood, and wherever it finds a favouring point excites the local change—inflammation.

In the second place, the results related by Dr. Richardson were, he said, of interest, as indicating new lines of inquiry for every other form of local inflammatory change. It may be that every local inflammation we know of, as due to internal causes, is the result of an agent similar in character to the one used by him—an agent not absolutely foreign to the body, and not hurtful to the body when present in the normal proportions (for lactic acid is innocent enough as a natural constituent for muscle), but truly poisonous when, accumulating, it pervades tissues to which it is foreign.

Dr. Richardson observed it would be fair science indeed, with so distinct a suggestion before us, to take an empirical survey of the action of all the organic acids of the economy; but it would be most direct as a primary step to ascertain the nature of the various products eliminated in locally inflamed parts, and to test their influences in quantity on the œconomy. For an example, in the fluid matter excreted under the epidermis in erysipelas, what is present? The fluid has an acid reaction, and excoriates where it flows. Dr. Richardson added, that when he had learned the nature of the active principle here, he might expect to induce erysipelas as he had induced endocarditis.

The third and last point to which the author referred touched on the question of the general or local origin of inflammation. He remarked that the common sayings, "inflammation is a blood disease," that it arises "from a perverted nutrition," and the like, while they are terms expressing a kind of unsophisticated truth, are far too vague to become established arguments, and sink into doubt altogether before the reasonings, partly brilliantly correct and partly brilliantly absurd, of the ingenious Virchow and his local origins. He hoped the observations he had been enabled to make had come in just at the right time, to explain what is general and what is local in an inflammatory act. He would put the position in the simplest terms at his command. Granting that a surface of skin or mucous or serous membrane is uninfluenced by any extrinsic or intrinsic influence,—the truism must be premised childish as it is,—the part does not inflame. Bring externally to that part a foreign substance,—acetic acid, formic acid, mustard, a blister, hot water,—and the part undergoes local changes, into which there is no need to go further than to urge that those changes, capillary and exudative, are purely local. The general condi-

tion of the blood is natural, and this natural blood supplies all the elements of a local disease, even to suppuration itself, if the locally-applied poison is applied efficiently. But change the mode of application, and assume that, as in the experiments made by him, the producing agent is found in the economy instead of the crucible, and is carried to the local part by the blood instead of the brush or the plaster. In local upshot there will and can be no difference; for the poison externally applied only acts powerfully in proportion as it is absorbed, and the poison brought by the blood only acts powerfully in proportion as it is circulated in the part. In both cases, therefore, veritable local changes will be produced in the affected part; the blood will not directly supply the exudation; the blood will not directly supply the pus if that fluid is formed; but plastic matter, serum, pus, or aught in way of product, will be local results in the purest sense.

Dr. Richardson added that there was one general symptom which will distinguish the inflammation of external from that of internal origin. He meant the systemic disturbance. The circulating fluid cannot be charged with an agent, nor can organic chemistry produce an agent capable of exciting local changes, such as have been depicted, without a forerunning expression, in the way of rigor or increased heat, that there is such a mal-chemistry at work, and that the electrical equilibrium is disturbed. This systemic indication may, indeed, in the end become secondary in importance to the local mischief; it may be primary, it may kill, while the local change is insignificant. This difference as to the general results remembered, the local upshots in the two stated examples are identical.

Mr. H. Lee, Mr. Durham, Dr. Druitt, Dr. Hare, and Mr. de Méric joined in the debate. Mr. Lee and Dr. Druitt thought the author had not sufficiently recognised what had been already done for the study of disease by the synthetic method. Dr. Hare remarked on the connexion of analysis and synthesis, and Mr. de Méric on the necessity which existed for thoroughly classifying diseases before the synthetic plan were put into operation.

The author having replied, the Society adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 7TH, 1860.

MR. FERGUSSON, PRESIDENT.

THE minutes of the last meeting were read and confirmed.

Mr. HULKE read a report on Mr. Obré's Case of True Bone in the Human Eye.

Dr. WILKS exhibited the following specimens:—

I.—STRICTURE OF THE RECTUM: SUPPURATION OF THE LIVER.

The subject of this was a man admitted into Guy's Hospital, under Dr. Barlow's care, in an extreme state of pyrexia, accompanied by slight jaundice. He stated that he had been ill only five days; but he had long been subject to stricture of the rectum, and that instruments had been passed shortly before. He survived two days, having been ill only seven days in all. The post-mortem examination showed a diffused suppuration throughout the liver, following the course of the portal vessels. The vena porta itself was full of a grumous coagulum, and the same existed in the smaller branches. The body was generally healthy, and no source of purulent infection could be found except in the rectum. This was so narrowed in its last four inches that it would not admit the finger, and it cut with the consistence of cartilage. On being laid open, the mucous membrane at the lower part was destroyed, and its place occupied by a tough cicatrix; and above this there was a breach in the mucous membrane as by a recent tear. The submucous tissue was replaced by a dense fibrous tissue, and the muscular tissue was also hypertrophied. Large hæmorrhoids also existed externally.

II.—HYDATIDS OF THE LIVER OPENING INTO THE GALL DUCT.

This specimen came from a man, under Dr. Barlow's care, who had long been suffering from an obscure hepatic affection, and, a month before death, from jaundice. Subsequently he had peritonitis, which terminated his life. There was found a large hydatid cyst in the liver, which, having ruptured, set up peritonitis; whilst, on examining the interior, the lining membrane of the cyst was found to have passed into an open duct, and had been carried down into the common duct to the duodenum, through the orifice in which the membrane was seen protruding. Dr. Wilks stated this was one of the rarest modes of the escape of hydatids, he having met with only one other instance.

III.—CHRONIC PERICARDIAL EFFUSION.

This came from a lad aged fourteen, under the care of Dr. Wilks, who had been ailing ever since a rheumatic attack ten months before, with the symptoms denoting an effusion into the pericardium; the latter was so distended with fluid that the sac reached the parietes of the chest, to which it was adherent, causing universal dulness on percussion, and absence of respiratory murmur on the left side in front. The coats of the sac were also enormously thickened. The physical signs denoting this condition were known to have existed several months, and his illness dated from ten months before. The heart itself was healthy, but its action impeded by the fluid, and thus death ensued from dropsy.

A conversation took place on the subject of rectal stricture, in which Dr. Barlow, Mr. Partridge, and others took part.

Mr. T. HOLMES presented, for Mr. Athol Johnson, a specimen of supposed Malignant Disease of the Testicle from a child four years and a half old. It had arisen after abscess some months before, had increased rapidly, and was removed by operation. It was the only testicle in the scrotum. The specimen was referred for examination.

Dr. ANSTIE exhibited a specimen of Anencephalous Fœtus, with remarkable degree of deformity. It had not breathed during life. The facial features were present. It was reserved for further dissection.

Mr. S. WELLS showed a specimen of Ovarian Cyst, removed by operation. It was removed through a small incision by tapping different cysts successively. Another also, which contained twenty-two pounds of fluid, removed by the smaller incision. The first case was successful; the second probably not so.

Mr. CHRISTOPHER HEATH showed a

FRACTURED FEMUR UNITED AT A RIGHT ANGLE,

removed from a female subject aged seventy-four, in the dissecting room of the Westminster Hospital. The fracture had taken place about three inches below the great trochanter, and was united by fibrous tissue which allowed of slight motion, but on section showed no trace of a synovial cavity. The whole bone was very slight and fragile, and filled with fatty matter.

The PRESIDENT inquired whether there were any data to show whether the fracture had occurred before or after birth.

Mr. HEATH regretted that there was no history, but looked upon it rather as a fracture occurring in after-life in an intractable and probably imbecile patient. He remarked how singularly slight the amount of external deformity was as the body lay on its back.

Mr. HEATH also exhibited a well-marked specimen of

TALIPES VARUS,

also from a subject in the dissecting room, which he considered to be of paralytic, non-congenital origin. The specimen showed well the important part played by the tibial muscles and the plantar fascia in keeping up the deformity, and the bending of the foot at the transverse tarsal-joint. It showed also a displacement of the anterior tibial vessels, which lay to the outer side of all the extensor tendons. There were no appearances of any operations having been performed upon the foot.

Mr. ADAMS believed, from the appearance, there was evidence to show that it was a case of non-congenital paralytic varus.

Mr. GEO. LAWSON exhibited the head of a girl, aged eighteen, with a large

RECURRENT FIBROID TUMOUR

in the maxillary region of the left side, who had been under his care at the Great Northern Hospital at various periods since October, 1858. He stated that she had submitted to three operations for its removal. At the last, in June, 1859, he disarticulated the lower jaw on the left side, sawing it off near its angle; but he was unfortunately obliged to leave portions of the disease behind, as it was found to have formed many attachments to the periosteum of the bones at the base of the skull. The tumour affected the girl's health only at those times when it had attained such a size as to interfere with her ability for taking food. After each operation she made a rapid recovery, and soon became fat. She enjoyed in the intervals between the operations almost robust health. The tumour sprang from the periosteum of the bones with which it was

connected, and no other tissue or organ of the body was involved in it. The poor girl ultimately died of inanition. The disease returned with fearful rapidity, filling up the interior of her mouth, and preventing her taking sufficient nourishment even to maintain life.

Mr. PRICE exhibited the upper part of the Thigh Bone, which he had removed from a child, who had suffered three or four years from morbus coxæ. The articular surfaces were denuded of the cartilage.

Mr. CANTON showed the lower Epiphysis of the Femur, the Patella, and a slice from the Head of the Tibia, removed by operation after injury to the knee-joint of a lad. He had exhibited some months before the lower end of the femur from a similar displacement, which he had removed. The present case, in which the same accident happened, occurred in October last. The patient was carried to the Charing-cross Hospital, and the limb at first put up in a splint. Fever set in, however, ulceration of the skin took place, and a portion of the femur protruded. The knee-joint was in consequence excised, removing the parts exhibited, besides a small portion detached by fracture, and the case is doing well.

Mr. BRYANT showed a case of Necrosis of the Os Hyoides. There was phagedænic ulceration of the soft palate, but no sign of syphilis whatever, and all taint denied. The subject was a girl. The necrosis was discovered at the post-mortem examination. Syphilis was, nevertheless, suspected to be the cause.

Reviews and Notices of Books.

On Diseases of the Throat, Epiglottis, and Windpipe; including Diphtheria, Nervous Sore-throat, Displacements of the Cartilages, Weakness of the Voice and Chest: their Symptoms, Progress, and Treatment. By GEO. D. GIBB, M.D., M.A., Member of the Royal College of Physicians of London, Licentiate of the Royal College of Surgeons of Ireland, and Physician to the St. Pancras Royal Dispensary. pp. 182. London: Churchill.

THIS is an essentially practical work, and deals with a class of affections very scantily treated of systematically in the English language. When we say that the class in question is one the right diagnosis and treatment of which require almost a peculiar experience, we have no doubt the profession will receive Dr. Gibb's hints and guidance with sincere thanks. The diseases which form the subjects of this volume are essentially of that kind which mere theoretic knowledge cannot assist the least in describing; they are about as necessarily demonstrative as are diseases affecting the skin. We follow a careful and observing practitioner in his account of such maladies with infinitely more trust and hope of substantial profit for bedside avocations, than we experience in hanging upon the skirts of a theoretic pathologist, however richly adorned may be his garments with hypothetical phylacteries, and positive his assurances that it is all gold that glitters. A careful perusal of Dr. Gibb's little treatise will afford to most readers a very fair amount of information, which may, even in a moderate practice, be turned to daily useful account. Amongst much that is good, we shall cull a paragraph or two from what may be deemed the more *novel* of Dr. Gibb's information. We shall select first from his chapter (IX.) upon "Ossification and Calcification of the Cartilages":—

"There is a curious relationship between the cartilages of the larynx and the arterial bloodvessels in their undergoing certain transformations of structure, which would appear to be somewhat analogous to one another. The chief of these is their atheromatous conversion, with their degeneration into calcification, the latter being more pronounced in the larynx. These changes are by no means the necessary accompaniment of advanced age, but are rather observed in middle age, and sometimes much earlier.....The ossification of old age is a natural process, in which the cartilages become converted into the elements of true bone."—p. 62.

In Chapter XXXI., dislocations of the "tongue-bone" are described for the first time:—

"When we reflect upon the complicated movements of the tongue, and of the part that the hyoid or tongue-bone plays in their performance, it might at first sight seem somewhat novel and surprising that this bone could by any possibility become dislocated. Nevertheless, such is the fact, and a displacement of one or other of the *cornua* or horns of this bone is perhaps of more frequent occurrence than is imagined. (p. 169.) ..... When the tongue-bone is fractured, the injury is of a much more serious nature than in the preceding affection, from the urgent character of the symptoms and the extreme danger to the patient from suffocation. ..... Mr. South states that the only examples of fracture of this bone of which he is aware, are those of persons executed by hanging, in which, he says, fracture is almost invariably found. My friend, Mr. F. J. Gant, examined one of the last men hanged in front of Newgate (Adams), and did not find the cornua broken, as he informed me in July last."—p. 172.

Under "Fracture of the Cartilage of the Larynx" it is stated that

"Two instances of fracture of this [the thyroid] cartilage are given by M. Eichmann as occurring in children. In the first, the child died with symptoms of suffocation from œdema of the glottis, laryngotomy having been refused. A double fracture was found. ..... The second case occurred in a girl nine years old, who fell upon the sharp edge of an iron chest.....laryngotomy was resorted to with relief.....the artificial opening was kept open for a fortnight, and the cartilage was quite healed in six weeks without inconvenience."—p. 178.

We may direct attention also to the chapter upon what the author rather quaintly terms "Saccharine Throat," and to that which treats of the Connexion of Disease of the Upper Air-passages with Bronchitis and Pulmonary Consumption. It is but fair to remind the reader that certain topics, such as those of "foreign bodies in the windpipe," "injuries to the throat by hot and corrosive fluids," "malformations," &c., are not treated of in the present work. We have, however, in their place some new methods submitted to our notice relative to chronic laryngeal disease and croup—in the latter, as a substitute for what the author denominates "the almost invariably fatal operation of tracheotomy." We take leave of Dr. Gibb, heartily recommending this proof of his observation and diligence to the favourable notice of our readers.

On the Employment of Trained Nurses amongst the Labouring Poor: considered chiefly in relation to Sanitary Reform and the Arts of Life. By A PHYSICIAN. London: Churchill.

THE author of this pamphlet maintains the need for an organized system of nursing amongst the poor, which should combine effective assistance for the sick with practical instruction in the laws of health and the arts of life. He proposes to extend the system of providing nurses to the sphere of action of infirmaries and dispensaries. The chief difficulty of supplying any large number of skilled nurses to the poor is the cost of such skilled labour. With this the "Physician" does not grapple. We do not clearly see how so costly a luxury as trained professional nurses is to be readily introduced into the homes of the poor on any large scale. It is rather by the diffusion of such knowledge amongst them as may enable the mothers and wives of the poor to nurse effectively their own sick, under medical direction, that we see any immediate prospect of the ameliorations so greatly needed. The pamphlet is, however, earnest and suggestive. We commend it to all those who are interested in the welfare of the labouring classes.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NOVEL HOT-AIR BATH.

MESSRS. PRICE AND CO., at the suggestion of a surgeon, have originated what he calls a multiwickular air heater, as a portable, easily manageable, and cleanly hot-air bath, to be used in the

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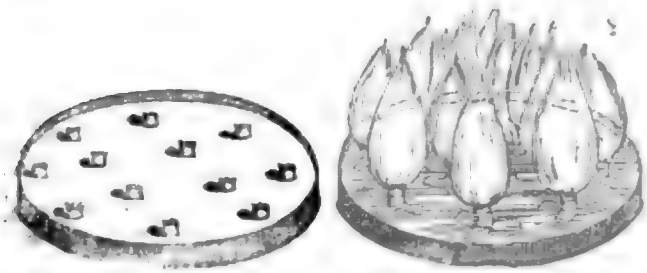
patient's own room. The following cut represents it lit and unlit:—



The method of use, as suggested, is as follows:—The patient, having all clothing removed, should sit upon a cane-bottomed chair, upon which a towel has been folded. A blanket, placed over the back of the head, should fall over the shoulders, and the two ends brought in front. Another blanket should then be placed under the chin, the two ends passing over the shoulders, so that the patient and the chair are completely covered in to the ground. The *Laconicum*, or air-heater, is then lit and placed under the chair; and in the course of five minutes the air is raised from 100 to 110 degrees Fahrenheit, producing, according to the time of taking the bath, a more or less profuse perspiration.

The air-heater is made of the purest cocoa stearine, to avoid smell being given off; in fact, so cleanly is it, that it was used in the Crimea for cooking purposes.

In case the air-heater should meet with the approval of the profession, Messrs. Price and Co. intend selling it at one shilling each *Laconicum* in its tin, which will burn one hour, sufficient for two or three baths. (See advertisement.)

THE VACCINATION DIPLOMA OF THE PRIVY COUNCIL.

To the Right Honourable the Lords of the Privy Council.

The Memorial of the Public Vaccinators of the Chesterfield Union

Showeth,—Your memorialists are the public vaccinators as well as medical officers of the several districts of the Chesterfield Union. They respectfully submit to the Privy Council, that the recent orders connected with vaccination are unjust to themselves and other public vaccinators, and likely also to militate against the general and successful adoption of this sanitary operation.

Under existing arrangements (prior to the promulgation of the recent orders) your memorialists were allowed to vaccinate by employing their indentured apprentices or assistants. They maintain that in this manner the operation has been ably and faithfully performed, nor are they aware of a single recorded case where evil consequences have ensued from such a mode of proceeding. In fact, the correct performance of such duty has been guaranteed by their personal supervision and individual responsibility. But under the recent orders, your memorialists will be obliged to submit their pupils or assistants to an examination before gentlemen appointed to test their fitness to perform the operation. Besides the expense and annoyance of sending pupils and assistants to a considerable distance to be examined on one of the most rudimentary and simple operations in surgery, your memorialists submit that there is, to educated professional men, a great and insuperable amount of degradation involved in so doing. It supposes that your memorialists are either unable or unwilling to teach their substitutes this elementary operation, and also so wanting in principle as not to satisfy themselves of its efficient execution.

Besides these personal objections, your memorialists are convinced that the recent orders will obstruct and curtail vaccination to a very great extent. At present, by means of house-to-house visitation (which is the only means of recommending its adoption amongst the labouring classes), a wide-spread amount of vaccination has been effected; but if your memorialists are obliged to vaccinate always in person, or have obstacles and expenses opposed to its performance at each change of their pupils or assistants, they will be utterly unable to carry out any system which can be at all considered wide-spread or efficacious.

Your memorialists cannot conclude without respectfully expressing their conviction, that the recent epidemic of small-pox has been owing, not to any failure in the performance of their duties, but to the lax and inefficient manner in which penalties are enforced against persons who refuse to submit their children to the operation. And they venture to express the hope that any further legislation on this most important subject will be directed to assist them in their already onerous duties, and not to oppose obstacles to a task which prejudice and ignorance have rendered sufficiently difficult.

JOHN NICHOLSON, Surgeon to the Dronfield District.
THOMAS JONES, Surgeon to the Chesterfield District.
GEORGE B. THORPE, Surgeon to the Staveley District.
WILLIAM J. MACKARSIE, Surgeon to the Clay Cross and Ashover Districts.
JOHN MARSHALL, Surgeon to the Brampton District.
JABEZ HARWOOD, Surgeon to the Eckington District.
CHAS. BOOTH, Surgeon to the North Wingfield District.
WILLIAM SMITH, Surgeon to the Whittington District.
J. D. WARD, Surgeon to the Bolsover District.

[All these gentlemen are public vaccinators.]

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—May I crave a small space of your widely-circulated pages to say a word to my fellow-sufferers? The commencement of another parliamentary session has brought again our indefatigable chairman of the Poor-law Medical Reform Association with the fourth pamphlet on our grievances. I speak my own feelings, and, I trust, the feelings of the majority of the Poor-law medical staff, when I say that, whether this agitation is successful or not, we can never be sufficiently grateful to him for his unwearied labour on our behalf. The apathy of a certain section of our staff is almost unaccountable; it depends chiefly on two causes: Firstly, the holders of comparative *sinecures* are fearful lest a change should lessen, instead of augment, their receipts; secondly, those who are miserably paid little know how to spare even a trifle on a *doubtful* speculation. By going through the whole of the returns, I have satisfactorily determined that the large body, who have not joined the Medical Reform Association, belong to these two classes. To each of these I would say a few words.

Firstly, I appeal to the *rich* (the word appears a farce) in our ranks—to those who get their £80 to £150 a year for services which others equally skilled, equally worthy, find valued by their guardians at £15 to £40. I appeal to these, on the bonds of common fellowship and right feeling; I urge them no longer to hold themselves aloof, but to throw the whole weight of their influence into the scale. Better far be handed down to posterity as men who willingly gave up benefits to help their poorer brethren than as those who resisted all change, or yielded only when the strong arm of the law obliged the surrendering of emoluments which might have been resigned gracefully from good will: ultimately it must come to this.

To the second class I say,—Your hope of *speedy* amelioration depends on your efforts *now*. The change will come, must come of itself by-and-bye; but the time depends greatly on ourselves, and whether we act heartily in union. Spare your mite to the common fund, hardly earned, as I know it to be from bitter experience. Your hesitation really renders the issue doubtful. The change would probably have been made ere this if we had all been united; for that, you will recollect, was the plea urged for delay by the Right Hon. S. Estcourt. Do not let your apathy allow this to be urged against us in future with truth, but rally round our overworked chairman, and cheer him by money assurances that we need no other leader. We who stand listlessly by, looking on, little realise the worry and anxiety which attend anyone intent on carrying out reforms in face of great opposition. It requires no common perseverance to resist internal apathy and external opposition; but this Mr. Griffin has hitherto done. If the present efforts fail, years may elapse before the subject is again taken up by one amongst us. Let us then unite heartily, now that the needed reform is almost within our grasp, lest it escape us. Let us be up and doing by all legitimate means—by petitions, both from ourselves and if possible from other ratepayers, by as liberal additions to the common fund as our circumstances will allow.

In this manner, assisted, as we have every right to expect we shall be, by our own press, and probably by the general press also, we may hope to see our efforts crowned with success during the present session.—I remain, Sir, yours, &c.,

February, 1860. A POOR-LAW MEDICAL SUFFERER.

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THE LANCET.

LONDON: SATURDAY, FEBRUARY 18, 1859.

ARE the professional classes content with the Budget? It is held to be just and politic to keep faith with any particular branch of trade or industry in matters of taxation. It is held necessary to avoid the fluctuations and losses which the want of security in this respect would entail. But is no faith to be kept with the professions? Is there no inconvenience, no injustice, in tampering with these, and habitually breaking all fiscal promises made to them? We were told to look forward to a progressive diminution of the Income-tax, and its final cessation in 1860; and yet this very year is the epoch chosen for renewing the tax at an increased and grievously oppressive scale. Are there no interests affected by this violation of public faith? Were no engagements entered into, are there no arrangements made, in reliance upon the anticipated release, at a specified date, of that important portion of a professional man's income which had been hitherto taken from him by this tax? It is, we fear, no exaggeration to say that the medical men, lawyers, ministers of religion, persons receiving salaries, and others who will be directly injured by this unexpected increase of the Income-tax, may be counted by thousands. Many of these, looking forward to the promised release, have, at the cost of infinite present self-denial and even privation, entered into contracts to pay certain annuities in the shape of life-assurance premiums, to screen their children against the destitution that must otherwise await them when the brain and the hand that produced the income shall labour no more. How many, contending hitherto with bare success against the growing pressure upon their resources, will now see all their economical calculations falsified, their most anxious hopes overthrown! The Income-tax collector will take away perhaps exactly the sum that was provided for the annual premium. By no amount of industry, in thousands of instances, can the income be increased; by no new shifts of frugality can the expenditure be curtailed. The policy kept up under so many temptations—the sole trust of the wife and children, the only salvage out of his long investments of capital in the shape of money and intellect which the professional man can hope to recover—must be sacrificed. And why must this bitter sacrifice be endured, this irretrievable loss be encountered? We are told that it is necessary in order to enable a commercial treaty with France to be carried out, and to meet the great increase in the national expenses which the state of armed peace involves. This is obviously not the place for discussing in their full breadth the political and commercial arguments of the question. Undoubtedly the men and women, the industry, and the *property* of England must be protected against foreign insult or aggression. Possibly there may lurk in the Budget some mysterious compensation for the encouragement and extension of luxury and vice, that will follow the freer importation of French silks, gloves, and spirituous liquors. Trade may, and probably will, be stimulated; it is doubtful whether the healthy productive powers of the country will be benefited. We may even admit, as we do most readily, that the remission of the import duties on many articles of food is a genuine and wholesome measure of free trade. But, granting all that the advocates of the measure claim for it, we may still deny that the contemplated advantages can be righteously purchased at the expense of the professional classes. To them the benefit is remote and uncertain; the loss immediate and oppressive. Those philosophical politicians whom fortune has placed beyond the reach of adversity and dependence upon labour; who calmly estimate the aggregate income of a class, and disregard the cruelties inflicted upon the component individuals; should now be reminded of the broad distinction that exists between the perpetual income drawn from realized property, and the ever-trembling and perishing income that hangs upon the accident of life—upon the integrity of a nervous fibril. The reimposition of the Income-tax on the same scale as the Property-tax was acquiesced in on the plea that, since its total extinction was fixed at a definite and not remote date, it was not worth while to enter upon the complicated task of re-adjusting the incidence of the tax according to the principle of value. The difficulties of this task we may—with the evidence of Dr. FARR and the actuaries before us—unhesitatingly affirm, exist not in the matter itself to be dealt with, but in the obstinate resolution of Chancellors of the Exchequer to maintain a system which is revolting to the sense of justice, and which not even the sophisms of political expediency can extenuate. In the present conjuncture, if held necessary to make the Income-tax pay for the deficiencies created by the Budget, it is perfectly feasible to do it, by calling upon property-incomes to pay 25 or 30 per cent. more than labour-incomes. A large proportion of the deficiency in the Revenue is stated to arise from the increased expenditure on our naval armaments. This means of course that the country must be protected. Now, who has the greater interest in protecting the country against invasion? Far be it from us to measure the patriotism of our brethren by the low standard of pecuniary interest. On the abstract ground of love of country, of our homes, of our families, all classes may assume to be equally interested. But over and above this, the owners of the soil and proprietors in the funds have a special and peculiar interest. The value of this property—of the inheritance derived from their fathers, and which they transmit to their descendants—depends upon the security thrown around it by our fleets and armies. Therefore, if for no other reason, should they contribute in larger proportion to the maintenance of our forces.

The sense that we have been so repeatedly duped and trifled with in this refusal to recognise the principle of differentiation between property and labour incomes, has reached the point of indignation. The time has come when a decided protest against an injustice, which is fast acquiring the force of prescription, should be made. It is time to have free trade in the produce of intellect as well as in that of manufacture. The crushing duty upon professional labour must be lightened or removed.

IT often happens that a health-officer finds a herd of poor wretches, deplorably helpless and incapable of judgment, whom a rapacious landlord has induced to dwell in his squalid, fever-haunted tenements, at the sacrifice of their health and strength, that he might reap an iniquitous profit. If the sanitary officer denounce in angry and emphatic terms the conduct of such a man, the enormity of the offence justifies his outspoken indignation.

We hold the conduct of the generality of homœopathic practitioners towards their patients to be equally indefensible with that which provokes such denunciation; and if, with the mass of evidence now accumulated concerning them, we describe plainly the sort of men they are, there is no reason to disclaim a wrath that is just, but rather to believe, as did the prophet of old, that we do well to be angry. For the truth is, that by long refraining from telling out what this homœopathy is, what its followers and who its dupes—by treating it as a subject of scientific inquiry, and wasting arguments on men whose strength does not lie in that direction, and who therefore only reply by abuse, a certain importance, a pseudo-respectability, is given to them and their doings.

Now, notoriety is eminently attractive to a certain class of men, too old or too young, too weak or too dishonest, to have much respect for aught else, or to aspire to anything more worthy. Such folks, however, are great sticklers for respectability, and are particularly sensitive about meddling with that which the world esteems common or unclean; and we believe, that if the men who constitute the majority of English homœopathic practitioners were estimated at their true worth, and painted in their true colours, we should hear no more of those lamentable cases of professional perversion which make all good men grieve.

The latest English contribution to the literature of homœopathy illustrates the kind of perversion to which we allude.

An old man, so old that he has forgotten himself, has recently written a thin book in weak English, defending homœopathy: and great is the glory of the tribe in welcoming the fellow-renegade—albeit he is upwards of seventy ere he pens these *aniles fabulas;* and there is certainly truth in the latter half of that quotation from DUGALD STEWART which graces his title-page: "Unlimited scepticism is equally the child of imbecility as is implicit credulity." We are told in the first line it is a monograph, and then that it contains "little which may not be found in the works of others." We are informed (second edition) that homœopathy is derived from ομοις, instead of *omoios*, and other blunders, equally gross, are scattered throughout the pages. Thus he asserts—"Every-"one knows that the Spanish fly will produce strangury, and "in minute doses that distressing symptom is effectually re-"lieved by it, on the authority of HIPPOCRATES." The Spanish fly was not known in the time of HIPPOCRATES, the mylabris to which he refers being a distinct insect. The way in which the author ambles over the old beaten track of deceptive assertions in a stumbling, illogical way which defies quotation, is very pitiable: so much so that we feel inclined to follow the advice of DOGBERRY, and "take no note of him, but let him go."

The personal attributes of such homœopathic practitioners as live on the credulity of the English public are not attractive. The professional life of the greater number of them is necessarily, and by their own testimony, a daily lie; as in the very outset of their careers they commit themselves to moral dishonesty. A man obtains a degree, entitling him to practise medicine. He knows that it is conferred on him with the understanding between him and the granters that he shall practise in accordance with what he has been taught, in accordance with those great principles of honesty and truth which rest on foundations laid in the depths of the sea of time, and which have grown, as the coral islands grow, slowly and surely, and over with the impress of the Great Hand on the work. But this neophyte acknowledges no such moral obligation; being in this respect a thousand times more contemptible than perverted priests, who do renounce their benefices and collegiate titles when they change their faith. The homœopath, on the contrary, uses the degree (obtained often under false pretences of orthodoxy) to practise in opposition to all he has solemnly promised to observe; he acts a lie every time he signs his name to a prescription, and endorses the imposture he has committed whenever he takes a fee or presents his bill.

If we look to the motives which influence these men, we find the same laxity of principle throughout. Some undertake to make their treatment homœopathic or otherwise, according to the inclinations of the patients; enjoy the happy fate of being despised by honest practitioners and abused by homœopaths, and soon discover

> "What a tangled web they weave
> When first they practise to deceive."

Others, and they comprise the larger number, belong to a class peculiar to modern times and to an artificial state of society. Its representatives are to be found in every phase of life—in the city, in the camp, and indeed wherever men are gathered together and money passes between them which, by a little dexterity, may be diverted in its way from one to the other. To the intellectual world, a man of this class is what the *vaurien*, the clever vagabond, is to society. He cannot persistently work, but argues that he must live; he is ashamed to beg, and will not starve. He is too knowing to be absolutely a rogue; has no perseverance to follow out any subject, yet expects at once the reward which only slowly comes to continuous endeavour. Give such a man a fair education, pass him through the medical schools, and launch him on the world to work his own way,—then the evil that is in him soon peeps out. He struggles for a year or two without patients coming, and without energy or ability to work steadily towards that goal which honest labour will always bring men to. "Magis famæ sitis est quam virtutis." He believes the fault is in anything but his own nature or his own overweening conceit of himself, and watches idly how men of kindred sort to himself flourish as homœopaths. "By doing nothing," says CATO, "men learn to do ill;" and the subsequent stages of such a man's descent are those of the woman who doubts while her foot bends over the brink of infamy—poverty, hard work, and honesty on the one hand; on the other, gold, laziness, and degradation. It is needless to follow such a pervert further, or inquire too curiously into the workings of a mind which has once turned away from right. But there are strange stories told of infinitesimal globules containing each of them powerful doses of medicine; of cases of indigestion magnified into pneumonia and gastritis; of simple tumours pronounced malignant; and of delusive hopes of cure held out to poor creatures fast fading into the grave.

But enough of such men as these. They do not include all homœopathic practitioners; for there are two other classes, who rather deserve commiseration than demand condemnation. There are amongst the believers in homœopathy, as in other impostures, men whom a little learning has made mad, as well as men whom great ignorance makes presumptuous. And last, and most pitiable of all, comes the man whose judgment has been overthrown by his constant and earnest endeavours to suborn his capacity to his will—to grasp more than his intel-

lectual endowments will allow of his retaining. It is an old struggle, and numbers many a victim. That the human intellect should ever fall from its high estate to fatuitously play with straws, and herd with fool and idiot, like the poor broken-minded LEAR, is very sad to think of. And so in the ranks of homœopaths there are some men of whose fate amongst the motley crew with which they have identified themselves we think rather in sorrow than in anger.

"THE labourer is worthy of his hire" is a maxim which will be found advantageous to most employers to remember and act upon, but especially so to a State in respect of such officials who serve it well. Not the least advantage results, in the long run, to any master who anxiously gets all he can from his servant, and then affects to believe the service is after all of but little worth. If it be of such small value, why does the employer so diligently seek it? but if it is really important, why does he not pay for it at a proper rate? The adjustment of the balance requires to be looked after as vigilantly in our social statics as it does in our chronometers and quantitative analyses. It is true the workman may demand what is exorbitant, and the official may think too highly of what he performs. If, after all, they cannot agree, let them part. This will do as regards some things, but it will not answer in respect to all. There are certain services men cannot do without, and which, when once initiated, must be carried on by those who first undertake them. There is necessity for continuance alike upon both sides. When such is the case, it should be the aim of the more powerful to adjust the reciprocal obligations in a liberal and honourable manner. Where the State is the master, and the servant who is employed not one of its patrician subjects, we need scarcely say whose duty it is to see carried out the necessary adjustment.

To urge the accomplishment of this in relation to some important duties the medical practitioner is called upon to perform for his country has not seldom been our lot. We have stood by the surgeon of the line when he was neglected, and fought the good fight on behalf of the assistant-surgeon of the Navy. We have spoken ere now for the medical officers of transport and emigrant ships, and carried on the war vigorously for the hard-worked and little-paid Poor-law surgeons. We have said something for public vaccinators, witnesses in courts of law, medical coroners, &c.—men all rendering important services to the country. We must now sound the challenge *à l'outrance* on behalf of our brethren in the Militia. The State cannot do without them; it knows it, so the State has got them; but does it use them well? has it spoken to them in an unequivocating manner? has the State dealt fairly with them? has it honourably adjusted the debit and credit? We think not. On the contrary, it must be confessed that the same illiberal, oppressive bearing, the same crushing parsimony, can be seen more than threatening them, that not long since was meted out to our brethren in the services of the Army and Navy. That we are not wrong upon this point, the letter we published on the 4th instant from "A Militia Surgeon, late R.N.," will be ample testimony. Our correspondent has told no more than the truth, and it is a sad one. An able man—and be it noted, only able men are wanted in the Militia—is induced to accept a commission, and with an understanding that his regiment shall continue embodied for five years. He relinquishes his practice, and begins his public duty. He is put upon good pay, and is on a level with the surgeon in the line. Happy, fortunate prospect! Stop! we have reckoned without our host. *In six months' time the regiment is disbanded, and the surgeon dismissed with a small gratuity, quite inadequate to liquidate the expense of travelling, uniform, and regimental subscription.* We have said the medical officer is *dismissed;* and so he is, sufficiently for the purpose of Government, but not for his own welfare and purposes. His rank and status are gone, but he is nevertheless compelled to reside at the head-quarters of the regiment, and to look after the permanent staff. "But surely this not without remuneration?" asks the reader. Certainly not: he receives twopence a week per head for all at head-quarters. There's munificence! "Oh, but he has nothing to do," says another; "the men are all well, do not want physicking—a jolly set of "dogs! Besides, he can get private practice, and so has two-"pence per head for nothing." If this were the case, we should not have troubled ourselves about the Militia surgeons. The very reverse happens. There is more to do than is calculated for, and private practice is mostly moonshine. The non-commissioned officers of the staff happen to be old soldiers who, having undergone hardships and long servitude abroad and in the field, require plenty of care, attendance, and medicine. They have wives and families too, who, from exposure to camp life and various climates, are not unfrequently great valetudinarians, making, as our correspondent tells us, "the "head-quarters of a Militia regiment but another name for an "hospital." Further, for this magnificent sum of twopence per week, all medicine, leeches, surgical appliances, vaccination, and obstetric functions are included! GOD help the Militia surgeon! Thirty pounds a year appear to be the sum he receives for these duties. No doubt we shall be told we have forgotten something — a nice little nest-egg in the shape of regimental recruiting. No, it is distinctly remembered: it is of variable value, depending much upon the immediate locality of the head-quarters, and it was worth just £10 a year to our correspondent. This gives a grand total of £40. Could DOMINIE SAMPSON speak again, would he not say—"Prodigious!" That this is too ridiculous a sum, as a mere retainer, if there were no duties to perform, and the surgeon were as free as the winds to go where he listed until re-embodiment, no one can deny. But when it comes to this, that he has much to do, and cannot stir from the head-quarters of the regiment, the whole procedure is really too bad. In fact, Government knows that it looks shabby, but tells us that it only *looks* so; for we must remember that "the position of "Militia surgeon is a great introduction to private practice, "and other professional employment;" at least this was the explanation given to the House when the subject was discussed last session. Never was a greater error. Enter the Militia, your practice goes away from you. Return after disbandment, and it is never found to come back—"charm you never so wisely!" As our correspondent truly says, what institution or what family would employ a medical man who may be called upon at any time to be absent from home for several days with the adjutant recruiting, and who, when the regiment is embodied, accompanies it wheresoever it goes? What lady in prospective trouble would engage the gallant officer? or what nervous hypochondriac dowager seek his professional solace? If there is one thing more than another that the general community expect from the medical attendant they employ

it is this—always to be at home when he happens to be sent for. They will be soothed for a time with an "expect him at home directly," should he chance to be out for a quarter of an hour; but to dream that they will submit to his being off recruiting is of almost infantine simplicity. The surgeon of Militia, then, however experienced and of well-known repute in his district, finds to his cost that he is not permitted to serve the State and the general public too. The plea of the Government, then, falls to the ground. That the State itself is well served, there cannot be the least doubt. We need but to refer, e. g., to the evidence of Dr. GIBSON, C.B., before the Militia Commission, who said that "during "his superintendence at Aldershott he entertained the highest "opinion as regarded the surgeons of Militia.....He had never "met with a more superior body of medical men." Good and necessary service, then, is performed; let the return be just. "The labourer is worthy of his hire;" the balance, as we before remarked, needs adjusting. The Militia surgeons have made their request, and it is not an unfair one. It is simply that they may be placed upon the permanent staff of the regiment, with a medium but definite rate of pay, and they are willing to take upon themselves during disembodiment any military professional duty they may be called upon to perform. The officer, whose evidence we before alluded to, strongly recommended that the surgeons of Militia should be placed upon the permanent staff of their respective regiments, by which not only would justice be done towards a deserving class of officers, but the State would reap an advantage of some £4000 a year.

Medical Annotations.

"Ne quid nimis."

THE REAL AUTHORS OF THE CALAMITY ON BOARD THE SHIP "ACCRINGTON."

A QUESTION was asked in the House of Commons by Mr. Alderman Salomons, on the 10th inst., respecting the mortality and cruelties which we announced to have been reported from Pernambuco as having occurred on board the *Accrington* transport ship. This ship was laden with women and children—wives and infants of soldiers—bound for India. Our accounts stated that measles and scarlatina had prevailed on board; that the women and children were huddled together in a space inadequate to receive them, and with arrangements unfit for their use; that the sanitary difficulties inevitably occurring with such a cargo of emigrants, so ill provided, were aggravated by the gross cruelties of the captain and mate. The ship put in at Pernambuco, with the loss of sixty-seven lives, sixty of the deaths having occurred amongst the children. The captain and mate were dead, reported to have been poisoned, out of revenge, by some of the crew whom they had flogged and ill-treated. These statements Alderman Salomons recapitulated, and Mr. Fortescue, replying on the part of the Government, admitted them to be true. This reply has not attracted that amount of attention which it appears to us to deserve. In admitting the melancholy loss of life which has resulted from the mismanagement of this ship, Mr. Fortescue deprecated public wrath in a manner peculiar to Government officials. He divided the responsibility amongst three or four departments, carefully exonerating his own; and demonstrated, as is usual, that the best intentions, distributed over a number of individuals, had, without blame to anyone in particular, resulted in the worst consequences. It seems that this was a compound affair, in which the War-office, the East India Company, the Board of Trade, and the Emigration Commissioners had all something to say. The ultimate decision rested with the East India Company, who, at the instance of the War-office, requested the Emigration Commissioners to superintend the arrangements for the transmission of the wives and children of the soldiers in India. This they accepted, rashly forgetful of the Nemesis which pursues all those who work for a Government department which they cannot control. They did their best, no doubt, with the *Accrington;* but, as Mr. Fortescue told the House, they had no authority to select the number or proportions of the emigrants; they could only fit the ship to the emigrants, and not the emigrants to the ship. We can sympathise with their difficulties, but we cannot pardon their shortcomings. If they were placed in a position in which it was impossible to do their duty to the unfortunates thrust on their hands, they should simply have declined to carry on the task. So far from neither party being blamable, both they and the officials of the East India House are alike reprehensible: the one for limiting the powers, without consulting the wishes, of the Commissioners; the other for accepting responsibilities which they sacrificed to the despotism of their principals. This interpretation may be less accordant with official precedent than that of Mr. Fortescue; but we are sure that it will be more in conformity with the public sense of justice. The real criminals are, we think, apparent. We know no reason why these men should thus escape with impunity, while the persons suspected of causing the death of the captain and his mate are undergoing imprisonment and trial, and if convicted will meet with severe punishment.

SURGEONS NOT PRIVATES.

THE organization of the Rifle Volunteer Corps has proceeded with a vigour and hearty unanimity which have surprised observers at home as much as critics abroad. It cannot be said that the members of the medical profession have been in any degree less active or less patriotic than other professional men. If they have not any special medical corps, it is because the services which they can render are more valuable when they are scattered through the force as medical officers than when serving in a purely military capacity. All this will be so universally admitted that we should not have set down these phrases had we not desired to recall the fact that the medical profession have done their duty to the country and to the Volunteer Corps, in the face of a great and groundless indignity which the Lord Lieutenant of one county at least now seeks to offer to the medical officers of all the corps in his county. The Lord Lieutenant of the county of Glamorgan has refused to *Gazette* the medical officers of the numerous county corps at all. This is a singularly eccentric and unwarrantable proceeding. It is eccentric because, in a great many counties, the surgeons have already been *Gazetted* in their proper relative rank as officers; and because in these very corps they have been required by their captains to go to the same expense as the other officers. It is altogether unwarrantable because, in all matters of military rank and precedence, the Volunteer Corps have, of course, been modeled after the rules of the service, and the relative rank of surgeon is established by Royal Warrant. To refuse to adopt the same precedent in this county as has been followed in all others, and to degrade the surgeons to the ranks, is a caprice which borders on insult. We do not at all believe that this fancy of the Lord Lieutenant will be approved at head-quarters. It may be hoped that the decision may be immediately reconsidered, and the appointments *Gazetted*. Delay in *Gazetting* them will deprive those who might otherwise desire the honour of presentation to the Queen from attending the approaching Levée. This would be an injustice. It is very certain that the surgeons of those corps will resent, as an unmerited insult, a degradation in relative rank which is alike singular and undeserved. They would not be justified in continuing their services under a chief who had

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taken the first occasion to disgust them; and unless the objection be withdrawn, this Lord Lieutenant will have succeeded in sowing dissension and creating annoyance in his county corps at the very commencement of their organization.

CERTIFICATES FROM THE REGISTERED.

THE minutes of the Scottish Branch of the General Council of Medical Education and Registration include copies of a correspondence of considerable importance relating to the registration of deaths, certified by unqualified or non-registered persons. We have often pointed out the facilities afforded for the concealment of crimes, the evasion of justice, and the secret stifling of the malpractices of quacks and pretenders by the reception of certificates of the cause of death signed by unqualified persons. It is certain that if certificates had been in all instances rejected, unless duly authenticated by the signature of a medical practitioner, much light would have been thrown upon the fatal follies of the charlatans who infest especially our towns and villages. The practice of registrars has hitherto been very lax and variable in this respect in England and Scotland; and until the passing of the Medical Act, which defined the qualification needed by affording the registration test, it was difficult for local registrars of births and deaths to be clear who were qualified and who unqualified to sign death certificates. The matter is now placed on a satisfactory footing in Scotland at least. The question was submitted to Secretary Sir G. C. Lewis, whether, under the present enactments of the Legislature, the Registrar-General of Scotland was justified in admitting certificates of death signed by other than registered practitioners. It seemed to be a sufficiently doubtful point to require solution by "high legal authority." "High legal authority," then, has decided that no certificate required by any Act from a medical practitioner shall be valid, unless the person signing the same is registered under the 21st and 22nd Vict., c. 90, and that the certificates of death required by the 17th and 18th Vict., c. 8, cannot properly be received, unless they are signed by a person duly registered under the Medical Act. Of this opinion the Registrar-General for Scotland has been duly advised, and he has been requested to govern his department accordingly. Intimation of this rule has been conveyed to the Scottish registrars, and this question is now satisfactorily at rest.

PURE WINE FOR THE SICK.

THE Chancellor of the Exchequer has skilfully given prominence to a most telling argument for the reduction of wine duties, by tracing some of the consequences of the adulteration of wines. The present system of wine duties holds out great temptations to all persons concerned in the trade to adulterate the article so heavily taxed. The majority cannot resist that temptation; and even houses of the highest character are sorely tried by the heavy duties, and the competition of those who sophisticate their wines. Pure and wholesome wines are to the majority unattainable; by the few they may be obtained at prices which are beyond the reach of the poor man, or of the most generous of his friends. It is specious in theory to tax the luxuries of the rich, but these are only luxuries of the rich because they are taxed; when untaxed, it will be seen that, under many circumstances, they are to be regarded as amongst the necessaries of the poor. Mr. Gladstone's statements on this point will be confirmed by the general experience of the medical profession. He asserted, also, that the navy wines for the use of sick sailors were equally bad, although taken directly out of bond. Here are his words:—

"I ask you, what kind of wine is it that is administered to the sick poor of this country? I say it is impossible for the poor man when sick to obtain good wine unless he happen to be in the immediate neighbourhood of some charitable friend. What kind of wine is that which is supplied to boards of guardians? or to the Queen's ships? I happened to be on board the ship *Scourge* when one of the sailors, who had met with a severe accident, was recovering from a surgical operation. I asked the surgeon whether it was not necessary to give him some good wine. He told me that it was, but that he had to supply it from their own mess. He asked me to taste some of the wine from the ship's stores, and I did with difficulty manage to drink part of a glass. Now, this is not because wine on board ships of the navy pays duty, for it does not. It is taken out of bond. But your system of wine duties vitiates the entire trade, and, except with regard to the higher and more expensive classes of wines, makes it almost impossible to obtain wholesome wine."

The same want which obstructs surgeons in the navy is felt still more strongly by infirmary surgeons, by parochial medical officers, and by practitioners amongst the working classes. The difficulty of getting wholesome wines at reasonable prices is very largely felt at the hospitals, where the wine bill is a considerable item in the annual expenses. It is still worse at infirmaries; and worst of all in general practice amongst the poorer classes. To order wine for a working man is very often to give him a vile and semi-poisonous compound, the therapeutic effects of which differ very sadly from those of the generous juice of the grape. If Mr. Gladstone succeed in inducing Parliament to make the proposed alterations in wine duties, he hopes in this respect to approve himself the friend of the poor man no less than of the rich. We trust he will not be disappointed.

MEDICO-PARLIAMENTARY.

COMMONS.—*Thursday, Feb. 9th.*—Mr. Longfield asked the Chief Secretary for Ireland if it was the intention of the Government to introduce, this session, any measure to continue or alter the powers of the Commissioners of the Poor-law Board, and to amend the laws for the relief of the poor in Ireland.

Mr. Cardwell said that the subject was at present under the consideration of the Government, and he hoped to bring in a Bill on an early day.

Sir Fitzroy Kelly postponed his Bill for an Appeal in Criminal Cases to that day fortnight.

Sir John Shelley gave notice that on Monday (13th) he should move for copies of any correspondence in reference to the cleansing of the Serpentine and other works that has passed between the Commissioners of Public Works and the Messrs. Amos.

Friday, Feb. 10th.—Mr. Ald. Salomons asked whether the Government had information as to the frightful mortality, and the cruelties practised, on board the *Accrington* troop-ship.

Mr. Fortescue admitted the truth of the facts as already stated in this journal, and said that an inquiry was pending.

Tuesday, Feb. 14th.—Lord C. Hamilton asked the Secretary of the Admiralty whether the attention of the Board had been directed to the quality of the wine supplied to the navy for medical purposes, it having been described as unfit for the use of invalids, although exempt from duty; and also whether he could give an assurance to the House that the drugs supplied to the navy were not of an equally adulterated and deleterious description.

Lord C. Paget said the drugs were supplied from the Apothecaries' Hall, from which their quality might be inferred; and the statement of the Chancellor of the Exchequer as to the wines having caused some sensation, inquiry was being made into the matter.

Mr. Bellew moved for returns of the number of attendances at the Poor-law Commission Board (Ireland) of each of the Commissioners during the years from 1847 to 1859 inclusive.

The returns were granted.

Mr. Whiteside obtained leave to bring in a Bill to amend the medical Acts.

Wednesday, Feb. 15th.—Mr. Scholefield moved that the Adulteration of Food and Drink Bill be read a second time.

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The hon. gentleman explained that the principal provisions of the measure were to impose penalties upon persons who sold impure articles as warranted pure, to enable corporations to appoint analysts, to authorize persons buying goods to take them to such analysts to be examined, and to make their certificates evidence in case no testimony was produced to contradict them.

Mr. E. James did not oppose the second reading of the Bill, but expressed his opinion that it must be carefully examined in committee.

Sir G. Grey, without pledging himself to the support of the details of the measure, assented to its passing this stage.

The Bill was then read a second time.

Correspondence.

"Audi alteram partem."

THE ANATOMY OF THE LUNG.

(LETTER FROM DR. JAS. NEWTON HEALE.)

To the Editor of THE LANCET.

SIR,—Although I have not yet been able to get fresh drawings executed, illustrative of my researches into the distribution of the bloodvessels of the lungs, and as some considerable time must elapse before that can be accomplished, I am anxious that no delay should occur in placing before the profession the anatomical points at issue between Dr. Waters and myself, in the most naked and explicit manner possible.

From Dr. Waters I have to acknowledge every possible courtesy, and I do not wish to detract one iota from the merit to which he is entitled as an honourable, candid, and original investigator.

Dr. Waters seems to take up the ordinarily-received opinion, that the bronchial mucous membrane is supplied from the (so-called) bronchial arteries; that these anastomose with the pulmonary system of vessels, and that the bronchial arteries are the vessels by which the bronchial mucus is furnished.

1st. Were this indeed the fact, it would inevitably happen, in all cases of chronic bronchitis and bronchorrhœa, that the bronchia arteries would become prodigiously enlarged. I deny that such takes place.

2nd. Were that the true distribution of the bronchial arteries, whenever these vessels were fully injected it must necessarily occur that the bronchial membrane itself would also be injected. I assert, on the contrary, that it is impossible to inject the bronchial membrane from the bronchial artery; that the thing has *never* been done, and *never* can be done. There are many who will SAY that they have accomplished this; but I challenge them to produce a single instance (proper precautions which I shall enumerate having been taken) in which this has ever been fairly done. Should even one such case be duly established, I will assent that my views shall be considered as utterly refuted. I make it a *sine qud non*, however, that the bronchial arteries shall be injected from the aorta, otherwise it is quite easy to select a small twig of a pulmonary vein, and inject it under the supposition that it is a branch of the bronchial artery. This fact will account for many of the blunders which have been made on the subject. Moreover, I stipulate that the subject selected for injection shall not be a child that has died of croup, nor a patient who has suffered from extensive ulceration of the air-passages, since in such cases it might be found that the true lining membrane had been partially replaced by false membrane, and this might possibly be injected from the bronchial arteries; but even in such a case, the distribution of the bloodvessels would be strikingly different from that which prevails in the true bronchial membrane.

When the bronchial artery has been minutely injected, if the bronchial tubes be laid open, certain injected bloodvessels will be obscurely visible, and at first sight one might, perhaps, be tempted to declare triumphantly that the bronchial mucous membrane was injected, but if a careful inspection be made, it will be found that the mucous membrane may be wholly raised, leaving the injected vessels behind, and if this raised membrane be then clarified by acetic acid, spread out on glass and compressed, a few hair-like vessels, sparsely scattered through its tissue, will be seen, by the aid of an object-glass, with a focal distance of half an inch. This fact shows that the cellular tissue merely of the raised membrane derived its supply from this source, but that the bronchial plexus and the function which this discharges are wholly distinct from the bronchial artery and its branches, since had there been any anastomosis between that artery and the bronchial plexus, the latter could not have failed to have been injected when vessels of such extreme minuteness as those above described were filled. If the bronchial tube, after it has been thus denuded of its lining membrane, be then subjected for many weeks to maceration in salt and water, and if the flocculent tissue which continues to float upwards be daily, or several times a day, removed by means of soft brushes, (those used for painting on velvet are such as I have employed,) at length the fibro-cartilaginous structure of the bronchial tube will alone remain, and then the minute distribution of the bronchial artery will become apparent, and the fibro-cartilaginous structure of the bronchial tube will be found to be minutely injected from it.

On the other hand, in those specimens in which the pulmonary set of vessels, and not the bronchial arteries, have been injected, it is found that the fibro-cartilaginous structure of the tubes is not in the slightest degree injected, however minutely the plexus surrounding the air-cells, and that lining the bronchial tubes, may have been filled, proving that there is, likewise, no anastomosis in this situation.

Whenever the pulmonary veins are injected with fluid, so as to spread at all minutely, it is impossible to avoid injecting the membrane lining the bronchial tube—the connexion is intimate and direct. The distribution, also, of the vessels lining the bronchial tube, which are filled by this means, is totally distinct from, and unlike to, anything that prevails amongst the capillary vessels in connexion with the bronchial artery in any part of its ramifications. Nothing can be easier than to inject the plexus lining the bronchial membrane from the pulmonary veins, but, as I have said before, it is wholly impossible to do so from the bronchial arteries.

Furthermore, it is not difficult to inject the bronchial mucous membrane from the pulmonary artery; but in order to do this effectually, it is necessary to tie the pulmonary veins, because it requires a greater force to compel the fluid to flow through the plexus of the bronchial tube than it does to make it pass through those capillaries which surround the air-cells; therefore, unless the precaution be taken to tie the opening of the pulmonary veins, the injection will make its escape in this direction, and the bronchial membrane will be only partially injected.

To sum up these particulars:—The air-cells and the mucous membrane lining the bronchial tubes are supplied from the pulmonary system of bloodvessels, and the basement fibro-cartilaginous structure of the bronchial tubes and the cellular tissue throughout the lungs are supplied by the bronchial arteries derived from the aorta; and these latter have no sort of anastomosis nor connexion with the former, but are carefully secluded from them by much flocculent tissue, which requires a considerable amount of dissection in order to be got rid of, so that the ultimate distribution of the branches of the bronchial artery may be clearly demonstrated, when these latter have been injected instead of the pulmonary set.

I am, Sir, your obedient servant,

Winchester, Feb. 1860. JAMES NEWTON HEALE, M.D.

THE DISTRIBUTION OF THE BRONCHIAL ARTERIES.—DR. HEALE AND THE ROYAL SOCIETY.

(LETTER FROM DR. WATERS.)

To the Editor of THE LANCET.

SIR,—The letter of Dr. Newton Heale and your remarks in a review of my Essay, in THE LANCET of the 4th instant, have resulted in a statement of facts by Dr. Sharpey and Mr. Bowman, which, I think, the profession will universally admit entirely exonerate those gentlemen from any allegation of unfairness or dishonourable conduct, in reference to the transactions with the Royal Society of which Dr. Heale complains.

As the correspondence has opened the subject of the distribution of the bronchial arteries, you will, perhaps, allow me to say a few words with reference to it.

In my Prize Essay I have dwelt at considerable length, both

on the investigations of previous inquirers, and the results of my own researches, in connexion with this particular question. The state of our previous knowledge on the subject, as generally entertained by anatomists, may be gathered from the report of Dr. Sharpey on Dr. Heale's paper, published in your journal of Saturday last; and the opinion there expressed by Dr. Sharpey is the same as that entertained by him up to nearly twelve months ago,—as I know from a conversation I had with him in March last,—and may be summed up as follows:—That the bronchial arteries, being distributed to the bronchial tubes, areolar tissue, &c., return their blood *partly* by the bronchial veins, and *partly* by the pulmonary veins; the bronchial veins being supposed to accompany the arteries *within* the lungs. Such was the view I entertained when I began my researches; but observation of a large number of human and other mammalian lungs convinced me that no bronchial veins exist *within* the lungs, and that the arteries pour their contents, except so far as they supply the structures about the root of the lung, into the pulmonary veins.

This was to me the discovery of a *new fact*, alike opposed to Dr. Heale's statement, and the opinion of Dr. Sharpey and other anatomists; and although I subsequently found that a similar view had been held by Reisseisen, sixty years ago, yet that author gave no proof in support of his opinion, and it remained without being refuted or confirmed. I do not, therefore, claim, with reference to the fact, priority of discovery; but I venture to think I have given the proofs which were wanting to establish it, and I believe subsequent researches will confirm them.

I shall not dwell on any physiological or pathological importance the fact may have, but simply refer to another instance in the body where an artery terminates in a somewhat similar way—viz., in the liver.

In my Essay I have endeavoured to do justice to previous writers, and I have pointed out what I believe to be the cause of the mistake—for such I must be allowed to consider it—into which Dr. Heale has fallen; and to the observations I have made, I beg leave to refer that gentleman. His views are of so novel a character, that they naturally arrested my attention, and I was particularly cautious not to reject them until repeated examination and experiment had satisfied me of their unsoundness.

Perhaps I may be allowed to say a word with reference to Dr. Sharpey and the Royal Society. Of the kindness of that gentleman, as secretary of the Society, to myself in connexion with this subject, I cannot speak in too high terms. Being desirous of laying my views before the Society previous to the publication of the Essay, I sought an interview with Dr. Sharpey, to whom I was personally unknown, and although my opinions differed from those he had previously held, he at once undertook to present a paper for me to the Society, which paper was almost immediately afterwards published *in extenso* in its "Proceedings."

I am, Sir, your obedient servant,

Liverpool, Feb. 1860. A. T. H. WATERS, M.R.C.P.L.

MR. THOMAS WAKLEY'S STRICTURE TUBES.

To the Editor of THE LANCET.

SIR,—In your review of Mr. Wade's work on "Stricture of the Urethra," in last week's LANCET, you state that the author has "ably criticized the various modes of treatment;" and Mr. Wade, in his concluding remarks, says that he has given a "faithful and unbiassed description of the various modes adopted by surgeons in the treatment of stricture of the urethra."

My object in addressing you is to correct the erroneous statements which the author has published, and your reviewer has overlooked, concerning one particular mode of treatment; and I must observe that if the remarks and descriptions of other systems of treatment practised by eminent surgeons are as little accurate as that concerning which I beg to direct your attention, the work in question is valueless as a practical treatise, and utterly worthless in assisting the reader in determining the best and safest mode of treatment of this frequently intractable disease. Mr. Wade says—

"The ingenious instruments bearing Mr. Wakley's name, consist of a series of graduated silver tubes, of eight different sizes, and the same number of elastic ones, the latter composed of flexible metal covered with elastic gum fabric. The first process in this method of dilatation is the introduction of a small No. 3 silver catheter into the bladder, as a director for the tubes of the same material, which are then to be pushed in succession over the directing catheter through the stricture, their size being increased at the discretion of the surgeon."—p. 74.

And again—

"It will be seen that, previous to the use of either of these dilators, it is necessary to introduce into the bladder a No. 3 silver catheter, or steel director; so that these instruments are, in fact, available only after the greatest difficulty in a bad case of stricture, that of getting a small catheter into the bladder, has been surmounted; they are, therefore, useless in the treatment of the worst and most embarrassing forms of stricture, called impassable, from their remaining long impermeable to instruments in the hands of the generality of surgeons."—p. 74.

The author arrives at this conclusion upon an incorrect description, as *vide* the following extract from a paper read before the Medical Society of London on the 22nd November, 1856, "On the Tubular Treatment of Stricture of the Urethra:"—

"The instruments are composed of three guides of different sizes, eleven dilating silver tubes, and the same number of flexible tubes. The guides are numbered 1, 3, and 5.

"A guide consists of a hollow silver director, thirteen inches in length, straight, excepting near the end, which is slightly curved, the extremity being closed and rounded, and having an aperture at one side. A movable handle is fitted to it, for assisting its introduction into the bladder; when this has been effected, the handle is removed, and a steel rod of the same size, five inches in length, is fixed into the external extremity of the director by one turn of a screw. This now forms the urethral director, over which the tubes are made to pass."

The numbers correspond with the sizes of the ordinary catheter.

I would merely, in reply to Mr. Wade's opinion, founded upon his acknowledged "limited experience," beg to state the fact of my having been successfully treated by Mr. Thomas Wakley for a so-called impermeable and intractable stricture, of about twenty years' duration, baffling every known system of treatment, including even the employment of potassa fusa. The "*first process*" was the introduction of a No. 1 guide, over which the first dilating tubes were passed through the stricture. It is needless for me to enter further into my case than to state that from the rapid advantages following this system of treatment, I was enabled, in about six weeks, to pass with ease a No. 11 ordinary steel sound, which I still introduce occasionally.

A strong sense of justice induces me to state that Mr. Thomas Wakley's mode of treatment is not "useless," as asserted by Mr. Wade; but, on the contrary, highly successful, as proved from my personal experience both as a surgeon and patient.

I am, Sir, your obedient servant,

February, 1860. MEDICUS.

P.S.—I enclose my card.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—I trust the letter of "A Militia Surgeon, late R.N.," in THE LANCET of the 4th inst., will induce our brethren to bestir themselves, and look a little more actively after their own interests. I have been astonished at the supineness of the militia surgeons hitherto. Surely no body of men ever had a better case. It can be proved to demonstration that, should we be placed on the permanent staff of our regiment, a positive saving would be effected by Government. It is on record that our services when embodied are at least as valuable as those of our brethren in the regular army. It is a fact that, when disembodied (which in future is, I suppose, to be our normal state), we have to perform duties for a scale of remuneration which, I think, few of us would accept in a private capacity; in short, we may say with truth that we are servants of Government giving our services gratuitously. It cannot be that the militia force will never be required again. But is it possible for professional men to give their services without adequate remuneration?—especially as it is notorious that the fact of belonging to the militia is a bar to private practice. What, then, will be the consequences, should a general embodiment of the militia ever again become necessary? None but the youngest and most inexperienced will venture to take an appointment, with the example of the ruin of their predecessors before their eyes; and ruined (in our professional prospects at least) most of us will be if Government do not recognise our claims. Were I to recount all the arguments that could

be brought forward in our support, you, Sir, could not, even if you were inclined, afford me enough of your valuable space. I fear I have trespassed too much already; but if you will let our complaints appear in your columns, you will do a great service to a not inconsiderable section of the profession, and perhaps will be the means of leading to a general meeting of militia surgeons, for the purpose of taking into consideration the best mode of bringing their claims before the public. I know such meetings are discountenanced by some high in authority, but what can we do in our anomalous position (neither military nor civil) but have recourse to the last refuge of aggrieved Englishmen—public opinion?

I am, Sir, your obedient servant,

February, 1860. ANOTHER MILITIA SURGEON.

PROTEST ADDRESSED TO THE MEDICAL COUNCIL BY THE SURGEONS OF READING.

GENTLEMEN,—We, the undersigned, have seen with great regret, that the Council of the Royal College of Surgeons of England continues to grant its diplomas to candidates who have not passed through the course of education which has hitherto been considered essential, and has, in some cases, given them to persons whose unprofessional conduct has rendered them unworthy of that distinction.

We agree in opinion that the Council by these acts has tarnished the honour and dignity of our profession, and that its diplomas have ceased to guarantee the professional attainments of its members.

The Council has disregarded the protests addressed to it, and we, therefore, appeal to you to exercise the powers given by the new Medical Act, and to compel the Council to adopt a course more conducive to the interests of the public and the honour of the profession.

GEORGE MAY, F.R.C.S.	J. SHEA, B.A., M.R.C.S.
EDWARD WELLS, M.D.	CHAS. VINES, M.R.C.S.
THELWALL B. MAURICE.	WILLIAM BUTLER YOUNG, M.R.C.S.
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W. W. MOXHAY.	J. HARRISON, F.R.C.S.
T. L. WALFORD, M.R.C.S.	JOHN W. WORKMAN.
A. J. MOORE.	C. COWAN, M.D.
R. N. WOODHOUSE, M.D.	GEORGE MAY, jun.

Reading, Feb. 11th, 1860.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 10th inst.:—

Adams, William James, Banchory Ternan, Aberdeen.
Bird, John Durham, Stockport Infirmary.
Dowd, Charles, Camberwell.
Grierson, Samuel, Kirkcudbright.
Mackenzie, William Jackson, Greenwich.
Matterson, Robert Timothy, Leeds.
Porter, Lawley John, Hockley-hill, Birmingham.
Quicke, John Mugford, Millbrook, Southampton.
Simpson, Frank, Whitby, Yorkshire.
Wilton, John, Middle Loddon, Australia.

THE LATE DR. TODD.—A meeting of the friends of the late Dr. Todd was held at King's College, London, on Wednesday last, with a view of establishing some memorial of him in connexion with the institution of which he was for so many years the distinguished Professor of Physiology.

MEDICAL DIRECTORSHIP OF THE ARMY.—There is considerable difficulty experienced in determining the merits and claims of the various medical officers of the army who might be considered eligible to succeed the late deeply-regretted Director-General. It is understood that Dr. Taylor was summoned from Chatham, and that Dr. Gibson was ordered up from Aldershott by telegraph, when the news of Mr. Alexander's death reached the authorities.

AMONGST the resolutions of Supply to be moved by the Chancellor of the Exchequer is the following:—That towards raising the supply granted to her Majesty, for and upon every certified copy or extract of or from any register of births, marriages, or deaths, there shall be charged the stamp duty of a penny.

CAMBRIDGE UNIVERSITY.—At a congregation of the Senate on Thursday, the 9th inst., Dr. Drosier, of Caius College, was appointed Examiner in Anatomy, in the room of the Professor of Anatomy, who is unable to fulfil his duties. Dr. Drosier was also appointed Examiner in the Natural Sciences Tripos, in the room of the Professor of Anatomy.

APPOINTMENTS.—Dr. Tanner and Dr. Meadows have been elected Assistant-Physicians for the Diseases of Women and Children to King's College Hospital.

Dr. Edward Smith has been elected, on the nomination of the Faculty of Medicine, a Corresponding Member of the Academy of Sciences and Letters of Montpellier, for his researches on Respiratory Foods.

The Queen has been pleased to appoint Joseph Lister, Esq., of Edinburgh, to the Chair of Surgery in the University of Glasgow.

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The usual annual meeting of the subscribers to, and friends of, the Belfast Branch of this most valuable Society, was held on the 6th instant, in the library-room of the Medical Society, in the General Hospital, Great Frederick-street. In the unavoidable absence of the excellent permanent Branch President, Dr. T. H. Purdon, the chair was filled by Dr. Patterson. The Society is progressing most satisfactorily, and the report has received general approbation.

A NEW MEDICAL JOURNAL.—A medical paper, called *Concordia* (a most promising title), has just been started at Madrid, and is to be published three times a month.

THE FACULTY OF STRASBURG.—Government have just granted £2400 to the Faculty of Strasburg, to assist in the erection of additional buildings connected with the School of Medicine.

THE QUEEN OF MADAGASCAR has just sent six young students from the island of Madagascar to Paris, to enter the School of Medicine.

EXTRAORDINARY FECUNDITY.—Louisa Leig, of Rasunam, near Huninguen, on the Rhine, in France, was delivered on the 16th and 18th ult. of two robust boys, and on the 22nd of two more boys. The mother and the two first born are well, but the two last born did not live.

A CLERICO-HOMŒOPATHIC ASSOCIATION.—An association of this kind has just been founded in Paris, in the parish St. Laurent. What next?

SEVERE FITS OF SNEEZING.—Dr. Mosler, of Giessen, states that a girl, who after typhoid fever had suffered from an affection of the right ear, was seized with fits of sneezing, which, in spite of various modes of treatment, lasted eighty hours.

A CHAIR OF OPHTHALMOLOGY AT TURIN.—This chair has lately been founded at the Medico-Chirurgical Faculty of Turin; M. Sperino, well known in this country by his experiments in syphilization, has been appointed professor.

FRACTURE OF THE SKULL IN NATURAL PARTURITION.—M. Lizé mentions, in *L'Union Médicale*, a very interesting case of a young woman, aged twenty-four, who was three days in labour, and who was delivered without instruments after great efforts on her part. The child was dead, and the parietal bone on the left side severely fractured.

RIOTS AT THE MEDICAL SCHOOL OF CONSTANTINOPLE.—It would appear that the students of the Imperial School of Medicine of Constantinople lately broke out in open mutiny, on the occasion of the introduction of some new regulations which did not meet with their approbation. They, however, soon perceived the folly of the course they had taken, and made an humble submission to the proper authorities, awaiting punishment. The Sultan has been pleased to grant them all a free pardon.

ABOLITION OF THE TITLES OF "ASSISTANT-PHYSICIAN" AND "ASSISTANT-SURGEON" TO HOSPITALS.—As the readers of THE LANCET are well aware, we had occasion, some years ago, to express our disagreement with the views taken by the Council of University College as to certain appointments then made by them; but it gives us much satisfaction to find that they do not overlook, but are willing, so far as they can, to mark their approbation of, the services of their officers. We have pleasure in announcing that the Council have just conferred on Dr. Hare and Mr. Marshall, F.R.S., who were Assistant-Physician and Assistant-Surgeon, respectively, to University College Hospital, the titles of "Physician" and

"Surgeon" to the hospital, although they retain the same duties which they previously performed. This alteration in their titles has been made in consideration of their long and meritorious services as the so-called "assistant" officers of the hospital; and we think that other governing bodies might very properly take a hint from the wise and liberal proceeding of the Council of University College, and alter the titles of some of their officers. Is it right, is it seemly, that after so many years of service at their respective hospitals, men of such European distinction as a Paget, and others whom we might name, should still have to attach as their title "assistant" surgeon or physician to this or that hospital? Amongst medical men, the difference in the two titles matters perhaps little; but with the public the case is different, for with them the true position of what is called the "assistant" physician or surgeon is but little understood, and he is supposed by them to be merely what the name *seems* to imply, and to have no independent duties of his own. We are sure that some of the governing bodies of our hospitals would confer honour on themselves by taking a hint, as we have just suggested, from the liberal act of the Council of University College. It will be remembered that a similar measure was adopted some time ago at St. Mary's Hospital.

CITY DISPENSARY, QUEEN-STREET, CHEAPSIDE. — The seventy-first annual meeting of the governors of this charity was held at the London Tavern, on the 8th instant, when nearly a hundred sat down to dinner. The Right Hon. the Lord Mayor was in the chair, supported by Alderman Cubitt, M.P.; Thompson Hankey, Esq., M.P.; Professor Christmas, Major Snell, Mr. Serjeant Payne, the physicians and surgeons to the dispensary, and a large number of city merchants. The usual toasts were given and warmly received, especially that of the "Medical and Surgical Staff," which was proposed by the Lord Mayor, (who eloquently eulogized the great and valuable sacrifices made by them in giving their services gratuitously,) and responded to by Dr. Wm. Abbotts Smith. The collection made after dinner amounted to upwards of £400. The total number of cases admitted during the past year was, as shown by the annual report, 14,720.

OBSTETRICAL SOCIETY, MANCHESTER.—At a meeting held at St. Mary's Hospital in this city, on the 7th inst., for the inauguration of an Obstetrical Society, an address was delivered by the President, Dr. Ogden, physician to the hospital. The address was a very appropriate one, and impressively delivered. After an exordium of some length, the President enumerated the advantages which would accrue to obstetrics, and an improved obstetric education, by an union of this kind, when cases of importance would be discussed and published, emanating from the store of rare and valuable cases afforded by the hospital, and by the veterans in the profession in this city and its vicinity. He said that an immense amount of experience was lost to the profession, in facts and useful information, in consequence of no medium, such as an Obstetrical Society affords, being in operation in this city to enable them to give a systematic account of facts relating to midwifery. He gave an interesting account of the operations performed in the hospital, such as seldom occur in private practice, which he had witnessed since his election, all of which were attended with quite as much success as those occurring in the metropolitan hospitals. He was surprised that no Society of this kind had been instituted in Manchester, second only to the metropolis, comprising such an immense field as that city afforded with its large population, and he felt assured that such a Society would be of extreme advantage to midwifery, science, and the general community. After wishing the development and progress of the Society every success, he paid a high compliment to the patron of the hospital, its Honorary President, Dr. Radford, in the following very pleasing and opportune eulogium:—"Wishing that he might live long to enable him to witness the effects of his munificence and ability in raising St. Mary's Hospital to that pinnacle of usefulness and philantrophy which so colossal an undertaking deserves; and that the members of this Society may emulate the patron of St. Mary's Hospital; that the hospital may flourish; and that its scientific records may assist in carrying out the views which this Society have a right to expect, and which his colleagues have anticipated, of raising the education of obstetric medicine to an equality with medicine and surgery." He felt assured that such a Society would afford material aid in the cultivation of obstetric medicine, and the general advancement of truth from practical facts.

The following officers were appointed for the year, and a vote of thanks to the chairman terminated the proceedings:—*Honorary President:* Dr. Radford.—*President:* Dr. Ogden.—*Vice-Presidents:* Dr. James Bower Harrison; Dr. Edward Stephens.—*Treasurer:* Daniel Lynch, Esq.—*Honorary Secretary:* Mr. Henry Runcorn.

HUNTERIAN MEDICAL SOCIETY.—The annual Oration of this Society was delivered on Wednesday evening last, by Dr. Stephen Ward, Physician to the *Dreadnought*, before a very full assemblage of members and visitors. The aim of the discourse was, mainly, the vindication of the methods of observation of disease pursued by the older school of physicians, and a deprecation of the too exclusive reliance upon the microscope and chemistry. The orator dwelt with much force of reasoning on the importance of studying the natural history of disease, of not rudely interrupting nature by over-zealous treatment. The address was admirably delivered, and very warmly received.

TESTIMONIAL TO A POOR-LAW SURGEON.—Extract from Minutes of Board of Guardians, Braintree Union, Feb. 6th, 1860:—"That this Board sincerely regret the resignation of Mr. Owen as medical officer of the Finchingfield district of this Union, which he has held for a period of twenty-three years, the duties of which he has discharged to the entire satisfaction of the several Boards of Guardians, and they believe with great attention and kindness towards the poor, from whom no complaints have been received by the Board."

THERAPEUTIC USES OF VERATRUM VIRIDE. — Dr. Baker, of Alabama, asserts (*Southern Medical and Surgical Journal*, Sept. 1859) that the veratrum viride is as valuable a nervine as an antiphlogistic, and that in the treatment of certain neuroses it is unrivalled. He states that he has administered it in numerous cases of eclampsia in children, with such success as to convince him of its power in arresting convulsion. He considers that convulsion cannot continue after the system has been fully impressed by the remedy. He has also used it in puerperal convulsions and chorea with benefit.

BIBRON'S ANTIDOTE.—Dr. O. C. Herry relates a case in which he used Bibron's antidote for the cure of a bite from a rattlesnake, with success, after threatening symptoms had shown themselves.

DIPHTHERIA. — Dr. Crighton, M.D. Ed., records the results of 45 cases of diphtheria occurring in his practice. Out of this number 9 proved fatal, or 1 in 5: of these, 6 died of asphyxia, with membranous exudation in the air-passages; and 3 by pure asthenia. They were instances of faucial diphtheria. In one case only (aged one year and nine months) vulval diphtheria occurred. The mean age of the fatal cases was within a fraction of seven years. The diphtheric exudation was in each individual strongly marked, and submental adenitis aided the diagnosis. Paralysis of the velum was noticed in all the severe cases; in several of them it remained, with the resulting regurgitation of fluid by the nostrils, for weeks. The majority of the cases occurred in localities notorious for frequent visitations of typhus fever. The treatment was by the tincture of the sesquichloride of iron, combined, in the last series of cases, with the solution of the acetate of ammonia, and the local application of the same tincture with dilute hydrochloric acid.

A PIOUS RUSE OF THE DOCTOR.—In Gleig's "Life of Wellington" it is related of Dr. Hume, that, on one occasion, when the Duke had found it necessary to order that three soldiers, taken in the act of pillaging, should be hanged in the high road, as an example to others, he took counsel with one of the staff, and as three men had just died in hospital, they hung them up in uniform, and let the three culprits return to their regiment. The Duke, in relating this story, confessed that when he was informed of the pious fraud, three months afterwards, he was glad that the three lives were spared. The example had been equally effectual.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 11TH.—The mortality in London has risen, apparently in consequence of the cold weather. In the week that ended last Saturday the deaths were 1442. Those arising from pulmonary diseases, not including phthisis, rose from 368 and 389 in the two previous weeks to 401 last week. Bronchitis was fatal in 217 cases; pneumonia in 144; phthisis in 129; and it deserves to be noticed that the first two were more fatal, the last less fatal, than usual. The deaths from small-pox now returned are 37, of which 10 occurred to persons 20 years old and upwards. There were 47 from scarlatina, and 11 from diphtheria.

Last week the births of 1030 boys and 991 girls, in all 2021 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1721.

MEDICAL DIARY OF THE WEEK.

MONDAY, FEB. 20
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 3 P.M.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Prior, "On the Treatment of certain Diseased Conditions of the Hip-joint by Complete and Partial Excision of the Articulation."

TUESDAY, FEB. 21
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Owen, "On Fossil Reptiles."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, FEB. 22
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Gulstonian Lectures: Dr. Radcliffe, "On the Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy."

THURSDAY, FEB. 23
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS. Operations, 2½ P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Tyndall, "On Light."

FRIDAY, FEB. 24
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Gulstonian Lectures: Dr. Radcliffe, "On the Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy."
- ROYAL INSTITUTION.—8 P.M. Dr. W. B. Carpenter, "On the Relation between the Vital and Physical Forces."

SATURDAY, FEB. 25
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man."

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

Medicus.—There is unfortunately no remedy for such a state of things. The offending person does not assume any title which renders him subject to prosecution under the provisions of the Medical Act. If, however, it can be conclusively proved that the testimonials are untrue, he can be summoned before a magistrate for obtaining money under false pretences. This mode of proceeding is attended with many difficulties, and it would be unwise to take any steps, unless a conviction were all but certain. So long as quack medicines are allowed to be *guaranteed* by a Government stamp, and members of the profession patronize and recommend secret remedies, there can be no reasonable hope that a vicious system can be repressed.

Mr. Edward J. Wood.—Individual cases may arise in which medical witnesses at coroners' inquests may appear to be treated unjustly with regard to their fees; but in all instances the medical witness is protected by the provisions of the Medical Witnesses Act. If he be legally summoned, and attend to give his evidence, he is entitled by law to, and can recover, his fees. If the inquest be adjourned, and his presence be required on one or more occasions, he is placed exactly in the same position as the coroner himself, who receives only one fee, however numerous the adjournments or however prolonged the proceedings may be. This, with regard to the coroner, is undoubtedly a wholesome regulation; and however much it may occasionally appear to inflict injustice, we confess that we see no valid reason for its alteration.

CERTIFICATES OF VACCINATION.

To the Editor of THE LANCET.

SIR,—As the subject of vaccination still excites a good deal of interest, and is again likely to become the subject of legislation, I shall feel obliged by your giving insertion to the following circular, together with my answer.

I remain, Sir, yours, &c.,

King-street, Portman-square, Feb. 1860. A. WYNN WILLIAMS, M.D.

[COPY.]

"*St. Marylebone.*

"Secretary's Office, St. Marylebone Workhouse, Jan. 16th, 1860.

"SIR,—In accordance with a suggestion by Dr. Seaton (appointed by the Lords of her Majesty's Privy Council a Medical Inspector, under the Public Health Act, to inquire into the present state of vaccination in this parish), I am directed by the guardians of the poor to request that you will be kind enough to register pursuant to Act of Parliament, 16 and 17 Vict., cap. 100, with the registrar of your district, every case of vaccination performed by you, and I shall be glad to hear from you whether you have any objection thereto. I need not draw your attention to the fact, that it is impossible to estimate or prove the advantages of vaccination until a more perfect registration is established.

"Yours obediently,

"THOS. B. RAE, Secretary.

"P.S.—Upon hearing from you, I shall be happy to forward forms of certificates."

[COPY.]

"20, King-street, Portman-square, Feb. 13th, 1860.

"SIR,—In answer to your circular of the 16th of January, I beg to inform you, and, through you, the guardians of the poor and Dr. Seaton, that I do object to be made the medium through which the certificates of vaccination are to be forwarded to the registrar; but that I have no objection to write and give certificates to the parents or guardians of children whom I may vaccinate at the time of inspection. I do not consider that medical men can, in justice, be called upon to do more. In order to ensure registration, I would render it compulsory on the part of the parents, &c., to take such certificates to the registrar for his inspection before the expiration of twelve months from the birth of the child. In point of fact, I would have the parents fined, not for neglecting to have the child vaccinated, but for neglecting to register such vaccination. Until some such law is passed, you will never have a perfect registration.

"Your obedient servant,

"Mr. Thos. B. Rae, Secretary." "A. WYNN WILLIAMS, M.D.

Dr. Marcet.—The letter should be addressed to the journal which has "misrepresented" Dr. Marcet's views. It is contrary to our custom to notice criticisms which have appeared in other journals. We regret that Dr. Marcet has been subjected to what would seem unjust treatment; but we cannot assist him in obtaining redress.

Cleis.—He is an impostor. The exposure was complete.

Stranger.—The election is by ballot. Every Fellow has the privilege of admitting a friend.

CARBONATE OF BISMUTH.

To the Editor of THE LANCET.

SIR,—May I ask the profession, through the medium of your pages, what is their experience of the medicinal properties of the carbonate of bismuth?

I am, Sir, your obedient servant,

Newport, Mon., February, 1860. THOMAS PHILLIPS.

D. M.—They are so by custom and courtesy. The legal right has not yet been decided. They are not likely to be interfered with for so doing.

T. B.—By application to Dr. Carpenter, Burlington House, Piccadilly.

Dr. James Williams, (Malvern.)—The case is not suited for THE LANCET, and possesses no feature of interest. Even if it were worthy of publication, the impertinent letter sent to our printer, offering a "consideration for its early insertion," would be a sufficient reason for our certain and absolute rejection of it.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—A few days since I received a series of questions from an Office called the National Provident, respecting the health of a candidate for insurance. For the sake of my patient I answered the questions; but declined giving any opinion on the value of the life, for reasons given in the enclosed note, which I addressed to the secretary. You will scarcely believe that by the next post this very note was forwarded to the insurer, who has handed it to me, requesting me to add his opinion to mine in expressing his estimation to the secretary of this unwarrantable conduct. The case requires no comment to recommend the Office to our professional brethren.

I am, Sir, yours obediently,

Gravesend, February, 1860. EDW. YOUNG, M.D., F.R.C.S. Ed.

"69, Parrock-street, Gravesend, Feb. 6th, 1860.

"SIR,—I have had for many years considerable experience in insurance matters; but I never could yet see on what principle of justice Offices can require the opinions of medical men without the usual fee. I think my opinion worth more than your printed request, for which I neither get thanks nor remuneration, and no interest or opinion of mine will ever be enlisted on behalf of an Office adopting such narrow and illiberal policy.

"Yours truly,

"The Secretary of the National Provident." EDW. YOUNG.

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Hypophosphites in Phthisis.—In reply to an inquiry by "A Country Practitioner" on this subject in last week's LANCET, we are informed that these agents have been fully tried by the physicians at the Consumption Hospital, Brompton, and that the result is unfavourable. We should be glad to see the experiment published.

A Patient.—Brook-street, Grosvenor-square.

Juvenis.—The lectures were published in this journal in 1855-56.

THE GREAT SOCIAL EVIL.

To the Editor of THE LANCET.

SIR,—Great praise is most unquestionably due to the amiable and excellent men who a few nights ago called together, by special individual invitation, between 200 and 300 of those who may be termed *first-class unfortunates;* and it is not with any view of detracting from the merit of the act that I take the liberty of directing their attention, and through their means the central Government to what may be termed the lower orders of the same class, from whom, in reality, proceed most of the terrible mischiefs which beyond a doubt form so deep a stain on civilized society.

In a work on "The Greatest of our Social Evils," by a Physician, published in 1857 by M. Baillière, of Regent-street, I find it stated that during the year 1856 there were arrested by the metropolitan police 4303 disorderly women, prostitutes in fact, infesting the streets of London. Now, these persons are the associates of thieves, and, in truth, they are a scandal to their sex and to humanity. The statistics connected with these 4303 *unfortunates* are curious. Of the whole number, there were only 77 who could read and write well, so that very few of them could have belonged to the class treated to tea and coffee the other evening by the Rev. Baptist Noel and his friends; whilst of the 4303, 4123 had been brought up to no trade or occupation. Now, it is this class which spreads disease, and by associating with thieves and robbers renders the streets unsafe. Why not, therefore, commence the work of repression with these? A drunken and disorderly woman is arrested on the streets, infected in all probability with a dangerous, contagious disorder. Why should this pest be set at liberty until the fact be ascertained as to whether or not she is in a condition to spread disease? With all respect for individual liberty and civil rights, the public is surely entitled to protection against such a class. Now, the detaining such persons in an institution especially directed to this object would relieve the streets rapidly, at least for a time, from a class of persons, of whom no one can speak but with horror. The repression here recommended has nothing of the continental system about it, and cannot be called Utopian. The machinery is ready, and the class assailed could hardly complain of any undue severity. The system might be extended by the same means to all towns above a certain population, and especially to garrison and seaport towns, with great benefit to both services. In a garrison no great distance from London, of a strength averaging 12,000 men, all in the prime of youth and health, the numbers in the hospital from this cause alone are never under 500. Establish the Lazaretto system, as recommended in the above work, and the evil would cease to a great extent.

I am, Sir, your obedient servant,

February, 1860. THE AUTHOR.

Mr. C. Williamson (Norwich) will oblige us by forwarding the report, which shall receive early insertion.

Medicus.—1. Not yet.—2. With the President of the Council.

Eifeman.—Hennen's Military Surgery.

R. R.—The extra 5*s.* is for the insertion in the Register of any qualification obtained after the first registration.

Dr. W. G. Don's "Notes on the Wounded of H.M. 29th Regiment at Beyt and Dwarka in October, 1859," shall, if possible, appear in our next impression.

THE LATE DR. TODD.

To the Editor of THE LANCET.

SIR,—All the notices of Dr. Todd which have appeared, both in the medical and non-medical journals, state his age to have been *fifty*. Surely this must be a mistake. His lecture, introductory to the course of Anatomy and Physiology, delivered in the Medical School, Aldersgate-street, upon the opening of the session 1832, was published in November of that year. Was he then only twenty-two years old?

Your obedient servant,

February, 1860. QUERENS.

R. S.—1. He could refuse the evidence as that of a medical practitioner.—2. Yes.—3 Memorializing the board of guardians and the Poor-law Board.—4. Dr. Hassall, Royal Free Hospital.

Union Surgeon.—The Act is not retrospective in its effects.

A Pupil.—1. Gray's work on Anatomy contains all the information required.—2. Watson's Practice of Physic.

Medicus, (Birmingham.)—Letts' Medical Almanack, or Diary.

MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—You endeavoured to show a few weeks since, under the head "Notices to Correspondents," that an apothecary has as great a right to the title of "surgeon" as a licentiate of a College of Physicians has to the title of "doctor." Upon this point you labour under a mistake, because the examination at a College of Surgeons and that of the Hall are totally different, the one being surgical, and the other medical; while the examination for a degree and that for a College of Physicians' licence are purely *medical*, and both, who possess one or the other, fight to claim the right to assume the title of "physician and medical practitioner," as well as "doctor." A compromise should be made, by the Medical Council, for one half of the Colleges of Physicians uniting with the Universities, and the other half with the Colleges of Surgeons. No member of a College of Surgeons should be allowed to style himself "physician," and no physician to style himself "surgeon"—i. e., to drop one or the other title, according to his line of practice, if he possesses both qualifications.

If, Sir, you would lend your powerful pen to settle this subject, and allow all apothecaries, who were in practice before the passing of the new Act, to use the title of "surgeon," without incurring the risk of prosecution (which is a disgrace to the profession), you will confer a blessing by uniting all members of the profession under the banner of peace.

I am, Sir, your obedient servant,

February, 1860. AN OLD PRACTITIONER.

Anxious.—1. He will have to pass the double examination. The subjects on which he will be examined will be found in the Students' Number of THE LANCET.—2. The amount named is the expense of attendance on lectures and hospital practice. Books, instruments, and subjects for dissection are extra, but do not require a large sum.—3. About £30 altogether.

A. B. C.—In the *Statistical Journal.*

Dr. Hassall's communication, "On the Injurious Effects of White Lead as a Paint," is unavoidably postponed until next week.

Sub-Judice.—We certainly think the patient belongs to A.

A PUFF.

To the Editor of THE LANCET.

SIR,—The subjoined advertisement, clipped from the columns of the *Ulster General Advertiser* of the 21st January, affords a fair example of the degrading puffing to which some members of the medical profession too frequently resort to attain a local *eminence* and support: In order, however, to correct a misrepresentation which the doctor endeavours to foist upon an ignorant public, I may state that the young gentlemen referred to have not obtained the Apothecaries' licence, but merely passed the preliminary or classical examination. Three years of an apprenticeship must yet be served, and a final examination undergone, ere they can possess the title of L.A.H.

I am, Sir, your obedient servant,

Belfast, February, 1860. ANTI-HUMBUG.

"PROFESSION OF APOTHECARY.—My two sons, John and Frederick, having passed the necessary examinations in Dublin, and being registered according to the 26th section of the Apothecaries Act, are now properly qualified to dispense medicine and compound prescriptions.

"JOHN W. BECK, M.D., &c.,
"Doctor of Medicine, 1840; Master in Surgery, 1839;
and Licentiate of Apothecaries' Hall, Ireland.
See the Medical Register, 21 and 22 Vic., cap. 90.

"128, North-street, Belfast."

Pharmaceutist, (Turnham-green.)—Not unless he can produce certificates of having attended certain courses of lectures on Anatomy and Surgery, and of having studied at some recognised hospital.

A Poor Man.—No letter of recommendation is required.

Mr. P. Dumaresq Ross.—Next week.

An Author.—The paper must be submitted to the Secretaries before it can be read.

A Candidate.—The examination is entirely of a practical character.

SYPHILITIC SORES.

To the Editor of THE LANCET.

SIR,—Mr. Henry Lee states that the *infecting sore*, showing only the signs of adhesive inflammation, is not readily inoculable on the patient himself, unless artificially irritated. Are we also to infer that this sore is ordinarily incapable of reproducing itself by contact (as during coition), except it be previously inflamed and irritated? This is a question of some importance, and I should feel obliged if Mr. Lee would cast some light upon the subject.

I remain, Sir, yours, &c.,

February, 1860. A COUNTRY SURGEON.

Enquirer.—There is no award of the Fothergillian Medal of the Medical Society of London this year.

Students will not come under the new regulations.

A Fellow of the Society.—Some remarks on the position and prospects of the Society will appear in an early number of THE LANCET.

MEDICAL REGISTRATION.

To the Editor of THE LANCET.

SIR,—I beg to suggest to the Registrar under the new Medical Act, that he cause to be sent to the medical journals weekly a list of those gentlemen who have been registered during that period. I am sure that yourself with your contemporaries would feel great pleasure in publishing it, as it would in a great measure obviate the evil of not knowing who have registered during each succeeding edition of the registration book, without an amazing amount of correspondence to know "who's who."

Yours truly,

February, 1860. FIAT.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Handfield Jones; Dr. Brinton; Dr. Wollaston; Mr. H. Buncorn; Mr. T. Phillips; Mr. H. L. Stuart; Mr. Owen; Dr. Waters; Dr. W. G. Don, Calaba, Bombay; Mr. W. C. Furnell, Sanger, East Indies; Mr. Moss; Dr. Ralph; Dr. Read; Mr. E. J. Wood; Mr. Gould; Mr. R. Eager; Dr. Marcet; Mr. T. White; Mr. G. May, jun., Reading; Mr. R. Ellis; Mr. Henry Grace; Dr. Adams, Farningham, (with enclosure;) Mr. S. R. Skinner, Daventry; Mr. H. Steel, (with enclosure;) Mr. W. T. Brook; Dr. M'Loskey, Rothwell, (with enclosure;) Mr. J. R. Lownds, Walker; Dr. Forbes Winslow; Dr. Fitz-Patrick, Red Hill; Mr. J. R. Davies, Newcastle-Emlyn; Mr. B. Marsack, Olney; Mr. R. W. Marlow, Bombay; Mr. R. Clarke, Dunmurry, (with enclosure;) Mr. S. E. Sinclair, John o'Groats, (with enclosure;) Mr. T. B. Brown, Macclesfield, (with enclosure;) Mr. J. Lowe, Lynn, (with enclosure;) Dr. Muspratt, Liverpool; Dr. Garstang, Blackburn, (with enclosure;) Mr. E. Lloyd, Norwich, (with enclosure;) Mr. C. E. Sloper, (with enclosure;) Dr. Fyfe, Aberdeen; Mr. G. M. Filnold, Cork, (with enclosure;) Dr. Gilmour, Liverpool, (with enclosure;) Mr. R. Heathcote, Manchester, (with enclosure;) Mr. G. Gregson, Darwen, (with enclosure;) Mr. J. H. Maitland, South Molton, (with enclosure;) Mr. Williamson, Leith; Mr. J. E. Gibson, Isle of Wight; Mr. J. P. Welding, Montgomery, (with enclosure;) Mr. R. B. Nason, Nuneaton; Mr. C. J. O. Smith, Nottingham; Mr. R. F. Symmons, Bures, (with enclosure;) Mr. J. Carlisle, Stockport, (with enclosure;) Mr. J. L. Jones, Alcester; Mr. T. J. Ashton; Mr. H. Bubb, (with enclosure;) Mr. J. S. S; Council of Education; M. A. B.; &c. &c.

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
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SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarsæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraz., 5s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"Pulvis Jacobi Ver.," Newbery's,

Introduced A.D. 1746.

Dr. HANDFIELD JONES, in his paper on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonial Compounds in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic in all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all. (Signed)

45, St. Paul's Churchyard. F. NEWBERY & SONS.

Prices for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Liquor Castanea Equina.—

Messrs. REW & CO. respectfully solicit the attention of the Profession to this Preparation of the Horse-Chestnut; taken internally for Rheumatic Gout and Rheumatism, it is a safe, agreeable, and most efficacious remedy.

Dose, two to four drachms. Price 12s. per lb.

The Oil of Horse-Chestnuts applied externally for enlarged and stiff joints, acute or inflammatory pain of any kind, gives almost immediate relief.

These genuine Preparations of the Horse-Chestnut are prepared only by

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.
Sold by Chemists, Grocers, &c., throughout the world.
Wholesale Agents, Lewis Watkins and Co., Worcester.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street, and all respectable Wholesale Druggists and Patent Medicine Houses.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: May 28th, 1844.—We have made frequent use of Mr. MACORD'S Isinglass Plasters; we find them clean, efficient, and unirritating, and decidedly superior in most instances to the ordinary kinds of adhesive plaster.—HENRY HANCOCK, F.R.C.S.; JOHN AVERY, M.R.C.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:
WARRICK BROTHERS, 3, Garlick-hill, London, E.C.

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

J. C. PART, 186, Drury-lane, London.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street. Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 58, Minories.—Chemical Works, Battersea, S.W.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HARSTED, of the University College Hospital, writes thus:—

"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

HENRY BRETT & CO.,

OLD FURNIVAL'S DISTILLERY, HOLBORN

Sept. 7th, 1857.

The General Apothecaries' Company (Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

Communications addressed to the Manager, HENRY F. HOME, 49, Berners-street, London, will receive immediate attention.

Liquor Hyoscyami. Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

Compound Syrup of the Phosphates, or CHEMICAL FOOD.—This preparation has been recently successfully given in Hysteria, Epilepsy, Spermatorrhœa, and other exhaustive derangements of the Nervous System.

"3, Finsbury-square, E.C., December 1st, 1859.

For the past eight months I have been in the frequent habit of prescribing the Compound Syrup of the Phosphates, a preparation designed, as its name of 'Chemical Food' implies, to replenish the salts of the blood, which are often more or less deficient in the inhabitants of London and other large towns.

It is a most serviceable and at the same time most agreeable tonic remedy in degeneracy of the blood and of the nervous and muscular tissues. I have found it of special benefit to scrofulous children, many of whom could take this when they could take no other ferruginous preparation.

In all specimens of this article that I have seen manufactured by first-rate pharmaceutical chemists, there has been a copious deposit. This defect has been overcome by Mr. BREWER, whose preparation is superior to the others in taste and efficacy, as well as in elegance of composition.

(Signed) SEPTIMUS GIBBON, A.B. & M.B. Cantab.,
Officer of Health, late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c. &c.

J. W. N. BREWER, Pharmaceutical Chemist,
5, Liverpool-street, Bishopsgate-street, London, E.C."

BREWER'S SYRUP OF HYPOPHOSPHITE OF IRON.

Aërated Lithia Water.—The exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains: Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pulina, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Superphosphate of Iron and Super-PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

CAUTION.

Chlorodyne.—Any Preparation advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely*, *solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

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Sir J. Murray's Pure Fluid Magnesia

is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 6d. Bottles	... ...	9s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.
Surgical Instruments for Surgeons to Ships.
F. G. MOORE, 34, Terrace, Tower-hill, London, E.C.

The Surgeon's Portable Medicine

CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th, 1859.*

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

S. MAW & SON, 11, Aldersgate-street, London, E.C.

Medical Fixture and Glass Manufactory,

3, Liverpool-street, Bishopsgate, London.

FILMER KIDSTON begs to inform Gentlemen Commencing or Altering in the above Profession, that he has an extensive assortment of SHOP and SURGERY FITTINGS, GLASS, EARTHENWARE, &c., of the most improved style and make, on view.—Plans and Estimates furnished.—An assortment of Second-hand Fittings, Bottles, Earthenware, &c. &c.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto	ditto blue-tinted.	7s. 6d. "
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of
NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. "	7s.	
3 oz. "	8s.	
4 oz. "	10s.	
6 oz. "	16s.	
8 oz. "	18s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FLINT GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto	ditto blue-tinted.	7s. 6d. "
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by incorporating in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

M.D. St. Andrews, &c.—Gentlemen

can be Prepared for the M.D. and other Professional Examinations either in Class, Privately, or by Correspondence. Candidates intending to present themselves for the May Examination are recommended to commence immediately.—Address, Medical Tutor, Lewis's Medical Library, Gower-street North, W.C.

Royal College of Physicians of Edin-

BURGH.—Notice is hereby given, that the year of grace, during which duly-qualified Practitioners can be admitted Licentiates of the Royal College of Physicians of Edinburgh, on passing a medical Examination, will terminate on the 20th of April next.

Licentiates of any of the existing Licensing Boards, not deriving any profit from the sale of Drugs or Medicine, who produce satisfactory testimonials of character and professional qualification, and who pass an Examination in Practical Medicine, are eligible for the Licence of the College until the above date.

After the 20th of April, 1860, all Applicants for the Licence (other than Graduates of British Universities claiming exemption under the Charter of the College) will be required to produce Certificates of having gone through the Curriculum of Study prescribed by the College, and to undergo the preliminary and professional Examinations as laid down in the permanent Regulations.

It is requested that Applicants who propose to avail themselves of the present temporary Regulations will, without delay, communicate with the Secretary to the College, in order that the necessary arrangements for Examination may be made.

The Licence of the College has been recognised by the Poor-law Board, and is therefore now recognised as a Medical Qualification by every public board.

The Stamp Duty on the Diploma having been remitted, the Fee payable by Licentiates is now Ten Pounds.

In Name and by Authority,
Edinburgh, January, 1860. D. R. HALDANE, Hon. Sec.

University and King's College,

ABERDEEN.—The Examination of Candidates for the Degree of M.D. will be commenced on Tuesday, April 17th, and continued daily till finished; immediately after which the Graduation will take place. Those who intend to become Candidates are requested to forward their diplomas and other documents on or before Friday, April 6th, to the Professor of Medicine.

REGULATIONS.

Practitioners who possess a Licence or Diploma from any of the Royal Colleges of Physicians or Surgeons, or from an Apothecaries' Company, or from the Faculty of Physicians and Surgeons, Glasgow, and who have been engaged in the practice of Medicine, after the receipt of their Diploma, for at least five years, will be admitted to Examination on producing their Licence or Diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University, or at an Academy of acknowledged reputation.

Practitioners who commenced their medical study before October, 1840, and who have not been in practice for five years, will be admitted to Examination on producing, along with their Diploma, evidence of attendance at the Classics, and of having been engaged in the study of Medicine for four years, during which they must have attended, in a recognised School of Medicine, the following—

SIX MONTHS' COURSES.		THREE MONTHS' COURSES.	
Anatomy	Two courses.	Dissections	Two courses.
Chemistry	One course.	Practical Chemistry ...	One course.
Materia Medica	One course.	Medical Jurisprudence	One course.
Surgery	One course.	Clinical Surgery... ...	One course.
Institutes of Medicine and Physiology ...	One course.	Botany...	One course.
Practice of Medicine...	One course.	Clinical Medicine ...	Two courses.
Midwifery	One course.		

In addition to the above, every Candidate must have attended for two years the Wards of an Hospital containing 100 beds; and, during three months, a Shop or Dispensary for the compounding of Medicines.

Aberdeen, Feb. 1860. ANDREW PYPE, M.D., Professor of Medicine.

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St. Mary's Hospital Medical School,

W.—CHAIR OF BOTANY.—This Lectureship having become Vacant, it is requested that Gentlemen proposing to become Candidates will send their applications, accompanied by testimonials, on or before the 29th instant, under cover to the Secretary, from whom any further information may be obtained.

February 16th, 1860. JOS. G. WILKINSON, Secretary.

Royal Medical Benevolent College,

EPSOM.—Notice is hereby given, that no new applications on behalf of persons desirous to become Candidates for admission to the College as PENSIONERS or FOUNDATION SCHOLARS, at the approaching Election, can be received by the Council after Tuesday, the 6th of March next, when the list of candidates will be finally closed, in order that the balloting papers may be printed. The Election will take place in May.

By order of the Council,

Office, 37, Soho-square, London, February 15th, 1860. ROBERT FERRIMAN, Sec. HERBERT WILLIAMS, Assist.-Sec.

Society for Relief of Widows and

ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 7th day of March next, at which Candidates for Admission into the Society can be proposed. It is desirable that the Form of Proposal be filled up and forwarded to the Secretary a few days before the Meeting. The Forms of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the Families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

53, Berners-street, W. S. W. J. MERRIMAN, M.D., Secretary.

Guy's Hospital Biennial Festival,

1860.—The Gentlemen educated at Guy's Hospital and their friends will DINE together at the Albion Tavern, Aldersgate-street, on Tuesday, the 6th of March, 1860,

HENRY OLDHAM, M.D., in the Chair.

Dinner on the table at half-past Five o'clock precisely.

Tickets 21s. each, to be had of the Stewards, and of the Honorary Secretary.

The Stewards and Gentlemen intending to be present at the Dinner are requested to communicate with the Secretary on or before March 1st.

The Secretary has the privilege of engaging seats for the country Stewards and their friends.

THOMAS BETANY, Esq., Hon. Sec.

STEWARDS.

Addison, Thomas, M.D.
Aldersley, W. H., Esq., Buntingford.
Aldred, H. A., M.D.
Allwork, C. L., Esq., Maidstone.
Atwell, G. H., Esq.
Babington, B. G., M.D., F.R.S.
Barlow, G. H., M.D.
Barron, E. C., M.D.
Bealey, Adam, M.D.
Bell, T., Esq., F.R.S., Pres. L.S.
Berry, H., Esq.
Billinghurst, H., Esq.
Birkett, J., Esq., F.L.S.
Blenkarne, H., Esq.
Bottomley, G., Esq., Croydon.
Brady, J., Esq., M.P., Brighton.
Bradley, W., Esq.
Brown, Robert, Esq.
Browne, W. S., Esq.
Browne, J. Hullett, M.D.
Berney, E., Esq., Croydon.
Burrows, C., Esq., Brighton.
Bush, J., Esq.
Burton, J. M., Esq., Lee.
Clarke, W., Esq., Sutton.
Cleveland, W. F., Esq.
Cock, Edward, Esq.
Cockell, Edgar, Esq.
Collambell, C., Esq.
Coleman, E. W., Esq.
Culhane, D., Esq., Dartford.
Dewenan, M., Esq.
Dixon, J., M.D.
Doubleday, E., Esq., F.L.S.
Downing, F., M.D., Deptford.
Duke, P., Esq., Buckingham.
Dunn, C., Esq., Fareham.
Durham, A., Esq., F.L.S.
Evans, H., Esq.
Faircloth, H., Esq., Newmarket.
Fagge, C. H., Esq.
Farr, G., Esq.
Finch, R., M.D., Blackheath.
Forster, J. Cooper, Esq.
France, J. R., Esq.
Galton, E. J., Esq.
Galton, R. H., Esq.
Gaty, F. B., Esq.
Gull, W. W., M.D.
Habershon, S. O., M.D.
Harvey, W., Esq.
Hicks, J. Braxton, M.D., F.L.S.
Hilton, J., Esq., F.R.S.
Holman, H. M., M.D., Hurstpierpoint.
Holman, C., M.D., Reigate.
Hood, W. C., M.D.
Iliff, W. T., M.D., F.L.S.
Image, W. E., Esq., Bury.
Jepson, G., Esq., Hampton.
Johnson, C., Esq., F.L.S.
Kent, Thomas, Esq.
Kershaw, W. H., M.D., Kingston.
King, Osmar, Esq., Greenwich.
Lacey, J., Esq.
Lashmar, C., M.D., Croydon.
Longmore, T., Esq., Army Med. Dep.
Lyon, F., M.D., Lyndhurst.
Madge, H., M.D.
Martin, T. F., M.D.
Maunder, C., Esq.
Morris, M., Esq.
Moxon, W., M.B.
Novelli, A. H., M.D.
Odling, W., M.D., F.R.S.
Oldham, J., Esq., Brighton.
Osborne, S., Esq.
Owen, Harvey, Esq.
Palfrey, J., M.D.
Pavy, F. W., M.D.
Parrott, J. C., Esq.
Poland, A., Esq.
Price, D., M.D., Margate.
Ray, E., Esq., Dulwich.
Rees, G. Owen, M.D., F.R.S.
Roberts, J. H., Esq.
Rogers, R., Esq., Brighton.
Roper, A., Esq.
Rowe, G. R., M.D.
Rumbelow, W., Esq.
Salter, S. J., M.B., F.L.S.
Sells, T., Esq., Guildford.
Skinner, W. A., Esq., Kingscliffe.
Smith, E. Pye, Esq.
Spurgin, J., M.D.
Stillwell, G., M.D., Hillingdon, Uxbridge.
Stillwell, R. F., Esq., Beckenham.
Stocker, J., Esq.
Stocker, J. S., M.D.
Taylor, Alfred, M.D., F.R.S.
Taylor, David, Esq.
Taylor, C., M.D.
Terry, J. G., Esq., Wittersham.
Toulmin, Frederic, Esq.
Toulmin, Francis, Esq.
Towne, J., Esq.
Unwin, W., Esq., Leicester.
Wallace, R., Esq.
Ward, Thomas, Esq., Watford.
Ward, W., Esq., Huntingdon.
Weber, H., M.D.
Wedd, R., Esq., Surbiton.
Whitley, G., M.D.
Wilks, Samuel, M.D.
Williams, J., M.D.
Willett, E. S., M.D., Isleworth.
Wright, W. H., Esq.

University of London, &c.—A First-

class B.A. and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Apothecaries' Hall, London.—

NOTICE TO STUDENTS.

The next Preliminary EXAMINATION in CLASSICS and MATHEMATICS will be held at the Hall on Tuesday, the 20th of March, at 11 o'clock, and on Wednesday, the 21st.

Medical Students *cannot* be admitted to this Examination before the commencement of their Apprenticeship, a certificate of which will be required, but at any period from that date to the commencement of the Second Winter Session of their curriculum.

This Examination is *compulsory* to all gentlemen who commenced their apprenticeship after August 1st, 1858.

The subjects will be—

In GREEK: The Gospel of St. John,
Third Book of Homer's Iliad.
In LATIN: Cicero, Pro Lege Manilia,
Horace, Third Book of the Odes.
MATHEMATICAL: The First Book of Euclid's Elements, Arithmetic, and Algebra, to Simple Equations, involving two unknown quantities.

Students wishing to attend are requested to send their name and address to Mr. Rivers, Beadle's Office, at this Hall, at the latest, one calendar month previous to the day of Examination.

ALFRED M. RANDALL,
February, 1860. Secretary to the Court of Examiners.

Twickenham House.—Dr. Diamond

(for nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence, and reside with his family.—For terms, &c., apply to Dr. Diamond, Twickenham House, S.W.

West of London Hospital and Dis-

PENSARY, HAMMERSMITH.—NOTICE.—A gentleman is required to fill the joint office of DISPENSER and ASSISTANT-SECRETARY to this Institution. Candidates are to make application to the Hon. Secretary, W. F. Ainsworth, Esq., on or before February 23rd, when they will receive notice to attend the Medical Board.

West of London Hospital and Dis-

PENSARY, HAMMERSMITH, W.—A Vacancy having occurred in the Office of HOUSE-SURGEON, Candidates, who must be Members of one of the Royal Colleges of Surgeons, and Licentiates of the London Apothecaries' Company, are requested to send in their applications to the Hon. Secretary, W. F. Ainsworth, Esq., on or before Thursday, Feb. 23rd, when they will receive notice to attend the Medical Board. The salary is £80 per annum, with coals, candles, and attendance.

Dispensers Wanted.—The Committee

of the CITY of LONDON HOSPITAL for DISEASES of the CHEST, Victoria-park, are prepared to receive applications from persons qualified to discharge the duties of SENIOR and ASSISTANT DISPENSER. Commencing salary of the Senior (non resident), £75 per annum; and of the Junior (with board and lodging), £35 per annum.

Applications (enclosing testimonials) to be made by letter, addressed to the Secretary, Mr. B. P. Slater, at 6, Liverpool-street, E.C., on or before the 25th instant.

Birmingham General Dispensary.—

The Office of DISPENSING APOTHECARY to this Institution is now Vacant by the resignation of Mr. Joseph Lucas. Candidates to fill the Situation are requested to send in their testimonials of qualification and moral character on or before Wednesday, Feb. 29th, addressed to the Secretary, of whom any information may be obtained. Salary, £70 per annum, with rooms, fire, and candles.

EXTRACT FROM LAW 64.

"The Dispensing Apothecary shall possess a certificate of qualification from the Apothecaries' Society of London, or submit himself for an Examination to the Medical Committee in Materia Medica and Pharmacy."

The Election will take place on the 7th of March.

SAMUEL SPRATLY, Secretary.

Alcester Union.—Appointment of

MEDICAL OFFICERS.—The Guardians of the above Union will, at the Weekly Meeting of the Board, to be holden at the Union Workhouse, near Alcester, on Tuesday, the 21st day of February next, proceed to appoint MEDICAL OFFICERS for the following Districts of the Union—viz.:

The Feckenham District, which comprises the whole of the Parish of Feckingham, having a population, according to the last census, of 3245.

The Inkberrow District, which comprises the Parishes of Abbots-Morton and Inkberrow; population 1947.

The salary for the first named District will be £80, and for the latter £60 per annum, together with such other fees as are specified in the General Consolidated Orders of the Poor-law Commissioners.

The Gentleman appointed for each District will be required to reside in such District, and to enter upon the duties of the office at Lady-day next. He must also possess one of the four qualifications required by the Poor-law Board.

Applications, stating age, &c., and accompanied with testimonials, must be forwarded to me, prepaid, on or before Monday, the 20th of February next; and the attendance of the Candidates will be required at the Meeting of the Guardians at 11 o'clock the following day.

By order of the Board,

Alcester, Jan. 31st, 1860. JOHN L. JONES, Clerk.

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Medical Deputy Coroner. — The Office of DEPUTY CORONER, in a District near the Metropolis, is about to become Vacant, and a Registered Medical Gentleman is wanted for the Appointment. Salary, £150 per annum.—Address, prepaid, to Medical Jurist, 104, Pall-mall, London.

Royal College of Surgeons of England. Notice is hereby given that the Primary or Anatomical Examination for the Diploma of Member of this College will be held on Tuesday, the 3rd day of April next, and following days.

And that the Surgical or Pass Examination for the Diploma of Member will be held on Wednesday, the 11th of April, and subsequent days.

Particulars relating to these Examinations may be obtained on application at the College.

Feb. 3rd, 1860. EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England. The COURSE of LECTURES of the present year will be commenced on Tuesday, the 28th instant, by Professor SAVORY, who will deliver Twelve Lectures "On General Physiology."

Professor QUEKETT will afterwards deliver Twelve Lectures "On the Component Parts of Vegetables and Animals."

And the Course will be concluded by Professor HILTON, who will deliver Six Lectures "On the Influence of Rest in the Treatment of Disease."

The Lectures will be delivered on Tuesday, Thursday, and Saturday, at 4 o'clock.

Cards of admission will be issued to Members on application at the College.

Feb. 15th, 1860. EDMUND BELFOUR, Secretary.

Royal College of Physicians.—The LECTURES of the Present Year will be delivered at the College, Pall Mall East, at Four o'clock on each of the following Wednesdays and Fridays.

GULSTONIAN LECTURES.—DR. RADCLIFFE: February 22, 24, 29.
"The Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy."

CROONIAN LECTURES.—DR. GUY: March 2, 7, 9.
"On the Numerical Method, and its Application to the Science and Art of Medicine.

LUMLEIAN LECTURES.—DR. BARKER: March 14, 16, 21.
"Observations on some Diseases of the Heart."

(By order of the President)

February, 1860. W. COPNEY.

Wanted, at the Joint Counties LUNATIC ASYLUM, Abergavenny, an ASSISTANT MEDICAL OFFICER. He must be legally qualified. Salary £90 a year, with furnished rooms in the Asylum and partial board, and a progressive increase of salary of £10 annually for the second and third years. He must be prepared to enter upon his duties immediately after his election. Testimonials to be sent in not later than the 29th of February inst., addressed to the "Committee of Visitors, Joint Counties Asylum, Abergavenny," and superscribed "Application for the appointment of Assistant Medical Officer." After which, a selected number will be requested to attend. Further information may be obtained by applying to Mr. Browning, Clerk to the Committee, at the Asylum, Abergavenny.

A married Surgeon, residing in one of the Home Counties, is desirous of Receiving a Nervous or Invalid Patient. The house and garden are pleasantly situated in a healthy village, within an easy distance of town, and near a railway station.—Address, W. B., Mudie's Library, Oxford-street.

To the Medical Profession.—A Gen- tleman, well known for his public services to the profession, would be glad to Receive into his house a Patient, nervously or otherwise affected, and would make it worth the while of any of his medical brethren to recommend him such a party. Situation, a healthy and beautiful locality, twelve miles from London, and house and grounds strictly private.—Address, in the first instance, H. H., THE LANCET Office, 423, Strand, W.C.

Medical Partnership.—A first-class Town PARTNERSHIP will shortly be required. The share of annual income must not be less than £700. As the advertiser is a F.R.C.S.E., F.R.S.E., &c. &c., in addition to being an hospital and private practitioner of great experience, his professional standing in the metropolis of Scotland will be considered a very important element in any pecuniary negotiation.—Address, X. A., THE LANCET Office, 423, Strand, W.C.

Medical.—Wanted to Purchase, the SUCCESSION to a good-class GENERAL PRACTICE of from £800 to £1000 a year, with an efficient Introduction by Partnership; or a first-class NUCLEUS in a good neighbourhood, where there will be ample scope for establishing such a Practice.—Address, by letter (stating full particulars of kind of neighbourhood, number of inhabitants, class of patients, and amount of premium required), to B. H., care of Messrs. Cornish Brothers, No. 37, New-street, Birmingham.

To Surgeons.—To Let, a House and SHOP, late in the occupation of Dr. Challice, and for many years previously by Mr. John Coleby, Surgeon, who retired with a handsome fortune. This is a ready-money situation, and well worth the attention of a young beginner.—For further particulars apply to Messrs. Clemmans and Son, Estate Agents, Hollywell-row, Worship-square, Finsbury.

Brighton—Old Steine.—To be Let, Unfurnished, in the best part of the Old Steine, an excellent DWELLING HOUSE, containing 16 rooms, in good substantial and ornamental repair. It is well suited either for a professional or private residence. Rent on lease, £210 per annum.—For particulars, apply to Mr. Wilkinson, House and Estate Agent, North-street, Brighton; or to Messrs. Lahee and Wood, Auctioneers and Estate Agents, 66, New Bond-street, W.

To Surgical Instrument Makers.—A young man of industrious habits and several years' experience in the trade is open to an Engagement as ASSISTANT. Unexceptionable references can be produced, and security given if required.—Apply, by letter, to Caustic, City News Rooms, 66, Cheapside.

A Gentleman, 24 years of age, who has completed his curriculum of hospital practice and lectures, is desirous of meeting with a Medical Man in extensive Practice, where he might obtain a knowledge of Dispensing, &c. No salary expected for the first three or four months at least.—Address, Medicus, care of No. 3, Newland-terrace, Kensington.

Wanted, an Engagement as Visiting ASSISTANT where a Dispenser is kept, by a doubly-qualified Practitioner, thirty years of age. Salary, £80 per annum, with board and residence. Address to M. D., Post-office, Farningham, Kent.

Wanted, by a Gentleman in Private Practice, in the vicinity of Primrose-hill, an Out-door Dispensing ASSISTANT for about four hours in the day.—Apply at No. 10, John-street, Crutched Friars, E.C.

Wanted immediately, an unqualified ASSISTANT in Manchester. He must be competent to attend Midwifery, and of good moral character.—Apply, stating salary, &c., to G. H., care of Mr. Butter, 52, London-road, Manchester.

Wanted immediately, by a Surgeon in a large Ironworks, a Registered ASSISTANT (In-door), to Visit and attend Midwifery.—Apply personally, between the hours of 10 and 4, on Tuesday next, at Messrs. Gale and Oldfield, Wholesale Druggists, Bouverie-street, Fleet-street.

Wanted, by a Surgeon in the Midland District, an ASSISTANT, to Visit, attend Midwifery, and Dispense. Salary, from £40 to £50, according to qualification. He must be accustomed to horse exercise.—For further particulars, apply to Mr. Monson Hills, Guy's Hospital.

Dispensing Assistant.—Wanted, in a Private Practice in the Isle of Wight, a Resident DISPENSER.—Address, stating age, salary required, and references, to Medicus, 1, Marylebone-lane, Oxford-street, London, W.

To Chemists and Surgeons.—A young man, whose evenings are disengaged, would be glad of EMPLOYMENT. He is a quick and accurate Dispenser.—Address, W. T. B., care of Mr. Webb, 41, Davies-street, Berkeley-square.

Medical Assistant.—A married Man, without family (unqualified), wishes to obtain an Out-door SITUATION, to Visit, Dispense, and attend Midwifery. Has been accustomed to Union and Club Practice, both town and country.—Address, Medicus, 50, Myddelton-square, Pentonville, E.C.

Medical.—Wanted, by a Surgeon, middle aged, married (without encumbrance), a Situation as Out-door Visiting and Dispensing ASSISTANT.—Address, Medicus, 70, Denbigh-street, Belgrave-road, S.W.

Medical.—A Gentleman, of many years' experience in the profession, is open to an ENGAGEMENT with a Surgeon, to Dispense and Visit.—Address, Delta, THE LANCET Office, 423, Strand, W.C.

To the Medical Profession, Exhibitors, and others—Life-size Anatomical Wax Figure, Sarti's FLORENTINE VENUS—Taken in distress for Rent.

Mr. Charles J. Baker (late Finnis) will SELL by AUCTION, on Monday, February 27th, 1860, at 65, Great Russell-street, at 2 o'clock precisely, without reserve, the celebrated Life-size Anatomical Wax Figure known as the FLORENTINE VENUS, made by Sarti, first exhibited in London about the year 1840. It is quite perfect, takes to pieces, and accurately delineates all the functions of the human frame. It may be viewed as above (on presentation of card) for three days prior to the Sale, between the hours of 12 and 2.—Auction Offices, 65, Great Russell-street, Bloomsbury, W.C.

PRELIMINARY ANNOUNCEMENT.—IMPORTANT TO THE PROFESSION.

Sale of a Library of several Thousand Volumes of MEDICAL, CHEMICAL, and SCIENTIFIC WORKS, as well as on Botany, Natural History, Biography, and Miscellaneous Literature; a splendid Collection of Botanical, Entomological, and other Specimens—Curiosities in Natural History; the newest and most improved Surgical Instruments; Chemical and Photographic Apparatus, and Stock of Chemicals; and a Collection of General Scientific Instruments.

Mr. J. BUCKLEY SHARP has been instructed by the Executors of the late W. Ainley, Esq., Surgeon, Bingley, to arrange Catalogue, and remove for SALE by Public AUCTION, in LEEDS, early in March, the whole of his well-known, extensive, and laboriously-amassed Collection of BOOKS, CURIOSITIES, INSTRUMENTS, and APPARATUS.

Catalogues are in course of preparation.—Auctioneer's Offices, 29, Well-street, Bradford.

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Medical.—A Gentleman residing in a large town in the South of England will be happy to arrange the Transfer of his GENERAL PRACTICE, realizing about £400 a year, to a suitable purchaser. A large and commodious House can be secured on Lease, at a moderate rental. Premium, £300, the payment of which may be arranged by annual instalments. The Furniture and Surgery Stock and Fixtures to be taken at a valuation. An efficient Introduction will be given.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields, W.C.

General Practice.—A two-years' Partnership Introduction will be given to a good-class GENERAL PRACTICE, realizing nearly £2000 a year cash receipts. The Practice is situated in a wealthy town, of large population, and has been held by the present incumbent many years. Premium, £2500. One-half down, and the remainder at end of Introduction.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields, W.C.

Medical.—London.—The Nucleus of a respectable GENERAL PRACTICE, situated in a first-class suburb, together with the Lease of a capital House and Premises, and the entire Surgery Stock and Fittings, will be Transferred to an eligible purchaser for the sum of £200. Rent of House, Garden, Greenhouse, &c., £83 a year.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields, W.C.

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The opportunity is well suited for one of active habits, well qualified, married, and with moderate capital at command.

Particulars may be had by applying at Mr. ORRIDGE'S Offices, 30, Bucklersbury.

Medical.—A Corner House in Paddington, opposite a church, and in the centre of a new and fashionable district, is to be Let on Lease at £75 per annum, and offers every facility (in point of situation) for securing professional success to a well-qualified practitioner.—Apply at Mr. ORRIDGE'S Offices, 30, Bucklersbury.

To Surgeons.—The Son of a Clergyman, who has gained honours in Surgery, and has acted in the capacity of Medical Assistant for several years, is open to a RE-ENGAGEMENT immediately. He is an experienced Accoucheur and good horseman. Out-door preferred. Highest references. Apply to Medicus, care of Mr. Ogston, 2, Percy-circus.

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To Chemists and Surgeons.—To be Disposed of, an old and improvable CHEMIST'S BUSINESS, &c., at the East-end. The combined business of Surgeon and Chemist would greatly increase it. The amount required for Goodwill, Stock, and part of Fixtures would be £120.—For particulars, inquire of Mr. J. F. Elsom, Surgeon, &c., No. 3, Vittoria-place, Commercial-road, Limehouse, E.

Medical Bookkeeper. — The advertiser, who has been a Medical Assistant for some years, posts Medical Ledgers, and makes out Accounts. The highest references can be given to gentlemen in the profession.—Apply to J. P., care of J. Capes, Esq., Medical Society, 43, Lincoln's-inn-fields, W.C.

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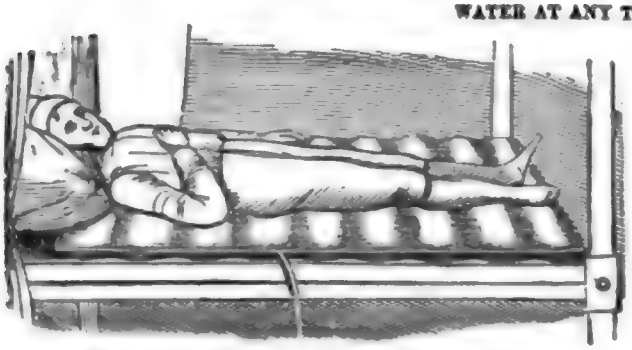

Hydrostatic Bed, for an ordinary Bedstead.

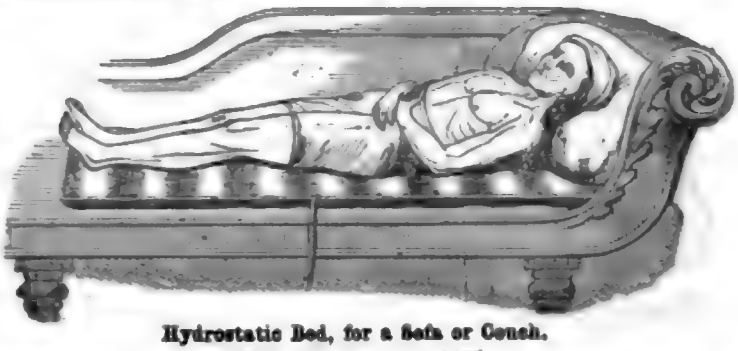

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FIG. 1.

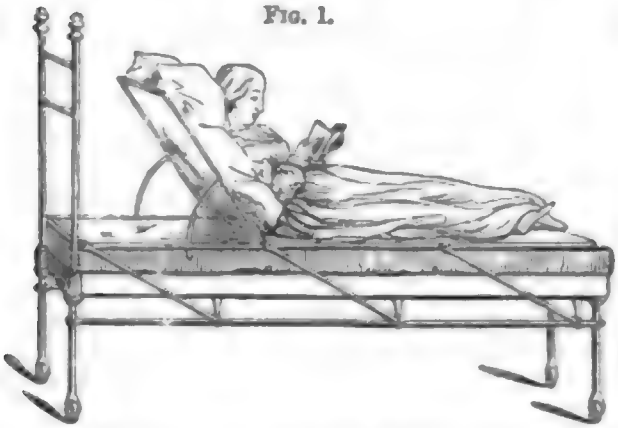


FIG. 1 represents a patient on the Patent Lift Bedstead, the back portion only of the Lift being in use, so as to enable the head and shoulders to be supported at any required inclination.

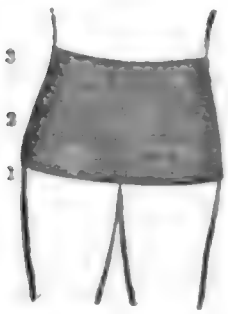
FIG. 2.

Elastic Bed-Pan.

FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.



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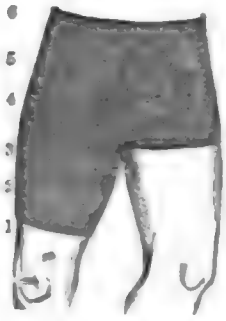

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Constructed of a light, porous material, unique in giving continuous and permanent pressure, can be accurately adjusted, and readily drawn over the parts requiring their use.

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THE LANCET.

A Journal of British and Foreign Medicine, Physiology, Surgery, Chemistry, Criticism, Literature, and News.

No. VIII.
Vol. I. 1860.

LONDON, SATURDAY, FEBRUARY 25, 1860.

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PRACTICAL CLINICAL REMARKS on the Division of the Ciliary Muscle in Glaucoma, &c. Delivered in the Royal Westminster Ophthalmic Hospital. By Henry Hancock, Esq., F.R.C.S., Surgeon to the Hospital, (concluded.) ..... p. 185

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital. Complications and Varieties of Cirrhosis of the Liver 186

On Intestinal Fever. By William Budd, M.D., Clifton. Additional Note on the Nature of the Intestinal Affection. (*With Engravings.*) ... 187

Report of a Case of Internal Strangulation, associated with Incarcerated Hernia. By Thomas Bryant, Esq., F.R.C.S. 190

On the Nature and Treatment of Deformities. By Holmes Coote, Esq., F.R.C.S. 191

On the Use of Chloroform in a Case of Lingering Labour. By F. D. Ross, Esq., M.R.C.S., Guildford 192

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

King's College Hospital: Extensive Disease of the Shoulder, with numerous Abscesses; Excision of the Joint; Recovery with a useful Arm 192

St. Thomas's Hospital: Disease of the Shoulder, with Caries of the Bones; Excision of the Joint; Recovery with a useful Arm 193

Charing-cross Hospital: Removal of the whole of the Acromion Process of the Scapula for Strumous Disease; Integrity of the Shoulder-joint 194

Clinical Records. — Suppuration of the Hepatic Veins and Stricture of the Rectum.—Hydatids of the Liver, making their way out along the Hepatic Duct into the Alimentary Canal. — Pulpy Degeneration of the Synovial Membrane of the Knee.—Liability of Tumours to take on Malignant Action 195

Royal Society. — On the Frequent Occurrence of Phosphate of Lime in the Crystalline Form in Human Urine 196

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society: On the Rarity and Mildness of Syphilis amongst the Belgian Troops quartered at Brussels, as compared with its Prevalence and Severity amongst the Foot Guards in London 196

REVIEWS AND NOTICES OF BOOKS.

Clinical Lectures on certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. 198

LEADING ARTICLES.

The Bedford General Infirmary 200

Medicine in Australia 201

The Coming Election at the Medical Society of London. 202

MEDICAL ANNOTATIONS.

Dissolution of the Naval Medical Fund. — Small-Pox in Scotland. —A Physician's View of Japan and the Opium Trade. — Acclimatization of Produce. — Staff-Surgeons, R.N.—Medico-Parliamentary 202

A Bill to Amend the Medical Acts 204

Protest from the Gloucestershire Medical and Surgical Association 204

Poor-law Medical Reform Association 205

CORRESPONDENCE.

Abdominal Tumours and Gestation: Letter from Dr. R. C. Croft 199

The late Dr. Marshall Hall and the Royal Society 205

Dr. Heale and the Royal Society: Letter from Dr. James Newton Heale 205

The Income-Tax 206

Mr. Thomas Wakley's Stricture Tubes 206

On a Case of Chlorosis 207

The Privy Council Vaccination Diploma 207

On the Treatment of Small-Pox by Hydrochloric Acid 207

Parisian Medical Intelligence 207

MEDICAL NEWS.

Lunacy 186

Health of the Metropolis 187

Pass-lists of the Royal College of Physicians, Apothecaries' Hall, and Royal College of Physicians, Edinburgh. — Royal College of Surgeons. — Appointments. — Her Majesty's First Levée.—The late Dr. Todd.—The New Director-General of the Army Medical Department. — The New Equitable Life Assurance Company.—Accidental Poisoning. — Hippocrates.—The Wroxeter Skulls.—The Feeding and Rearing of Infants.—Instrumental Abortion: Charge of Manslaughter. — Not Insured 208

Medical Diary of the Week 209

Notices to Correspondents 209

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THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. *per Doz.* £8 14s. *per 6 Doz.* £15 10s. *per ¼-Cask.*

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

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NOTICE.

TO INDUCE A TRIAL OF

South African Wines,

AT 20s. AND 24s. PER DOZ., BOTTLES INCLUDED,

The consumption of which has now reached 420,000 doz. per annum (*Vide* Board of Trade Returns),

A CASE containing four samples, sealed and labelled, will be forwarded on receipt of 30 POSTAGE STAMPS, viz.:—

Half-pint bottle of best South African Sherry.
Half-pint bottle of best South African Port.
Half-pint bottle of best South African Madeira.
Half-pint bottle of best South African Amontillado.
Bottles and Case included.

COLONIAL BRANDY, very superior, 15s. per gallon.
BEST GIN, full strength, 11s. 3d. per gallon.
Price lists free on application.

Address—Mr. ANTHONY BROUGH, Wine and Spirit Importer, 29, Strand, London, W.C.

Spiced Breakfast Tongues, 7½d. each, or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 6½d. and 7½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE, 30, Ludgate-hill, near St. Paul's, E.C.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice, for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1856.

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LONDON—John Bell & Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Joseph House, 114, Minories.

LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Redeross-street.

MANCHESTER—Jewsbury & Brown, 113, Market-street.

DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.

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☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

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European & Colonial Wine Company,

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SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 32s. „
SPLENDID OLD PORT (ten years in the wood)... 42s. „
SPARKLING EPERNAY CHAMPAGNE..... 38s. „
ST. JULIAN CLARET, pure and without acidity... 28s. „

Bottles and packages included, and free to any London railway station. Terms, Cash. WILLIAM REID TIPPING, Manager.

Pure Granulated Cocoa, 1s. 2d. per lb.,

in 1 lb. & ½ lb. packets. Manufactured precisely in the same manner as when analyzed by the Sanitary Commissioners of this Journal in the year 1851, and declared by them to be not only genuine, but of superior quality and manufacture.

Homœopathic Cocoa, a most nutritious and convenient article, in 1 lb. and ½ lb. canisters. This suits some constitutions better than the pure Granulated. It is made in the cup by the addition of boiling water in one minute. It is well adapted for use at sea, and in chambers. 1s. 4d. per lb.

Stomachic Chocolate, from the formula of a Physician, to be eaten in cold, foggy weather; very nourishing and warming to the system.

HANDFORD & DAVIES, 61, High Holborn, W.C.

Gluten Bread, Biscuits, Cakes,

SEMOLA, and CHOCOLATE, for Diabetes, Consumption, Dyspepsia, and Asthma; also for Invalids and Infants.

"Your Gluten Bread has exceeded my most sanguine expectation. It is, unquestionably, the most desirable substitute for ordinary bread that I have yet seen."—Extract from Letter of Dr. PAVY, Jan. 9th, 1860.

G. VAN ABBOTT, 13, Basinghall-street, E.C.; and all respectable Chemists and Druggists.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Cauvain, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 6d. per lb.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1784.

Plumbe's Genuine Arrowroot, 1s. 6d.

per lb., should be used in preference to any other. It is greatly preferred by the most eminent Physicians in London for Invalids, and as the best food for Infants. It also forms a light, nutritious diet for general use.—Report on Plumbe's Arrowroot by Dr. HASSALL: "I have subjected Plumbe's Arrowroot to careful examination, microscopical and chemical. I find it to be perfectly genuine, and of superior quality, equal in all essential respects to the best Bermuda, for which so high a price is usually charged. Signed, ARTHUR HILL HASSALL, M.D."—Directions and testimonials with each packet, which bears the signature of A. S. PLUMBE, 3, ALIE-PLACE, ALIE-STREET, LONDON, E. Retailed in London by Snow, Paternoster-row; Ford, Islington; Morgan, Sloane-street; Williams and Lloyd, Moorgate-street; Medcs, Camberwell; Fincham, 55, Charing-cross.—Agents Wanted.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free

Laconicum, or Air-Bath Heater.—

PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 233, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 18, Bishopsgate-street Within; and that, should it meet with approval, cakes in tins sufficient for Two Baths will be supplied at 1s. each.

Belmont, Vauxhall, London.

See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GESHIVEST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Family Endowment Life Office,

corner of Ludgate-hill, London. Established 1835. New and important advantages to Assurers. Medical Men are entitled to the same commissions upon business introduced by them as are allowed to Solicitors.

EDWIN H. GALSWORTHY, Actuary and Secretary.

SPECIAL NOTICE.

TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1st MARCH.

POLICIES EFFECTED ON OR BEFORE 1st MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1st MARCH, 1865.

Scottish Equitable Life Assurance

SOCIETY.

Head Office—26, St. Andrew-square, Edinburgh.

The Profits are divided every three years, and wholly belong to the members of the Society. The last division took place at 1st March, 1859, and from the results of it is taken the following

EXAMPLE OF ADDITIONS.

A Policy for £1000, dated 1st March, 1832,

is now increased to £1654 9s. 5d. Supposing the age of the Assured at the date of entry to have been 40, these Additions may be surrendered to the Society for a present payment of £363 17s. 8d., or such surrender would not only redeem the entire premium on the Policy, but also entitle the party to a present payment of £104 4s., and in both cases the Policy would receive future triennial additions.

The Existing Assurances amount to £3,272,367
The Annual Revenue... 187,340
The Accumulated Fund (arising solely from the Contributions of Members) 1,198,657

ROBERT CHRISTIE, Manager.
WM. FINLAY, Secretary.

London Office—26, Poultry, E.C.
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JUDGE FOR YOURSELVES.

H. Bond's Genuine Indelible Marking

INK, without preparation, which is warranted, without the least hesitation, to excel all other preparations of the kind, requiring only to be tried to be perfectly convinced; and this precaution becomes necessary consequent on the fact that several persons totally unconnected with pharmacy or chemistry are now offering Marking Inks which, whether on comparison or otherwise, will be found deficient in all its essential properties.

One Shilling size... ... ... 6s. per dozen.
Sixpence ditto ... ... 3s. „
Wooden Cases, with Stretcher... ... 7s. 6d. „

Also, the Queen's Requisite, containing all the articles necessary for the formation of a Ladies' Marking Ink Case, for 1s.; 7s. 6d. per dozen.

Manufactured by H. BOND, Pharmaceutical Chemist, Cross-street, top of Plumber-street, City-road.—Established 1815.—Can be forwarded by enclosure, or obtained at any Wholesale London Establishment.

Handsome Brass and Iron Bedsteads.

HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

HEAL AND SON'S ILLUSTRATED CATALOGUE, containing Designs and Prices of 100 Bedsteads, as well as of 150 different articles of Bed-room Furniture, sent free by post.—HEAL & SON, Bedstead, Bedding, and Bedroom Furniture Manufacturers, 196, Tottenham-court-road, W.

Mappins' Electro-Silver Plate.—

MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.				Threaded.				King's.			
	Medium Plating.		Plated extra Strong.		Med. Plating.		Plated extra Strong.		Med. Plating.		Plated extra Strong	
	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.
Table Spoons, per doz.	36	0	48	0	54	0	70	0	60	0	78	0
Do. Forks „	36	0	48	0	54	0	70	0	60	0	78	0
Dessert Spoons „	27	0	38	0	40	0	50	0	44	0	54	0
Do. Forks „	27	0	38	0	40	0	50	0	44	0	54	0
Tea Spoons „	16	0	20	0	24	0	32	0	27	0	36	0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

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A costly book of engravings, with prices attached, gratis and post free.

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AT THE NINTH ANNUAL GENERAL MEETING

OF

THE NEW EQUITABLE LIFE ASSURANCE COMPANY,

HELD AT THE

Chief Offices of the Company,

449, STRAND, CHARING CROSS,

On the 23rd of February, 1860.

REPORT.

THE Directors of the New Equitable Life Assurance Company have very great pleasure in presenting their NINTH ANNUAL REPORT to the Shareholders and Members of this Society.

The business of the Office, during the year 1859, has been highly satisfactory. A considerably larger number of Policies have been issued than in any other single year since the establishment of the Company.

The Directors have received SIX HUNDRED and FIFTY-TWO Proposals, for assuring the sum of TWO HUNDRED and EIGHT THOUSAND EIGHT HUNDRED and EIGHTY POUNDS. Of this Number, FOUR HUNDRED and EIGHTY-THREE POLICIES were completed, assuring the sum of ONE HUNDRED and SIXTY THOUSAND FIVE HUNDRED and NINETY POUNDS, and yielding in annual Premiums FIVE THOUSAND TWO HUNDRED and TWENTY POUNDS. ONE HUNDRED and SIXTY-NINE Proposals, for assuring FORTY-EIGHT THOUSAND TWO HUNDRED and NINETY POUNDS, were either declined or not completed. The average amount of each Policy issued in 1859, was THREE HUNDRED and THIRTY-TWO POUNDS.

Amount Proposed for Assurance.	Amount Declined or not Completed.	Amount Assured.	Annual Premiums on New Business.
£ s. d.	£ s. d.	£ s. d.	£ s. d.
208,880 0 0	48,290 0 0	160,590 0 0	5,220 0 0

The Total Income of the past year, from all sources, has been **£36,554**. The Expenditure, including Claims, has been **£23,759**, leaving a surplus of **£12,795**. Thirty-nine Claims, amounting to **£12,800**, have been paid during the year. The Directors are glad to state that these Claims are within the estimated amount. The particulars of the Annual Expenditure will be found in the Balance-Sheet.

The Directors have to regret the loss of Mr. J. C. STEVENS, one of the original members of the NEW EQUITABLE BOARD. The death of Mr. STEVENS reduces the Directors to seven; but, at the present time, it is not proposed to add to the number of Directors.

The most gratifying feature of the business transacted during the past year, is the great and increasing support rendered to the NEW EQUITABLE by the members of the MEDICAL PROFESSION. A larger proportion of the Assurances effected has been recommended by medical men than in any former period. A considerable number of the lives assured have been respectable medical practitioners, many of whom have been appointed Agents of the Company in their respective districts.

These circumstances show conclusively that the efforts of the Directors to assert the right of MEDICAL MEN to fair and liberal remuneration, in all that relates to Life Assurance, are duly appreciated by the great and influential body of the PROFESSION. They also afford the surest guarantee of the continued success of the Company. The Directors are confident that the more the principles and practice of the NEW EQUITABLE are known, the more firmly it will be established as the chief MEDICAL LIFE OFFICE in the Kingdom.

The Directors retiring by rotation are—

T. BEVAN JONES, ESQ., AND SAMUEL RICHARDS, ESQ., M.D.

The retiring Auditors are—

R. H. PARKINSON, ESQ., AND C. R. ROWLAND, ESQ.

These gentlemen being all eligible for re-election, offer themselves accordingly.

Signed, on behalf of the Board of Directors,

GEORGE HILARO BARLOW, CHAIRMAN.

449, STRAND, *February* 23*rd*, 1860. WILLIAM TYLER SMITH, DEPUTY CHAIRMAN.

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Practical Clinical Remarks

ON THE

DIVISION OF THE CILIARY MUSCLE IN GLAUCOMA, &c.

Delivered in the Royal Westminster Ophthalmic Hospital,

BY HENRY HANCOCK, ESQ., F.R.C.S.,

SENIOR SURGEON TO THE ROYAL WESTMINSTER OPHTHALMIC AND CHARING-CROSS HOSPITALS, ETC.

(*Concluded from page* 134.)

GENTLEMEN,—I have now performed this operation several times upon cases of hydrophthalmia, sclerotic staphylomata, and acute and chronic glaucoma. My colleague, Mr. Power, has also performed it on a case of conical cornea with marked success, and has kindly allowed me to relate the particulars in this paper. Like iridectomy, the operation is most successful in acute glaucoma. The beneficial results, however, are not usually manifest for some days after its performance; in some instances, ten days, and even a longer period, have elapsed before the patient has been able to discern any appreciable improvement in his sight.

I operated upon a lady, a patient of Dr. Neale, for acute glaucoma, on the 29th of January. She could at that time merely distinguish light from darkness, and suffered from intense pain in the eye, orbit, and head. The pain subsided on the evening of the operation, but there was no appreciable improvement in her sight until the eighth day, when she began to see objects, though unable to distinguish their colours; she recovered this faculty on the eleventh day. In Case 3, although the patient has now completely recovered her sight, she did not appear to have derived any improvement for more than a fortnight; whilst in every instance in which the operation has been performed, the patient has acknowledged the great benefit he has experienced from the removal of pain and sense of tension from which he had previously suffered. The cases of hydrophthalmia show that, although in one instance more than four, and in the other three, months have elapsed since the operations were performed, the relief has been persistent. Case 2 also demonstrates the influence exerted by the operation over the circulation of the choroid in the subsidence of the staphylomata from varicose venæ vorticosæ.

I am indebted for the particulars of the following cases to Dr. Sansom, the late house-surgeon of the hospital:—

CASE 1.—*Hydrophthalmia.*—A. H——, a tall, healthy youth, aged fifteen, was admitted on the 8th of September, 1859. When five years old, he was one day hacking a mutton bone with a knife, when the latter slipped and wounded his left eye. He was laid up for a short time, but the pain soon subsided, although the sight of the eye was destroyed. In May last the eye became very painful, and this increased so much that in July last he applied at the hospital. At first the pain yielded to treatment, but it latterly became much worse, especially upon the slightest movement of or pressure upon the eyeball. When admitted an in-patient, his eyeball was extremely tense, and swollen to nearly double its natural size; the sclerotic vessels were enlarged, and the pupil fixed and dilated, but perfectly regular.

Sept. 9th.—I divided the ciliary muscle, making an oblique cut through the sclerotica at the lower semicircumference of the cornea. A quantity of aqueous fluid, tinged with blood, escaped by the side of the knife.

10th.—Has slept well; says he is entirely free from pain.

21st.—Has not had any pain since last report; the size of the globe has sensibly diminished; the pupil is far less dilated than before the operation; and the eyeball being now quite yielding to the touch, pressure does not occasion any pain.

This patient came to show himself to me at the hospital in the middle of last December; the eye had then returned to its natural size, as had also the pupil. He was quite free from pain.

CASE 2.—*Hydrophthalmia with staphylomata from varicose venæ vorticosæ.*—J. T——, aged twenty-six, seaman, admitted into the Royal Westminster Ophthalmic Hospital at the latter end of last September, having his left eyeball greatly enlarged and prominent, and, at about an eighth of an inch from the margin of the cornea, nearly surrounded by irregular staphylomata of enlarged and varicose venæ vorticosæ, which projected considerably beyond the surface of the sclerotica. The eyeball was tense, and he complained of occasional severe paroxysmal pain, also of stiffness and difficulty in moving it and the eyelids. He gradually lost the sight of the eye two years ago. The cornea was so opaque that the condition of the interior of the eyeball could not be ascertained by the ophthalmoscope.

Oct. 7th.—I cut through the ciliary muscle.

Jan. 25th, 1860.—Had slight pain in his head for a day or two, but has not had any pain in the eye since the operation. The eyeball is now reduced to nearly its natural size, and is soft to the touch. The blue staphylomata of the sclerotic no longer project beyond that membrane, so that the surface of the eyeball is smooth and even. He says he has experienced great comfort from the operation, as he has not had any return of the paroxysms of pain, and can move the eye in all directions with perfect ease.

CASE 3.—*Acute glaucoma.*—S. B——, aged sixty-two, admitted Oct. 3rd, 1859, suffering from acute glaucoma of the left eye. She first experienced pain in this eye seven days ago, and, having had to work very hard as a washerwoman, the pain became most violent, preventing her sleeping at night, and extending to the temple and over her brow. The eyeball is now very hard, and exquisitely tender to the touch. It presents the usual external appearances observed in glaucoma; the lens is opaque and of a greenish colour; the pupil dilated and irregular. Her countenance is very pale, and indicative of great suffering. She can barely distinguish light from darkness.

Oct. 7th.—I cut through the ciliary muscle. A quantity of watery fluid escaped; the iris was drawn slightly into the wound. The pain was entirely relieved by the operation, and did not recur during the fortnight she remained in the hospital.

Jan. 2nd.—She came to the hospital to thank me for what I had done for her. She says she can now see with the eye "as well as ever she did," and is able to follow her employment. The pupil is slightly drawn towards the cut, but in other respects the appearance of the eye is natural.

CASE 4.—H. M——, aged forty-four, admitted with glaucoma. Has suffered from great mental depression. His sight became dim four years since, when he commenced working by gas-light in a cheesemonger's shop. This continued until two years ago, when he began to see double. The impairment of vision gradually increased until two months before his admission, at which time he was blind during the greater part of the day, the only period at which he could see, and then only dimly, being early in the morning, just after awaking from sleep, when objects appeared doubled, trebled, and sometimes quadrupled, but never single. He did not complain of any pain, but described both eyes as being equally dim. The eyeballs were enlarged and tense, and the pupils dilated. The ophthalmoscope showed the vessels of the choroid coat to be much congested, and the retina to be cupped at the optic papilla.

Oct. 14th.—I cut through the ciliary muscle in both eyes. The eyeballs became much softer, and he lost the sensation of tension from which he had previously suffered. He left the hospital on the 1st of November, his sight having very little if at all improved.

Dec. 14th.—Came to the hospital to-day. Is much better. He now retains his sight at all times. He has entirely lost the sensation of fulness, and is able to assist all day in his shop. He says he could have come by himself, if his friends would have permitted him to do so. Can see small objects at nearly a yard distance.

Jan. 2nd, 1860.—He is now able to go about alone. Can read letters of about one-eighth of an inch in height, placed at the distance of a foot from the eyes. He is quite free from pain. He was to-day examined by the ophthalmoscope. The congestion of the choroidal vessels is much less, and the cupping of the retina has disappeared.

CASE 5.—*Glaucoma.*—H. C——, aged fifty, washerwoman, admitted January 11th, 1860. Ten years ago the right eye became swollen, red, and painful. She, having previously been subject to rheumatism, was then treated at the Central London Ophthalmic Hospital. The pain ceased, but she never perfectly recovered the sight of the eye. A similar attack, attended with flashes of fire before the eyes, occurred five or six

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years ago, when she attended the Royal Westminster Ophthalmic Hospital, under the care of the late Mr. Guthrie. As upon the previous occasion, the pain was got rid of, but the sight has ever since been much impaired.

Present condition.—Eyeball of pyriform shape. Cornea contracted in its diameters and conical. A marked depression or groove runs round the eyeball, corresponding to the ciliary muscle, the eyeball being constricted at this point. The choroid shows darkly through the thinned sclerotic. The lens is opaque, the globe is very tense, and an arcus senilis surrounds the cornea.

Jan. 13th.—I divided the ciliary muscle.

15th.—Tension and pain entirely gone; thinks she can distinguish the shadow of a hand passing between the eye and the light.

20th.—The affected eye now seems of the same size and as soft as the healthy eye. Sight much improved. She can distinguish her own fingers, and see the rails at the top of the bedstead as she lies in bed.

Feb. 14th.—The eye has now the appearance of the other eye; the pupil is perfectly regular and natural in size and situation; the cornea is restored to its normal size and shape. The sight of the eye is excellent, and she has the power of adapting the eye as easily to near as to more distant objects.

CASE 6.—*Conical cornea of three months' duration, treated by the division of the ciliary muscle.*—(From the notes of Mr. Cayley, house surgeon to the hospital.)—L. T——, dairymaid, aged twenty-eight, admitted into the Royal Westminster Ophthalmic Hospital on the 27th January, 1860, with conical cornea of the right eye. Has always had excellent health, and has never suffered from any pain in the eye. About three months before her admission, her friends noticed a peculiar appearance in the right eye, and she then found, on shutting the other, that objects had a dim, misty appearance. This dimness of sight increased gradually until she lost the power of reading or distinguishing objects with the right eye, the sight of the other remaining perfectly good.

On admission, there was a well-marked conical cornea in the right eye, the most projecting point being exactly in the centre. The cornea itself was perfectly clear, and the eye in all other respects appeared healthy. When the other eye was closed, she was unable to read even the largest print; and when the hand was held close to the eye, she could just distinguish the fingers, but stated they appeared dim and misty. The cornea of the other eye appeared slightly prominent, but the sight of it seemed to be very good, and there was no myopia.

Feb. 3rd.—Mr. Power divided the ciliary in the usual manner. A considerable quantity of fluid escaped.

10th.—The eye was to-day uncovered. Except for a few hours after the operation, the patient has had but very little pain. The wound in the sclerotic is closed, and there is scarcely any appearance of inflammation. The cornea is, if anything, a little less prominent, but the sight is not improved. The pupil is drawn considerably towards the incision.

7th.—The cornea is about the same. The patient states that objects do not appear quite so dim and misty.

9th.—There is now a decided difference in the appearance of the cornea as compared with its state before the operation, and the sight is certainly improved. The pupil is now more circular in form, though still drawn towards the incision.

12th.—The patient can now read, with difficulty, large capital print, when held close to the eye, and can see objects generally more clearly.

17th.—The patient's sight has continued to improve. She can now read ordinary print when held about three inches from the eye. The cornea, though still somewhat conical, is much less so than before the operation. The pupil is now circular, and in its proper position. She states that her sight is much improved.

In conclusion, I would here correct an error of which I was guilty in my last lecture, in ascribing the dissections of glaucomatous eyes to Mr. Bowman. I find that these dissections were made by Mr. Hulke, who is therefore entitled to the credit resulting from the information which his labours have afforded us.

LUNACY.—A parliamentary paper gives the expenses of the Commissioners of Lunacy for the year ending July last. The receipts were £14,301 1*s.* 1*d.*; and payments, with the balance in hand of £170 18*s.* 9*d.*, amount to that sum. The salaries of the Commissioners amount to £9000. The Commissioners' travelling and personal expenses in the year were £1566 5*s.* 6*d.* The secretary has £800 a year. The carriages and tolls amounted to £100 12*s.* 6*d.*

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

COMPLICATIONS AND VARIETIES OF CIRRHOSIS OF THE LIVER.

"THE case we have just left affords a fair illustration of the precision with which the presence of a complication of lesions may be sometimes deduced from a careful summary of the signs and symptoms present, even in such an obscure region as the abdomen is, in respect of diagnostic details, generally supposed to be. The patient, an ostler, aged about fifty, formerly addicted to dram-drinking, had been for some weeks subject to slight œdema of the ankles towards night; when, about a fortnight before his admission, he received a kick in the left side of his belly from a horse. On his admission, he was, like so many of his class, bloodless, feeble, and old for his age. His face had that unmistakable—shall we say *lemon-coloured?*—hue characteristic of cirrhosis of the liver. The disproportionate œdema of his ankles was found, as we expected, to be associated with a feeble, but healthy, character of the heart's sounds, and with an absence of albumen from the scanty (but concentrated) urine. His belly, moderately swollen and tender, but devoid of acute sensibility, had its peritoneal cavity occupied by a good deal of fluid. His spleen seemed large, with a diffuse fading away of the dulness to percussion towards its anterior margin: a part which corresponded to the kick of the horse's hoof, so far as the patient could recollect.

"The liver was very small, but not much pushed up into the chest. Some large veins meandered up the belly just under the skin, to join with the branches of the mammary veins. The pulse, about 100 per minute, was small, feeble, and compressible. The skin, dryish to touch, was not perceptibly jaundiced. The breathing, 24 in the minute, was rather thoracic, than laboured, in its character. So far as could be judged, he had suffered from a great deal of pain before his admission, but was now either less distressed by it, or less sensible of it. He answered questions rationally enough, but with a slow, absent manner, and with an evident relief at getting rid of all inquiry, which sometimes suggested doubts as to the accuracy of his statements.

"Such symptoms seem to me conclusively to justify a diagnosis which, however complicated, rests on a better foundation than some of the simpler opinions we often have to form and act upon. Let us just glance at its details.

"When a patient looks ten or fifteen years older than his real age, is pale, worn, and wrinkled, it needs no physician to estimate that his chances of life are diminished, as well as his prospective longevity decreased. And I have no doubt, from the experience of many similar cases, that the debility and œdema present here are, at least in great part, due to such hastening and anticipation of old age; acting, of course, especially on the heart.

"The face, the skin, the abdominal veins, the shrunken liver, point just as unmistakably to cirrhosis of the liver; a lesion rendered otherwise only too probable by his habits.

"Is the peritoneal liquid, then, the mere ascites of cirrhosis? Assuredly not. And yet I can hardly hope fully to explain why I am so sure of this. At any rate, it is to no single symptom, but rather to a concurrence of many,—and amongst these especially to a comparison of this patient's physiognomy with those of several other cases, watched and verified here by me in years past,—that I look to suggest (rather than to defend) my conviction.

"A belly moving little during breathing, sensible to slight pressure, and painful far beyond its distension. A violent blow on a delicate organ or organs necessarily gorged with the blood of an obstructed portal circulation. A large confused spleen. And last, but not least, a poor sufferer who has lapsed, from a state of excessive pain, into what is almost an indifference to this abnormal sensation, unless it be roused by pressure—a peculiar mental state to which I have learnt to attach great importance as an aid to the detection of chronic peritonitis. All these symptoms make me feel sure that, besides old age, debility, a weak heart, and a cirrhotic liver, we have here a *hæmorrhage into the belly;* caused by the injury, and lighting up a peritonitis of which the fluid giving rise to the fluctuation discernible is partly a result.

"The case is everyway a hopeless one, save as to a kind of

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euthanasia. The sufferings of the last fortnight we may quite expect to relieve, if not almost to remove. A generous diet, and a moderate allowance of dilute alcohol in small and frequent doses, together with full doses of solid opium, and hot fomentations, will probably greatly diminish the abdominal pain. The distended legs we shall relieve by copious (and, if need be, repeated) acupuncture; a procedure which, in these wards, seems never to give rise to any of the inconveniences—I allude especially to erysipelatous reddening or sloughing—sometimes charged against it. A few weeks, however, must end the malady. 'Ἰατρὸς ἰατρεῖ θάνατος.'"

[The patient died, almost without pain, about six weeks after his admission. A layer of blood, some two or three lines in thickness, was found occupying the subserous areolar tissue of the stomach and small intestine. Above this ecchymosis the peritoneum was thickened and granular, from a scanty deposit of grey semi-transparent lymph, nearly co-extensive with the effused blood. The peritoneal effusion contained only a few flakes of solid fibrine. The spleen was enlarged; the liver very contracted, and in an advanced stage of cirrhosis.]

"Let me casually mention, while talking of cirrhosis, one of the most curious nervous sympathies I ever recollect to have noticed. A middle-aged patient of mine, who was suffering from this malady in its ordinary form, complained of excessive pain—you would scarcely guess where—in his *nipples.* These organs, to all appearance the ordinary small atrophied structures of the male, were so exquisitely sensitive, that the slightest contact (as of the bedclothes, or a finger) almost made him shriek with pain; indeed, it was hardly an exaggeration to say that he trembled when a finger was pointed at them. The necropsy showed nothing to explain this; especially, no peritoneal or nervous lesion.

"Another point I venture to refer to as much more important. You are aware that, last in the train of symptoms of cirrhosis of the liver, and sometimes the immediate cause of death, a hæmorrhage from the distended portal system often pours a quantity of dark blood into the stomach and bowels of the patient; vomiting and purging which, he expires. But you are probably not aware—at least I do not recollect at the moment any author who has mentioned it—that the ordinary sequence of this symptom is occasionally reversed; so that it becomes the first (and hence, if it be fatal, the *only*) symptom of the malady. One or two cases of this kind have come under my notice during the last three years: hæmorrhage, sometimes preceded by enlargement of the spleen, recurring at intervals of a few weeks or months, until life was extinct. Indeed, it is well known that the eminent physician (Dr. Todd) whose loss the profession now deplores died in this way; of a hæmorrhage which was still rarer in the sense of its being (as I believe) the first he had ever experienced; and which, as described to me by one of those who had the privilege of ministering to him in his brief illness, enabled me to anticipate the nature of the disease afterwards proved to exist.

"I cannot avoid adding one word as to the *causation* of cirrhosis. Many years ago, as biographies show to anyone who reads with medical eyes, this malady was far more prevalent than now in the middle classes. Besides the name of Fielding, the great novelist, half a dozen more occur to me as suggesting such a posthumous diagnosis. And doubtless the free habits of life prevalent a hundred years since go far to explain its then prevalence. But pray recollect that it may come on quite independently of any such indulgence in alcohol: in the abstemious, as illustrated by my revered friend and teacher just alluded to; and even in the downright ascetic, as I have once seen in this very form of cirrhosis—the *hæmorrhagic,* if I may so distinguish it—of which we are now talking."

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 18TH.—There were 1454 deaths registered in London last week; 757 were the deaths of males, and 697 of females. In the ten years 1850–59 the average number of deaths in the weeks corresponding with last week was 1171; but as the deaths returned last week occurred in an increased population, the average to admit of comparison should be raised proportionally to the increase, namely to 1288. It appears, therefore, that the deaths of last week exceeded by 166 the number which the average death rate would have produced. Small-pox proved fatal in 31 cases, while scarlatina carried off 40 persons, and whooping-cough 40. Diseases of the respiratory organs were the cause of 415 deaths; of these, 250 were attributed to bronchitis (which is still on the increase), and 125 to pneumonia. The deaths referred to phthisis (or consumption) were 165. Eight persons died at the age of 90 years and upwards, and amongst these was a man residing in Goulston-street, Whitechapel, who, it is said, had attained the age of 101.

ON INTESTINAL FEVER.

By WILLIAM BUDD, M.D.,
SENIOR PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

"Il faut considérer cette lésion, non seulement comme propre à l'affection typhoïde, mais comme en formant le caractère anatomique, ainsi que les tubercules forment celui de la phthisie."—LOUIS.

"The accurate record of facts in natural history is one and a good aim; the deduction of their true consequences is a better."—OWEN.

ADDITIONAL NOTE ON THE NATURE OF THE INTESTINAL AFFECTION.

THE three accompanying illustrations of diseased gut will, I trust, be deemed worthy of a place in THE LANCET, in connexion with the views on the subject of intestinal fever which I am endeavouring to enforce.

In seeking the real significance of any natural object, the first and most essential step is to fix on a true type. Now, every naturalist knows that in a great number of cases this type is only to be found in a particular phase of the object which may happen to be under examination. This is especially true of the case before us.

I have already had occasion to observe that the advanced period at which the intestinal affection usually falls under the eye of the observer stands much in the way of a true conception of its nature. Generally speaking, as I have before remarked, we see not so much the specific disease as the damage it has left behind it. The peculiar interest of the three specimens here figured lies in the fact, that they exhibit the morbid change in a phase in which nothing has yet intervened to mar or obscure its interpretation. In all three the follicular affection is in a comparatively early stage, and all three present perfectly typical specimens of it.

Nos. 1 and 2 are photographs from drawings which were kindly placed at my disposal by my friends Drs. J. G. Swayne and W. B. Herapath, immediately after the appearance of my former paper on this subject. No. 3 is a photograph from nature, taken from the intestine of a young person who died quite recently in the Bristol Royal Infirmary, in the third week of the fever. It is not unimportant to remark that the drawings are both of old date and were made entirely without reference to any theoretical views.

The first represents the lower end of the ileum of a patient who died in the Bristol Royal Infirmary, in 1847, in a very early stage of the fever. It is a striking and characteristic example of the form of follicular affection described by Petit and Serres under the name of "la forme boutonneuse." Unless in the larger patches, which have just begun to fret into numerous minute ulcers, the mucous membrane is entire, and the disease is in the first stage, or the stage of development.

The second figure represents the cæcum and lower end of the ileum of a young woman who died of intestinal fever in St. Peter's Hospital some fifteen or twenty years ago. This specimen illustrates another point in the natural history of the intestinal affection. It is well known to all who are familiar with the morbid anatomy of this fever, that, as a rule, the follicles of the large intestine are either not at all, or are very sparingly implicated. But this is not always the case. Some ten or twelve ulcers, or even fewer, may constitute the whole damage to be found between the ileo-cæcal valve and the sphincter. On the other hand, I have often counted more than a hundred within the same limits. But the point of interest is that, when the ulcers are numerous, they are almost always grouped in a particular order. The part most thickly beset is the cæcum, which is usually occupied by a cluster like that here figured. A similar cluster is often met with in the rectum also, but in the intermediate tract the diseased follicles are, so far as I have seen, much more scattered.

The third figure, as exhibiting the disease in more various stages, and as being photographed directly from nature, is still more valuable than the other two. Addressing itself to the eye, it needs no verbal description. I may remark, in passing, however, that the admirable fidelity with which, with the exception of colour, every minute detail is rendered, invites to a much wider application of the photograph to morbid anatomy than has hitherto been made.

But the crowning interest of these three figures consists, I need scarcely say, in the forcible and striking way in which they illustrate the doctrine that the intestinal affection in this

fever is a true eruption. I do not know what impression they may make on others, but to me it seems impossible to look at them without this idea arising in the mind. I am aware that outward aspect, if taken alone, is no safe guide; but all the other elements which constitute an eruption are present to confirm the report it gives.

This affection, as we have seen, is characteristic of this fever. It stands in the same relation to it, as a diagnostic mark, at least, as a peculiar pustular eruption does to small-pox. It is an affection which, proceeding from within, breaks out on a surface; it results in the elimination of the morbid product; and, lastly, the product itself is the one known specific product of a contagious fever. Were there no other evidence to support the conclusion, these characteristics alone would justify the strongest *à priori* presumption that what is cast off by this diseased surface must not only have a contagious power, but must be the chief vehicle of the fever virus.

Another reflection is suggested by these specimens. The disease here figured must take at least three weeks or a month for its complete evolution. During the greater part of that period, the discharges from the bowel—for the most part very profuse—must necessarily carry with them the specific taint. When we consider, in addition, the wide extent of the diseased membrane from which this taint proceeds, we are enabled to see what a source of wide-spread infection even a single case may be.

FIG. 1.

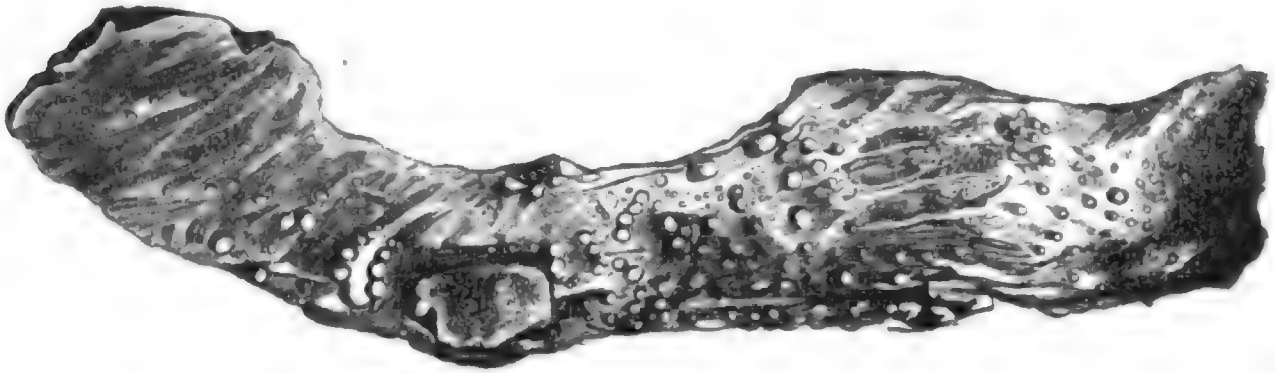
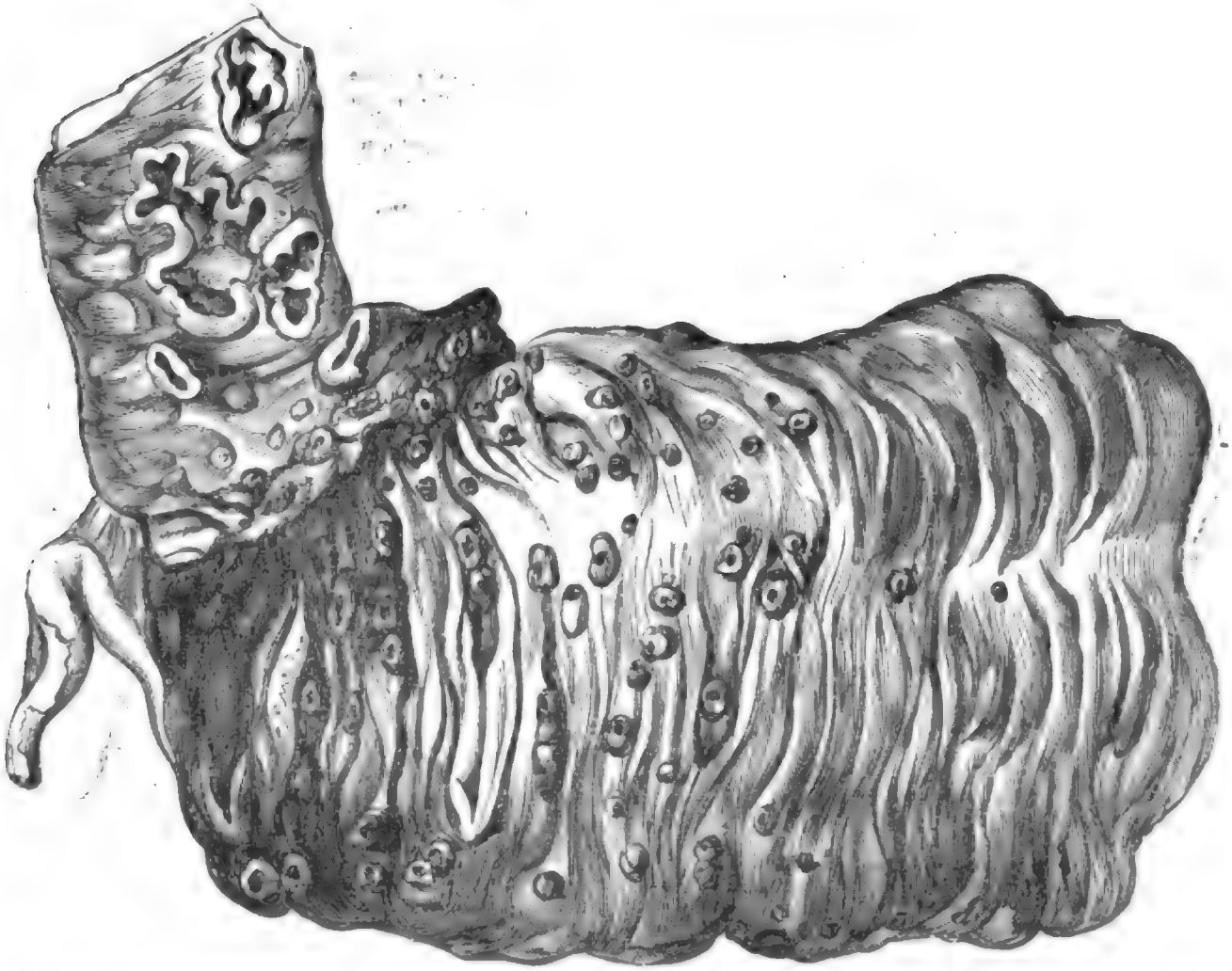


FIG. 2.



Now, with these views before us, what I wish, above all, to insist on is:—

I. That every year, in England, at least one hundred and fifty thousand intestines, bearing on their surface the specific disease of which the three specimens here figured furnish characteristic examples, discharge their excreta upon the soil. In the country, these excreta are generally cast into an open cesspool; in the town, they generally find their way into the

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the popular figure was probably not far in excess of the truth. At any rate, we shall not err if we assume that at least three hundred and fifty genuine cases of this fever happened in the town.

Now, it is well known that the specific disease of the intestinal follicles of which it is the object of this paper to ascertain the true type, is an inseparable accompaniment of the fever. In the course of the epidemic, therefore, three hundred and fifty intestines, diseased more or less severely in the way in which the three here figured were diseased, discharged their exuviæ into the Windsor sewers.

For a period varying from a fortnight to a month, each one of the three hundred and fifty was pouring—often, no doubt, in copious floods—the most specific of all the fever products *into the very channels which were proved to be giving issue to the fever poison.* From the mouths of all these channels emanations directly proceeding from the fever stuff must have been constantly exhaling into the houses in connexion with them. This, whatever it might be worth, was as real a fact as any in the history of the epidemic. If the views I have ventured to propound be true, it was the most important of all. Under any view, it was obviously a fact that had the most imperative claims to be considered, at least, in any adequate discussion of the causes of the phenomena. And yet, strange to say, in the two otherwise very elaborate essays which have been published on this epidemic, it does not once appear as an element of the problem. Perhaps it is still more strange, as reflecting the present state of medical opinion on this subject, that at the meeting of the Epidemiological Society, at which one of these papers was read and discussed, there was no one present who undertook to repair the omission.

If the evidence already advanced in these papers be worth anything, there can be no doubt as to what was the part played in this memorable outbreak by the incessant flooding of the sewers which were disseminating the fever with the specific fever discharges.

In the first place, in seeking to determine this point, we must never lose sight of the established fact, that the fever in question is a contagious fever.

For proof of the reality of this property, we need not go beyond this very case. Singularly enough, it is admitted, even by those who most repudiated the idea that contagion had any important hand in the events, that in four instances, if not more, there was decisive proof of the communication of the disease from the sick to the healthy. But this is surely a very important admission. It might not unreasonably have occurred to anyone, that here, perhaps, was the one fact by whose light all the others should have been interpreted.

For centuries it was as confidently believed that mildew was the actual offspring of damp and decay as it is now believed that intestinal fever is the offspring of common sewage; but when it was discovered that mildew is endowed with powers of self-propagation, sufficient to account in the most natural way for its appearance wherever damp and decay are found, the old and time-honoured faith fell to the ground.

(To be concluded.)

ON A CASE OF

INTERNAL STRANGULATION, ASSOCIATED WITH INCARCERATED HERNIA.

BY THOMAS BRYANT, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

I WAS called, on the 19th ult., at nine P.M., by Mr. Green, of the Old Kent-road, to see J. C——, aged thirty-four, who was suffering from evident symptoms of obstruction to the intestines. He had been ill sixteen hours, having been suddenly seized with intense pain in the abdomen of a dragging character, accompanied with vomiting. In the left scrotum there was a large hernia, which had existed five years, and for which he had worn a truss, a small portion of the hernia, however, being always down. When his symptoms first appeared, the hernia had suddenly enlarged, and he was unable to reduce it. He sent for his medical attendant, Mr. Green, who applied the taxis with some benefit, as a portion of the contents of the sac was reduced; but the symptoms continuing, he sought my advice.

When I saw him, he was suffering severely from abdominal pain about the umbilicus, and constant vomiting of a bilious but not fæcal matter. His abdomen was by no means much distended, and there was not much tenderness upon manipulation. The scrotal hernia was large, but neither tense nor painful. His countenance denoted extreme anguish; pulse small and rapid; skin bedewed with a cold sweat.

As the symptoms indicated intestinal obstruction, and the hernia was large and irreducible, chloroform was given, with the hope of allowing its reduction by the taxis, and with the understanding, if it failed, that the operation should be performed. The patient being brought well under its influence, the taxis was employed with partial success; and upon the man recovering, he stated that what was left was about the natural quantity which was always irreducible. Three hours afterwards I was again summoned, as the symptoms had returned with increased severity, and the twisting pain in the bowels was most severe, taking place in paroxysms. Under these circumstances, an exploratory operation was performed at the seat of hernia, the sac opened, and a large mass of omentum unravelled. No intestine, however, could be detected. The neck of the sac, which was very constricted, was divided, and some portion of the omentum returned, but the mass had evidently been down for some years. The finger was introduced freely within the abdomen, but no intestine could be discovered. Opium was given in full doses, and the patient, who expressed himself as being relieved, was ordered to be kept under its influence.

Upon the following morning (the 20th), he had passed a tolerable night, having slept some hours. He had vomited but once, about an hour after the operation, and had been free from any paroxysm of pain. His abdomen was firm, but not much distended. He was ordered to continue the opium.

On the evening of the 21st, I was hastily called to see him, as he had been again seized with a severe paroxysm of abdominal pain. I found him with a cold, clammy skin, sunken eye, and pulse scarcely to be felt. His abdomen was slightly tympanitic, although not tender, as firm pressure could easily be tolerated. He had not passed anything by the bowel, nor any urine. His bladder was emptied, but only an ounce and a half was drawn off, although for twenty-four hours he had passed none.

It was too evident that he was sinking, and although all his symptoms indicated internal strangulation, any operative proceeding could not be entertained. He gradually sank, and died at eight P.M. on the 22nd, eighty-eight hours after the first symptoms, and sixty-eight after the operation, after a severe paroxysm of pain in the epigastrium, attended with vomiting.

Post-mortem.—The necropsy revealed the true seat of the malady. The hernia, which was entirely omental, presented no appearances of strangulation, and had evidently had nothing to do with the symptoms. The peritoneal cavity contained some bloody serum and but little lymph. The small intestines were much distended, of a black colour, and almost gangrenous. Upon raising them carefully up, it was seen that several feet of about the middle of the small intestine had passed under a small, string-like band, about an inch and a half long, passing from a piece of intestine backwards to the mesentery attached to the promontory of the sacrum, and had thus caused strangulation and death. The cæcum was firmly bound down by old inflammatory adhesions, and its appendix was also involved. In attempting to remove the preparation, it was necessarily destroyed.

Remarks.—This must be regarded as an interesting case, the symptoms of internal strangulation having been associated with an incarcerated hernia. From the first, the peculiar character of the symptoms, the pain taking place in paroxysms, its severity and its twisting nature, connected with the fact that the hernia, although irreducible, was not painful upon manipulation or very tense, led me to doubt the correctness of the opinion that the cause of the disorder was seated in the hernia. The temporary relief afforded by the operation, and the patient's opinion that the omentum, which was irreducible, was not larger than natural, for a moment induced me to hope that my opinion was incorrect; but the sudden return of all the symptoms, followed by extreme prostration, too surely indicated a separate cause.

Upon the second call, I had made up my mind to recommend and to perform some further operation, but the extreme collapse of the patient forbad its execution. At the subsequent examination, the condition of parts produced feelings of regret that the abdomen had not been opened at an early period, and that the delicate band causing strangulation had not been

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divided, as it must have been readily detected; and it was only from the presence of the hernia, and the fact that the hernia had become enlarged and irreducible, that valuable time had been lost, and the period for operation had passed away; and although I believe the treatment adopted to have been such as the exigencies of the case warranted, and that no subsequent operative measure would have been justifiable, the revelations of the post-mortem examination excited regret that the presence of the hernia had led us from the true seat of the disorder, and had thus, by allowing time to pass away, lost the only chance of saving our patient's life.

An interesting point came out on subsequent inquiries from our patient's wife as to the history of his disease. It appears that for a period of five years he had experienced, at uncertain intervals, severe paroxysms of pain, coming on suddenly, and disappearing in the same manner. The man and his wife had always regarded them as spasms, although upon one occasion he fainted away. The relief which he had generally obtained was by some violent exercise, such as running or walking rapidly.

It is perhaps hardly wise to attempt any explanation of such attacks, but it appears probable that they might have been caused by some coil of intestine passing beneath the band, and subsequently being extricated by the mechanical violence of rapid exercise.

The peculiar paroxysms of pain are not such as are commonly present in strangulated hernia, and I think, when present, should always lead the surgeon to suspect the presence of some internal strangulation.

Wellington-street, London-bridge, Feb. 1860.

ON THE NATURE AND TREATMENT OF DEFORMITIES.

By HOLMES COOTE, Esq., F.R.C.S.,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S AND THE ROYAL ORTHOPÆDIC HOSPITALS.

THE treatment of deformities has for many years been confined to a small body of surgeons, who, with praiseworthy zeal, have endeavoured to make generally known the principles on which their mode of practice was founded. They encountered opposition from those practitioners who were slow to admit the novelty of mechanical appliances in cases heretofore deemed incurable, and received discouragement from the authorities of public institutions, who enunciated the remarkable doctrine that their benevolence was limited to cases of disease, and that deformity came not within the pale of their administration. These objections, futile and unsuited to the age, are rapidly passing away; the principles of orthopædic surgery are recognised as true, and there is scarcely an hospital where they are not now taught and exemplified. In the humble hope of still further merging this subject within the confines of general surgery, I propose in a series of communications, briefly and as clearly as I am able, to explain what may be done in the treatment of deformities, and the steps by which such improvements can be effected.

The great and fundamental classification of deformities is into the congenital and non-congenital. It is to the former that I now propose to direct attention.

Congenital deformities may proceed, on the one hand, from arrest or from excess of development, and, on the other, from pressure and malposition in utero; and I cannot attach too great importance to this distinction, because, while in the second group the parts are normal, and in general by proper measures a cure can be effected, in the first group there is always some deviation from the natural type, and in the case of arrested development this want can rarely be supplied.

Let me illustrate this point by the familiar example of club-foot. An infant, born with foot presentation, may come into the world with the well-known deformity called talipes calcaneus—in other words, the heels are depressed, the foot and toes turned upwards on the front of the leg. In the course of a few weeks, or it may be days, the foot comes down, without surgical interference, to its usual position at right angles to the leg, and the characters of the case are gradually lost. Now this is a case of malposition rather than of malformation, and stands in contrast with those cases of club-foot, in which the heel is preternaturally small, or in which the extensor muscles are congenitally absent. No lapse of time will rectify the smallness of the heel; no operation can supply the muscular deficiency. The surgeon may relieve, but he cannot cure, and he should therefore give in such cases a most guarded prognosis.

It is on the proper comprehension of this point that rests the solution of the question, whether club-foot or club-hand depend on intra-uterine pressure, or on what is termed dynamic influences—the former being a purely mechanical cause; the latter being associated with fœtal development. Both conditions may come into operation, and produce a series of cases with well-marked characteristic differences. Club-feet proceeding from mechanical pressure are not commonly hereditary; those proceeding from the other cause are often transmitted from generation to generation. We even meet with cases of club-foot and club hand affecting the four extremities without deformity, and, therefore, the result of intra-uterine pressure; but they are very rare, only one case having been seen in a list of 17,000 consecutive cases at the Orthopædic Hospital; but a similar specimen, associated with deformity, is by no means so rare. In the one case the surgeon may attempt a cure with every prospect of success; in the latter, the means of relief are limited.

The particulars of the case of double club-foot and club-hand without deformity, to which I have referred, were read before the Royal Medical and Chirurgical Society in November, 18 9, when I had the opportunity of mentioning its extreme rarity. That opinion receives additional support from the evidence afforded by the Royal Anatomical Museum in Berlin, in which there are but two specimens in every respect parallel—namely, P. 9500, which is the somewhat rachitic skeleton of a fœtus, and P. 825, a moist preparation. Both present, in a marked degree, double club hand and club-foot. There is no similar specimen in the Museum of St. Bartholomew's Hospital, nor, from what I can make out, in that of the Royal College of Surgeons. But cases of similar deformity, attended with malformation, have been recorded in many works, and several casts are to be seen illustrating the fact in the Museum of the Orthopædic Hospital.

In the Museum of St. Bartholomew's Hospital (Section, models and casts, 22–28) there are some preparations of the casts of a man's hands and feet; the former showing on each limb two thumbs of unequal size, and a scar on the base of the little finger, marking the place from which a supernumerary finger was removed; the first, second, and third fingers are united in their whole length, and the third and fourth are partially united. On each foot there is a supernumerary metatarsal bone, at the end of which is a cicatrix remaining after the removal of a supernumerary great toe. On each foot also, the first four toes are united in their whole length. Such a class of deformities is clearly hereditary. This man's father had double thumbs, and six toes on each foot. His wife had no malformations. They had eight children, of whom five were well formed; but three had supernumerary thumbs, fingers, and toes, and unnatural union of the latter. The man himself from whom the casts were taken had four sons well formed, and two sons and two daughters with malformations more or less similar to his own, and combined with club-foot.

It was, in all probability, to such cases as the above, that Rudolphi referred when he wrote—"I presume that club-hand and club-foot in the fœtus arise alone through morbid nervous influence on the muscular system. Those who believe in an extrinsic mechanical cause,—as pressure through malposition,—cannot be aware that these distortions have frequently been found in the embryo of the third and fourth month." (Grundriss der Phys.) Rudolphi evidently was not aware of the distinction between malformation and simple malposition, and the important practical results dependent thereon.

The influence of maternal emotions on the development, both bodily and mentally, of the child has long been a favoured theory in romance. The evidence, however, on which it rests is of the very faintest description. Nature seems to have erected a barrier against interference with the laws regulating the formation of the individual or the multiplication of the species. What would become of the human race were the fancies of every excitable and pampered woman to influence and modify the important processes going on during pregnancy! But it is more consonant with parental instincts to attribute a blemish on the offspring to powerful impressions produced by witnessing some similar spot or deformity in another than to refer it to its proper source—namely, individual imperfection, or the transgression of some natural law. Anecdotes in proof of an opposite opinion can be collected without number; but

they are mostly deficient even in the poetical imagery prevalent in Ireland, which explains the occurrence of infantile paralysis so common during dentition upon the ground of supernatural agencies—such infants being called "fairy struck."

Bridge-street, Blackfriars, Feb. 1860.

ON THE USE OF CHLOROFORM IN A CASE OF LINGERING LABOUR.

By F. DUMARESQ ROSS, Esq., M.R.C.S., Guildford.

I was summoned at ten P.M. on the 29th December, 1859, to attend Mrs. L—— in her first confinement. On my arrival I was informed that she had had slight pains all day, which had become stronger, but still recurred at long intervals. On examination I found the os uteri situate high up, looking directly backwards towards the sacrum, and not dilated to more than the size of a sixpence. Through the os (the membranes being entire) the vertex of the child could be distinctly felt. She was a woman of middle height, generally healthy, but of an excitable temperament. She had suffered little inconvenience during pregnancy save from loss of appetite, which had persisted to the last.

Dec. 30th, Ten A.M.—The pains during the night had been strong, but had recurred irregularly. On examination, there was tenderness of the parts; the os uteri was of the same size as last night, the lips being very thin. At each successive pain, the head, or rather the membranous cyst, was forced with violence against the undilated os, which caused considerable pain. I now gave her a full dose of opium, and injected a quantity of warm water into the rectum. This was followed by the escape of some hardened fæces, and she seemed to feel a little temporary relief. Leaving her for a few hours in hopes that she might obtain a little rest, I returned at four P.M., but found her sufferings in no way mitigated, and the os uteri still obstinately undilated. To try antimony seemed the best plan; accordingly I sent her a mixture containing in each dose fifteen minims of antimonial wine, a dose to be taken every hour until nausea supervened.

On leaving her house I met a brother practitioner of this town, Mr. Henry Taylor (to whom I am much indebted for his valuable suggestions in this case.) and on my mentioning the case of Mrs. L—— to him, he told me, that he had found chloroform invaluable in a similar case some time since under his care; I therefore made up my mind, that should antimony fail in bringing about a better state of matters I would give chloroform a trial.

At seven P.M. (30th) I again saw her, and found that the second dose of the mixture had brought on most distressing vomiting; but still, on examination, the os uteri was no greater in circumference. I now ordered her beef-tea at shorter intervals than those at which she had been taking it for the last eight or ten hours. Her condition at ten P.M. was as follows:—Countenance anxious, tongue inclined to dryness, pulse rapid but feeble. She had passed urine freely; the vagina was hotter and less lubricated than at previous examinations; os uteri still about the size of a sixpence; lips thin, dry, and tender on pressure; membranes entire. I gave her about eight ounces of beef-tea, with a little brandy, and about eleven P.M. commenced putting her under the influence of chloroform. For the first hour she seemed distressed at each return of the pains, but during the last hour and a half was wholly insensible. On coming to, at the end of two hours and a half, her condition was in every respect improved; the os uteri had dilated to the size of about a half-crown; lips tumid, moist, and less tender; vagina well lubricated; the pains recurring about every twenty minutes.

31st, Eleven A.M.—The pains had continued since the time of last note pretty regularly up to about two hours ago, since which time, though strong, they have been irregular, and most irritating, without, however, doing much service. The os was dilated but very little more than at the time of the last note. As symptoms of exhaustion seemed once more coming on, I deemed it advisable again to put her under chloroform, and commenced doing so at half-past twelve P.M., keeping her under its influence for an hour and a half. At the end of this time she seemed much refreshed; the os was more dilated, and the pains recurred at intervals of fifteen minutes. The pains continued steady and good up to ten P.M., when symptoms of exhaustion again supervened, the pains becoming irritable and irregular. Not wishing a third time to put her under the influence of the anæsthetic agent, I redoubled the doses of beef-tea, but to no purpose; and for the last time, at half-past eleven, I put her under the influence of chloroform, and continued it for an hour. At the end of this time labour set in in good earnest; in half an hour the membranes ruptured, and in another half-hour a fine boy was born. There was some considerable hæmorrhage, and a little difficulty was experienced in removing the placenta, as the uterus seemed inclined to contract irregularly. The mother and child have both done well, no bad symptom having arisen after this protracted labour of about fifty hours' duration.

After this somewhat tedious but necessary recital, I would remark that in this case the reputed remedies seemed powerless in bringing about the dilatation of the os uteri. There is a remedy which has obtained in some quarters considerable repute, but which was not tried—viz., venesection—a remedy which, to use Dr. Ramsbotham's words, is "powerful, but not devoid of danger;" and the same authority, in speaking of this expedient, says that, as there must be a certain loss of blood after the birth of the child, and as it is not known what that loss may be, "it would be wanton to take blood from the arm without grave occasion, when the few ounces we may have voluntarily abstracted, had they been preserved, might have turned the vacillating beam of life in the patient's favour, and have snatched her from impending death." I feel convinced that had I bled my patient sufficiently to have made an impression on her system, the result would have been very different from that which ensued. Opium seemed to have no effect, and antimony appeared to make matters worse, by hastening exhaustion. With respect to chloroform, in this case its effects were unmistakable and most salutary. The principal object of placing her under its influence a second and third time was to obtain for her what she stood so much in need of—sleep, and to her it was a restorative of no ordinary value.

February, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

EXTENSIVE DISEASE OF THE SHOULDER, WITH NUMEROUS ABSCESSES; EXCISION OF THE JOINT; RECOVERY WITH A USEFUL ARM.

(Under the care of Mr. FERGUSSON.)

The infrequency with which the parts entering into the formation of the shoulder are removed at the present day, as contrasted with the elbow, the hip, or the knee, necessarily invests the operation with some amount of interest. The subject of excision of joints has been fully illustrated for the last few years in our "Hospital Mirror," and we take some credit to ourselves for having most fully entered into it, and thus been the means of exciting the attention of the profession generally to its consideration and adoption. Excision of the knee, the hip, and the elbow are now established operations in surgery, and so is excision of the ankle. With regard to the wrist, further experience is required to pronounce a positive opinion, although it has been practised with success by Mr. Fergusson and by Mr. Butcher, of Dublin, to whom surgeons are much indebted for their labours in this branch of surgical science.

With regard to the shoulder, there is no doubt upon the question of its propriety, only that the cases are few which present themselves as demanding the operation; and the reason

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is sufficiently obvious—namely, that disease in that joint is by no means of common occurrence, and when met with, it has perhaps terminated in anchylosis. Resection of the shoulder has been performed, however, in a considerable number of cases with good success. The condition which demands the operation in this situation is, long-continued and exhausting suppuration, proceeding direct from the articulation or from its immediate vicinity, which may be the result of necrosis of the shaft or head of the humerus, or of the acromion and coracoid processes of the scapula. The glenoid cavity itself may be the seat of mischief, as occurred in the following case. General strumous disease of the joint is perhaps the form in which it is most usually witnessed. As, however, the results of the operation have been proved to be remarkably successful—more so than in the knee or the hip, or even in the elbow—we see no reason against its being resorted to with fair prospects of success in anchylosis of the shoulder which cannot be forcibly broken up. An anchylosed shoulder renders the arm powerless, and if a false joint can be made to replace this condition, by excision, it is worthy of being attempted. The success which has been met with of late years by army surgeons in excising the shoulder-joint for gunshot injuries is as remarkable as it is gratifying, and is a great encouragement to active interference in chronic disease. If, on the other hand, portions of dead bone can be otherwise got rid of with fair prospects of cure, excision should not enter into the calculations of the surgeon.

In former "Mirrors" we have given several illustrations of this operation on the shoulder, which we may here refer to. They were: excision of the joint for old-standing disease, associated with partial anchylosis, in a man at Guy's Hospital, under Mr. Birkett's care, followed by recovery, (THE LANCET, vol. ii., 1855, p. 169;) an instance of gun-shot wound of the shoulder on board H.M.S. *Belleisle*, excision being performed with success by Dr. Beith, R.N., with a hinge-like movement of the articulation, (ibid, vol. ii., 1856, p. 207;) and a case of disease of the joint, with widely-spread suppuration, in St. Bartholomew's Hospital, in which excision was performed by Mr. Coote; but death ensued from diarrhœa (then prevailing) two weeks afterwards, (ibid, vol. ii., 1857, p. 271.) And to-day we add two others, with a third example, which justly comes within the same category, for it was to some extent a partial excision, more particularly involving the acromion.

In many of these cases of disease of the shoulder-joint the mischief is attributable to former attacks of rheumatism. Such was the fact with Mr. Coote's patient, and also with Mr. Fergusson's. We have seen many instances of anchylosis of the shoulder attributed to the same cause. An example of the kind has already appeared in our "Mirror," in which the adhesions were forcibly broken up with perfect success by Mr. Erichsen at University College Hospital, (ibid, vol. i., 1859, p. 389.)

Those who are opposed to the removal of the hip-joint from fears as to its inutility because of disease existing in the acetabulum—a circumstance which we have shown on previous occasions to be a secondary matter, and which was still further elucidated by Mr. P. C. Price before the Medical Society of London last Monday evening—might consider that disease in the glenoid cavity also is an objection to resection. The results, however, have proved that when the disease has been carefully extirpated, good recoveries have been made. In the patient who was the subject of the following case, the glenoid cavity was found diseased; its affected portions were removed by the gouge, and it did not in the least interfere with the perfect success of the operation, although before its performance the parts generally around the shoulder were discovered to be much disorganized. A little carious bone was also present in the same cavity in Mr. Solly's patient, but this again interfered in no wise with an excellent recovery. Differing widely from the hip-joint, the glenoid cavity, if extensively diseased, can be wholly removed by the bone-nippers—an undertaking which cannot be so easily accomplished in the hip, although we have seen nearly all of it removed by Mr. Hancock at the Charing-cross Hospital, and with success.

As is well known, in disease of the shoulder-joint the long head of the biceps tendon is usually destroyed by ulceration. In the present instance, however, it was found passing up the bicipital groove, where it was closely adherent to the periosteum. Above the end of this groove the tendon could not be traced, and had been destroyed by ulceration.

For the notes of the following case we are indebted to Mr. Francis Mason, house-surgeon to the hospital:—

M. A——, aged forty six, was admitted in October last, under the care of Mr. Fergusson. She is married, and had always enjoyed good health up to about eighteen years ago, when she fancied that she had rheumatism in her right shoulder. The usual remedies were applied, but the part seemed to be but little benefited. Four years after this, an abscess formed at the back of her shoulder, which was punctured, and a great quantity of matter evacuated. Other abscesses formed in the region of the neck; but the pain did not diminish in any way. In this state she continued, sometimes better than at others, until last Christmas, when she noticed a tumour, about the size of an orange, in front of the shoulder-joint, and another above the clavicle. She, therefore, applied at one of the metropolitan hospitals, and as the tumours proved to be abscesses, they were punctured, and matter was discharged. The pain in the region of the joint, however, increased in severity; and blisters, iodine, setons, and various other applications were used without benefit.

On admission into King's College Hospital, she was a healthy-looking woman, but having a somewhat anxious expression of countenance. On examining the right arm, two or three sinuses were found at about the anterior border of the deltoid, and one sinus at the back of the arm, about four inches below the acromion. A probe introduced detected bare bone; manipulation gave the patient great pain, and the joint seemed partially anchylosed, the limb being completely useless to her. On Oct. 29th, Mr. Fergusson determined to examine the part more carefully; and the patient having been put under the influence of chloroform, an incision of about four inches was made, commencing just below the acromion process, and proceeding in a downward direction. Mr. Fergusson now discovered that the disease was far more extensive than he at first anticipated; and, on making a further examination, found the whole of the joint disorganized. He, therefore, made an incision, an inch in length, outwards and at right angles to, and at each end of, the first incision. With a little manipulation, the head of the bone was turned out and sawn off; the glenoid cavity, having been found diseased, was gouged, and the parts were then brought into apposition, silver sutures being used to unite the cut edges of the wound. There was some little hæmorrhage from a vessel which Mr. Fergusson believed to be the posterior circumflex artery; but this was easily arrested. Since the operation, the patient has not had a single bad symptom; the appetite has been good; and, in fact, all the functions of the body have continued perfectly healthy. At the present time (Nov. 18th) the wound looks remarkably well, and is all but healed. The patient can move the arm slightly without any pain, and says she was never better in her life. She left the hospital some weeks afterwards perfectly cured; and when seen subsequently, she was found to have a useful arm, with much motion at the shoulder.

ST. THOMAS'S HOSPITAL.

DISEASE OF THE SHOULDER, WITH CARIES OF THE BONES; EXCISION OF THE JOINT; RECOVERY WITH A USEFUL ARM.

(Under the care of Mr. SOLLY.)

Mr. FERGUSSON mentions, in the last edition of his "Practical Surgery," that excision of the shoulder has now been performed so frequently in civil practice, that it is justly esteemed one of the most legitimate and brilliant achievements of modern surgery. This opinion is fully borne out by what we have ourselves seen of the operation and its results, although we have reported but few cases in our "Mirror." Notwithstanding that the measure of success hitherto attending it is greater than that of any other joint, it must not be forgotten that some judgment is necessary in selecting the cases for its application. The two examples which we now place upon record were very suitable for it, and their favourable result is encouraging; for not only have the patients recovered from the effects of the operation itself, but they have acquired tolerably free motion at their shoulders, with most useful arms. Mr. Solly's patient has been under observation for some time, and the cure has proved permanent. It may be observed that he had phthisical consolidation of the lung before the operation; this was either dispelled or relieved by treatment, and then the joint was removed. For the notes of the case we are indebted to Mr. W. Allingham, surgical registrar to the hospital.

R. D——, aged nineteen, a print-colourer, was admitted into

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St. Thomas's Hospital, under the care of Mr. Solly, on the 5th of March, 1859. He gives the following account of his illness:—

About two years ago, he began to experience considerable pain in the left shoulder joint. After a short time, this pain was accompanied by stiffness, which continued, more or less, even when he was free from suffering. This condition of the joint extended over a considerable period. The ordinary remedies, such as liniments, afforded him temporary relief at the commencement of the attack; but, eventually, he became unable to move his arm without giving rise to very acute pain in the joint. About a year, or a little more, from the onset of the disease, an abscess formed over the anterior wall of the axilla, and quite close to the chest. This was followed by another abscess on the inner side of the upper arm. They opened spontaneously, and have continued to discharge up to the present time. After the liberation of the pus, his sufferings were considerably mitigated, and he has now much less pain in the joint than he formerly had. He states that he has always been of delicate constitution, and that some members of his family were said to have died of phthisis.

State on admission.—He is a pale and rather emaciated man, looking much older than he states himself to be, and presenting a decidedly phthisical expression. The form of the left shoulder is altered, and generally much enlarged. There is tenderness on manipulation, most marked over the anterior part of the joint. Any attempt to abduct the arm, or to rotate the head of the humerus, causes him extreme pain. On the side of the chest, immediately below the free edge of the pectoralis major, is the orifice of a sinus, which appears to run up in the direction of the joint; another sinus exists on the inner side of the upper arm, and this can be traced up the bicipital groove to the joint. He has cough and expectoration, but has never suffered from hæmoptysis. Dr. Bristowe examined his chest, and reported that there was a slight amount of consolidation of the upper lobe of the right lung, which was, in all probability, caused by tuberculous deposit. He was ordered full diet, a pint of porter, and to take a drachm of cod-liver oil three times a day; also to have an issue made over the anterior part of the joint. Under this treatment his health greatly improved; he increased in weight, lost his cough, and the dulness at the upper part of the chest sensibly diminished. The condition of the shoulder-joint did not materially change. He suffered a good deal of pain at times, and the sinuses continued to discharge a watery pus.

On the 25th of June, he was placed under the influence of chloroform, and Mr. Solly proceeded to excise the joint. A bold elliptical incision was made about the extent of the deltoid muscle, and the flap thus formed was turned up, so as to expose the joint. The ligaments were then divided, and the arm being drawn across the chest, the head of the humerus was dislocated outwards, and with Butcher's saw a considerable portion of it was removed; a little carious bone was also excavated from the glenoid cavity. There was but slight hæmorrhage. The edges of the wound were brought together by sutures. On examining the head of the humerus, it was found that nearly the whole of the cartilage had been destroyed by disease, and there was a small piece of necrosed bone, which was undergoing the process of separation.

June 26th.—He was a little sick and faint after the operation, but appears to be comfortable this morning. The wound looks well. He did not sleep much last night. Tongue clean, and pulse quiet.

28th.—A considerable portion of the wound has united by first intention. He is very comfortable and cheerful; takes his food and sleeps much better than he did before the operation.

July 1st.—Making progress; the wound suppurating freely; he does not suffer any pain.

5th.—He is not quite so well just now, as he is suffering from an attack of herpes zoster; the wound, however, looks well.

19th.—The wound is nearly healed, and he seems altogether going on most favourably.

Aug. 13th.—He continues to improve; the wound is all but healed; the sinus on the side of the chest still discharges a little watery fluid; he eats and drinks well, and walks about the hospital quite vigorously.

27th.—The wound is quite healed, and he can bear the arm to be moved a little without pain.

Oct. 19th.—He will leave the hospital to-day. The wound continues firmly united; the arm can be moved more freely, and he has no pain; the sinus on the side of the chest still occasionally discharges; his health is good, and he has gained flesh and strength considerably since the operation.

CHARING-CROSS HOSPITAL.

REMOVAL OF THE WHOLE OF THE ACROMION PROCESS OF THE SCAPULA FOR STRUMOUS DISEASE; INTEGRITY OF THE SHOULDER-JOINT.

(Under the care of Mr. CANTON.)

IN this case the shoulder-joint itself was not implicated, although it is probable that a blow on the shoulder was the origin of the mischief which surrounded it, in a constitution no doubt eminently strumous, if the boy's family history be taken into account. In the details given, it is most instructive and interesting to observe how the disease was limited by the joint tissues of the acromio-clavicular articulation on the one hand, and the spine of the scapula (where there is less cancellous tissue for carious affection) on the other. To attempt to heal up the scrofulous sores over carious bone affected by struma was an impossibility. The course, therefore, was taken of removing the whole of the latter, and it was followed by the best results. These were greatly aided by careful attention to the general health both before and after operative measures. The acromio-clavicular articulation was filled with pus, and it is really astonishing that the shoulder-joint should have escaped. This case forms an excellent and suitable appendage to the two foregoing, and for the notes of it we are indebted to Mr. J. Reeve Shorto, house-surgeon to the hospital.

John B——, aged eight. The general appearance of the child was healthy; but when an infant he had been very weakly, and suffered under strumous enlargement and suppuration of the cervical glands. All the family of his maternal grandmother are of the strumous diathesis, so also are his brothers and sisters. It was believed that the patient had received some form of injury to his left shoulder whilst playing with his schoolfellows a long time previous to his admission, and he first complained of a dull, heavy, and continued pain about the upper portion of the deltoid muscle nearly fourteen months ago. Some swelling of this part took place, and in six months from the commencement of pain an abscess had formed in the region of the acromion process. The matter was evacuated by puncture; poultices were used, and water-dressing alternated with ointments were subsequently employed. It was understood that "blue plaister" had been strapped round the joint, but was discontinued in consequence of the pain it occasioned.

Examined when admitted into the hospital, the movements of the shoulder-joint were found to be perfect, and no pain was elicited on motion. A large scrofulous ulcer existed partly over the acromion process and partly on the deltoid beneath, pyriform in shape, nearly three inches long, and extending backwards in the line of the spine of the scapula; whilst another smaller ulcer was situated close to and a little behind the one described. A probe detected a carious state of the bone subjacent to the large ulcer; but the tissue beneath the small one appeared to be sound.

The boy's health having been for a few weeks attended to by the administration of medicine and the allowance of a liberal nutritious diet, Mr. Canton proceeded to remove the diseased bone by making a curvilinear incision, commencing at the acromio-clavicular junction, and terminating where the acromion process springs from the spine of the scapula; from this cut, another extended downwards at right angles, to the extent of an inch, including in it (with the former one) the large ulcer spoken of. The skin having been reflected, and the upper attachment of the deltoid divided, the acromion process was found to be extensively carious; the capsular ligament of the shoulder joint was sound; but the acromio-clavicular articulation contained pus, and its ligaments were partially sloughy; the outer end of the clavicle was healthy, though its cartilage of incrustation was partially destroyed, whilst the disease of the acromion extended completely up to this spot. The attachment of the trapezius having been divided, the whole of the acromion process was removed by the cutting pliers. The disease had not extended into the spine of the scapula. The soft parts were brought as nearly as possible together, and the arm bandaged to the side and supported by a sling.

The operation was performed on the 14th of last month; and though primary union did not occur, the whole wound has filled up to the level of the skin with healthy granulations, and a most favourable termination to the case may be fairly anticipated.

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Mr. Barwell made an examination of the part removed, and reports that its superior surface—i.e., the portion next to the skin—was condensed and hardened, and the outer solid case (normally thin) a good eighth of an inch in thickness. The lower portion included simply cancellous structure. The bony lamellæ of the cancelli were overgrown and concealed by a rich pink tissue, which was suppurating pretty freely; the long plates themselves were thinned and softened, some portions being detached and lying loose amongst the tissue above referred to.

CLINICAL RECORDS.

SUPPURATION OF THE HEPATIC VEINS AND STRICTURE OF THE RECTUM.

ON emergencies, cases of advanced disease are admitted into our hospitals, in which it is oftentimes most difficult to obtain any definite history of previous illness. These often try the skill and the patience of the physician, for the sufferers are then in the same position as young children, who of course cannot be expected to describe their ailments. An example in point was admitted under Dr. Barlow's care, at Guy's Hospital, the last week of January. The patient, a man, was in a state of delirium when brought in, with an occasional lucid interval, during which a question or two were put to him about his illness. His skin was yellow, and taken with a high state of fever and delirium, Dr. Barlow thought it might be abscess or some other disease of the liver. He told some vague story of his being subject to stricture of the rectum, but he was apparently suffering from the symptoms of bile poisoning, and died a few hours afterwards.

At the post mortem examination, diffused suppuration was found throughout the hepatic vessels; the portal vein, amongst others, was full of grumous matter. The rectum was found to be strictured close to the anus, and here consisted principally of dense fibrous tissue; the mucous membrane itself was destroyed. There were also large piles at the anal orifice. The mucous membrane of the rectum above the stricture was lacerated, possibly from the use of instruments to dilate the stricture out of the hospital. The hepatic suppuration was no doubt the immediate cause of death, but it could not be fairly argued that the state of the rectum necessarily had anything to do with bringing about the fatal hepatic mischief, although we are aware that some pathologists hold such a view.

HYDATIDS OF THE LIVER, MAKING THEIR WAY OUT ALONG THE HEPATIC DUCT INTO THE ALIMENTARY CANAL.

A RATHER unusual case of hydatid disease of the liver, which ended fatally, was very recently under Dr. Barlow's care at Guy's Hospital. The patient was a man who was admitted with symptoms of hepatic disease and local peritonitis; he had had jaundice a month before his admission, which passed off. He survived but a short time; and on making a post-mortem examination, a large hydatid cyst was discovered at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum. Had circumstances been otherwise favourable, a recovery might have ensued, as this was an effort of nature to get rid of a visceral parasitic invasion. Dr. Wilks stated that he had met with one similar case, where the hydatid membranes passed into the alimentary canal, some of them coming away by stool, whilst others were ejected from the stomach during the act of vomiting. This termination of hepatic hydatids is by no means a common one. Sometimes they burst into the peritoneum, or into the chest. But in the human subject, although they are occasionally diagnosed during life, we have seldom any evidence to depend upon beyond symptoms of chronic hepatitis. The enlargement, however, has been known to simulate ascites, and tapping has been performed to afford relief. In Dr. Barlow's patient the true nature of the disease was not diagnosed, because he had not been sufficiently long under observation.

PULPY DEGENERATION OF THE SYNOVIAL MEMBRANE OF THE KNEE.

OPINION is much divided on the subject of the treatment of many of the affections of the knee-joint. Some surgeons advocate excision of the articulation in cases where the disease is almost confined to the joint, and does not extend much beyond, nor involve the neighbouring tissues. Others again, who are opposed to excision, rely upon amputation, as the disease, whatever it may prove to be, is looked upon as incurable. Both of these methods we have frequently seen adopted. Whilst a third class would prefer to give the patient a chance of ultimate anchylosis, after many years of suffering and misery.

An example of disease confined chiefly to the synovial membrane of the right knee, in a man aged thirty-five, was submitted to amputation by the circular operation, whilst under the influence of chloroform, at St. Bartholomew's Hospital, by Mr. Stanley, on the 14th January. The case was one of a good deal of interest, because its progress had been watched from the commencement. The disease was of twelve months' duration, and for six months he had been in the hospital. Mr. Stanley considered the disease at that time to be a pulpy and thickened condition of the synovial membrane. When the man left the hospital, his joint was comparatively easy; but he returned a short time back in great agony. Inflammation had occurred within the joint, and, Mr. Stanley believed, had advanced to ulceration of the cartilages. When the pulpy degeneration does not remain in a quiescent state, it is sure, he observed, to turn into ulceration of the cartilages. The joint seemed but very moderately swollen, and this was chiefly confined to its anterior part. On opening it after removal, it proved to be a well-marked example of pulpy degeneration, the thickened synovial membrane projecting into folds in the interior of the joint. The cartilages, as anticipated, were in progress of destruction on the condyles of the femur and head of the tibia. The synovial membrane was brown in colour, and pulpy. The ligaments were not affected, but the bone was diseased, and its articular cartilages destroyed. It was an example of that peculiar condition of the synovial membrane which unfortunately cannot be relieved but by removal of the limb. The man is going on well.

LIABILITY OF TUMOURS TO TAKE ON MALIGNANT ACTION.

THAT benign and simple growths, which have remained quiet, almost unnoticed, and harmless for many years, should degenerate into malignant action, is a curious fact, and one that has not as yet been satisfactorily explained. This peculiar result is verified nearly every day in hospital practice, and amongst other situations in which it is observed, we may mention the breast. Simple mammary tumours, when removed before malignant conversion has ensued, rarely or never return. This is otherwise when they have become infiltrated—by cancer, for example. On the 31st of January, we saw Mr. Bryant remove a mammary glandular tumour (adenocele of Birkett), the size of a walnut, from a young woman's right breast; she had had it for some time—two or three years; and its early excision is almost certain to warrant an exemption from any future return. The wound has already healed up, and the patient is nearly well. On the 2nd of February, a case of an opposite kind came under our notice at the London Hospital, in the person of a young-looking woman, about thirty-five years of age, with a small tumour situated at the upper part of her right breast. She had noticed a small lump there as long as she could well remember, but she had not at any time deemed it worthy of attention. Latterly it commenced to enlarge, and caused some uneasiness; and its true nature being suspected by Mr. J. F. Clarke, whose patient she was, she was admitted into the hospital to undergo an operation for its removal. From the peculiar feel of the tumour, and the recent rapidity of its enlargement, Mr. Curling believed it might be carcinoma, and this was verified afterwards. She would not take chloroform, and bore the operation as quietly as if she had been narcotized. The tumour was the size of a small pullet's egg, and a section showed it to be incipient cancer, with several minute cysts around its margins. Some of the glands in the axilla were enlarged. The wound was slight, and a little hæmorrhage ensued from a small artery, which Mr. Curling endeavoured to arrest by acupressure,—a mode recently recommended by Dr. Simpson, of Edinburgh,—but it did not succeed. It was, perhaps, hardly a fair case to try it in, for we heard Mr. Curling state that, the other day, Dr. Simpson went from Edinburgh to Carlisle to witness an amputation of the thigh by Mr. Page, of the latter city, in which acupressure proved completely successful in arresting the bleeding. The only question in relation to this is, whether it is likely to be permanent in effecting the desired object. Mr. Curling's patient has been going on extremely well, and it is to be hoped there may be no recurrence of the disease.

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ROYAL SOCIETY.

SIR BENJAMIN C. BRODIE, BART., F.R.S., PRESIDENT.

ON THE FREQUENT OCCURRENCE OF PHOSPHATE OF LIME IN THE CRYSTALLINE FORM IN HUMAN URINE.

BY ARTHUR HILL HASSALL, M.D.,
PHYSICIAN TO THE ROYAL FREE HOSPITAL.

It is commonly stated by writers on the Chemistry and Pathology of the Urine, that phosphate of lime never occurs in the renal excretion in the crystalline form, but always presents itself as a granular amorphous deposit.

The author has shown in this communication that deposits of phosphate of lime, in well-marked and highly characteristic forms, are of frequent occurrence in human urine, very much more so indeed than the amorphous deposits of that salt, which are comparatively rare and exceptional.

It follows, therefore, that the statements hitherto advanced, of the absence of crystallized phosphate of lime from the urine of man, are erroneous.

From the frequency of their occurrence, it is singular that the true nature of these crystals should have been so long overlooked. This, the author considers, cannot have arisen from the crystals themselves, at least in some of their various modifications, not having been observed, but rather from their having been confounded with those of the phosphate of ammonia and magnesia, from which, however, they differ as much in form as in composition.

The author considers the occurrence of deposits of phosphate of lime to be of deeper pathological significance than those of phosphate of magnesia or phosphate of magnesia and ammonia. While the greater part of the phosphoric acid of these latter phosphates and all their magnesia are derived from the ingesta, there is in the animal organism in the bones several pounds' weight of phosphate of lime, from which, in some cases, and in certain maladies and conditions of the system, the deposits of that substance encountered in the urine are doubtless obtained.

The communication was illustrated by a series of drawings, exhibiting the several varieties in the form and grouping of these crystals observed by the author.

A discussion followed the reading of the paper, in which Sir Benjamin Brodie, Mr. Frankland, Dr. Garrod, and others took part.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 14TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

THE Society was attended this evening by an unusual number of military surgeons, and by several literary gentlemen of eminence who have taken much interest in the "Social Evil."

ON THE RARITY AND MILDNESS OF SYPHILIS AMONGST THE BELGIAN TROOPS QUARTERED AT BRUSSELS, AS COMPARED WITH ITS PREVALENCE AND SEVERITY AMONGST THE FOOT GUARDS IN LONDON.

BY WILLIAM ACTON, ESQ., M.R.C.S.,
FELLOW OF THE STATISTICAL SOCIETY, ETC.

The author, after some introductory remarks, thanking the English and Belgian military authorities for the ready assistance given him in the preparation of this paper, stated that in both armies a weekly examination is made, to discover if disease exist amongst the men. If found affected, the patients are at once sent into hospital.

In Belgium, the authorities next inquire the name of the woman supposed to have infected the soldier, as well as the house where the disease was contracted, and the particulars (without delay) are forwarded to the Inspector of Health, who at once examines the girl, to verify the soldier's statement. If found diseased, she is at once sent to the public hospital, and confined there till cured. These stringent measures are not only ordered, but strictly and effectually carried out. The result had been found so beneficial, that at the time the author visited the hospital, only 11 men out of a garrison of 3500 soldiers were laid up; 6 of these affections were merely slight cases of gonorrhœa. To show that this was not an accidental immunity, a table was given of the whole of the diseases under which the Brussels troops suffered during 1859, and the following remarkable deductions were drawn:—First, the extraordinary rarity of venereal disease, 1 out of 10 men only suffering from the affection; and secondly, the singular mildness of the complaint. The almost total exemption from syphilis is a no less remarkable phenomenon. Only 62 cases of chancre occurred during the twelve months in the garrison; in other words, 1 only in 56 men fell ill during that period. Secondary symptoms were almost unknown, as only 10 men came into hospital with this serious complaint.

To show that this immunity was not confined to the military hospitals, Mr. Acton gave a table, showing that in the wards of the civil hospital only 42 cases were under treatment out of a population of 260,000. The author met the question, "How do you show that this immunity is a consequence of the sanitary regulations to which you ascribe it?—may it not have existed before the regulations?" by giving M. Thiry's reply: "In the wards, where we now have 42 cases, we formerly (i. e., before the present system had been set on foot) had from 150 to 160 venereal patients."

The system followed for the sanitary regulation of the women was next described, and it was shown that medical men may respect the feelings of the sex, and yet the women (degraded though they be) appreciate the kind consideration with which the chief inspector and his assistants perform their painful duties. On the morning when the author was present, eighty women were examined, yet he could not discover the least trace of disease in any of them, and their certificates were signed in about an hour and a half. The necessity and advantage of the system seemed to be mutually felt by all parties. It was the law of the land, and, as such, it was implicitly obeyed as an arrangement of the legislature for the well-being of society.

Attention was next called to the striking contrast to be found amongst the women of London, whose deplorable state was illustrated by the fact that out of 63 women examined lately for admission into a penitentiary, 59 were so seriously diseased that the surgeon could not give his sanction to their being taken into the institution until they had been cured. Another illustration was cited as having occurred at Windsor. During the last summer the first battalion of Fusilier Guards was quartered in this royal garrison, and out of 600 men 64 were laid up in hospital with venereal affections. This state of things arose from the infected condition of the women of the town, as was well known to the men, officers, and police authorities.

The author next contrasted the condition of the public thoroughfares in the two capitals. In Brussels—whatever its vices—the youth may return home from his school unchallenged by loose women; the drunken mechanic is not carried off almost by force to the prostitute's lair; the soldier, reeling home to his barrack, is not waylaid, robbed, and infected. One and all may, and can, if they wish, even in Brussels, seek out the tempter, but the Belgian Government conceals the unfortunate sisterhood as much as possible, and vice is not allowed to parade its attractive forms before the half-willing victim. Were the same regulation applied to our principal thoroughfares, the author could not but think that we should gain many great advantages. If nothing else, we should have a much less numerous roll of infected soldiers, for whose vices the country pays without any return whatever. If a case of small-pox occurs, the health officer and policeman unite in putting down the dangerous nuisance; but although a dozen infected prostitutes are well known to frequent a royal town like Windsor, the authorities remain inactive.

The comparison with our Foot Guards was next alluded to.

Instead of syphilis being the slight affection it is in Brussels, this complaint has been for many years, and continues to be, a very plague in the London regiments. During the first few years after enlisting, many a promising young soldier is laid up in hospital with some of these affections. In spite of all the measures hitherto taken, large numbers are being daily sent into hospital, enduring a long course of mercury, which depresses the vital powers, and disposes to other complaints. After a long convalescence, and in spite of all the precautions that can be taken by the medical officers, such men become invalided, and no statistical tables can give any accurate idea of the numbers of good soldiers thus lost to the service.

From tables given, it appeared that more than *one-half of all the sick* sent to hospital are admitted in consequence of venereal complaints; and the no less remarkable deduction is drawn, *that could we eradicate this disease, we should at once remove half the complaints under which our Foot Guards suffer.* In London every fourth man suffers from syphilis (primary), instead of every fifty-sixth, as in Brussels. Constitutional syphilis in the Guards is so common and severe, that one in

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eight men who suffer from chancre comes into hospital on account of secondary symptoms.

The Remedies.—The question, said the author, will be doubtless put to me, "Do you propose to introduce the foreign system of examining public women into London?" He disclaimed at once any such intention. It was idle to deny that one of the greatest difficulties in the way of attempting any remedy consists in the fear of injuring the very morality which a remedy professes to protect. This fear is felt, and loudly proclaimed, by a large number of well-meaning men, who, ill-informed on the causes and consequences of vice, and having their own feelings under control, think that the mass of mankind can, and therefore ought to, and therefore will, exert self-restraint. The result is a kind of apathy that leads even the best men to shrink from action, or even discussion, on what they admit is the monster social evil of the day, from a vague dread of some unforeseen moral result.

The author assumed that the Society did not sympathize with this timidity; he might, therefore, dare here to ask and endeavour to discover if there were any remedies within our reach other than the continental system of regular licensing and periodical inspection. Mr. Acton then went on to consider the class of men for whom we have to legislate, and proved from the statistics that almost all young soldiers became infected. These observations, said he, are not applicable to soldiers alone. The indulgence of the sexual passion is not confined to any class or condition of life. In spite of education and religious culture, incontinence is a very widely-spread evil.

It was then for the medical profession to consider, if (as he maintained) we are unable to do so completely, yet how we can to some extent guard the young soldier against the consequences of his evil passions, which, as shown in the above statistics, no amount of consequent disease or permanent ill-health will induce him to restrain. In answer to the moral objections, he submitted that incontinence and resulting disease are such widely-spread and destructive evils, that no greater can arise from the introduction of any reasonable preventive measures. The legislature, the philanthropist, even the clergyman, must admit that our efforts, such as they were, have hitherto completely failed. As neglect will not succeed, we are justified in hoping that a scientific investigation will in this, as in other sanitary matters, assist us in devising plans for ameliorating a great social evil.

In the first place, he would offer facilities for local ablution in the different barracks in London, and showed that in the present day no such accommodation existed. He cited, however, the example of the East India Depôt Barracks at Warley as evidence that, when such facilities are given to the soldier, they had been found to have a most beneficial effect. He then stated that it was to the interest of all parties concerned to offer an asylum and cure for the women who diseased the soldiers. It was the cheapest remedy, and more in accordance with the common-sense plan of removing one-half the diseases under which the army at present labours than any other. The details cannot of course be given here, but Mr. Acton read a letter from Sir John Liddell, the Director-General of the Naval Medical Department, showing that Government had already given a partial sanction to the plan, as £1800 had been voted for building wards at Portsmouth for the treatment of prostitutes, and that £500 a year were granted at present for the maintenance of this system, and he but asked that what was found so beneficial at Portsmouth should be granted to garrison towns like Windsor; and he concluded by affirming that in future the country would blame the officers of a regiment if such grants were not asked for, to remove a preventable disease, and one which was now proved to cause half the sickness that occurs amongst the household troops.

Mr. HOLMES COOTE considered that the Society was much indebted to Mr. Acton for the bold manner in which he had brought the subject of his paper before them. It was proper to call diseases by their right names, and so to present them in their true aspect to the public. The manner in which the venereal disease was spread in London at the present time was disgraceful to the Legislature; and the remedies which had been lately suggested at public meetings for its control were puerile and silly. Meetings were held and subscriptions raised with the view of recovering girls from the streets, really to make vacancies for others. No doubt incontinence was a great sin, but the evils connected with continence were productive of far greater mischief on society. Any person could bear witness to the truth of this who had had experience in the wards of lunatic asylums. Venereal disease, he felt certain, could be gradually checked by the employment of suitable sanitary regulations. The chief evil of which prostitutes had to complain was dirt, and the absence of proper means of ablution. It was his opinion that there was nothing peculiar or specific in the disease, but that it was mainly caused by filth, the character of the sore being modified by the texture which was affected. Some few years ago he was at Smyrna, and then the disease was not known in that town, although Greek prostitutes were located in establishments in it. After, however, the arrival of the German Legion from England, the disease made its appearance, and was never afterwards eradicated. The introduction of the disease into various parts of Turkey appeared to be connected entirely with the progress of English troops, the condition of whose health seemed to have been altogether disregarded previous to their embarkation. The evils attendant on the spread of venereal disease were most serious. He was constantly in the habit of seeing at St. Bartholomew's Hospital most respectable women, mothers of families, covered with various forms of venereal eruption who were compelled to still live with their husbands, and give birth to diseased or dead children. Such evils as these, and others equally grave, were still permitted to exist, because, forsooth, we were so remarkably pious a people that we could not take any proper legislative steps which would appear to be sanctioning vice! (Hear, hear.)

Mr. HULKE must dissent from the assertion that syphilis was unknown in Turkey. He had been connected with a dispensary at Smyrna, and had found amongst the lower classes of Turkish women the worst forms of syphilis to prevail.

Mr. SPENCER WELLS said that he could corroborate the statement made by Mr. Hulke respecting the prevalence of syphilis amongst the lower order of people in Smyrna. With respect to the connexion of the disease with dirt, he might state that in the Dardanelles the English soldiers on their arrival had free intercourse with very dirty women, yet no syphilis had been found amongst them. On the arrival of a young English woman at the camp, however, a considerable outbreak of gonorrhœa presented itself. He did not believe that the disease would be checked by the mere institution of lavatories. They were unquestionably serviceable in barracks; but it must be remembered that soldiers do not contract syphilis there, but in the dirty parts of towns, so that time was given for the absorption of poison into the system before the opportunity of ablution was given them. Some years since, when he was in the navy, he had attempted to make it a punishable offence to be infected with venereal disease. The attempt, however, failed, for it was soon found that it had the effect of preventing the men applying to the surgeon until the disease had spread to such an extent that they were unfit for duty. An opposite course of conduct was more successful. Men slightly affected with the disease were not placed on the sick list, which involved the stoppage of their grog and part of their rations; they were merely subjected to mild local treatment. Soldiers were regularly inspected, and when found to be affected with disease were immediately placed under treatment. Yet notwithstanding this surveillance, a fourth of the entire sickness of the army arose from venereal disease, and the proportion was increasing with rapidity. During the fourteen years previous to 1856, the average number of men suffering from syphilis was 76 in 1000; since that period, however, the proportion had increased to 126 in 1000. To effectually check the disease it would be necessary to go deeper than Mr. Acton proposed. It was of no use merely to discuss the best way to afford an unlimited supply of healthy prostitutes for London soldiers. To act with effect in reducing the amount of disease a better class of men must be admitted into the army; amusements of a proper kind, and the means of education, should be placed within their reach; they should, moreover, be led to understand that they could not indulge their passions indiscriminately with impunity.

Dr. LETHEBY considered that the time had now arrived when some remedy must be put in force to arrest the evil, which was extending with alarming rapidity in London. The subject which had been brought forward by Mr. Acton, and for whose services respecting it the profession and the public were much indebted to him, was one of the most important social questions of the day. Nothing produced such serious effects upon the community as the spread of venereal diseases amongst the lower orders of the people. Difficulties unquestionably beset us when attempting the application of remedies. It was not easy to find a remedy which did not interfere with the liberty of the subject and the sacredness of home. The disease, however, had arrived at such a pitch that some curative measures were imperatively called for. It would be an important step if we could establish hospitals where prostitutes

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might be treated as soon as they became diseased. Syphilis was the cause of a large proportion of infantile mortality.

Dr. SCHULOFF said that in Prague the system for prevention of disease described by Mr. Acton was in full force, but it was doubtful whether the morality of the people was improved by the knowledge that they might indulge in indiscriminate sexual intercourse with impunity. From having practised in the East, he could state that syphilis was much less common there than in Europe. In Hamburgh, however, and other seaport towns it was usually very prevalent. No doubt the establishment of hospitals for the reception of prostitutes when diseased would be highly beneficial, particularly if they could obtain access to them without undergoing the usual formalities. Dr. Schuloff then made some remarks on the importance of instructing students in the pathology and treatment of syphilis more generally than was now done.

Dr. WEBSTER believed that the "social evil" was not more prevalent in London than in other parts of Europe. He thought that it prevailed more in Spain than in England. He had visited the hospitals of Madrid, Barcelona, Malaga, and all the chief cities, in all of which he had found the syphilitic wards containing numerous patients, some of whom were suffering from the worst forms of the disease. He did not attach great importance to the enforcement of police regulations, for though they might effect a greater outward show of morality the disease would still prevail. The most efficient remedy was, he believed, mental and physical occupation.

Mr. SOLLY, far from considering syphilis an evil, regarded it, on the contrary, as a blessing, and believed that it was inflicted by the Almighty to act as a restraint upon the indulgence of evil passions. Could the disease be exterminated, which he hoped it could not, (marks of disapprobation,) fornication would ride rampant through the land. He believed that Mr. Wells was right in saying that the best cure for the evil was the elevation of the moral character of society. Mr. Solly then alluded to the statement of Dr. Schuloff respecting the study of syphilis in our hospitals. He contended that the student was thoroughly instructed in the malady. There were 150 syphilitic beds in St. Thomas's Hospital.

Dr. ROBINSON (Fusilier Guards) said that the loss of service arising from the prevalence of disease in the army was very great. Ablution would tend to lessen the severity, but certainly would not altogether prevent the disease. The men generally arrived too late at the barracks to derive any advantage from the washing-rooms. The plan suggested by Dr. Stewart would, he thought, be found impracticable in large towns like London. By confining prostitutes to their dwellings in the evening much good might be effected. In Dublin, the streets in the neighbourhood of the barracks were infested by prostitutes, who waylaid the men in the evening, and thus the spread of the disease was kept up. Some time since he had suggested the establishment of Lock hospitals in garrison towns, to be supported partly by the Government and partly by the localities. He had mentioned the subject to a general officer, but he thought that an insurmountable difficulty to the plan was the financial one on the part of the Government.

Dr. STEWART stated that at the East India Depôt at Warley, where youths were received as recruits, when there was an outbreak of venereal cases, the sergeants discovered the house whence the disease had spread. Unless the infected woman was removed, a picquet of soldiers was placed opposite the door, and no one connected with the depôt allowed to enter. At Warley, also, ablution was carried out in a more complete way than it could be amongst grown-up soldiers.

Mr. HENRY LEE thought that the comparison drawn by Mr. Acton between the soldiers of London and Brussels was scarcely a fair one. The Foot Guards of London were a kind of privileged class; they had higher pay than the Brussels soldiers, and were subject to greater temptations. It was hardly fair, then, to assume that the prevalence of syphilis amongst them was an accurate criterion of the extent of the disease in the army generally.

Dr. BALFOUR must dispel the romance of the last speaker as to the comparative immunity of the army generally from syphilis. Statistics extending over the ten years 1837–47 showed that the number of cases of venereal disease amongst the Foot Guards as compared with the line was as nine to fifteen. It was thus shown that Mr. Acton had understated, and not overstated, the case of the British army as contrasted with that of Belgium. The amount of inefficiency in the British army (in the United Kingdom), at the present time, from syphilis, was equal to two and a half regiments. He had traced the history of 1126 men who entered the Grenadier Guards between Sept. 1847 and March 1853, to the time of their embarkation for the Crimea in 1854. The average period during which they were observed was three years and five months. Of the entire number, 536 were admitted into the hospital suffering from specific venereal diseases, the actual number of admissions being 1250. 212 were admitted once; 292, twice; 210, three times; 220, four times; 120, five times; 114, six times; 42, seven times; 16, eight times; 10, nine times; and 1, fourteen times. It had been suggested by Mr. Spencer Wells that a better class of men should be admitted into the army, but it was almost impossible to obtain them without a large increase of pay. Occupation, no doubt, would be the best remedy; but the men were not allowed to be employed in productive work, lest it should interfere with trade. He should be glad to hear from Mr. Acton whether any of the syphilitic cases in Brussels were admitted into the regimental infirmaries, where cases of a slight kind were occasionally received; and if so, whether account of them had been taken in the paper before the Society. He agreed with the author in the importance of diminishing the venereal disease in the army; but he regretted to say he could not see any way in which its prevalence could be materially lessened.

Mr. ACTON, in reply, said that he trusted the discussion of the subject would be attended with beneficial results. He did not think that the suggestions for the army would be of much avail in the navy, as the men were on board only a short time, and, when the ships were paid off, were out of the control of the authorities. Statements similar to those made by Mr. Solly he had heard from various persons in society, but he was not prepared to hear such language from a medical man (hear, hear). He trusted that the subject of syphilis would no longer be left in the hands of quacks; that the opprobrium attempted to be cast upon legitimate practitioners in that department would be removed; and that efficient measures would be adopted for the prevention of this wide-spread disease.

Reviews and Notices of Books.

Clinical Lectures on certain Acute Diseases. By ROBERT BENTLEY TODD, M.D., F.R.S., late Consulting Physician to King's College Hospital. pp. 487. London: Churchill.

THERE are few things that cast a more serious and melancholy shade over the duties of a reviewer than having to perform them in connexion with the last gift of an eminent man to the public, whom the grave suddenly closes over but a moment before the world receives his offering. Such has been the case in the present instance, and, therefore, with this volume of the clinical series, we have received all that we can ever have from one of the most illustrious medical teachers of our day. No doubt that Dr. Todd must have looked forward with considerable interest to the publication of this third volume, containing, as it does, a large amount of data and reasoning in support of his enthusiastic endeavours to change the popular treatment of acute internal inflammatory affections. He had long laboured to teach and act in practice upon the belief that the ordinary so-called antiphlogistic treatment is unnecessary (to say the least) for the cure of these maladies, and he at length determined to prove to the profession at large that our time-honoured views concerning inflammation and fever could not be regarded as legitimate deductions from accurately-observed clinical facts. Hence the volume now before us, in which the author believed would be found ample proof of the following (amongst other) conclusions:—

1. "That the notion so long prevalent in the schools that acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious."—p. vii.

2. "That acute disease is not curable by the direct influence of any form of drug or any known remedial agent, excepting when it is capable of acting as an antidote, or of a neutralizing poison, on the presence of which in the system the disease may depend."—p. viii.

3. "That there are very many instances of morbid conditions which are not in the least degree under the influence of any remedies with which we are at present acquainted, and in which the subjects of them will die do what you will; while, on the other hand, there are many cases in which recovery will

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take place, no matter what treatment you adopt, even if you give the patient nothing but cold water. Hence.....two classes of cases: those which will recover without any treatment at all, and those which will most assuredly die in spite of every effort to save them."—p. 439.

4. "Alcohol, in some form or other, is a remedy whose value can scarcely, I think, be over-estimated, and one upon which, when carefully administered, I rely with the utmost confidence in a great number of cases of disease which are at all amenable to treatment."—p. 439.

5. "Alcohol may be employed in all those diseases in which a tendency to depression of the vital powers exist; and there are no acute diseases in which this lowering tendency is not present."—p. 462.

6. "There is no evidence to show that any physical depression is induced as a sequel to the alcoholic excitement, that any increased waste goes on, or that the nervous power is at a lower ebb than *before* the administration of the alcohol, if it have been given in proper quantity."—p. 458.

7. "It is far more dangerous to life to diminish or withdraw alcohol than to give too much."—p. 484.

"You must feed inflammation as you would other active vital processes."—p. 262.

These being the doctrines the author desired to propagate, we can scarcely be surprised that the attention of the reader is, at intervals, drawn by Dr. Todd to the vigorous manner in which he acted up to his own belief. Thus, after the relation of one case (p. 303), we find it remarked—"This patient had altogether about thirty-one pints of brandy, or about an average of a pint a day for a month." After that of another, we are informed by a note (p. 483) that "other examples of recovery from a comatose state in fever under large doses of alcohol will be found at pages 176 and 162." Here we are told that "the brandy was reduced to an ounce every hour," and that "she was ordered five grains of carbonate of ammonia and fifteen minims of chloric ether every three hours, an ounce of brandy every hour, and a morphine draught at night." In fact, a not extreme view of the practice advised in Dr. Todd's last volume is to assume that he authorizes the administration, in most cases beyond ordinary indisposition, of an enema of eight or ten grains of quinine every three hours, with an ounce of brandy every hour, an occasional dose of carbonate of ammonia and chloric ether, often one of opium or of morphia, with plenty of beef-tea, &c., in the intervals. The diseases which are brought forward to illustrate this method of treatment are inflammations of the thoracic viscera in rheumatism, continued fever, erysipelas, pyæmia, and pneumonia; and to the accounts of these are added "Observations on the Treatment of Acute Internal Inflammations generally," and a chapter "On the Therapeutical Action of Alcohol." That many of the cases related terminated favourably, considering the nature of them, —pyæmia, typhoid pneumonia,—was what we might expect; but that many others should not have done so does not in the least surprise ourselves, though it occasionally astonished Dr. Todd. Indeed, *we* have been rather surprised—considering the laudation of alcohol, and its administration often to one ounce and a half every hour continuously—that we should have the histories of so many post-mortem details. But so it is. There was no lack of brandy, and yet the case "terminated unsuccessfully, and the patient died evidently in a state of extreme exhaustion" (p. 107).

That the third volume of the lamented author's clinical series is pregnant with most valuable practical illustrations, no one can deny. Every disease treated of is of great interest, and most maladies are of daily occurrence; but we would particularly draw attention to the important clinical lessons taught in the seventh lecture, "On a Rare and hitherto Undescribed Affection of the Fauces, probably Erysipelatous." Still, with all our respect for the abilities and experience of the author, we must confess that we regard the *ultimatum* in therapeutics to which he was fast arriving—that all disease that is curable is curable alone by brandy—would be found no less pernicious in its results than the older axiom, that instead of *brandy* wrote *ulebotomy*. For lessons in clinical pathology, we know not any volumes to which the student may be referred with more advantage than to the series of Dr. Todd's "Clinical Lectures." But so far as relates to the therapeutics of the last series, we must accompany our recommendation with the caution that he must guard against accepting the doctrines suitable only to a certain and limited class of constitutional states as justly relating to that of *all curable maladies*. Dr. Todd had a great name living, and he will be long remembered now he is dead. But it is not simply because Dr. Todd said and did such and such thing that we must necessarily be right in believing and acting in identically the same way. To apply his own observation relative to those great names from whom he ventured to dissent in his views of pathology and practice—"Amicus Plato, amicus Socrates, magis amica veritas."

ABDOMINAL TUMOURS AND GESTATION.

[LETTER FROM DR. R. C. CROFT.]

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 4th inst. a correspondent, signing himself "A Provincial Dispensary Surgeon," has been kind enough to set me an examination paper upon the case of complicated pregnancy reported in your number of the previous week, in which, without calling any of the facts into question, he asks "whether I had any physiological reason to think," or "whether I had any right to expect," so and so. Now I simply reported in detail a puzzling case which occurred to myself; and when we report cases which are out of the common way, things often happen which we have "no physiological reason to expect or think of." The "principles to be deduced" from the case, and the advantages of reporting it, will be evident to all those who will take the trouble to read it carefully.

With regard to the questions. Your correspondent asks, "Does the stomach, distended with food, descend between the uterus and the abdominal walls, and so intercept the sounds of the fœtal heart?" In ordinary cases, probably not; but I should be very sorry to commit myself by saying where the stomach, or any other organ, went to in the case under consideration.

The "Provincial D. S." next makes an elaborate calculation with respect to the duration of the pregnancy, and asks if I "had any right to expect" to hear, or to be surprised that I did not hear, the fœtal heart "twelve weeks after conception." To this I reply, that my report states simply that "I did not detect any sound resembling the fœtal heart," and that it says nothing about any expectation in the matter; although, from the size of the patient's abdomen when first called in (supposing that size to have been the result of pregnancy), I might reasonably have *expected* to have heard it. It is, allow me to add, easy enough for a "Provincial Dispensary Surgeon," or anyone else, to fix the probable time of conception *after* the birth of the child, and when all the facts of the case are collected and known; but it is not so easy to do so at the *commencement* of any case, especially if complications exist.

To the next question—"Do I *now* think that the peculiar 'whirring sound' was anything more than the abdominal aorta or common iliac?"—I will reply by asking the "Provincial D. S." another. Did he ever hear either of those arteries "*coo like a dove?*"

As to the nature of the tumour, I am sorry to say I can give no satisfactory information—any opinion would be but a guess. I have not seen it, nor am I likely to do so, as the patient is in the enjoyment of excellent health. It has not "disappeared" (see note May 12th), but gives the patient no inconvenience whatever.

Vomiting and salivation are amongst the ordinary symptoms of pregnancy, but in this case they were excessive and unusually distressing. The "*burning* sensation" was italicized, as referring to a similar symptom in a recent case of suspected poisoning.

In conclusion, permit me to say that I shall be most happy to give every information in my power to anyone courteously asking it; but that I shall certainly decline answering any further remarks from *anonymous* correspondents.

I am, Sir, yours obediently,

ROBT. CHAS. CROFT, L.R.C.P. &c.

Camden road Vill'as, Feb. 1860.

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THE LANCET.

LONDON: SATURDAY, FEBRUARY 25, 1860.

WITH all its faults, and notwithstanding the occasional disputes that seem to be inseparable from it, we are still disposed to think that the constitution of our public charities is the best suited to the genius of Englishmen. It is better to seek in that most excellent gift of charity which ought to rule over governors and officers alike, for the considerate spirit that shall heal those disputes, than to fly too hastily to the conclusion that organic changes must be made. Governors to subscribe the funds, committees to administer those funds, and medical officers to dispense the appliances of science and of art to the relief of the suffering, are all necessary. All should ever keep the one great end in view. If this be done steadily, it will be obvious that all must work well together. The chief aim of the governors will be, not the exercise of authority or patronage, —although we are far from depreciating this as an improper motive,—but to take care that those in whom is vested the ultimate and all-important duty of healing the sick, shall be placed in the most favourable conditions for doing their work with efficiency and credit. To accomplish this, but little reflection is needed to prove that the medical staff must be fairly and cordially associated in the management of the institution. The medical officers of our hospitals and infirmaries, with few exceptions,—too few, perhaps,—perform very arduous and very responsible duties gratuitously. The governor subscribes his annual guinea; the member of the committee gives, in addition, his administrative skill; the physician or surgeon commonly gives both these, and contributes, besides, that professional skill which it is the object of the guinea and the administrative skill to distribute to the needy. This being the relative position of the component elements of an hospital, upon what reasonable plea can it be urged that those contributors, whose donations so far surpass in importance all the rest, should be placed in a position of inferiority in the government and administration? We are sure that a plea of this kind can only be supported by false analogy. The governors of an hospital and its medical staff do not stand in exactly the position of employers and employed. We are confident that, when seen in its true light, the plea drawn from this false analogy will be abandoned.

Some of the governors of the Bedford General Infirmary seem to have fallen into an error of this kind. From a report of the proceedings of the annual meeting recently held, we learn that the Rev. W. B. RUSSELL warmly enforced a motion, declaring that no gentleman officially connected with the institution should be eligible to act on the managing committee. Why this disability? Mr. RUSSELL simply relies on the general proposition, that "it was inconsistent for gentlemen to be "members of a committee appointed to exercise a control over "the management of the institution with which they were "officially connected." Does he not see the inconsistency of this argument when applied to the case of the Bedford General Infirmary? The medical officers are not paid servants. An argument that applies very properly to the paid dispenser, by no means applies to the honorary surgeons. A governor who subscribes, as we have supposed, his annual guinea, is eligible. The governor who subscribes annually two, three, or five guineas, is also eligible. Shall it be said that the surgeon, who also subscribes his guinea or more, and further contributes his time and his professional skill, is ineligible? Shall it be a law of the Bedford Infirmary that ineligibility to share in the management shall be attached to the highest and most onerous services?

Thus far the justice of the matter. If the Rev. Mr. RUSSELL fail to make good his case on this ground of principle, he is at least bound to show that the practice of admitting the medical officers to seats on the committee was inexpedient, on the ground that it worked badly. But we find no allegation of this kind; nothing but a somewhat ungenerous insinuation, that if the medical officers were on the committee they would be sure to side with their party in the event of a complaint. It was not alleged that they had done so; but that they would. It is gratifying to observe that the sense of the meeting was not favourable to the motion. It appeared, from a report of a sub-committee appointed to inquire into the practice of other institutions, that in thirty-three out of thirty-eight, the medical officers were eligible for seats on the committee. Custom was, therefore, clearly on the side of the medical officers. The report went no further than to lay before the meeting the information it had collected; it recommended no course for adoption. The Chairman, Mr. WHITBREAD, very properly ruled that a motion for enacting a law so organic, introducing as it did a disqualification of certain governors—a deprivation of rights hitherto enjoyed—could not be discussed without previous notice. However, in nominating the Weekly Committee, the medical officers were left out. Thus, for one year at least, although not declared ineligible, they are practically excluded. And as injustice, like other things, acquires strength by time, this course may be wrought into a precedent in future years. One inconvenience resulting from this arrangement is, that the institution loses the assistance of those gentlemen, whose practical knowledge best fits them to give valuable advice. Another is, that the medical officers not being present, the committee, in ignorance of what is necessary to the effective working of a medical organism, actually support the dispenser, a subordinate and paid officer, in gross acts of disobedience to the directions of his superiors. A slight so marked it was impossible for the medical officers to submit to. They—or at least the consulting surgeon, Mr. HARRIS, and the surgeons, Messrs. THURNALL and SHARPIN, for we miss the name of Dr. WHARTON, the physician—take the only course that self-respect and a just regard for the welfare of the institution indicated, and resign their offices. With excellent feeling, the governors unanimously request these gentlemen to recall their resignation. The Reverend Mr. RUSSELL himself withdraws his notice of motion for excluding the staff from the committee. What, then, remains to be done to restore harmony and efficiency to the Infirmary? The surgeons declare it impossible to carry on their duties unless they are placed in a position of proper authority. The majority of the governors recognise the justice of this declaration. The course seems simple enough. The governors will, no doubt, adopt the example of the thirty-three institutions which admit the medical officers to a place in the committee. The surgeons will again give their professional services. Thus will all feeling of irritation subside. An excel-

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lent institution will carry on its beneficent work—a replenished source of health to the sick poor, and of friendliness and good-will between all classes of the community.

RATHER more than half a century ago, Dr. THOMAS PERCIVAL, of Manchester, undertook, for the guidance of the profession, to point out in a simple manner the relations of medicine to science, to the public, and to the State. How ably he effected his object may be seen by referring to his "Medical Ethics: "or, a Code of Institutes and Precepts adapted to the Profes-"sional Conduct of Physicians and Surgeons." Fifty years after the publication of this "Code," Manchester originated a Medical Ethical Association, by which many of the precepts of PERCIVAL have been put into useful, active practice. A few weeks since we received news of an Australian Medical Association, and the Code of Ethics recommended by its Council, not alone to the consideration of the Fellows of the Association, but to the profession generally in New South Wales. The Australian code is essentially identical with the one adopted by the American Medical Association (based on Dr. PERCIVAL'S), though the Council have made a few alterations and omissions, and have inserted some additional paragraphs which have appeared to them to make it more perfect. Let Manchester, then, be proud of her Australian pupil, who tells us that "there is no profession from the members of which a "greater purity of character and a higher standard of moral "excellence are required than the medical;" and straightway sets about putting her own house in order. Not that the profession of the antipodes is in a state of less friendly amalgamation, or of greater laxity, than it is in the motherland. On the contrary, if we may trust to the Hon. DAVID WILKIE'S assurance,* in some portions of New South Wales it is in a much better condition than it is here. We are told that in Melbourne there exist a more than usual harmony and good feeling amongst the members of the medical profession.

"They meet together as brethren, and are ever ready to assist and support each other, and to co-operate with one another in every laudable object. There is an unusual absence of that jealous and unhappy disposition which has too often manifested itself in other places, and which leads one practitioner to endeavour to elevate his position by damaging the reputation of another."

Would that we could do otherwise than silently admit the truth of the latter part of this quotation! It is said also, that in Melbourne it is exceedingly rare to hear of any personal animosities, or of any professional jealousies. That in the mutual intercourse of the medical men there is practically exercised a mutual forbearance when differences of opinion happen to arise. That there is there evinced an anxious desire rather to profit by the experience of others than to assert the superiority of individual opinions. We say again, let Manchester be proud of her pupil, and we unite with the President in trusting that it may continue to be the aim of our brethren in Australia to maintain the dignity of an important profession by the most strictly honourable conduct.

The Australian colonies are determined to obtain at some future day a good position in the science and art of medicine. They have now their hospitals of all kinds—general, special, for the insane, for pregnant women, &c. They have medical societies, and an *Australian Medical Journal*, of which the sixteenth number is before us. The establishment and prosperity of these latter ingredients of our professional routine speak well for the stability of the science of medicine wherever they exist. The first growth of a medical society is generally a matter of considerable difficulty; the discordant elements in the profession, which it is partly the object of medical societies to do away with, too often defeat the best efforts to accomplish union. Ample illustration of this is to be found in the history of medical societies in Australia.

Melbourne is, we believe, the "Athens" of Australia, and this is, perhaps, the reason why it tried so hard for a medical *réunion*. Dr. WILKIE tells us that as far back as 1846 he assisted to the utmost of his power in endeavouring to establish one. This first medical society survived little more than four years, having, to use the President's words, "become a victim to that "infantile mortality which has unfortunately of late years "given so fatal a pre-eminence to this colony." It was soon succeeded, however, by a new society, which yet failed to recombine the divided interests of its predecessor. A third society, nevertheless, quickly followed, which, uniting with the remains of that of 1854, originated the present, and which offers, we are told, very favourable prospects of success.

We have read with much interest and pleasure the late President's Address; and although there are one or two points upon which we should disagree with Dr. WILKIE, on the whole we regard it as affording a most favourable idea of what is to be found in the way of a well-informed medical brother in the Australian colonies. The following remarks, which we extract from it, ably touch upon the advantage of professional harmony in relation to the progress of medicine—a relation, perhaps, at first sight, not very obvious. The mode in which the matter is here regarded, however, clears up the darkness, and that very readily:—

"It is surely of great consequence to every practitioner in the exercise of his profession to be well assured that he is safe from the insidious attacks of rival practitioners to injure or supplant him. Can the medical attendant in any important case prescribe with that calmness of mind and coolness of judgment, which it is so essential to exercise, if he has any misgivings with regard to the professional integrity of those who may very probably be called upon for their opinion? Is there no fear in such a case that the mind may be insensibly led away from the natural and simple treatment that may suggest itself to adopt some course of treatment that may appear more likely to secure his reputation, in the event of other medical practitioners being consulted? I firmly believe that the want of union and true friendship amongst medical men has done more to retard the progress of medicine and to perpetuate the fallacies and prejudices of former times than any other known cause."

The following observation needs no comment:—

"In the practice of medicine, every practitioner is more or less in the power of other practitioners, and no man's character or reputation is safe unless the members of the profession mutually support each other, and feel that they are under a solemn obligation to protect the character and reputation of other practitioners as much as their own."

If the maintenance of a medical society is difficult, what is not that of a medical journal? Yet here is the "*Australian* "*Medical Journal*, edited under the superintendence of the "Medical Society of Victoria," completing its fourth volume of more than three hundred pages, and chiefly of original

* Address read before the Medical Society of Victoria, on the 21st of March, 1859, by the retiring president.

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matter. The *Journal* is well edited; the original articles are fresh, practical, and good; the extracts from other serials fairly selected; and the editorial articles are characterized by truthfulness and vigour. Judging, too, from the "hospital reports," we should infer that the higher branches of medicine and of surgery are very well represented, at least in the district of Victoria. The treatment of the insane has lately been attracting great attention in this colony. The inmates of the Asylum having long been subjected to the unavoidable evils of a defective system, the disgrace has at length been forced upon the public attention, and the colonists are now prepared to witness as the sequel the adoption of prompt and decisive measures, devised in some degree of wisdom, and guided by a little more humanity. Singularly enough, an analogous state of things has simultaneously occupied the public mind in the neighbouring colony of Tasmania. Here the determination has been made to supersede the present defective Asylum at New Norfolk by a superior building upon a new site, and upon a scale commensurate with all the requirements of modern psychological medicine.

It is pleasant to be able occasionally to pass from the somewhat monotonous topics of home affairs to those of the distant regions of an antipodal world. We have thus given ourselves a short treat in stretching forth our hand of welcome to our Australian brethren. We are glad to say that we have found our kinsmen honest, true, and of good report, and trust that they may continue to uphold with dignity our common profession in its scientific, in its moral, and in its social aspects.

THE Fellows of the Medical Society of London will meet on Monday, March 5th, to elect the President and office bearers for the ensuing session. We direct attention prominently to this fact, because in the result of the ballot then to be taken, the condition and prospects of the Society are deeply involved. At the present time a schism exists amongst the Fellows most detrimental to the interests of the Society. It is not necessary to enter into details of the causes of this unfortunate disagreement. It is sufficient to know that the difference exists. Both parties in the contest have, no doubt, a certain amount of right upon their side, but however this may be, all personal differences must now be merged, and an effort made to reinstate the Society in that flourishing position which it lately occupied. It has been a source of regret to all its well-wishers, that the attendance at the meetings has occasionally fallen to a very low ebb. This is the more to be regretted, because the past session has been unusually fertile in good papers and practical discussions. The President, Mr. HILTON, has ably, and not without success, exerted himself in the interest of the Society; but the results of the unhappy feud have been too serious to be any longer treated with silence. We earnestly recommend that the Fellows, at the forthcoming anniversary, should select, for their office-bearers, gentlemen who have taken no part in those squabbles that have done so much to ruin the Society. Howsoever the new Council shall be composed, it is to be hoped that it will not be harassed by the restless opposition of those whose candidature was unsuccessful. If a selection be made, which includes the names of those who are known to be moderate and independent men, the Society will, ere long, resume its career of usefulness.

Medical Annotations.

"Ne quid nimis."

DISSOLUTION OF THE NAVAL MEDICAL FUND.

THE Naval Medical Supplemental Fund Society was established by Order in Council, Aug. 13th, 1817, for the Relief of Widows of Naval Medical Officers. By one rule it was declared that every naval medical officer should become a member of the Society on entering the service. It was made optional to married members to insure an annuity of £40 to their widows, payable after five years of insurance, and provided for by the payment of a yearly sum by each married member during the joint lives of himself and his wife. In August, 1845, an Order was made reducing the annuity from £40 to £26 13*s.* 4*d.*, which is the annuity now payable. This Society had long been obnoxious to the majority of the members of the naval medical service, on whom its pressure was felt to be unequal, and not duly balanced by benefit conferred. In November, 1858, a general meeting of the members was held, at which a committee was appointed to consider whether it were expedient to relieve the service from the compulsory payments, or to continue them under modification. Of this committee, Mr. Tidd Pratt, the Registrar of Friendly Societies in England, and a very competent authority on such matters, was elected chairman. The committee took the sense of the members of the Fund by circular letter: 660 members, out of about 800, replied; of this number, 509 desired relief from compulsory payment; and 147 for continuance with modification. Subsequently, the committee were equally divided on the question. Mr. Tidd Pratt gave his casting vote in favour of the medical officers being relieved from compulsory payments to the Fund at as early a period as possible consistent with a due regard to the vested interests, as well of insured members as of the annuitants. Mr. Tidd Pratt described it as a tax imposed upon persons of whom very many cannot possibly derive any benefit from it. The Superannuation Fund has been lately abolished, which was less oppressive in this respect. Nor does any system of compulsory payments for such purposes now exist in any Government department. The members favoured its abolition in the proportion of about five to one. We cannot but think, then, that Mr. Tidd Pratt has arrived at a judicious conclusion.

The funds are sufficient to provide each of the present annuitants with a Government annuity of £26 13*s.* 4*d.*, the amount now received, and to leave a considerable surplus. Lord Clarence Paget, the Secretary of the Admiralty, and *ex-officio* President of the Naval Medical Supplemental Fund, has expressed his concurrence in the course taken by Mr. Tidd Pratt, and the committee over which he presided. It now only remains to wind up the affairs of the Fund, for which Mr. Tidd Pratt considers that there are ample funds, and states that a surplus will remain at the disposal of the directors. It is suggested that as at least three-fourths of the members have been for many years contributing, without receiving any return for the many pounds paid by them, the surplus should be added to the invested capital of the Compassionate Fund for the relief of the necessitous widows and orphans of medical officers.

SMALL-POX IN SCOTLAND.

THE Registrar-General for Scotland, in presenting his usual Monthly Report of the Births, Deaths, and Marriages in that part of the United Kingdom, has a terrible *tale* to tell of deaths from small pox and other epidemic and contagious diseases.

He tells us that small-pox spread considerably during the month, and cut off no fewer than 113 persons in the eight principal towns from which his statistics are derived. For its size, Greenock has suffered most severely from this disease, the deaths from small-pox during the month being above 15 per cent. of the

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mortality. In Glasgow, also, the disease has greatly extended, and the deaths therefrom constitute 6·2 per cent. of the mortality of the city during the month. Most of the deaths occurred amongst the unvaccinated; a very few of the deceased were reported to have been vaccinated by midwives and others, but it was in most instances questionable whether the vaccine pustule had been perfect. One of the victims was an adult who caught the malady when travelling in a carriage with a person who had the disease on him. He had not been protected by vaccination. One of the registrars of Greenock, where the disease is so prevalent and fatal, whose attention has been very strongly drawn to the neglect and carelessness of the working classes with regard to vaccination, has sent in an urgent note, along with his returns, suggesting that some efforts should be made to render vaccination compulsory.

Twenty-five per cent. of the whole mortality of the eight towns was caused by epidemic or contagious disease. In Perth, the deaths from that class of diseases constituted only 11 per cent. of the mortality; in Paisley, 15 per cent.; in Edinburgh, 16 per cent.; in Dundee and Leith, 27 per cent.; in Glasgow, 28 per cent.; in Aberdeen, 30 per cent.; and in Greenock, 33 per cent. Scarlatina and diphtheria caused 148 deaths, or 5·8 per cent. of the mortality. We never see these two diseases coupled together without an uneasy feeling that the returns thus afforded are, *quoad* the statistics of diphtheria, quite unreliable. Diphtheria, properly so called, has nothing in common with scarlatina. Dr. Farr has been led to couple the two diseases in his reports, apparently from a perception of the confused pathology indicated in the registrars' returns, in which diphtheria, cynanche scarlatinosa, and other forms of throat affection, are often mixed together in admired confusion. We object to this method, that it not only recognises an error, but tends directly to authorize and to perpetuate it. Practitioners who habitually see scarlatina and diphtheria thus coupled are induced to believe that there must be some pathological connexion, if not identity of character, in the two diseases, and cannot always remember that the arrangements of the Registrar-General are often dictated by motives not purely scientific. The Registrar-General for Scotland countenances more directly the error which supposes a connexion between scarlatina and diphtheria. He remarks in his present report that in Aberdeen a majority of the scarlatina cases appear to have the diphtheric type. This is much as though he should say that a majority of the cases of measles were of the small-pox type. Numerous cases of coincidence, antecedence, and succession of the two diseases, have established their generic difference; while the distinction of type between scarlatinal sore-throat and diphtheric sore-throat is clearly marked by a series of symptoms which we do not need now to recall.

A PHYSICIAN'S VIEW OF JAPAN AND THE OPIUM TRADE.

DR. J. C. M'GOWAN, a physician who has long resided in China, and has visited Japan, has arrived in this country with considerable collections illustrative of the physical and social condition of the Japanese. He read lately a lecture at the Society of Arts, showing an intimate knowledge of that most interesting country; and he mentioned that he was about commencing in England the delivery of courses of lectures on Japan generally: for this labour Dr. M'Gowan has the highest qualifications. Amongst the surgical appliances which he exhibited was a shampooing instrument, with rollers which produce an agreeable friction when in use. With regard to the appliances shown, Sir Thomas Phillips observed that it was remarkable that the inhabitants of the most civilized parts of Asia were acquainted with a large portion of the surgical science of their own time, and it might be from their discoveries that the Japanese derived such surgical knowledge as they possess. Dr. M'Gowan earnestly deprecates the introduction of opium into Japan. The main reason which he assigns for the prohibition of the opium traffic with the Japanese is expressed in the following paragraph:—

"Whatever may be adduced in extenuation of the traffic, or in palliation of the use of this drug, there is this damning fact staring us in the face (a fact elicited by my professional investigations), that this aphrodisiac speedily destroys the procreative power, acting as a check upon population, less by abbreviating life than by emasculating those addicted to its use. The Japanese being sensual, no ordinary vigilance is called for on their part and on ours to prevent them from becoming the victims of that fascinating drug."

There is a great deficiency of any well-ascertained facts in relation to the effects of opium in this respect. When Dr. M'Gowan refers to his professional investigations, we are uncertain whether he alludes to observations made by him but not published, or to any published papers which have escaped our attention. In any case, the profession would regard with interest authentic statements on this point. Pereira says, "I am unacquainted with any facts on which to ground any well-founded opinion as to the power of opium to diminish or increase the spermatic secretion."

ACCLIMATIZATION OF PRODUCE.

M. DROUYN DE L'HUYS has almost eclipsed his reputation as the most graceful and perfect despatch writer amongst European statesmen, by an address delivered before the Société Zoologique de l'Acclimatisation, which teems with classical erudition, geographical lore, and physiological science.

He gave a most remarkable *résumé* of the classical origin and associations of different kinds of produce now fully acclimatized. Medical science is so peculiarly concerned with all things dietetic, that we could wish to reproduce the oration. The sources of our familiar food are various indeed. A small part of the catalogue of vegetables borrowed from foreign regions runs through half the globe. Amongst bread-stuffs—wheat and buckwheat come from Asia, rye from Siberia, and rice from Ethiopia. Amongst greens—the cucumber comes from Spain, the artichoke from Sicily and Andalusia, chervil from Italy, cresses from Crete, lettuce from Coos, white cabbage from the North, green and red cabbage, onions, and parsley from Egypt, cauliflower from Cyprus, spinach from Asia Minor, asparagus from Asia, pompions from Astracan, shalot from Ascalon, beans from India, horseradish from China, melons from the East and Africa; America has given us the potato and Jerusalem artichoke. Amongst fruits—we owe the filbert, pomegranate, walnut, quince, and grape to Asia, the apricot to Armenia, the lemon to Media, the peach to Persia, the orange to India, the fig to Mesopotamia, the hazelnut and cherry to the Euxine, the chestnut to Lydia, the plum to Syria, almonds to Mauritania, and olives to Greece. Amongst plants which are used for various purposes are—coffee from Arabia, tea from China, cocoa from Mexico, tobacco from the New World, aniseed from Egypt, fennel from the Canaries, cloves from the Moroccos, the castor-oil plant from India. Amongst trees—the horse-chestnut tree comes from India, the laurel from Crete, the elder tree from Persia. Amongst flowers—the narcissus and carnation come from Italy, the lily from Syria, the tulip from Cappadocia, the jessamine from India, the starwort from China, the nasturtium from Peru, the dahlia from Mexico. But if food be a part of the materia medica, flowers are unquestionably a digression. We cannot follow M. de l'Huys into these pleasant paths.

STAFF-SURGEONS, R.N.

THE *United Service Gazette* points out that the Navy List, by authority, continues the designation "staff-surgeon" according to its meaning before May, 1859, before which time it was given to certain surgeons in hospitals, and to the surgeons of flag-ships. Apparently, it has been overlooked that the Queen's Order in Council of the 13th of May, 1859, abolishes

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the grade of staff-surgeon as existing in the navy before that date. The Order in Council expressly says that for the future there shall be four grades—inspector, deputy inspector, surgeon (who, after twenty years' full-pay service, including ten as surgeon, shall be styled staff-surgeon), and assistant-surgeon. The designation "staff-surgeon," according to its old meaning, is not recognised in the Warrant. By inference it would seem to be abolished, and any continued use of it is thus an act of disobedience to the Queen's Order in Council. The general improvement in rank and pay is intended to compensate the old class of staff-surgeons for ceasing to be styled staff-surgeons, and those of them in flag-ships for the extra shilling a day. Most of them are qualified for the new class of staff-surgeons; but it is not the less an error, and one which has been committed for the last six months, to continue a grade abolished by the Queen.

MEDICO-PARLIAMENTARY.

COMMONS.—*Thursday, Feb. 16th.*—Mr. Williams moved for returns of flogging in the Army, Navy, and Militia, specifying the names of the officers ordering the punishment. Mr. Wakley had stated in that House that the effect of flogging on a man of weak constitution or nervous temperament was to produce disease, not uncommonly fatal. The maximum number of lashes had been reduced from 1000 to 50, without injury to discipline. There were more soldiers than sailors, but in 1858 the former received 23,000 lashes less than the latter. He attributed this to the influence of publicity and public opinion. In the *Princess Royal*, Lord C. Paget had commanded for two years without flogging; he was succeeded by a captain, who inflicted 2100 lashes on 53 men. Hence he (Mr. Williams) moved for nominal returns.

After some discussion, an amendment of Lord C. Paget was carried, omitting the names of the officers.

Friday, Feb. 17th.—Mr. Clive, in answer to Mr. Griffith, said he was of opinion that it would be desirable to prohibit the removal in street cabs of persons attacked with infectious diseases, but some other mode of conveyance should be first provided. Some model conveyances for the sick had been ordered for inspection.

Monday, Feb. 20th.—Sir J. Shelley gave notice that, as soon as the returns relating to the works for cleansing the Serpentine were in the hands of the members, he should call attention to the subject, and afford the House an opportunity of deciding as to the desirability of the works.

Tuesday, Feb. 21st.—On the motion of Mr. Clive, leave was given to bring in a Bill to amend the laws relative to the administration of poisons.

A BILL TO AMEND THE MEDICAL ACTS.

Preamble.—Whereas by an Act passed in the 21st and 22nd years of the reign of her Majesty, c. 90, intituled "The Medical Act," provision is made for the registration of members of the medical profession, and the said Act was amended by an Act passed in the 22nd year of the reign of her Majesty, c. 21; and certain disabilities are imposed by the said Acts, after a period mentioned therein, on members of that profession who are not then registered: and whereas it is expedient that the said recited Acts should be amended as hereinafter mentioned: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. *Licentiates in surgery of any university in Ireland entitled to be registered under first-recited Act in like manner as masters in surgery.*—From and after the passing of this Act the diploma or licence in surgery granted by any university of that part of the United Kingdom called Ireland, legally authorized to grant the same, shall be considered a sufficient qualification to practise under the said first-recited Act, and every person to whom such diploma or licence has been granted shall be entitled to be registered under the provisions of the said first-recited Act, in like manner, and with the like effect, and subject to the like provisions as are prescribed by the said first-recited Act in respect of the registration of any master in surgery of any university of the United Kingdom.

II. *Certain powers given to Medical Council extended to this Act.*—The powers given to the Medical Council in the said first-recited Act with respect to the studies and examinations required for obtaining a qualification under the said Act shall be extended to the studies and examinations required for a qualification under this Act.

III. *1st Jan. 1861 to be substituted in sections 32, 34, 36, and 37 of the first-recited Act, for 1st July 1859, so far as relates to persons authorized to be registered under this Act.*—The first day of January 1861 shall be deemed to be substituted in sections 32, 34, 36, and 37 respectively of the said first-recited Act, as the same are amended by the said second-recited Act for the first day of July 1859, so far as the same relate to any person authorized to be registered under this Act; and the said several sections, as so amended, and all the provisions of the said Act having reference thereto, shall, with respect to any such person so authorized to be registered under this Act, be construed and take effect as if the words "the first day of January 1861" had been originally inserted in each of the said sections instead of the words "the first day of July 1859."

IV. *No person authorized to be registered under this Act shall be disqualified to hold certain offices, unless he shall have failed to be registered on or before 1st Jan. 1861.*—No person authorized to be registered under this Act who on the first day October 1859 shall be acting as medical officer under an order of the Poor-law Commissioners, or Poor-law Board, shall by reason of the said recited Acts, or either of them, be or be deemed to have been disqualified to hold such office, or any appointment mentioned in section 36 of the said first-recited Act, unless he shall have failed to be registered on or before the first day of January 1861.

V. *Recited Acts and this Act to be construed as one Act.*—The said recited Acts and this Act shall be construed together as one Act.

VI. *Short title.*—This Act may for all purposes be cited as "The Medical Acts Amendment Act, 1860."

PROTEST FROM THE GLOUCESTERSHIRE MEDICAL & SURGICAL ASSOCIATION.

Memorial of the Gloucestershire Medical and Surgical Association to the Royal College of Surgeons of England.

YOUR memorialists beg respectfully to protest against the recent indulgences said to have been granted by the Council of the College to individuals who have not passed through the usual "curriculum" of study required, as a general rule, from all who desire to become members of the College.

Your memorialists beg to point out that the admission of imperfectly-educated persons into the medical profession inflicts great injustice upon those who have spent both time and money in acquiring a knowledge of a noble science; that if such indulgences have been granted, the Council have infringed the privileges of the fellows and members of the College, whose interests the Council are pledged to maintain, and that such proceedings tend to neutralize the benefits intended by the Medical Act, of affording to the people of this country guaranteed conservators of the public health.

Your memorialists beg to direct your special attention to the application made by a person calling himself Dr. Turnbull, residing in their immediate neighbourhood, as one which not only directly concerns the interests of many members of this Association, but is also of considerable importance to the profession at large.

Memorial of the Gloucestershire Medical and Surgical Association to the General Council of Medical Education and Registration of the United Kingdom.

Your memorialists beg respectfully to call your attention to the inefficient provisions made by the Medical Act, sections 39 and 40, for the conviction of illegal practitioners, as evidenced by the recent decisions in magisterial and other superior courts.

Your memorialists are convinced that until better securities be provided, the object of the Legislature in the Act above referred to—namely, that the public be enabled to readily distinguish qualified from unqualified practitioners—will be completely unattainable.

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Your memorialists therefore respectfully urge on your honourable Council the necessity of applying for more extended powers, in order that the intentions of the Legislature, as set forth in the preamble of the Medical Act, may be fully and efficiently carried out.

(These memorials were adopted at a full meeting, and warmly supported.)

POOR-LAW MEDICAL REFORM ASSOCIATION.

12, Royal-terrace, Weymouth, Feb. 21st, 1860.

DEAR SIRS,—I have much pleasure in informing you that the Poor-law Medical Bill will be introduced on Tuesday next, by Mr. Pigott. All the clauses will remain as they are in the Pamphlet No. 4, excepting those relating to vaccination, which it has been thought desirable to withdraw, and make the subject of a separate Bill. If you really desire this measure to be carried, each of you ought to write to your own M.P. at least, and request his support: you ought also to petition the House.

Let me beg of each of you to act as if the cause depended on your own individual exertions. No time should be lost, otherwise the Bill may be thrown out on a second reading, and it may take years to recover our lost position. One hundred and fifty gentlemen have sent me their subscriptions during the last three weeks, to the amount of £70; I am, therefore, free of debt, and have a small balance in hand, but not sufficient to carry on an affair of this magnitude with vigour, as every M.P. ought to have another Pamphlet before the second reading comes on. I beg to thank those gentlemen who have already written to me expressing their approval of my services; and I yet hope the Poor-law medical officers will, as a body, unite in supporting me with vigour in this affair.

The Committee met this day, and, I am happy to say, have expressed their approval of the course now being pursued.

I am, dear Sirs, yours faithfully,

The Poor-law Medical Officers. RICHARD GRIFFIN.

AT a meeting of the Committee of the Poor-law Medical Reform Association, held at the Freemasons' Tavern on Tuesday last—Richard Griffin, Esq., in the chair,—it was resolved unanimously—

"That the thanks of this meeting are due, and are hereby given, to R. Griffin, Esq., for his great sacrifice of time and labour in the advocacy of the cause of Poor-law Medical Reform."

"That with a view to the more efficiently carrying out this agitation to a successful issue, the Committee beg to recommend the co-operation of the medical students of the various London and provincial hospitals, and earnestly trust that they will forthwith take steps to convene meetings at their various schools, and to petition the House of Commons in favour of Poor-law Medical Reform."

J. ROGERS, M.D., Hon. Sec. (*pro tem.*)

Correspondence.

"Audi alteram partem."

THE LATE DR. MARSHALL HALL AND THE ROYAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In a letter from Dr. Williams, of Swansea, published in THE LANCET of the 11th instant, allusion is justly made to the treatment which Dr. Marshall Hall experienced from the Royal Society. I beg to correct one expression, and one error of date, in his letter. I had the honour and privilege of being admitted to the intimacy of that great and good man, an intimacy of thirty years, and which continued to the last hour of his valuable life; and I can assure Dr. Williams that his sentiments towards the Royal Society were these: an abiding sense of the injustice and unfairness which he had suffered at its hands, his feelings being characterized by *contempt*, not "hatred."

We know how *foreigners* regard the conduct of that Society towards Marshall Hall and his discoveries. For instance: in a very able and just epitome of his life and labours which appeared in a French journal, his jealous and unjust foes are somewhat contemptuously designated as "les *médiocrités* qui formaient la majorité au sein de la 'Royal Society.'" Repulsed in his own country, however, our great physiologist received honour from a far higher source than the Royal Society. The Académie des Sciences (the Institute of France), which undoubtedly ranks as the highest scientific institution in the world, perceiving and acknowledging the value and originality of his discoveries, elected him an honorary member of their body, as did also most of the scientific societies of the world.

The *error* in Dr. Williams's letter is merely one of date. It was the *second*, not the first, of Marshall Hall's Memoirs on the Excito-Motory System which was refused publication by the Royal Society. It contained the results of four more years of most laborious investigation, much important new matter, and a vast extension and application of the facts detailed in the first memoir. Dr. Williams truly observes—"Time proved that his paper was foremost in value amongst modern discoveries." Its rejection was far from being the only injury done to Dr. Marshall Hall by the Royal Society.

Let Dr. Williams and other cultivators of science take courage from the example of Marshall Hall, whom no opposition, no detraction, and no sneers could deter from labouring on in his useful career and unwearied search after truth. In spite of the Royal Society and a whole host of opposers, he had at length the satisfaction of seeing his discoveries everywhere received and honoured, except by a few jealous or unreasonable individuals.

I am, Sir, your obedient servant,

February, 1860. JUSTITIA.

DR. HEALE AND THE ROYAL SOCIETY.

(LETTER FROM DR. JAMES NEWTON HEALE.)

To the Editor of THE LANCET.

SIR,—I have been obliged to take a journey into a remote part of England, otherwise I would not have been guilty of the discourtesy of leaving Dr. Sharpey's and Mr. Bowman's letters so long unanswered. I have already by anticipation partially replied to Dr. Sharpey's report on my paper by the letter kindly published in THE LANCET of last week, which was sent to you before the report in question had appeared in your valuable periodical, and consequently before I had seen it.

But before entering upon that subject, allow me to make one or two observations regarding Dr. Waters' letter in THE LANCET of Saturday last (the 18th inst.) I have to inform Dr. Waters, that in the paper which I sent to the Royal Society, and which is now missing, I enlarged at considerable length on the doubts which had been thrown out as to whether the bronchial arteries had any corresponding veins; and I adduced quotations from the writings of Dr. Marshall Hall, Dr. Thomas Williams, and others upon that point. But having myself injected the lungs of human beings, of oxen, of horses, of asses, of sheep, rabbits, &c., and of multitudes of animals from the Zoological Gardens, of whose names, indeed, I am ignorant, I am quite sure that there are such things as bronchial veins, and that the whole of the refuse blood from the bronchial arteries is returned by them, and in no other way. It is difficult to demonstrate the fact by injection, because of the valves of the veins, and because their open extremities cannot all be tied, so as to prevent the escape of the injection poured into them through the capillaries of the bronchial arteries. Even to point out the exact distribution of the arteries themselves is a difficult and tedious process, because of their minuteness in comparison with the bulk of the lungs; much more so the veins. But let Dr. Waters only go into any slaughterhouse, and cast a glance at the lungs, even of the animals that have been recently bled to death, and I am quite sure that no doubt will remain on his mind as to whether there are any bronchial veins or not. Still less doubt will he have should he take the trouble to poison a few animals with prussic acid, and soon afterwards examine their lungs.

Dr. Sharpey's report asserts that though the pulmonary veins in my preparations were fully injected, yet the capillaries of the pulmonary artery, which was injected with a yellow colour, were only imperfectly filled.

In reply, I beg to say (and my preparations will bear me out) that the pulmonary artery was quite as perfectly injected as the pulmonary veins. But I admit that the capillaries gave almost universally a red appearance to the eye; and the reason of this is that when a very small quantity of the red injection

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becomes mingled with the yellow, the red colour preponderates greatly over the yellow, and gives to the whole a red tint. That the capillaries in my possession contain both red and yellow injection is easily proved, by destroying a portion of the coats of the capillaries, so as to make the injection exude. When this is done, both the yellow and the red material become distinctly visible.

By showing that the capillaries, which are continuous with the pulmonary vein, fill the plexus of the bronchial membrane, strong *primâ facie* evidence is brought forward that the capillaries of the pulmonary artery also do the same thing. The matter can be demonstrated, however, beyond all doubt, by transposing the two colours, and using the red injection for the arteries and the yellow for the veins, (the injection of both being of course made simultaneously, and by means of the graduated pressure mentioned in my unfortunate paper.) The same capillaries which, in the former preparation, exhibited a red colour, will still display the same hue, because the same two colours, though in opposite directions, will still be mingled together in the capillaries, and the tint of the red will preponderate over the yellow; and it will appear as if the pulmonary artery were very perfectly injected, and the veins only partially so, for that reason.

The reason for my preferring to use the most telling of the two colours for injecting the veins rather than the arteries was, that there was no dispute as to the correctness of the accounts ordinarily given regarding the distribution of the pulmonary artery, and that therefore it was only necessary to demonstrate, more perfectly than had yet been done, the origin of the pulmonary veins, and more particularly to show the ramusculi on the outer side of the bronchial tubes, which collect the blood from the plexus lining the bronchial membrane.

It must be remembered that in Dr. Sharpey's own work it is distinctly stated that the bronchial mucous membrane is supplied from the bronchial arteries, and that these are its nutrient vessels, and supply the mucous secretion derived from the membrane.

By proving that the pulmonary veins, and not the bronchial veins, are in connexion with the plexus, a long step is taken to disprove the connexion of those capillaries with the bronchial arteries. But when the capillaries of the bronchial artery are clearly shown to go in quite a different direction, and that it is impossible to make any portion of its capillaries spread themselves into the plexus of the bronchial membrane, I contend that the matter is placed beyond all cavil.

I think Dr. Sharpey will himself admit that my preparations abundantly show that the capillaries of the bronchial artery are found (*extensively* in proportion to the size of the artery) distributed elsewhere than in the bronchial membrane; and therefore the discussion is narrowed down to the question as to whether a little (only a very *leetle*) part of the capillaries of the bronchial artery may go to the plexus (quite insufficient to furnish the bronchial mucus), and whether it comes into relation with the very extensive vascular plexus so evidently seen in connexion with the pulmonary veins. I contend that *none* whatever go there.

I also contend that, by showing that these capillaries of the bronchial membrane are in extensive connexion with both the pulmonary veins and the pulmonary artery, it is not incumbent on me to prove a negative (proverbially difficult of demonstration) with regard to a minute fractional part of a minute artery, when discussing the broad question as to which particular vessels supply the bronchial mucous membrane and furnish its secretion. But difficult as that task is, I contend that my preparations and experiment abundantly establish the fact that *no part whatever* of the bronchial arteries has any participation in the vascular plexus from which the bronchial mucus is produced.

Let so much as I have now written, taken in connexion with my last letter, which you were so obliging as to insert, be my reply to Dr. Sharpey's report.

*** The remainder of Dr. Heale's long letter is so full of personal remarks, that for his sake we think it better to withhold it.—ED. L.

THE INCOME-TAX.

To the Editor of THE LANCET.

SIR,—Your able article on the Budget deserves the best thanks of the profession. Having always felt the Income-tax to be a heavy burden, I have watched with much satisfaction your strenuous and indefatigable opposition to this impost as it affects medical practitioners; and I would take this opportunity of offering you my grateful acknowledgments for the powerful support which our interests have invariably received in the pages of your valuable journal.

My only regret, on the present occasion, is that you did not favour us with some plan by which we could make ourselves heard before the Budget, in its present shape, becomes an accomplished fact. Surely something might be done by a combined effort on the part of the profession to arrest the attention of Parliament, at least to the injustice of the tax as regards labour-incomes. It has occurred to me that the machinery of the British Medical Association might, advantageously, be brought into play for this purpose; its branches are scattered throughout the length and breadth of the land, and would afford rallying points for the profession generally. There is one part of this machinery, however, from which I fear we have little to hope; I refer to the *Journal*. I must confess I was very much disappointed and disgusted on opening it last Saturday to find, instead of a manly remonstrance against the Income-tax, a stupid article on "publicans' port," and the advantages to the poor from the introduction of French wines. So, then, because boards of guardians refuse to provide good port we must tamely submit to a tenpenny Income-tax. Away with such nonsense!

Unwilling to trespass further on your valuable space, I will only add a hope that my fellow-associates will not follow the steps of this leader, but unite heartily and speedily in determined opposition to the Budget. *Tempus fugit!*

I am, Sir, your obedient servant,

February, 1860. A CONSTANT READER.

MR. THOMAS WAKLEY'S STRICTURE TUBES.

To the Editor of THE LANCET.

SIR,—I was much pleased with the letter of "Medicus" in last week's impression of your journal, and can most truly and conscientiously endorse all that he has written respecting the extraordinary and successful treatment of stricture of the urethra with Mr. Thomas Wakley's "guides and tubes." Like your correspondent, I was a sufferer from an impermeable stricture, involving several distressing complications, and like him I was not only rapidly relieved, but, as many months have passed since I was under treatment, may now add *cured;* for although (perhaps imprudently) I rarely ever pass a catheter, micturition is as easily and completely performed as when I was a boy. Twenty-seven years ago I employed caustic injections for a chronic gonorrhœa, and always afterwards suffered more or less from stricture. During the latter twelve years, I experienced many alarming attacks of retention of urine; upon some of these occasions I had the advantage of the presence of several of my most eminent professional brethren, but never in any one instance did I receive instrumental relief, and more than once puncture of the bladder was proposed and nearly executed, when the warm bath, opium, or chloroform caused slight temporary relief. All the ordinary methods of treatment having been exhausted, and three severe attacks of retention occurring in fourteen days, I consulted Mr. Wakley, and the happy result has already been told in the commencement of this letter. Mr. Wade's description in his book is not only unfair, but untrue. The dilating tubes glide upon Nos. ½, 1, 2, 3, and 5 guides respectively. I trust that other medical men who have been treated with the "stricture guides and tubes" will boldly state their experience, for evidence where the surgeon himself is the subject of treatment must carry greater conviction than when he only reports as the operator.

I enclose my name and address.

I am, Sir, your obedient servant,

February, 1860. A COUNTRY SURGEON.

To the Editor of THE LANCET.

As a lover of fair play, I am induced, through the pages of THE LANCET, to express my indignation at the manner in which Mr. T. Wakley's clever invention has been mentioned in Mr. Wade's work on "Stricture of the Urethra," and this expression applies with equal force to the writings of others upon the subject. As a great sufferer from the distressing malady of stricture for many years, I have anxiously studied almost every word which has been published on it, either in general or periodical medical literature; and I am astonished that authors should pass over the important system of treatment pursued by Mr. Wakley in only half a dozen words, in which they

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mention their "limited experience," or their "being personally unacquainted" with regard to it, and such-like remarks. Surely, when a person takes upon himself the responsibilities of authorship, and publishes a work which pretends to be a medical treatise or monograph, the reader supposes that before he writes he has made himself thoroughly acquainted with the different methods of treatment pursued by practical inquirers, and that he discusses the subject accordingly.

Having had positive proof, in my own case, of the successful issue and of the great value of this method of treatment, I do trust that, before future editions of their works are called for, the authors on stricture will have made themselves competent to pronounce opinions from their own individual investigations.

I am, Sir, yours obediently,

February, 1860. M.D.

(My name is forwarded herewith.)

ON A CASE OF CHLOROSIS.

To the Editor of THE LANCET.

SIR,—The following case (though imperfect) may interest some of your readers, as illustrating the views respecting chlorosis, mentioned by Dr. Brinton in his "Clinical Remarks," in THE LANCET of Saturday last:—

Sarah H——, aged nineteen, who had never menstruated, had been suffering for four or five years from chlorosis, attended with an arterial bruit and considerable œdema, relieved from time to time by the administration of iron. Dyspnœa was always a prominent symptom. She died suddenly, in what appeared to those by whom she was surrounded to be an ordinary fainting fit.

My object in sending you these particulars of this case is to draw the attention of the profession to the danger which is liable to arise from the accident of chlorosis, suggested by the novel and important views Dr. Brinton has brought forward.

I am, Sir, your obedient servant,

C. F. STOVIN,

February, 1860. Student of Grosvenor-place School of Medicine.

THE PRIVY COUNCIL VACCINATION DIPLOMA.

To the Editor of THE LANCET.

SIR,—Having seen in your number of the 18th inst. a copy of a memorial addressed to the Lords of the Privy Council by the public vaccinators of the Chesterfield Union, relative to public vaccination in accordance with the regulations recently issued by the Privy Council, I am desirous, through the medium of your journal, of calling the attention of those gentlemen to the third line of the third paragraph of their contracts (if approved by the Poor-law Board), which states that "he will attend by himself, or some legally qualified medical practitioner as his substitute;" so that they may disabuse their minds of the belief that they have a grievance.

I would also suggest to those gentlemen, whether, each time they have acted as stated in their memorial (i. e., letting their indentured apprentices vaccinate), they have not done so in violation of their engagements with the Chesterfield Board of Guardians. I enclose my card, and have the honour to be, Sir,

Your most obedient servant,

February 21st, 1860. MENTOR.

ON THE TREATMENT OF SMALL-POX BY HYDROCHLORIC ACID.

To the Editor of THE LANCET.

SIR,—I beg to call the attention of the profession to the great value of hydrochloric acid in both the external and internal treatment of small-pox. It allays the prickling pain so distressing in some cases, reduces the tumefaction, the vesicle maturates earlier, and desquamation takes place sooner, leaving the skin smoother and purer than by any other plan which I have tried. Internally, one drachm of the commercial acid to twelve ounces of water: dose, a teaspoonful in a glass of water; to be sipped often. Externally, I use it to the face, hands, and feet—the parts which suffer most from irritation: for the face, half a drachm to, say, ten ounces of water; apply with a hair pencil twice or thrice daily, using occasionally the mercurial liniment or cold cream. If the cuticle on the extremities be hard and horny, it may be used stronger.

I shall not here enter into an account of its specific action, as I am preparing a paper on its use in various diseases, which, with your kind permission, I shall shortly publish in your valuable journal. The present epidemic of small-pox affords ample scope for its trial, and I am confident that it will be as serviceable in the hands of my professional brethren as in mine.

I remain, Sir, yours truly,

WM. MCDONALD, L.R.C.P. & L.R.C.S. Edin.

Maryhill, Feb. 1860.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

WITHIN the last few months, we have had here five cases of naso-pharyngeal polypi—namely, two at the Pitié, in the wards of M. Maissonneuve; one at the Hôtel Dieu, under M. Foucher; one at the Charité, under Professor Velpeau; and one at the Clinique de l'Ecole de Médecine, under the care of Professor Nélaton. The proceeding of Manne for the removal of such tumours is well known: it consisted in dividing the velum palati in the mesial line through its whole extent, in order to expose the polypus, which has always its seat at the base of the skull, its starting-point being invariably the basilar process of the occipital bone. In 1840, M. Flaubert performed that operation by removing the whole of the superior maxillary bone. A medium between Manne's and Flaubert's operations had been introduced into continental practice by Professor Nélaton in 1849, which consisted in dividing the velum palati, and in the partial resection of the roof of the palate.

M. Maissonneuve brought before the notice of the Académie de Sciences, in August last, a new proceeding. He makes only a button-hole incision into the velum palati (boutonnière palatine), leaving the uvula intact. A wire ligature, which can be tightened by means of a screw, like the écraseur, is introduced into the nostrils, into which the tumour is fixed and cut off by the ligature. To the pedicule he then applies caustics, &c.

Professor Nélaton, in the case in question, satisfied himself merely by Manne's operation, for he considers it essential to have free access to the seat of the tumour in case of a récidive.

Result.—M. Maissonneuve reports two cases of success, for it would be premature to call them cures. M. Foucher's patient died from purulent infiltration. Professor Velpeau's patient died from erysipelatous inflammation. That of Prof. Nélaton is still under treatment.

I may mention a case which has been for some months under the treatment of Professor Nélaton, on account of its rare occurrence, and as it is nowhere mentioned in books. A woman, of the age of about thirty, presented herself at the Clinique with a congenital salivary fistula. The opening was situated at the left side of the neck, four millimetres below the hyoid bone. A probe, being introduced, was found to communicate with the sublingual gland. During the process of mastication, the saliva came out in drops (as it does from the parotid or submaxillary gland), but in the continuous form, and became viscid on cooling. Professor Nélaton first established a communication between the sublingual gland in the interior of the mouth by means of a seton, and next obliterated the fistulous opening by chloride of zinc.

M. Beau, of La Charité, continues the treatment of peritonitis and rheumatism by means of large doses of sulphate of quinine (half a drachm per day), and boasts of successful results; whilst M. Trousseau has, within the last few weeks, cured three cases of acute articular rheumatism by the administration of solution of sulphate of atropine, four drops per day. Perfect cures were accomplished in four, five, and eight days. He also cured two cases of aphony, one hysteric and another bronchitic, by introducing a probang with the solution of sulphate of copper into the rima glottidis: cure instantaneous.

There is nothing particular at present at the Lariboisière. M. Chassaignac's écraseur would, perhaps, be more popular here if he would not ride his hobby to death in using it for the operation of phymosis, &c. He removed a tonsil last week by means of that instrument.

The coal-tar question had nearly fallen into oblivion, but it has again been revived by the Académie des Sciences. In the séance of yesterday, the report of the commission charged to examine the numerous communications on disinfecting agents was taken up. The commission considers coal-tar as the most valuable agent of all that have been proposed.

Paris, Feb. 14th, 1860.

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Medical News.

ROYAL COLLEGE OF PHYSICIANS. — At the Comitia Majora, held on Friday, Feb. 17th, the following gentlemen were admitted members of the College under the temporary bye-laws:—

Edward Schofield, M.D., Doncaster.
Theobald Ringer, M.D., H.M. Bengal Army.
William White Williams, M.D., Gloucester.
John Grant Wilson, M.D., Bath.
Alexander Fairbrother, M.D., Bristol.
Matthew Burton, M.D., R.N. Hospital, Haslar.
Thomas Coke Gaulter, M.D., Royal Hospital, Chelsea.
John Allan, M.D., Milner-square, Islington.
Thomas Galbraith Logan, M.D., Army Medical Department.
Thomas Prichard, M.D., Northampton.
John Louis William Thudichum, M.D., South Audley-street.
George Fielding Blandford, M.B., Chelsea.
George William Lawrence, M.D., Camberwell.
Lenox Thompson Cunningham, H.M.S. *Formidable*, Sheerness.
John Cooper Torry, M.D., Lincoln.
John Riggs Miller Lewis, M.D., Shoeburyness.
John Grabham, M.D., Lonsdale-square, Islington.
Robert George Hardwick, M.B., Leeds.
George Wilson, M.B., Leeds.
Charles Edward Brown-Séquard, M.D., Paris.
Donald Fraser, M.D., Harrington-square.
William Henry Elliot, M.D., Exeter.
William Corbin Finch, M.D., Salisbury.
James Carmichael, M.D., Torrington-square.
William Chapman Moss, M.D., Long Ashton, near Bristol.
George Philipp Justus Ludwig Lichtenberg, M.D., Finsbury-place.
George West Piggott, M.D., Harrogate.
Francis Badgley, M.D., Albion-street, Hyde-park.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Feb. 16th, 1860.

Cayley, William.
Coates, Matthew, Royal Navy.
Everett, Benjamin George, Warminster, Wilts.
Jones, Philip Sydney, Sydney, New South Wales.
La Mert, Lima Abraham, Bedford-square.
Stilwell, Edward, Epsom, Surrey.

The following gentlemen also on the same day passed their first examination:—

Godfray, Charles Le Vesconte, St. Bartholomew's Hospital.
Hope, Samuel.
Milson, Richard Henry.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH. — The following is a list of Licentiates elected at the meeting of the 7th of February, 1860:—

Alfred Barratt, Birmingham.
John Topping Barrett, Oldham.
Joseph Baxter, Clitheroe.
John Bayldon, Edinburgh.
John Pearson Bell, Hull.
Frederick Collins, Lofthouse.
Henry Collins, Wolverhampton.
Charles Cowan, Melrose.
Thurlow Cuyler Chame, Montreal.
Henry Naunton Davies, Cymer.
Jesse Conway Davies, Holywell.
Robert Alexander Davis, Stafford.
Charles Henry Dunhill, Cranbrook.
Robert Elliot, Denmark-hill.
John Bertram Fairmann, Edinburgh.
Gilbert Finlay Girdwood, London.
James Grieve, Port Glasgow.
Henry Hancox, Wolverhampton.
William Harrison, Skipton.
Robert Holme Hayes, Longton, Staffordshire.
William Edward Humble, Southwark
George Jobling, Morpeth.
George Kirk, West Hartlepool.
George Frederick Knipe, Leigh Sinton.
Robert Lewer, R.A.
George Mackay, H.M.I.M.S.
Claudius Montague Miller, London.
William Michael Neale, London.
Hamilton Nott, H.M.I.M.S.
James Palfrey, London.
Hy. Greenwood Rawdon, Liverpool.
William Roden, Kidderminster.
Edward Würtele Smith, A.M.S.
James Seaton Smyth, Liverpool.
Henry Soulby, Spilsby.
William Wallace, Liverpool.
Henry Weekes, Brompton.
Robert Welch, Southampton.
Frederic Eachus Wilkinson, Sydenham.
Erasmus Wren, London.

ROYAL COLLEGE OF SURGEONS.—The Crown having, in pursuance of the provisions in the Medical Act, granted a charter to the above institution, empowering it "to institute and hold examinations for the purpose of testing the fitness of persons to practise as dentists, and to grant certificates of such fitness;" and directing that "the Board of Examiners in Dental Surgery shall consist of six members, three of whom shall be members of the Court of Examiners of the College, and three others of them shall be persons skilled in dental surgery;" the Council of the College of Surgeons having established the bye-laws and regulations necessary for carrying out such examinations, met on Saturday, the 18th inst., when the following gentlemen were elected members of the Board of Examiners in Dental Surgery—viz., Mr. William Lawrence, F.R.S., Serjeant-Surgeon to the Queen; Mr. Joseph Henry Green, F.R.S.; Mr. James Moncrieff Arnott, F.R.S., President of the Royal College of Surgeons, Surgeon in Ordinary to his Royal Highness the Prince Consort; Mr. Thos. Bell, F.R.C.S., Lecturer on Dental Surgery to Guy's Hospital; Mr. John Tomes, F.R.S., Surgeon-Dentist to the Middlesex Hospital; and Mr. Arnold Rogers, F.R.C.S., Consulting Surgeon-Dentist to St. Bartholomew's Hospital.

The subject of the Collegial Triennial Prize of fifty guineas, for 1861, is "The Anatomy and Physiology of the Supra-Renal Bodies." There are two Jacksonian prizes for the present year—viz., "The Healthy and Morbid Anatomy of the Prostate Gland;" and "A Description of the Diseased Conditions of the Knee-joint which require Amputation of the Limb, and of those Conditions which are favourable for Excision of the Joint, with an Explanation of the Relative Advantages of both Operations as far as can be ascertained by Cases properly Authenticated."

APPOINTMENTS.—Dr. Stone and Dr. Frodsham have been appointed Physicians to the Farringdon General Dispensary and Lying-in Charity.

At a special general meeting of the governors of the Royal Northern Sea-Bathing Infirmary, held at Scarborough on the 18th instant, the following gentlemen were elected on the medical staff: Mr. Weddell, Mr. Dale, Mr. Cooke, Mr. Taylor, Dr. Robertson, and Dr. Cross. (The new Infirmary, of fifty beds, will be open for the reception of patients on the 1st May.)

Dr. Elliot was unanimously elected a Physician to the Devon and Exeter Hospital on the 17th instant.

AN exceedingly accurate and expressive portrait of the late Director-General of the Army Medical Department has been published by Mr. De Mouxy, photographer. The photograph is to the very life and bearing of Mr. Alexander.

HER MAJESTY'S FIRST LEVEE.—Amongst the presentations at her Majesty's Levée were Dr. T. Graham Balfour, by the Right Hon. S. Herbert; Surgeon Major J. A. Bostock, by the Duke of Cambridge; D. J. M'Gowan, M.D., by the American Minister; Assistant-Surgeon J. H. Smith, and Surgeon J. H. Williams Oster, by the Secretary of State for India; and Dr. Wilson, by the Duke of Somerset.

THE LATE DR. TODD.—At the meeting held in the Library of King's College by the friends of the late Dr. Todd, for the purpose of arranging a memorial expressive of their esteem and respect, it was decided, after some discussion, to institute a fund for erecting a monument to Dr. Todd in the hospital, and founding an annual gold medal for the encouragement of clinical medicine, to be called the "Todd Medal."

THE NEW DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.—We believe that nothing has as yet been positively settled as to the appointment of a successor to the late lamented Mr. Alexander. It is asserted in some quarters that of the three gentlemen whom we last week mentioned as having been summoned to head-quarters, the favour of the authorities rests on Dr. Gibson, now principal medical officer at Aldershott. Dr. Gibson is high on the list of inspectors-general, and his administration in the camp at Aldershott has been popular and efficient. There has been a rumour of the appointment of an eminent civil surgeon, which is now contradicted.

THE NEW EQUITABLE LIFE ASSURANCE COMPANY.—We refer our readers with great pleasure to the annual report and balance-sheet of this Company, which will be found in our advertising columns; its details prove the steady and increasing prosperity of the institution.

ACCIDENTAL POISONING.—A boy named Jeffries, aged eight years, drank last week, at Little Clacton, Essex, from a bottle containing an arsenical solution used by his father for killing rats, believing it to be beer. A verdict of accidental death was returned by the coroner's jury.

HIPPOCRATES.—We learn that a new and splendid edition of the father of medicine is in course of publication at Utrecht, under the auspices of the Royal Academy of Sciences of the Netherlands. The editor is Dr. Frans Zacharias Ermerins, who for many years has devoted himself to the criticism and interpretation of Hippocrates. The first volume has just made its appearance under the following title:—"Ἱπποκρατους και αλλων Ἰατρων παλαιων λειψανα. Hippocratis et aliorum medicorum veterum reliquiæ. Mandatu Academiæ Regiæ Disciplinarum quæ Amstelodami est edidit F. Z. Ermerins. Vol. I. Trajecti ad Rhenum." The text of this edition is in Greek and Latin, and the work is printed in quarto form, with bold, handsome types, the Greek especially being remarkably clear and beautiful. Prefixed to the first volume are a preface and copious prolegomena, in the former of which the writer explains the necessity for a new edition of the Physician of Coe, notwithstanding the labours of M. Littré, whose edition of Hippocrates, although begun in 1839, is not yet completed.

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THE WROXETER SKULLS.—An interesting discussion was held on these deformed skulls at the last meeting of the Ethnological Society, as announced. A letter was read from Professor Owen, and Dr. Knox and other distinguished ethnologists took part in the proceedings. The ultimate conclusion appeared to coincide with the opinion which we have already expressed—that the deformities were the result of softening and pressure. We hope to lay a fuller account of this interesting subject before our readers next week.

THE FEEDING AND REARING OF INFANTS.—On Monday evening, the 13th inst., a meeting of medical gentlemen and others was held at the Hanover-square Rooms, for the purpose of hearing a paper read upon the "Comparative Properties of Human and Animal Milks, considered in relation to some Physiological Facts"—the object of the meeting being, according to the card of invitation, to induce discussion as to the best substitute for breast-milk in the case of hand-reared children. There were present Drs. Druitt, C. H. F. Routh, R. D. Thomson, T. Hillier, G. H. Bachhoffner, E. Smith, &c.

Dr. DRUITT, medical officer of St. George's, was called to the chair, and, in opening the proceedings, said that, as infant mortality had been so great, any contribution showing a better mode of rearing children must be received with the greatest satisfaction by all classes.

Dr. ROUTH then said that the paper which would be read had been prepared by a lady, and the object of the authoress was to bring before the public some general plan by which children might be more safely and satisfactorily brought up than at present.

The paper was then read—a lengthy and elaborate document, referring chiefly to the chemical properties of human milk, a new theory relating to the essence of milk, and a new interpretation of the requirements of the human infant. It was contended that the children would thrive much better on farinaceous food, with a mixture, perhaps, of cows' milk.

The CHAIRMAN, in proposing a vote of thanks to the authoress, said the question was very important, for there was no class that suffered more than the poor children of this metropolis.

Dr. BACHHOFFNER, the superintendent-registrar of births and deaths for Marylebone, said that during the five years ending 1857 the births were 3,202,363, and the deaths 803,094, or 25 per cent.; of that number, 34,073 had died from violence, 3757 from want of breast-milk, and above 119,000 from consumption.

Some further discussion ensued, in which Dr. Routh and others took part, and in which the system of putting children out to nurse was stigmatized as child murder, and it was also regretted that the plan laid down by the authoress was not clearly defined; still, the importance of the question and the value of the paper were admitted on all hands.

A recommendation to the authoress was proposed, in the form of a resolution, and unanimously carried, to the effect that she would give publicity to the paper in a printed form. We believe it will, accordingly, be shortly published.

INSTRUMENTAL ABORTION: CHARGE OF MANSLAUGHTER.—The *Salisbury Journal* contains the following: Mr. Whitmarsh held an inquest last week on the body of Mary Walford, of Highworth, housemaid in the service of G. Alexander, Esq., of that place. Deceased had obtained leave of absence from her mistress from Monday, Jan. 16th, to the following Friday, when she returned, apparently in her usual health. On Sunday she complained of a chill in her leg, and Mr. Kennard, surgeon (sent for her at her request), found her suffering from a febrile attack, and ordered her to bed. As early as two A.M. on Monday Mr. Kennard was again sent for, and found her decidedly worse and very much agitated. She told him she had miscarried at Bath; he examined the leg, and considered that she was suffering from phlebitis due to the miscarriage. On the following Wednesday, knowing herself to be dying, she confessed that, when absent, she had visited a Mr. Hind, of that vicinity, and that he used an instrument to procure abortion, giving her brandy to support her during the operation. She died soon after making her statement. A post mortem examination was made, and the jury returned a verdict of manslaughter against Mr. Hind, who was committed for trial. He appears to be nearly seventy years of age. Mr. Hind's name does not appear on the Register.

NOT INSURED.—The "Post" records a fresh accident, seriously endangering life, which has arisen from the ignition of inflammable clothing. The account closes thus: "It is questionable whether she can recover. Unfortunately, the sufferer is not insured."

MEDICAL DIARY OF THE WEEK.

MONDAY, FEB. 27	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.
TUESDAY, FEB. 28	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Reptiles." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. John Wood, "On a New Method of Operating for the Radical Cure of Hernia." — Dr. Robert Lee, "On Ovarian Cysts which contain Teeth, Hair, and Fatty Matter."
WEDNESDAY, FEB. 29	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Gulstonian Lectures: Dr. Radcliffe, "On the Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy." HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Mr. Critchett, "On some Cases of Lithotomy by the New Method."
THURSDAY, MARCH 1	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS. Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology." HARVEIAN SOCIETY.—8 P.M.
FRIDAY, MARCH 2	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Guy, "On the Numerical Method, and its Application to the Science and Art of Medicine." ROYAL INSTITUTION.—8 P.M. Prof. H. C. Roscoe, "On the Measurement of the Chemical Action of the Solar Rays." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. Markham, "On Blood-letting in Disease."
SATURDAY, MARCH 3	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology."

To Correspondents.

TURNING IN DISTORTED PELVIS.

Lucina.—The literature on this subject is scanty and widely scattered. Dr. Simpson's papers, which will be found in his collected works, form the best exposition in the English language. In 1850, an interesting historical account of it was published by Dr. Charles West. We hope shortly to find space for the commencement of a clinical examination of the question from the pen of Dr. Barnes.

Salopian.—As the Apothecaries Act was not repealed by the recent statute, he cannot practise as an apothecary; but he can charge for medicine and attendance, and recover.

Relaxation.—We do not give advice in this place.

Mr. Murray will perceive that the subject of the "Novel Hot-Air Bath" has been discussed by correspondents who are well qualified to speak with authority.

L.—The master is not *legally* liable under the circumstances; but surely in *equity* he ought to pay it.

IF *G. L. B.* will send his address in confidence, he shall receive a private note.

PARALYSIS AND THE GERMAN SPAS.

To the Editor of THE LANCET.

SIR,—A patient of mine, under forty years of age, who has been confined to her couch and unable to walk for nearly twenty years, has been most strongly advised to go to Langen Schwalbach, in the Duchy of Nassau, and try the waters of that place. As the journey would be one of great difficulty and much expense, I am very anxious to learn from my professional brethren, who have known the waters of the Stahl und Wein Brunnens to be used in cases of paralysis, what have been the results, and also if they would inform me whether the water of any other spa in Germany or elsewhere has been successfully employed in any similar case. Letters addressed to "Medical Inquirer," THE LANCET Office, Strand, would oblige,

Yours very faithfully,

A SURGEON.

February, 1860.

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Royal College of Surgeons.—In reply to several correspondents, who have addressed us on the subject, we find, on inquiry, that the period during which licentiates of the Society of Apothecaries, whose licences bear date prior to 1850, will be admitted to examination for the diploma of the College of Surgeons, will cease at the end of the ensuing month (March), after which no one will be admitted to such examination without a strict compliance with the regulations.

Investigator.—We should be happy to give the information required, but we have no means of obtaining it.

S. K. E.—He cannot assume the title unless he be registered.

A WOMAN'S VIEW OF THE SOCIAL EVIL.

To the Editor of THE LANCET.

SIR,—I read with much interest your feeling and admirable article in your journal of Feb. 4th, relative to the employment of fallen women. You very properly pointed out the duty incumbent on ladies to endeavour to raise their unhappy sisters, and, by employing them, to give them some chance of redeeming a lost character.

Now, I entirely agree with you in all this; but why do not men, whose boast it is to style themselves the protectors of the weaker sex, do their part? Why, when women try to reform their own sex, do not men endeavour equally to shame the vicious of their own? I have heard it said that for every poor girl rescued, two are drawn into the vortex of dissipation. Then how hopeless a task have we to perform, unless the stronger and nobler (?) sex will help in the good work. I think you are wrong in supposing that women do not feel for the poor lost victims of man's most disgusting and degrading (though least censured) vice. There are many who feel acutely their sex's degradation, and who are equally disgusted at men's undisguised profligacy, but they have no means of expressing those feelings. Modesty closes the lips, even when the heart is fullest.

No, the remedy for fallen women is not with the *ladies* of England. Let the gentlemen of England stand up for the right, and preach morality and self-control to their own sex, and let them call the great social evil by its right name. Let us not call *that* gaiety which annually destroys thousands of the fairest of our women. No! let the sin of profligacy be as much denounced in men as it is in women, and let the men known to be indulging in a filthy and disreputable life be shunned with loathing and horror, as men would be were they known to be shortening the lives of their fellow-creatures in any other way. Would men spend one tithe of the money in helping *their* fallen sisters that they so recklessly squander in dragging them deeper into the abyss of infamy, we should not see so many poor young creatures plying their wretched trade in the streets. If the finger of scorn were pointed at the bad man as well as at the bad woman, we should see men ashamed to do what society would be disgusted with. If when some unhappy girl murdered her infant, driven to such a crime by the desertion of her seducer, that seducer's name and address were published, and the man held up to public scorn and detestation, we should have fewer mothers tempted to murder their innocent offspring.

Sir, you some time ago endeavoured to teach young men how foolish it was to make "chimneys of their mouths," and how deleterious such a practice was to their health. Will you not try to raise the tone of their morals also, and tell them how profligacy is undermining the health of the present generation, and too surely sowing the seeds of disease for their children. Pray do your part in staying this awful tide of prostitution, which is more and more invading our land, and you will have the prayers of the wives and mothers of England that God may bless your efforts to raise the standard of morality in our fatherland.

Trusting you will excuse me for expressing a woman's feelings and thoughts on such a subject as this, I remain, Sir, yours respectfully,

February, 1860. A WIFE AND MOTHER.

O. Z.—There is no bye-law or other restriction of the Royal College of Physicians forbidding its members to prescribe in a case of gleet or gonorrhœa. The M.R.C.S. may also remember that there is no bye-law of his College forbidding him to attend a case of small-pox.

WE hope to find room to notice the case of Mr. Alfred L. Godfrey, an alleged lunatic, in our next impression.

Talipes.—There are many registrars. The Registrar-General is appointed by the Secretary of State for the Home Department.

Cymro Gog.—Yes.

THE HOT-AIR BATH.

To the Editor of THE LANCET.

SIR,—I venture to think that Messrs. Price's new hot-air bath, with the long name and many wicks, is only a dirty contrivance, and moreover not very safe. The sweating process can, with perfect safety and cleanliness, be induced by a spirit-lamp placed below a wooden chair, the patient being enveloped in half a dozen blankets, covered externally with a sheet to retain the heat. This process produces profuse perspiration in about half an hour. It is assisted by the drinking of cold water, and is rendered less irritating to the nervous system by the addition of a small quantity of vapour to the heated air. A tin spirit-lamp, with a small vessel above it for generating the steam, and resembling a Greek tripod, is much used for this purpose at the Water-cure at Malvern. Messrs. Langworthy and Reed, ironmongers, of Brighton, have made several at the cost of 4s., and I doubt not would be ready to supply any of your readers with one of these lamp baths; the spirits of wine consumed for one bath would not cost 6d.

A hot-air bath, however cleanly in its application, which produces perspiration in five minutes, is moreover a dangerous remedy, and I would caution against its use. The sweating process—perhaps, when rightly used, the most powerful alterative we possess in the treatment of chronic disease—is apt at all times to affect the head unpleasantly, and it is only when *slowly* and *cautiously* induced that it is free from danger. To procure its alterative action, it is further necessary (though this is not named in the notice of the new hot-air bath) that the sweating process be followed by cold affusion, either by means of the dripping sheet, or else by pouring two pails of cold water over the patient. In delicate persons the shock is agreeably lessened if the first pail be tepid, and the second cold. A brisk walk both before and after the bath is of service.

I trouble you with these practical hints on the use of a favourite remedy of mine, the lamp bath (which by-the-bye I find a charm against sciatica), in case any of your readers not so familiar with the application of the sweating process should be induced unwarily to try the method described in the notice in last week's LANCET.—I remain, Sir, your obedient servant,

C. LOCKHART ROBERTSON, M.B. Cantab., M.R.C.P.

Sussex Lunatic Asylum, Haywards Heath, Feb. 1860.

Hypophosphites in Phthisis.—Dr. Quain has recently and fully tried the remedy at the Brompton Hospital. We shall be happy to publish the results of his observations, if he will forward us a report.

W. M. shall receive a private note.

An Old Subscriber.—He cannot assume the title of "surgeon" or "doctor." "Licentiate in Medicine."

E. C.—The subject shall not escape our attention.

A Twelve Years' Subscriber.—A change is contemplated; but nothing definite has been decided on.

INTERSCAPULAR PAIN.

To the Editor of THE LANCET.

SIR,—In your impression of February 11th, Dr. Sisson makes a deduction from my letter, which I believe to be foreign to its contents. He says, after referring to Dr. Tilt's case, that the pain in mine was "merely *increased*, not *produced*, by evacuation of the bowels." I did not say the pain was *produced* by this means, as he seems to intimate. If increased by muscular effort, it must have had some *previous origin*, such as the cause I assigned. The fact of one of Mr. Leckie's* patients being a male does not negative my statement.

If Dr. Sisson's solution be the correct one, why is it that this symptom is infrequent in gouty dyspepsia? or what reason can he assign for pent-up "acid secretion" not producing similar results in other cases? Do we see pain of this description in cases where the bowel contents have by their acidity abraded and ulcerated the intestinal wall? If so, it is the exception, not the rule. The great difference between Mr. Leckie's case and mine is the *freedom* from pain experienced by his patient when the bowels were constipated, whereas in mine it was the reverse. Perhaps the constipation in the former had not caused that distension requisite for the production of pain, or, that being liquid, gas was furnished, which would tend to the same effect. The intestines are not like a cylinder, uniform from end to end, but capable of forming a nidus for the development of gas, even though the stools be liquid; and when the colon is thus distended, its condition, as far as pressure is concerned, is *almost* the same as if it were filled with solids; the valves in connexion with it will alike be subservient to the power that closes them. I do not pretend to say that all cases of interscapular pain are produced in accordance with my hypothesis. Dr. Tilt's case shows otherwise; but I cannot subscribe myself a believer in Dr. Sisson's theory. Your obedient servant,

Greenwich, February, 1860. HENRY USHER, M.B.

* In consequence of its indistinctness in the manuscript, the signature to the letter which we published on Jan. 28th, p. 106, was misprinted. It should have been "A Seeker," and not "A. Leckie," &c.

Adolescens should write to the Secretary of the University of St. Andrews. Courtesy only, not right, authorizes the L.R.C.P. Ed. to style himself "doctor." If "his brethren M.D.s ridicule him" for assuming the title, why then—they are not courteous.

Ægrotus (Carmarthen) has neglected to authenticate his letter. We can take no notice of anonymous communications.

THE letter of *A Poor-law Medical Officer* shall appear in our next.

THE USE OF THE CARBONATE OF BISMUTH.

To the Editor of THE LANCET.

SIR,—In reply to the query of Mr. Phillips, in last week's LANCET, I beg to inform him, that when in the north of England (where the practice of eating raw meat prevailed very much amongst the lower classes) I had many opportunities of using the carbonate of bismuth in cases of dyspepsia, and consider it almost a specific in that complaint, when combined with rhubarb and carbonate of soda. The usual way I prescribed it was as follows:—Carbonate of bismuth, rhubarb powder, of each two scruples; sesquicarbonate of soda, one drachm; aromatic spirit of ammonia, three drachms; infusion of calumba to half a pound: one ounce to be taken three times a day.—Yours, &c.,

Stroud, February, 1860. J. B. H.

An Honorary Surgeon in the Volunteer Rifles.—If the surgeon be Gazetted, he will be entitled to attend the levée.

Anti-Humbug.—1. No.—2. Not to dispense medicine.

A. P.—He is eligible for election.

Quero should apply to any of the respectable medical agents in London, who would, no doubt, assist him in his object.

SYPHILITIC SORES.

To the Editor of THE LANCET.

SIR,—"A Country Surgeon" loses sight of the two different questions involved. It is *not* to be inferred that the *infecting sore* is ordinarily incapable of transmission by contact, except it be previously inflamed and irritated. Under the circumstances he mentions, a healthy individual is inoculated from a diseased individual, whereas Mr. Lee's proposition refers solely to the question of transmission of sores from one part of a diseased individual's body to another part of it. I remain, Sir, yours, &c.,

Albany Court-yard, February, 1860. JOHN HARRISON, F.R.C.S.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. J. Bruce; Dr. J. Rogers; Mr. Hancock; Dr. Budd; Mr. J. Oliver; Mr. H. C. Stewart; Mr. C. W. Goodhart; Dr. Elliott; Mr. Cooke; Mr. J. Greene; Mr. R. C. Galton; Mr. H. Towle, Bingham; Mr. O. Pemberton, Birmingham; Mr. J. Sutton, Ashton; Mr. J. F. Thomas, Newport, (with enclosure;) Mr. B. Pinniper, Ryde; Mr. B. Marsack, Olney, (with enclosure;) Mr. J. Baxter, Clitheroe; Mr. J. B. Shepherd, Nottingham; Mr. R. Shiel, Chester-le-Street, (with enclosure;) Mr. J. Williamson, (with enclosure;) Dr. Tweedie; Mr. Illingworth, Maindee; Mr. R. H. Hayes, Lowton, (with enclosure;) Mr. T. Homes, Cradley, (with enclosure;) Mr. J. F. Lawton, Ownby, (with enclosure;) Mr. J. F. Fletcher, Long Sutton, (with enclosure;) Mr. M. J. Reilly, Bedford, (with enclosure;) Mr. J. R. Peel, Royton, (with enclosure;) Mr. O. W. Barrett, Birmingham, (with enclosure;) Mr. J. E. Gibson, Cowes, (with enclosure;) Rev. J. Milner; Mr. J. Walter; Mr. H. Wotton, Harrold, (with enclosure;) Mr. C. Bennett, Shiffnal, (with enclosure;) Mr. N. B. Nason, Nuneaton, (with enclosure;) Mr. J. Cooper, Cromer; Mr. Thomas Hibberd, North Shields, (with enclosure;) Mr. W. R. Ashurst, Farningham, (with enclosure;) A Surgeon; Ophthalmoscope; J. R. H.; Investigator; Anxious; An Old Subscriber; Ægrotus; Kingston; W. C.; &c. &c.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., EX-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

MEDICAL PROPERTIES:—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission:—

..... "And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing haemorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—i.e., cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these haemoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication—i.e., irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of haemorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is, what is perhaps better, a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., Eng.;
Formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"*To the Editor of the* MEDICAL TIMES AND GAZETTE.

"Sir,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling sure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm; one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"Sir,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Surgeon, Egham, Surrey.

"Sir,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly the douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"Sir,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. R. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr. J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per Ounce, and in quantity of 10 Ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist,
33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

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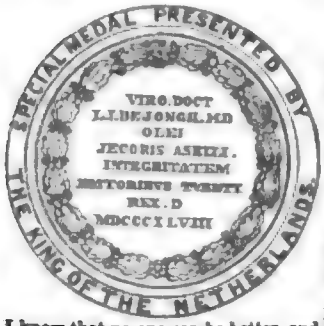

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

"(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2s.; 16 oz. 3s. 6d.; 20 oz. 4s.; 40 oz. 7s. 6d.; 80 oz. 14s. each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Coned., 5s. 6d. and 10s. 6d. Liq. Taraz., 6s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154a, Fenchurch-street, E.C., London.

Newbery's Cod-liver Oil Cakes.—

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, Feb. 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY AND SONS,

(Proprietors of the "Pulvis Jacobi Ver., Newbery's,")

45, St. Paul's Churchyard, London.—Established A.D. 1746.

"Pulvis Jacobi Ver.," Newbery's,

Introduced A.D. 1746.

Dr. HANDFIELD JONES, in his paper on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonial Compounds in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic in all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all. (Signed)

45, St. Paul's Churchyard. F. NEWBERY & SONS.

Prices for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.
Sold by Chemists, Grocers, &c., throughout the world.
Wholesale Agents, Lewis Watkins and Co., Worcester.

Andersons' Oil of Horse Chestnuts,

first introduced into England by them as an external application in cases of Gout, Rheumatism, &c. It has been suggested to Messrs. Andersons by several eminent Practitioners, that, administered internally, in bland fluids, it is singularly efficacious in Gout, Rheumatism, Spasms, Colic, Dysentery, Diarrhœa, &c.,—being antispasmodic, sedative, astringent, anodyne, and diaphoretic.—In doses of from 5 to 20 drops. Pulv. Ext. Colœ. Co. P. L., 1836, 9s. per lb., 5s. cheaper than any other house. Tr. Aurant. P. L., a most exquisite preparation, 2s. 2d. per lb. Chlorodyne (Dr. Ogden's), 1s. 6d. per oz. Guacine, an internal remedy in Gout, Rheumatism, Tic-douloureux, Neuralgia, &c.

ANDERSONS, Operative Chemists, 30, Duke-street, Manchester-square.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: May 30th, 1844.—I have used Mr. MACORD'S Transparent Isinglass Plaster; I like it much; it answers the purpose intended well.—SAMUEL SOLLY, F.R.C.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:
WARRICK BROTHERS, 3, Garlick-hill, London, E.C.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS
(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street; the Apothecaries' Company, Glasgow; Grattan and Co., Belfast.

Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 58, Minories; the Apothecaries' Company, Glasgow; Grattan and Co., Belfast.—Chemical Works, Battersea, S.W.

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BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

James's Fever Powder,

4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

Compound Syrup of the Phosphates,

or CHEMICAL FOOD.—This preparation has been recently successfully given in Hysteria, Epilepsy, Spermatorrhœa, and other exhaustive derangements of the Nervous System.

"3, Finsbury-square, E.C., December 1st, 1859.

For the past eight months I have been in the frequent habit of prescribing the Compound Syrup of the Phosphates, a preparation designed, as its name of 'Chemical Food' implies, to replenish the salts of the blood, which are often more or less deficient in the inhabitants of London and other large towns.

It is a most serviceable and at the same time most agreeable tonic remedy in degeneracy of the blood and of the nervous and muscular tissues. I have found it of special benefit to scrofulous children, many of whom could take this when they could take no other ferruginous preparation.

In all specimens of this article that I have seen manufactured by first-rate pharmaceutical chemists, there has been a copious deposit. This defect has been overcome by Mr. BREWER, whose preparation is superior to the others in taste and efficacy, as well as in elegance of composition.

(Signed) SEPTIMUS GIBBON, A.B. & M.B. Cantab.,
Officer of Health, late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c. &c.

J. W. N. BREWER, Pharmaceutical Chemist,
5, Liverpool-street, Bishopsgate-street, London, E.C."

BREWER'S SYRUP OF HYPOPHOSPHITE OF IRON.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had of M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 49, Haymarket London. In Ireland, at Mr. Vitties, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Souheiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Metropolitan Board of Works.

PERCHLORIDE OF IRON.

TO CHEMISTS, MANUFACTURERS OF DEODORIZING AGENTS, AND OTHER PERSONS.

The Metropolitan Board of Works hereby give notice, that they will MEET in the Council Chamber, Guildhall, in the City of London, on Friday, the 16th day of March now next, at Twelve o'clock at noon precisely, and will then be willing to open TENDERS for the SUPPLY of PERCHLORIDE of IRON for deodorizing purposes, during the summer months of the present year, on the following, amongst other conditions:—

That within six weeks after receiving a notice to that effect, the contractor shall deliver at such localities as shall be indicated, within the metropolitan area, 5000 gallons or thereabouts per diem of perchloride of iron; and within a further period of three weeks after receiving a similar notice, he shall deliver such increased quantity as may be required, not being more than double the quantity above named.

That he will regularly continue such supply during the summer months until he shall receive fourteen days' notice to diminish or discontinue it.

That the tender shall state the price per gallon, delivered at the several stations specified, and shall include the cost of bottles, casks, and packages, which shall be the property of the contractor, and shall be collected by him, when empty, at his own expense. That the perchloride supplied shall contain not less than 1 lb. avoirdupois of iron per gallon in the form of perchloride corresponding to 2 lbs. 14½ oz. of perchloride, and not more than 1 oz. avoirdupois per gallon of free hydrochloric acid.

That each quantity delivered shall be tested as to its compliance with the foregoing conditions, and any fluid which does not come up to that standard shall be rejected, and removed at the cost of the contractor.

The specification may be inspected, and form of tender and further particulars obtained at the offices of the Board, No. 1, Greek-street, Soho, on and after Wednesday, the 29th day of February instant, between the hours of Nine A.M. and Four P.M., until Thursday, the 15th day of March now next.

Tenders, addressed to the Metropolitan Board of Works, must be delivered at their offices before Four o'clock on the last-mentioned day, and no tender will be received after that hour.

The Board do not bind themselves to accept the lowest or any tender, and the party whose tender shall be accepted will be required to provide two approved sureties for the due performance of the contract.

JOHN POLLARD, Clerk to the Board.

No. 1, Greek-street, Soho, February 21st, 1860.

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them, May be obtained from their successor,

J. C. PART, 186, Drury-lane, London.

Sir J. Murray's Pure Fluid Magnesia

is now perfected by him, at his Factory, London; as patented, 1859; improved, re carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

Communications addressed to the Manager, HENRY F. HOME, 49, Berners-street, London, will receive immediate attention.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

CAUTION.

Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely*, *solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

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PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

HENRY BRETT & CO.,
OLD FURNIVAL'S DISTILLERY, HOLBORN

Sept. 7th, 1857.

---

72 nauseous Drugs (Copaiba, Cod-liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Dr. Belloc's Lozenges and Powder of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 40, Haymarket, London.

Liquor Folii Ricini, for increasing the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

W. Twinberrow begs to draw the attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropa, Belladonna, Cotyledon Umbilicus, &c.;) also to his Liq. Taraxici, Liq. Galii Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Beli (prepared from the Ægle Marmelos, or Indian Bael), for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand.—Agent for Palmer's Aërated Chalybeate Water.—*Ext. Lariciis Europ.*

BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2, Edwards-street, Portman-square.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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Cold Cream, &c. &c.

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To Mr. J. Pratt,
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Child's Patent Galvanic Electro Hair

and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, those Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

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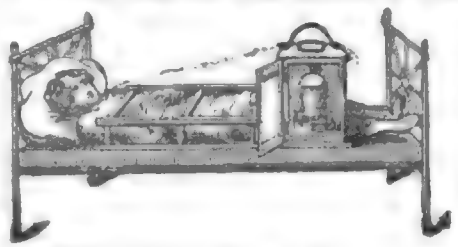

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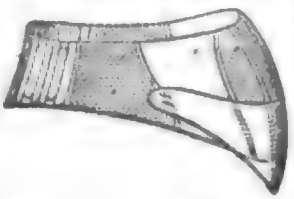

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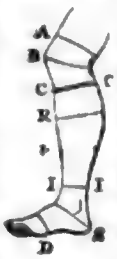

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Handsome Trephining Case, ivory handles, complete	2	2	0
Superior Cupping ditto	1	18	0
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The whole of the above are modern, by the best makers, and repaired as new.

Also a Regulation Case, price £9 9s.

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Microscopes.—J. Amadio's Botanical

MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

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SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

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Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

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SALMON, ODY, and CO. most respectfully inform the public that their TRUSSES have been in use upwards of 50 years, and are found to answer the purpose with more ease and security than any other invention. They will answer for right or left side, requiring no understrap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.—N.B. A female attends from ten till two o'clock. Ladies are requested to apply at Mr. Ody's private door.—Manufactory, 292, Strand.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.

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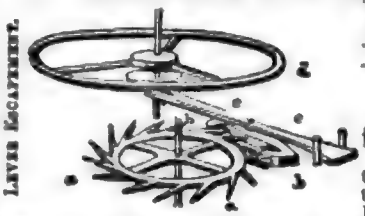

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Send two stamps for Benson's Illustrated Watch Pamphlet.

Watches sent free to any part of the kingdom on receipt of a remittance.—33 & 34, Ludgate-hill, London, E.C.—Established 1749.

To Invalids.—The Patent Rheocline

BEDSTEAD, so strongly recommended by Miss Florence Nightingale in her "Notes on Nursing," (vide page 46,) to be had of the Manufacturers and Patentees, 2, Winsley-street, Oxford-street, W.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 20, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will continue his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during the Winter Session. The Demonstrations take place on Monday, Wednesday, and Friday evenings, from Seven to Nine o'clock, at the Westminster Hospital.

Entrance fee (perpetual), Five Guineas.

Examinations in Chemistry—First

M.B., Apothecaries' Hall, &c.—A Gentleman, residing in the centre of the City, offers private Instruction in the above science.—Address, X. Y. Z., Post-office, Skinner-street, E.C.

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Gentlemen can be Prepared for the various Professional Examinations, either privately or by correspondence.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

Mr. Power and Dr. Power continue

their LECTURES and EXAMINATIONS Daily, preparatory for the M.D., Army, Navy, E.I. Board, College of Surgeons, and Apothecaries' Hall.

Mr. P.'s Private Class for the next M.D. Examinations will commence on Wednesday, Feb. 22nd, at Half-past Five P.M.

The Special Class in Natural History, and for the E.I. Board and Army Board Examinations, will commence on Thursday, March 8th.

Mr. P. prepares Practitioners for the M.D. Degree by Correspondence.

Dr. P. receive Two House Pupils.

Lecture-room, Exeter Hall, Strand, Feb. 20th, 1860.

Royal College of Surgeons of England.

The COURSE of LECTURES of the present year will be commenced on Tuesday, the 28th instant, by Professor SAVORY, who will deliver Twelve Lectures "On General Physiology."

Professor QUEKETT will afterwards deliver Twelve Lectures "On the Component Parts of Vegetables and Animals."

And the Course will be concluded by Professor HILTON, who will deliver Six Lectures "On the Influence of Rest in the Treatment of Disease."

The Lectures will be delivered on Tuesday, Thursday, and Saturday, at 4 o'clock.

Cards of admission will be issued to Members on application at the College.

Feb. 15th, 1860. EDMUND BELFOUR, Secretary.

Guy's Hospital Biennial Festival,

1860.—The Gentlemen educated at Guy's Hospital and their friends will DINE together at the Albion Tavern, Aldersgate-street, on Tuesday, the 6th of March, 1860,

HENRY OLDHAM, M.D., in the Chair.

Dinner on the table at half-past Five o'clock precisely.

Tickets 21s. each, to be had of the Stewards, and of the Honorary Secretary.

The Stewards and Gentlemen intending to be present at the Dinner are requested to communicate with the Secretary on or before March 1st.

The Secretary has the privilege of engaging seats for the country Stewards and their friends.

THOMAS BRYANT, Esq., Hon. Sec.

Lock Hospital.—The Anniversary

DINNER of this Charity will take place on Wednesday, the 14th of March next—

H.R.H. the Duke of CAMBRIDGE in the Chair.

The Board of Governors earnestly solicit the co-operation of the friends of this old and well-tried Institution in the efforts they are now making to establish the New Male Hospital, and in raising funds for the necessary expenses attendant on the opening of this new department.

The names of noblemen and gentlemen who will kindly consent to act as Stewards, and to meet his Royal Highness on this occasion, and who may otherwise feel disposed to aid the Governors in carrying out this very important object, will be thankfully received by the Hon. A. Kinnaird, Esq., and Benj. Bond Cabbell, Esq., Treasurers; and by the Secretary, at the Hospital, Westbourne-green, Harrow-road.

No liability attaches to the office of Steward.

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Medical Deputy Coroner. — The Advertisement under this head in THE LANCET of last week has produced such an enormous number of applications (upwards of 70), that the Advertiser is obliged to acknowledge the receipt of them in this place. Any gentleman who, within three weeks from this date (Feb. 25th), may not have received a private answer to his application, may then consider that the appointment to the vacant office has been made.

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Lecture V.—Enteric Fever ... 211

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
Obscure Brain Disease; Necropsy ... 213

Record of Nineteen Cases of Ruptured Perinæum; with Practical Remarks. By I. Baker Brown, Esq., F.R.C.S. (Exam.) ... 214

An Unusual Circumstance attending a Case of Midwifery. By W. Thomas, L.R.C.P. Edin., Pembroke Dock ... 216

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

St. Bartholomew's Hospital: Chronic Hydrothorax of the Left Side, with Displacement of the Heart to the Right, in a Sailor; Slight Benefit from Treatment ... 216

St. Mary's Hospital: Hydrothorax of the Left Side; Emanale Mensium; Good Effects of Treatment ... 217

University College Hospital: Hydrothorax of the Right Side, following Pleuro-Pneumonia; Suspected Tuberculosis; Persistence of Effusion ... 217

Clinical Records.—Persistence of Facial Paralysis Twenty Years after the Cure of Hemiplegia.—An almost Imperforate Anus.—Sternal Lesions. — An Afternoon's Operations ... 218

MEDICAL SOCIETIES.

Medical Society of London: On the Diagnosis of Cancerous and some other Tumours of the Liver ... 219

Pathological Society of London: Spurious Hermaphroditism. — Cancer of the Liver. — Cancer attacking Cystic Ovaries ... 220

Western Medical and Surgical Society: On a Case of Fatal Coma. — Polypus of the Heart.—Fibrous Tumour of the Uterus.—Exhibition of an Instrument for Dilatation of Strictures of the Rectum ... 221

Harveian Society: On some Phenomena of the Nervous Life of Animalcules ... 221

REVIEWS AND NOTICES OF BOOKS.

The International Quarantine Conference of Paris of 1851-52. With Remarks by Gavin Milroy, M.D., F.R.C.P.

Quarantine as it Is and as it Ought to be. By Gavin Milroy, M.D., F.R.C.P. ... 222

Selected Monographs: Kussmaul and Tenner on Epileptiform Convulsions from Hæmorrhage; Wagner on the Resection of Bones and Joints; Graefe's Three Memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma. The New Sydenham Society ... 222

Histoire Littéraire des Fous. Par Octave Delepierre ... 222

On the Coagulation of the Blood in the Venous System during Life. By Geo. Murray Humphry, M.D., F.R.S. ... 222

FOREIGN DEPARTMENT.

On the Osteogenic Properties of the Periosteum. — The Pasteboard Splints of M. Merchie, Surgeon-Major in the Belgian Army ... 223

LEADING ARTICLES.

The Case of Alfred L. Gorfeny, an alleged Lunatic ... 224

Efficacy of Quarantine ... 225

Theology and Therapeutics ... 226

MEDICAL ANNOTATIONS.

The Cambridge Medical Degrees Statute. — Slightly Touched. — An Amendment of the Law.—Accidental Poisoning.—Medico-Parliamentary ... 226

A Bill to Amend the Law relating to the Unlawful Administering of Poison ... 228

The London Medical Registration Association ... 228

The Council of the College of Surgeons and Messrs. Horton and Merodith ... 229

Birmingham and Midland Counties Medical Registration Association ... 229

CORRESPONDENCE.

Poor-law Medical Reform ... 229

On the Injurious Effects of White Lead as a Paint: Letter from Dr. Hassall ... 230

Mr. Thomas Wakley's Stricture Tubes ... 230

The Bronchial Bloodvessels: Note from Dr. Waters ... 231

Acupressure in Operations: Note from Mr. Curling ... 231

Syphilis in the Army: Note from Dr. T. Graham Balfour ... 231

College of Dentists of England ... 231

MEDICAL NEWS.

Pass-lists of the Royal Colleges of Physicians and Surgeons, and Apothecaries' Hall.—Cambridge University. — Royal College of Physicians. — Lectures at the Royal College of Surgeons. — Medical Representation in Parliament. — Hunterian Museum. —Appointment.—Poor-law Medical Reform.—The Medical Act in Scotland.—Price of Wine two Centuries ago in England. — Perchloride of Iron as a Deodorizer.—Will of the late Dr. Todd. — The Military Hospital, Yarmouth.—Army Medical Inspection.—A Healthy Week in Liverpool. — Fractures in Utero. — Typhus amongst the Circassians. — Conveyances for the Sick. — A New Development of Life Assurance.—Subjects for Prizes offered by the Academy of Sciences of Paris. — Successful Treatment of Vesico-Vaginal Fistula.—A Discovery of Skeletons.—Consequences of Cystitis. —Adulteration of Santonine.—British Scientific Investigators and the French Medical Press. — Syphilitic Paralysis of the Sixth Pair of Nerves. — A Characteristic Sign of Typhoid Fever. — The Cyclopædia of Medical Science of Madrid. — Health of the Metropolis ... 231

Births, Marriages, and Deaths ... 233

Medical Diary of the Week ... 234

Notices to Correspondents ... 234

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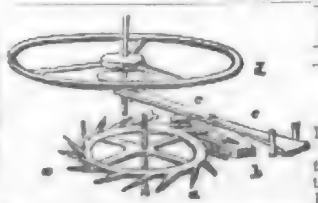

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858-59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE V.

ENTERIC FEVER.

Pathological anatomy. 1. *Nervous system: the brain—cerebellum—pons Varolii—medulla spinalis.* 2. *Organs of respiration: larynx—bronchia—bronchial glands—pleura—pulmonary tissue—pulmonary hypostasis—cadaveric pulmonary hyperæmia.* 3. *Organs of circulation: heart—pericardium—muscular structure—aorta—condition of the blood in the heart.*

GENTLEMEN,—Having considered the symptoms which characterize enteric fever, I shall next bring under your notice the *pathological anatomy* or *anatomical characters* of the disease.

1. *The Brain.*—Although the functions of this organ, as already pointed out, are, in the majority of cases of enteric fever, more or less seriously disturbed, neither the substance of the brain nor its investing membranes exhibit corresponding appreciable lesion, and even when morbid alterations are discovered, there does not appear, on close examination, that constant relation between the symptoms during life, and the lesions found after death, that might be expected.

This remark does not apply to specific fevers only, but to the pathology of the brain, whether primary or secondary.

It will be convenient to consider the changes that take place within the cranium—1st, in the *membranes;* and 2nd, in the *brain tissue.*

The *dura mater* is almost invariably in its normal condition—idiopathic inflammation of this membrane, except after external injury, being very rare.

The *arachnoid membrane* is, in some instances, more or less opaque, sometimes slightly thickened; occasionally a moderate amount of limpid or sometimes turbid serosity is effused into the sub-arachnoid tissue; or perhaps a small quantity of lymph, in the form of a delicate false membrane, on the cerebral arachnoid. Effusion of blood into the arachnoid cavity—an occasional lesion in typhus—is rarely, if ever, observed in enteric fever.

The *pia mater*, in more than half the cases examined, is more or less injected, the injection being more apparent in those who die between the eighth and twentieth days of the disease.

Brain tissue.—The anatomical characters of genuine inflammation of the cerebral substance may be said to be never observed in the most acute forms of fever. Indeed, well-marked inflammation of the entire brain tissue is a lesion so exceedingly rare, that its occurrence is doubted by many pathologists. In small portions (partial cerebritis) it is often found, but as an idiopathic disease only.

The more common appearances, when the cerebral affection has been severe, are those of congestion—viz., injection of both the cortical (grey) and medullary (white) matter—a decided rosy tint of the former, and injection of the latter (shown by numerous red points), being apparent when a section of the brain is made.

Louis found the cortical substance more or less of a rosy hue in seventeen out of the forty-six cases, and it was more frequent amongst those who died between the eighth and fifteenth days than in those who died after this period. The medullary matter was injected more or less in all excepting seven, and this injection—generally in proportion to the colour of the cortical substance—was very marked in seven subjects, four of whom died before the fifteenth day; it was observed also in all who died between the eighth and fifteenth.

It thus appears that injection of both portions of the brain (grey and white) is almost invariably more pronounced, as well as constantly present, in patients who die in the early stage of enteric fever.

In regard to the *consistence* of the brain, it does not appear that there is any alteration in this respect from its ordinary condition. Softening is very rarely met with. Louis alludes to two cases only: in one, the softening was seated in the optic thalami, but there were no special symptoms which could be said to indicate this lesion; in the other, the softening occurred in the septum lucidum, but in this case the symptoms were well marked.

Serous effusion into the ventricles, more or less abundant, (the average quantity being three drachms,) is not uncommon, especially in patients who die after protracted fever.

The injection of the pia mater and of the medullary substance, the rose colour of the cortical substance, and the firmness of the entire mass, appear to be frequent and more marked, according to the more or less rapid manner in which the patient has died. On the contrary, when the fever has been protracted, effusion under the arachnoid, or effusion of serous fluid into the ventricles, with diminished consistence of the brain substance, are the changes observed. (*Louis.*)

The *cerebellum* is in its normal state in a large proportion of cases, even when there is preternatural vascularity of the brain. In the exceptional cases, and these are few, the changes are moderate injection of the grey as well as of the white matter, with slight softening.

The *pons Varolii* is generally unaltered, the only deviation noticed (and this is rare) being slight injection of its structure, in cases in which there has been considerable vascularity of the brain substance and cerebellum. Louis observed it in one case only.

In the *medulla spinalis* there are no lesions peculiar to enteric fever. Perhaps this portion of the nervous system has not as yet received the same rigid examination in fevers that has been bestowed on other organs. We have seen that the other parts of the nervous system, though frequently more or less changed from their normal condition, fail, in the large proportion of cases, to explain the previous symptoms; and when we consider the delicately minute structure of the spinal cord, it is very probable that, if it become altered in the progress of fever, the morbid appearances may elude the eye of the most expert anatomist.

Though the *blood* evidently undergoes changes in all fevers, the most notable being a marked diminution of the natural proportion of fibrine, our knowledge of this subject must be admitted to be very vague and unsatisfactory. But the nervous system is evidently materially influenced by the morbid blood, many of the symptoms often ascribed to cerebral hyperæmia being more probably due to its effects on the brain or its investing membranes. And these remarks apply to the form of fever now under consideration.

I shall not, however, pursue this subject at present, but reserve it for another opportunity.

2. *Organs of Respiration.*—In alluding to the pulmonary affections that occasionally spring up in the course of enteric fever, I pointed out the important part they play in the phenomena of the disease, and that, after death, various changes in the lung are discovered, which, however, are to be regarded as accidental or intercurrent only. These lesions are the result of previous congestion, or of asthenic inflammation, or, according to Rokitansky, of the typhous deposit, in the affected tissues.

Larynx.—The mucous membrane of the epiglottis and larynx is generally unaltered; sometimes it is red and somewhat swollen. In some cases, a thin exudation covers the

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epiglottis, and dips into the larynx, constituting the laryngo-typhus of Rokitansky. It is frequently observed in the pharynx and larynx simultaneously. Beneath this exudation may be found ulceration, superficial and limited, or deep-seated and of some extent. We sometimes find, too, œdematous or submucous infiltration of the epiglottis, and membrane covering the arytenoid cartilages, with or without muco-purulent fluid in the laryngeal sacculi.

A dangerous, though less common, lesion of the throat is the formation of an abscess in the pharynx, often in the immediate vicinity of the larynx, and, though perhaps of no great extent, may be so situated as to press on the epiglottis, and materially interfere with respiration. I have known, in many instances, fatal results ensue from such purulent formations. They often remain undetected till revealed by examination after death.

Bronchia.—The mucous membrane lining the bronchial tubes, in a considerable proportion of cases, retains its natural pale-pink colour and delicate structure; in others, there is diffused congestion, the membrane being dusky-red, swollen, and covered with a blood-streaked, viscid secretion, especially observable in the lower lobes. Sometimes the secretion has a puriform appearance, indicating long pre-existing bronchitis, on which the fever has probably supervened.

A singular opinion is entertained by Rokitansky, that this condition of the bronchial membrane exists in many cases as a primary broncho-typhus, the general disease—in fact, the whole phenomena of fever—being originally localized, as it were, in this tissue alone, avoiding all other mucous surfaces, even that of the intestine, for which the typhous process, in general, shows the most decided preference. This speculative conjecture may or may not receive confirmation on further investigation, but it certainly is not at present considered even probable by British pathologists.

The *Bronchial glands* occasionally undergo an alteration similar to that which I shall presently describe as affecting the mesenteric: they are swollen, of a dark colour, and infiltrated with typhous matter. These glands (the bronchial), like the mesenteric, have been supposed to undergo ulterior changes—to become softened, and, with or without perforation of the adjacent mediastinum, to give rise to pleurisy. This I have never met with.

Pleura.—The *pleural membrane of the lungs and thoracic parietes*, as formerly noticed, not unfrequently becomes inflamed in enteric fever, so that after death the usual evidence of this secondary lesion is discovered. It may have been either circumscribed or partial, with or without effusion in moderate or considerable amount, the exudation presenting the various characters it is known to assume when it occurs as a primary or idiopathic disease. The effusion, however, generally shows that the pre-existing inflammation has been of a less sthenic character, the admixture of plastic exudation being always in proportion to the more or less acute nature of the pleurisy. When of longer standing, the fluid, more or less abundant in quantity, assumes the puriform character—the condition also observed in those cases in which the pleurisy had existed in a latent form. It will be generally found, too, that the inflammatory process is not limited to the pleural membrane, but has spread to the subjacent pulmonary tissue, constituting the pleuro-pneumonia of systematic authors.

Serous fluid, in varying quantity, sometimes mixed with blood, is occasionally found in one or both pleural cavities.

From the absence of adhesions between the surfaces, and of physical signs during life, these serous exudations probably occur among the final changes that precede death.

The Pulmonary Tissue.—When pulmonary inflammation has sprung up in the progress of enteric fever, the changes in the lung generally correspond with the nature, extent, and duration of the local affection during life. But that the pulmonary lesions do not constitute an essential element in the pathology of fevers is shown by the fact, that they occur in nearly the same proportion in other acute maladies. Still they arise in so considerable a number of cases as to require special notice.

The changes in question are referable to one general condition—hyperæmia.

Congestion.—There may be simply congestion or engorgement, chiefly of the posterior and inferior portions of the lung, in consequence of the gravitation of the blood to the more dependent parts. When a piece of congested lung is cut into, it exhibits a dark-red colour; the lung tissue is swollen and somewhat dense, and filled with a frothy, sanguineous, or sero-sanguineous secretion. According to the degree in which these changes have taken place, the portions, when plunged into water, may or may not sink.

Although these changes are generally limited to the posterior and inferior lobes, they may be found in the apex, or even in the central portions of the lung.

Pneumonia.—When the pulmonary hyperæmia has been of a more acute character, we find other changes in the lung. They, too, are usually observed in the inferior portions, the upper and central being less frequently the seat of pneumonic inflammation. On examining an inflamed portion, it exhibits a violet-red colour, more or less solid, non-crepitant, and sinks in water. When cut into, from the cellular or areolar tissue of the lung being blocked up by the exuded products, the diseased portions acquire a granular appearance, resembling the structure of the liver—in other words, they are hepatized. The more advanced stage of pulmonary hyperæmia (grey hepatization) or the ulterior change (purulent infiltration) is very rarely observed in secondary pneumonia.

These lesions may involve the whole or a greater portion of one lung (lobar pneumonia), or they may be limited to individual lobules, the intervening lung structure being normal (lobular pneumonia).

I may here allude to the notion sometimes entertained, that pulmonary tuberculosis is an occasional sequence of enteric fever. This idea by no means accords with my own experience or with that of physicians who have had large opportunities of observation. It has originated in tracing the changes that take place in the air-cells in pneumonia, which, as is well known, consist in inflammation of their structure, and the gradual obliteration they undergo by the inflammatory products. When the cells are filled with such plastic material the diseased mass becomes solidified, and the cut surface has a granular appearance. These changes, which are only the advanced stage of vesicular pneumonia, constitute the lesion described as *Bayle's pulmonary granulations*, which from its supposed resemblance in some external characters to the pulmonary parenchyma when infiltrated with tubercular deposit, has been mistaken for it; and in this way may be explained those cases of pulmonary tuberculosis which have been said to follow fevers.

Splenization.—Amongst the pulmonary lesions or secondary affections of this form of fever (and peculiar to it alone), but differing in some respects from the changes induced in the lung tissue by common non-specific pulmonary hyperæmia, is that distinguished by the term *splenization*, from its resemblance, in some respects, to the structure of the spleen. It has also been called *carnification*. Dr. Jenner has given examples, from the records of the Fever Hospital, in which this lobular non-granular consolidation was found after death. It was first, I believe, pointed out by Louis, and has been since recognised by the late Dr. Bartlett as a lesion frequently observed in the enteric fever of the United States, and, as already stated, it has not escaped the notice of British physicians. It has been well described by Rokitansky as a higher degree of hyperæmia, in which the parenchyma of the lung becomes saturated, as it were, with blood, so that it assumes a dark-red or slate-purple colour.

When the affected lung is minutely examined, it has a mottled appearance externally, in which may be seen dark-coloured patches or portions, of varying sizes, of a somewhat dense or solid structure, easily torn, but still crepitous. If the diseased portions are cut into, dark fluid blood escapes; and when plunged into water, they still float. In a more advanced stage of this lesion, the diseased patches increase in density, and cease to crepitate or to float in water, and when deep incisions are made, very little blood can be squeezed from the cut surfaces. When the air is entirely removed, with the exception of the gaping mouths of bloodvessels, no trace of pulmonary structure is discernible, but only a tough, disorganized, friable mass, very unlike the granular appearance of consolidation in ordinary pneumonia.

Pulmonary hypostasis.—This term has been applied to a particular condition of the lung in which a passive congestion - a stasis—takes place in the posterior and inferior portions, in persons who have been long confined to bed by protracted diseases. It has been, therefore, occasionally detected when fevers and other acute maladies have been of unusually long duration.

The course of this hypostatic congestion is slow and inactive; and it has been supposed, in some instances, in exhausted subjects, to have laid the foundation of latent inflammation of the lungs.

Cadaveric pulmonary hyperæmia.—This change—a post-mortem hyperæmia of the lungs—should be distinguished from the hypostatic congestion just noticed, which always takes place during life. In consequence of prolonged imbibition in these cases, the pleural membrane not only becomes discoloured,

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but a certain quantity of sanguineous serosity occasionally makes its way into the pleural sac.

3. *Organs of Circulation.*—There are few changes in the organs of circulation in enteric fever.

Heart.—The *pericardium* is generally, almost invariably, in its natural state. It occasionally contains an inconsiderable amount of serous fluid, but without traces of pre-existing inflammation.

The *muscular structure*, in about one-half, or perhaps in a still larger proportion of the cases examined, is normal.

When there is deviation from the natural state, the chief alteration is *softening*. The walls lose their natural cohesion or strength, are diminished in thickness, and easily lacerated. When removed from the body, the organ is somewhat flaccid, and readily collapses; its tissue, when cut into, as well as the internal lining, being pale, or sometimes stained dark-red—appearances which should not be mistaken for the effect of inflammation.

In a memoir read before the Academy of Medicine in 1830, Andral threw out the suggestion that this cardiac softening might be regarded as the result of commencing cadaveric decomposition, favoured by circumstances which it is difficult to appreciate. This view, however, was combated by Louis, who maintained that the softening probably commences before death, and is therefore a lesion, not a post-mortem phenomenon; and more especially so, when it is remembered that the frequency and severity of the softening are more marked according as the fever is more early fatal. Thus, he found the heart softened in nearly half of those patients who died between the eighth and the twentieth days of the fever; in a third of those who died from the twentieth to the thirtieth; and in a somewhat smaller proportion amongst those who died later: and he adds, that had he included cases omitted, in which the softening was less marked, the proportion would have been much larger. He brings forward another cogent argument—that no similar lesion (softening) was found in any other muscles; but they retained their natural colour and consistence.

In the *aorta*, the only deviation from the normal state is more or less *redness* of the inner membrane, (in some cases diffused generally, in others in patches,) spreading some way into the descending aorta and the large arterial branches. It is found to extend to the middle coat, and is frequently, if not always, accompanied with cardiac softening. It is both more frequently observed and more marked in patients who die in the early than in the advanced periods of the fever. The notion that this redness (of the internal lining of the aorta) is to be ascribed to hyperæmic changes has been exploded as untenable, the more satisfactory explanation being, that it is merely *staining* from imbibition.

The *blood* contained in the chambers of the heart varies according to the condition of this organ. When its consistence is normal, fibrinous clots, more or less firm, are found. When it is softened, the blood is defibrinated, and in soft semi-fluid masses in the auricles and ventricles; when the softening is extreme, the blood is fluid, in small quantity, and mixed with air-bubbles.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

OBSCURE BRAIN DISEASE. NECROPSY.

"THE patient whose body we are going to examine was admitted into the hospital about three weeks ago, in what seemed to be an epileptic fit. She was convulsed and insensible, foaming slightly at the mouth, and breathing somewhat stertorously. In the course of about half an hour, this state gradually passed into a deep sleep, the drowsiness left by which had not quite disappeared when I saw her on the following day. She was a slender, respectable-looking woman of about thirty, a widow who had for some time past earned her living as a nurse, for which duty one could imagine her gentle and intelligent demeanour well fitted her. She had been weak and exhausted for some months past; a condition she attributed to the anxiety and unrest of one or two arduous attendances upon sick persons. About three weeks before admission, she was seized with violent abdominal pain; soon attended by a severe dull pain, and feeling of weight, in the head. These were all her symptoms, she stated, prior to the fit; of which (it need hardly be said) she only knew from those who chanced to be around her when it happened. Her bowels, she added, had been sluggish; but had yielded to full doses of ordinary aperients. Her face was sallow and cachectic in hue; though perhaps not more so than fatigue and unrest, with close confinement in sick rooms, would have accounted for. Quite intelligent and even precise in her answers, there was something about her face and gestures—a slow, drowsy mode of answering, with a kind of half smile—which I remembered to have once or twice met with before, though I could not for the moment recollect where. Moderately dilated pupils; limbs perfect as to sensation and motion, but threatening almost to give way under her, as though from debility; a slow measured pulse of only 40 to 45 per minute; a trace (and only a trace) of sugar in the otherwise healthy urine; such were the only other symptoms which I could add to her own account of herself.

"On further inquiry, it appeared that the pain she complained of was referred to the vertex generally, and to the skull immediately below it. It was constant; but often increased for some hours to a maximum of severity at four or five P.M. It was unaffected by pressure; increased by a supine posture. The slowness of the pulse was mainly attributable to the protraction of the heart's pause; the duration of its systole being little affected, still less that of its diastole. I could find nothing wrong in the abdomen; save a slight, but perceptible, diminution of its respiratory movements.

"To questions suggested by the periodicity of the pain, she answered that until the last few months she had been residing for many years in a very aguish district of the western counties; but without ever experiencing anything more than *malaise*. These symptoms, which remained absolutely unchanged for several days without any return of the epileptic fit, were all the materials for a diagnosis.

"Cerebral disease, involving the surface of the brain, and located at its base, probably extending to the fourth ventricle—so far, I found myself at once inclined to push my conjectures respecting the malady. Or rather, you will observe it was *not* the malady that I was conjecturing, but what might very likely be only its separable accidents: its situation in width and depth. The nature of that abnormal deposit, which was causing the irritation and pressure indicated by her symptoms, I found it difficult any way to conjecture.

"My physiognomical clue, as I fancied it might turn out, failed me altogether. Both the instances I was thinking of recurred to my memory while I afterwards brooded over her case. They had been meningeal (and probably syphilitic) deposits; in one case, fatal by repeated epilepsy without symptoms of pressure; in the other case, rapidly cured by a course of mercury, in spite of a complication with partial tetanus, to leave the patient healthy for years afterwards.

"Did the patient's aguish residence, her cachectic look, her periodic exacerbations of pain, indicate an aguish disorder? To this it could be only answered, that the spleen and liver were of normal size; the heart's sounds healthy in character; the menses unaffected. She had, however, once or twice lost from one to two drachms of blood per anum, and apparently *not* from hæmorrhoids.

"Again, even if aguish, was it congestion or hæmorrhage? One could hardly imagine it anything short of the latter: a downright extravasation, even if a mere slow oozing, from the pia mater.

"Again, how did such a view agree with the intense abdominal pain? How with the constipation present? How also with the great irritation (as shown by the pulse, the urine, the epileptic fit,) produced—an irritation exceeding what a slow and scanty oozing of blood might generally be expected to excite? Or how with the slight mental disturbance present?

"After all, however, this seemed the conjecture which united in its favour most of the circumstances of the case. And hence, though it had confessedly but a doubtful value, I was compelled to make it the basis of a very careful tentative treatment.

"All suspicion of syphilis was quite excluded, and the patient's gums had been slightly touched with mercury before her admission. Hence, not only was this equivocal remedy rendered additionally unnecessary, but iodide of potassium seemed advisable; as a means of both removing the former drug, and of perhaps remedying the aguish poison and its results.

"Beginning then with purgatives, and finding that these had absolutely no effect, and that counter-irritation (as by blisters to the nape of the neck) was equally useless, I proceeded in a day or two to administer iodide of potassium, with the same negative results. Quinine was then ordered in two-grain doses.

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"The effect of the remedy was every way most remarkable and satisfactory. The next exacerbation of the pain, which it had been given so as to anticipate by a couple of hours, was both deferred in time, and mitigated in severity. Thus warranted in some degree by its results, the quinine was repeated four times daily. The pupils soon became contractible to light. The pulse rose to about 70 or 80 in the minute, and became less laboured. The pain underwent a gradual further decrease, and her posture became almost indifferent to it. Her appetite returned. Her appearance improved. She walked about the ward, and talked quickly and cheerfully enough.

"Still, however, the pain remained; much less intense, and with scarce any evening exacerbation; but dull, fixed, and suspicious. Nor did her face at any time permit (what her mere improvement of symptoms perhaps might) the hope of speedy recovery. Indeed, after about a fortnight of a progress continually becoming slower and less apparent, I could not assure myself that she was really improving at all. The cure seemed, in short, to be at a stand-still.

"Only one or two days after I had expressed some grave forebodings founded on this circumstance, the event occurred which we had most reason to dread. She died suddenly, after an epileptic fit; brought on, I suspect, by fatigue consequent on her having somewhat presumed on her new-found strength."

[The examination showed a dark firm clot of blood, with a harder and paler nucleus of coagulum near its centre, distending the fourth ventricle, from the upper and anterior end of which cavity it passed along the *iter* leading to the third ventricle. There it diverged into two cornua: of which by far the larger was that continuing along the choroid plexus of the right lateral ventricle, which it filled as a cord-like clot down to its lower opening. From the lower end of the fourth ventricle, the mass of blood, becoming more liquid in consistence, sent off slender processes on both sides round the pons Varolii nearly to the optic commissure. No other disease could be detected.]

"These appearances suggest at least two hæmorrhages of different dates, probably corresponding to the two epileptic fits. What amount of slower oozing may have intervened, it is difficult to conjecture.

"The whole case suggests no very satisfactory reflections. The triumphs of mere diagnosis are barren enough. But here, despite the apparent neatness with which the locality of the brain affected was fixed upon during life, we are still left in some doubt as to what was the precise nature of the disease causing the hæmorrhage; and whether—a still more serious question—the treatment, considerate, inductive, tentative, and partially successful, as it may certainly claim to have been, was really the best which could have been devised. I believe that it was. But do not you believe me; weigh and judge for yourselves."

RECORD OF NINETEEN CASES OF RUPTURED PERINÆUM; WITH PRACTICAL REMARKS.

By I. BAKER BROWN, F.R.C.S. (EXAMIN.),
SENIOR SURGEON TO "THE LONDON HOME."

In May, 1858, I published many cases of ruptured perinæum, and their cure by operation—making up the whole number to fifty-seven. I now propose to continue the narrative of cases showing the results of my experience from that date. It will be seen that the following series exhibit some important points for future consideration in the treatment of these serious lesions; and in one case especially, where death occurred from pyæmia six weeks after the operation, there is much of practical matter.

CASE 58.—*Ruptured Perinæum and Rectum; three operations; cure.*—Mrs. L——, aged thirty-eight, was three days in labour; and on April 19th, 1858, was delivered by forceps of a still-born child. The patient being very fat, and all the tissues loose, the perinæum gave way, and the laceration extended two inches up the rectum.

On April 23rd, I was requested by her ordinary surgeon to see her. Although the parts were not very healthy, I thought it better to attempt their union; therefore, assisted by Mr. Musgrave and Dr. Mawer,—Dr. Rigby giving chloroform,—I dissected away the unhealthy granulations, pared the edges, and brought them together, not, however, trying to close the rent in the rectum, as the vagina was very sloughy. I used silver sutures, and gave opium and wine. The fæces passed through the vagina on the second day.

April 25th.—Removed the deep sutures; to take quinine; bowels very relaxed in spite of twelve grains of opium daily.

30th.—Bowels acted freely with firm motions, which tore away completely the adhesions of the perinæum; still the parts granulated healthily.

May 13th.—Assisted by Messrs. Musgrave, Woodman, and Philip Harper, I proceeded to pare the edges of the long laceration up the rectum. This was rendered difficult by much bleeding, and by the extent of the laceration up the vagina (two inches). However, I succeeded in inserting four silver sutures through the greater part of the coats of the rectum, and then fastened them by means of shot to a plate of lead, two inches long and half an inch broad. In ten days' time I removed the plate, and found complete union.

June 9th.—With the assistance of Messrs. Musgrave, Woodman, and Philip Harper, I operated for ruptured perinæum. The depth of the tear occasioned great difficulty.

12th.—Removed the deep sutures.

19th.—Complete union, except a small recto-vaginal fistula, which I touched with acetum lyttæ.

24th.—Fistula quite healed; considerable control over the sphincter.

July 3rd.—Quite well; walking about, and full control over the bowels.

Remarks.—This was the worst case I had then seen, and offered difficulties of more than usual magnitude; and yet all were overcome, so that hereafter we need not despair of any case.

November, 1859.—I have frequently seen this patient, and she is quite well, so far as the perinæum is concerned; but suffers frequently from great relaxation and irritability of the bowels.

CASE 59.—*Ruptured Perinæum, complete; operation; cure.*—Mrs. M——, brought under my care by Mr. Warwick, of Southwell, on the recommendation of Sir C. Locock. The perinæum was torn through eight years ago, but not by instruments; and since then she has had no control over the bowels when they are at all relaxed.

An examination showed a complete rupture of the perinæum, with loss of the anterior half of the sphincter. There was merely a mucous band to complete the circle of the anus.

May 11th, 1859.—Assisted by Messrs. Nunn, Philip Harper, and my son, Arthur, and in the presence of Mr. Samuel Brown, of Lewisham, and Mr. Warwick, I performed my usual operation.

13th.—Removed the deep sutures.

Complete union took place in a fortnight, with control even over the flatus; and she has since continued quite well.

Remarks.—The rapidity and certainty of cure in this case were very gratifying. She took wine freely.

CASE 60.—*Ruptured Perinæum, extending two inches up the rectum; two operations; cure.*—Mrs. R——, aged twenty-two, residing in Essex, forty miles from London, was delivered after a tedious labour, by forceps, of a living child, on June 30th, 1858. Two days afterwards she had no control over an action of the bowels produced by castor-oil. On examination, it was found that the perinæum was completely torn, and the rent extended two inches up the rectum.

July 5th, 1858.—I examined her, and found that the accident was like the one I have just narrated, (Case 58,)—viz., complete rupture of the perinæum, and also of the rectum itself, for two inches. This I at once closed with silver wires and a leaden plate.

On the tenth day I removed it, and performed my usual operation for ruptured perinæum. I was assisted by Mr. Parkinson, Mr. Taylor, of Bocking, and Dr. Boseman, of Montgomery.

The deep sutures were removed on the second day, and in a fortnight she had control over the sphincter, and was quite convalescent. In six weeks from her delivery she was downstairs.

Remarks.—This was only the second case where such a complete laceration had extended so far up the bowel, and yet it will be seen that a rapid and perfect restoration resulted from the two operations, even whilst the lochial discharge was going on for the first two or three weeks.

This lady is now again pregnant, and I have strongly advised that delivery should be effected at seven months and a half.

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CASE 61.—*Rupture of Perinæum, complete; twenty-six years' duration; operation; cure.*—W. B——, aged forty-one, admitted into "The London Home" on October 1st, 1858. Mother of six children; was delivered of her first child twenty-six years ago, and since then has suffered from much bearing-down and general lowness. She hurt herself about nine months ago by lifting a heavy weight; it was followed by severe flooding. She has been in hospitals for eleven weeks together, but has had nothing done beyond injections and rest. On examination, I found the perinæum torn up through the sphincter, of which only a few fibres remained.

Oct. 4th, 1858.—I performed my usual operation, using iron wire sutures instead of twine.

7th.—The deep sutures removed; some ulceration.

At the end of a month she was discharged with a firm and sound perinæum, and perfect control over her bowels.

Remarks.—This case was one of the mildest form, and, therefore, the most amenable to treatment. It will be observed that she suffered from bearing-down and general weakness—a frequent effect of loss of perinæum, even where the sphincter is not entirely torn through.

CASE 62.—*Rupture of Perinæum, complete; five weeks' duration; operation; cure.*—E. B——, aged thirty, admitted into "The London Home" on Dec. 27th, 1858. She had her perinæum completely ruptured with her first child, and her case is fully reported as Case 40 of the series (see THE LANCET, August 29th, 1857). Taking into consideration her general make and the extremely large size of her first child, I recommended her to have labour induced at the seventh month, but she would not consent, and allowed pregnancy to proceed to the full period. She was delivered by her ordinary accoucheur on Nov. 22nd, 1858, of a large male child, and notwithstanding every care and precaution her perinæum again gave way. Examination showed that the rupture had extended through the sphincter, and that the bowel was more deeply torn than usual.

Dec. 31st, 1858.—I performed my usual operation, but, owing to the depth of the rent, had much difficulty in getting the edges into apposition.

Jan. 2nd, 1859.—Deep sutures removed; there appears to be a small escape of flatus through the vagina; the parts look healthy.

6th.—Superficial sutures removed.

12th.—Parts healing nicely. There is, however, a small recto-vaginal fistula. This was touched with acetum lyttæ.

Feb. 1st.—Fistulous opening much smaller. Again touched with acetum lyttæ. Soon after this, the opening was nearly closed, and the patient had a good perinæum.

Remarks.—It will be seen that this was a second rupture, and it was foretold on account of the conditions of the outlet. I have seen this patient lately, and she says that occasionally a little flatus escapes through the opening, but never any fæces, and that she has perfect control over the bowels. She fears she is again pregnant, and I have advised that she be delivered at seven and a half months.

CASE 63.—*Rupture of Perinæum, complete; nine weeks' duration; operation; cure.*—H. B——, aged twenty-three, admitted into St. Mary's Hospital, under my care, on Oct. 2nd, 1858. Was delivered by forceps of a dead child, after a labour of three days, a midwife attending. So soon as she got about, she had constant bearing-down and very imperfect control over her bowels. On examination, the perinæum was found lacerated, and the anterior two-thirds of the sphincter torn completely across.

October 6th.—I performed my usual operation, using wire instead of twine.

8th.—Deep sutures removed.

14th.—Wound perfectly united; bowels opened.

Nov. 6th.—Discharged perfectly cured.

Remarks.—This case is one of ordinary complete rupture, and was cured in one month by the usual operation.

CASE 64.—*Rupture of the Perinæum, complete; operation; cure.*—S. P——, aged thirty-one, admitted into St. Mary's Hospital, under my care, on November 26th, 1858. Has eight children. The last labour was of two days' duration, and terminated with instruments. Some days after delivery she found she had no control over her bowels.

On examination, I found the perinæum torn through, and the anterior fibres of the sphincter gone. A mucous band assisted in forming the anal circle.

Dec. 1st.—I performed the usual operation.

3rd.—Deep sutures removed.

7th.—Interrupted sutures removed. The greatest part has healed. The part which had not healed by first intention granulated, and the patient was perfectly cured in a month from the day of operation.

Remarks.—This case is one of ordinary complete rupture, and it will be seen that all did not heal up by first intention, and yet did so by granulation. This is almost always the case, and is a practical fact which should not be forgotten in the treatment of these cases.

CASE 65.—*Rupture of the Perinæum, complete; operation; cure.*—M. M——, admitted into "The London Home" on Jan. 22nd, 1859. She was delivered of her first child five weeks previously. She was three days in labour, and the child, a large male (living), was extracted by instruments. Mr. Godfrey, of Herne Bay, when summoned to her, found one arm through the anus, and the vertex presenting. So, of course, the perinæum gave way, and the rent extended into the rectum. She has never been able to retain her motions since.

Jan. 21st.—I performed my usual operation.

Feb. 3rd.—Deep sutures removed. The parts looked flabby and unhealthy, and had not united.

Under the use of opium and decoction of bark, with nitric acid, her health much improved. The granulations became healthy, and gradually filled up the perinæum; the two surfaces united, and ultimately formed a perfect perinæum. She was discharged perfectly cured in a month.

Remarks.—This case is one like the last, where granulation finally filled up completely the parts, and resulted in a good perinæum. This patient has continued well ever since.

CASE 66.—*Rupture of the Perinæum, complete; operation; cure.*—C. E——, aged twenty-six, from Ruthin, admitted into "The London Home" March, 1859. When confined of her first child she was in labour two days and a half, and it was terminated with instruments. Her bowels acted on the third day, but she had no control over the sphincter, and has been unable to retain her urine since. Five weeks ago she was confined of her second child, and feels better in herself, but has no more control over her bowels.

On examination, I found complete rupture of the perinæum through the sphincter, but not extending far up the bowel.

March 17th.—I performed my usual operation.

18th.—Parts look well, but she feels poorly and sick. Ordered decoction of bark with dilute nitric acid.

19th.—Deep sutures removed.

23rd.—Superficial sutures removed; going on well.

April 4th.—Had an attack of rheumatic fever. This was treated with bicarbonate of potass and iodide of potassium. It very much delayed her convalescence, but ultimately she left with a good perinæum and perfect control over her bowels.

Remarks.—I found that this patient was attended by a midwife, whose ignorance allowed the case to be prolonged two days and a half before she applied for medical aid.

CASE 67.—*Rupture of the Perinæum, incomplete; vaginal rectocele; thirteen years' duration; operation; cure.*—Mrs. D——. The perinæum was ruptured in labour up to, but not through, the sphincter. Since then she has had constant bearing-down and difficulty of defecation. The os uteri was enlarged and ulcerated.

March 18th, 1859.—I performed my usual operation, assisted by Messrs. Nunn and Philip Harper.

She progressed most satisfactorily, and about a month after the operation was perfectly cured, and from being unable to walk about is now an active pedestrian.

Remarks.—In this case the perinæum had been torn up to the sphincter, and simply a skin union had taken place for about an inch from the anus, so that, on making a casual examination, anyone would believe that her perinæum was entire. On more careful examination, it was soon found that the protruding tumour was the rectum pushed into the vagina, and then through the labiæ, because the support of the true perinæum was lost. The distress of these cases is very great, and as they can be easily cured by a plastic operation, it is evident that the sufferer should have the benefit of modern surgery.

(*To be concluded.*)

AN UNUSUAL CIRCUMSTANCE ATTENDING A CASE OF MIDWIFERY.

BY W. THOMAS, L.R.C.P. EDIN., &c.

ON Sunday, the 12th ultimo, at six A.M., I was called to Mrs. ——, whom I had attended already in eight confinements, and who was then in labour with her ninth child. She had been ill nearly all the preceding night, and on my arrival, I

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found the pains effectual, the presentation natural, the os uteri freely dilating, and with every appearance of a speedy delivery. And such, indeed, was the case; for in the course of half an hour it was accomplished; but, strange to say, both the fœtus and the placenta, which came away with it, were enveloped in a complete and impervious sac, that I had to rupture in order to disengage them.

The case terminated favourably, neither mother nor child suffering in any way whatever. There had been considerable sickness of the stomach and vomiting during pregnancy, and even up to the period of labour, casualties to which she had not been subject on former occasions. Had these anything to do with the separation and expulsion of the membranous envelope in its entirety?

I do not know whether any of my professional brethren have met with such a case, but I have never done so during an active practice of thirty-seven years, a considerable portion of which has been that of midwifery.

Pembroke Dock, Feb. 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

CHRONIC HYDROTHORAX OF THE LEFT SIDE, WITH DISPLACEMENT OF THE HEART TO THE RIGHT, IN A SAILOR; SLIGHT BENEFIT FROM TREATMENT.

(Under the care of Dr. FARRE.)

INFLAMMATION of the pleural serous membrane, with its consequences and termination, is a subject of not less importance and extent than diseases of the lungs themselves. Of pleuritis and its concomitant pneumonia we do not now purpose to speak, but we wish to draw attention to the serous effusion within the chest known as hydrothorax, and the manner of remedying it. Of this consequence of pleurisy we present three examples, showing its chief diagnostic signs.

In a patient recently under Dr. Farre's care, a question arose as to the best means of getting rid of the fluid, which had been present for nearly nine months, and was still serous in its character. (The particulars are given below.) The patient was a young sailor, who appeared healthy, notwithstanding the serious thoracic inconvenience. He had no dyspnœa, but complained of shortness of breath, which, in fact, was the only distressing symptom.

The absence of dyspnœa in such cases is referred to by many writers, and amongst others by Andral; and several instances are on record of individuals with extensive pleuritic accumulations, who have gone about their daily avocations, and have been, moreover, enabled to do some heavy work, without any inconvenience. Yet this can be for a time only, as sooner or later some change must ensue of a serious nature. In regard to the amount of dyspnœa present from the effusion, it varies in most patients, but it is generally severe in acute cases, —at any rate, in the commencement of the disease.

Dr. Watson remarks, in his "Lectures on Physic," that "In some patients, the dyspnœa never ceases to be urgent from first to last; and these are apt to prove fatal cases. In others, the respiration is very much impeded at first; then the difficulty of breathing diminishes; and at length it ceases, long before the fluid is re-absorbed. In others, again, by some unaccountable idiosyncrasy, the respiration remains at all times very facile, both at the outset and during the progress of the disease."

The system generally would seem then, after a while, to accommodate itself to the inconvenience caused by the presence of the fluid. In the treatment of such cases as these, there are two methods which arise for consideration—namely, absorption by means of internal remedies, (such as produce a diuretic and purgative effect,) and paracentesis. The patient, under all circumstances, gets the trial of the former firstly, and if their results are unsatisfactory, recourse is had by some physicians to the latter. It is this latter which is the question of importance. Is tapping of the chest to be performed, unless there are some urgent symptoms present which require it? If we are guided by the same rules which actuate its choice in ascites, not much hesitation is required to come to the conclusion that it should not be resorted to in chronic cases of hydrothorax, unless life is in jeopardy, which will be shown by the severe and urgent dyspnœa present, and the great interference with the central circulation, as characterized by its particular symptoms. In such a patient as Dr. Farre's, whose compressed lung had most probably now accommodated itself to its peculiar situation, it is most likely that tapping would have afforded no very great amount of relief, and besides there was the risk of converting a simple serous effusion into a complicated empyema. There are two patients in the same hospital at the present time, whose chests are being frequently washed out for empyema, the lung in each having shown no disposition to expand. The operation, therefore, was not contemplated in the following case, because the man was slightly benefited by treatment, and for the other reasons we have mentioned. No doubt he will be able to follow his employment, which is not a heavy one, for a considerable time without inconvenience.

It is quite possible that by making a valvular opening into the chest, and using a trocar that will not admit any air, the fluid might be drawn off in small quantities with advantage, and we are aware that such is occasionally practised in urgent cases where the effusion has followed acute pleuritis. The chronic do not offer such favourable grounds for hope. In the urgent dyspnœa from this cause, tapping the chest has been performed as far back as the time of Hippocrates.

On referring to Maclean's work on Hydrothorax, published fifty years ago, we find that he strongly recommends a combination of digitalis, squills, calomel, and crystallized tartar—remedies which are employed with benefit to the present hour. The indications of cure which he pointed out, and which are still applicable to this disease, are the restoration of the lost or impaired action of the absorbents, determination of blood to the kidneys, lessening inordinate exhalation, and the removal of weakness in other organs.

For the notes of this case we are indebted to Mr. E. Strickland, clinical clerk:—

Thomas N——, aged twenty-six, was admitted into Radcliffe ward, under the care of Dr. Farre, on the 19th of January last, for effusion into the left side of his chest, and inability to lay on his right side since May, 1859. This patient is a rather healthy-looking man, and of moderate condition, by occupation a sailor; he has been to sea for thirteen years, and states that he has always been very healthy—in fact, he does not remember ever being ill previous to this attack, which he says came on last March. He states that while on board of his ship he got very wet, and had to remain in his wet clothing, which he thinks is the cause of his present illness. The first symptoms were cough and spitting of a white, frothy mucus. The surgeon of the vessel treated him for this; but he gradually got worse, the breathing became short, with a piercing pain in the left side. This took place in May. Then he was taken to Malta Hospital, and remained there three months; but he gradually got worse, so that he was sent to England—viz., to Enfield, where he was attended by a medical gentleman, and improved under his treatment; but was advised to come to this hospital to save further expense. He now complains of weakness and shortness of breath, but is quite free from pain.

Physical signs.—Dulness on percussion in front on the left side; absence of the respiratory murmur; behind, dulness; slight vesicular breathing in the upper lobe of the left lung, and in the interscapular region, which may be heard a little lower by the side of the spinal column; puerile breathing on the right side; resonance nearly natural, with the exception of the posterior part of the chest, which is due to the heart being pushed to the right side; its pulsation or impulse most distinct in the right mammary region; vocal vibration absent, or nearly so, on the left side, natural on the right. The chest is thirty-six inches round in the mammary region, and thirty-five inches and a half round the chest over the lower part of the sternum (scrobiculus cordis); about half an inch difference in the two sides—left side half an inch greater; the left side immovable when he breathes, and bulges the intercostal spaces on a level

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with the ribs; no friction sound. He lies on his back or the left side. When he lies on his right side he feels "smothered." The skin cool and moist; pulse 100, of moderate volume, slightly jerking; tongue furred on dorsum, moist; appetite bad; bowels relieved this morning; urine small in quantity, high-coloured, and thick. The heart's sounds natural. To have a large blister to the left side; a mixture of acetate of potass, nitric ether, and peppermint water, every six hours; and ten grains of blue pill, with squills, every night and morning.

Jan. 21st.—He passed a good night, and slept well, free from pain; skin natural; pulse 92, feeble; tongue coated with a brownish fur; appetite bad; bowels open this morning; urine as before; complains of expectorating a good deal of frothy sputa in the morning.

23rd.—He sleeps very well, and expresses himself as feeling better since his admission; countenance cheerful, and healthy-looking; skin natural; pulse 100, feeble; tongue furred, moist; appetite a little better; bowels relaxed yesterday from the pills, but now comfortable; urine small in quantity, thick, and high-coloured. The dose of the pill reduced to five grains, night and morning.

27th.—The chest remains very dull on percussion, and the other physical signs are as before stated; the circumference of the chest, in the infra-mammary region, thirty-five inches and a half—half an inch less than before; both sides equal; cough about the same; complains of tightness in the region of the diaphragm; breathing slightly hurried; pulse 104, feeble; tongue furred, moist; appetite better; bowels relieved last night; passes more urine, and not so high-coloured.

Feb. 6th.—The left side of the chest is seen distinctly fuller than the other; the clavicle and shoulder are pushed up; breathing can be heard for three inches from above downwards. The measurement of both sides of the chest is eighteen inches, but the prominence of the left is greater. His breath is much better, and he can now lie for a short time on the unaffected side. The chest could be emptied by paracentesis, but Dr. Farre doubted whether it would be beneficial, as the case was of long standing.

10th.—He was ordered ten grains of compound squills pill thrice a day, and another blister to the side.

13th.—Very much relieved by the blister, which rose well, and discharged a great deal of serum; and, since taking the pills, he has passed a very large quantity of urine; altogether his breathing is very much easier, and his general health better.

15th.—Discharged, and to be an out-patient, coming up once a fortnight from Enfield. To continue the pills out of the hospital.

ST. MARY'S HOSPITAL.

HYDROTHORAX OF THE LEFT SIDE; EMANSIO MENSIUM; GOOD EFFECTS OF TREATMENT.

(Under the care of Dr. CHAMBERS.)

DIFFERING from the preceding example, in the present the effused fluid was wholly absorbed by the treatment pursued, and a good recovery was made. The amount of effusion varied, and could never have been very great, as it had almost wholly disappeared on the 3rd of December, but afterwards returned. A week later, it had influenced the position of the heart's apex, as the pulsation was more distinct on the right than on the left side. The case was, however, recent, without any very severe acute symptoms, and the use of blisters, combined with squills, digitalis, and blue-pill, produced resolution of the effused serum.

We avail ourselves of the notes of Dr. Broadbent, house-physician to the hospital.

Mary W——, aged nineteen, cook, admitted on the 18th of November, 1859, under the care of Dr. Chambers.

History.—About two weeks ago she began to feel unwell, suffered from headache and pain in the back, and afterwards in the side, with great weakness. She has been attending as an out-patient for nearly a fortnight, but not getting better, she was taken into the hospital. A month previously to her present illness she was an out-patient with a bruised leg. Parents living; always been healthy.

Present state.—She is a rather strong, light-complexioned girl, and came to London for the first time ten weeks ago. She complains of pain over the cartilages of the left lower ribs, increased on pressure; has had a cough during the last fortnight, but has none now. There is slight dulness beneath the clavicle on the right side; breath sounds natural. Dulness in præcordial region extends to the right side of the sternum; heart's sounds heard over a larger extent than natural; has suffered from palpitation of late; tongue red and clean, remarkably smooth; has never menstruated. Ordered an ounce of the compound iron mixture twice a day; a blister below the left scapula, to be dressed with mercurial ointment; and three grains of grey powder every night. There is dulness in the left lower dorsal region; ægophony is heard beneath the scapula.

Nov. 20th.—The level of dulness in the dorsal region is a little below the third dorsal vertebra. She feels better; has neither pain, dyspnœa, nor cough.

23rd.—Level of dulness rather lower than at last report. To have of powdered squills and digitalis two grains each, and one of blue-pill, every night and morning.

26th.—Level of dulness about the same; there is no ægophony. Blister to be repeated, and to have three grains of blue-pill and two of squills thrice a day.

30th.—As she lies in a sloping posture, there is dulness in the anterior part of the chest, exactly on a level with the fold of the axilla.

Dec. 3rd.—Dulness has almost disappeared from the left side of the chest; the expansion of the chest is greater. Repeat blister.

7th.—Resonance of chest about the same. She appears to be in good health in other respects.

10th.—Dulness has returned; anteriorly it is on a level with the axilla; preternatural resonance above this point. Dulness in the left dorsal region as high as the spine of the scapula. Pulsation of heart more distinct on the right than on the left side. Blister to be repeated.

12th.—Level of dulness rather lower. Headache.

17th.—Chest clear posteriorly to the lower border of the scapula, and more resonant anteriorly. Ordered an ounce of gin with hot water.

21st.—More resonance in the chest anteriorly and posteriorly. Repeat the blister.

She subsequently improved; the dulness wholly disappeared; and she left the hospital cured.

UNIVERSITY COLLEGE HOSPITAL.

HYDROTHORAX OF THE RIGHT SIDE, FOLLOWING PLEURO-PNEUMONIA; SUSPECTED TUBERCULOSIS; PERSISTENCE OF EFFUSION.

(Under the care of Dr. PARKES.)

WE have here a fair example of pleuritic effusion, following inflammation of the lung and pleura, which has remained remarkably persistent in spite of treatment, although the patient has so far improved as to permit of his sitting up in the ward. The point particularly worthy of note is the extensive dulness posteriorly, which extended forwards, with some slight improvement, to the nipple line; and from this to the left of the sternum there was a clear and amphoric note, as we had the opportunity of witnessing. Clinically, this is of importance, as, from this peculiar alteration in a previously inflamed lung, it is suspected that the case is complicated with deposits of tubercle in this situation.

The following short abstract is taken from the notes of Mr. W. Murray, house-physician to the hospital:—

George F——, aged nineteen, was admitted on the 2nd of January, under the care of Dr. Parkes, with pneumonia of the lower part of the right lung, characterized by the usual symptoms. Two days afterwards, friction sound during inspiration was heard below the right nipple, and at the lower part of the same lung posteriorly; the vocal resonance was also increased. The urine was febrile, and completely devoid of chlorides.

Jan. 9th.—Vocal fremitus still more marked at the base of the left than at that of the right lung; higher up, it seems greater on the right side. Vocal resonance greatest on the right side. Moist râles at the base of the right lung anteriorly.

10th.—Dulness extending higher up on the right side posteriorly, the difference in the character of the note being now perceived at the nipple.

11th.—From the extensive dulness, diminished vocal fremitus, and feebleness of bronchial respiration, fluid was diagnosed in the right pleura.

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17th.—Dulness on the right side, nearly as high as the nipple; above this, abnormally resonant. The expectoration continued to be streaked with blood, and there was much tenderness over the lower part of the chest on the right side.

19th.—Percussion clear in the intercostal space below the nipple towards the sternum, and thence up to the clavicles very resonant; posteriorly, there is dulness up to the supraspinous fossa.

21st.—Expectoration bronchitic; well-marked cracked-pot sound just above the dulness anteriorly; vocal fremitus deficient at the base of the lung; vocal resonance just above the nipple increased.

25th.—Expectoration of mucus, with pellets of pus and some blood.

Feb. 1st.—Vocal fremitus wanting over lower half of posterior surface of right lung; dulness still as high up as supraspinous fossa; urine albuminous, but only for two days.

4th.—Vocal fremitus can be felt as low as the inferior angle of the scapula on right side, but not below this; vocal resonance is also good as low as that point. Diffuse blowing respiration can be heard at posterior base of right lung.

6th.—Bronchitis and pain in left lung, posteriorly and laterally, at the base.

8th.—Great muscular tenderness, as present for some time. Heart's apex beats just outside nipple line in fifth space; heart's dulness begins one inch to the left of midsternum, and extends a quarter of an inch beyond nipple, and from upper border of fourth to the sixth rib. Is free from murmurs. Right lung: whole posterior back dull, and the dulness extends forwards with a little improvement to nipple line, from which to one inch to left of sternum there is a clear and amphoric note. Vocal fremitus can be felt over this clear space strongly, and in the dull space can be felt slightly as low as inferior angle of the scapula. Vocal resonance follows the same course. Respiration over clear space is high-pitched, intense, and tubular; over dull space weak, and very slightly bronchial. Left lung: supplementary respiration, with moist râles, at base. Urine acid; no albumen.

15th.—Patient is up this morning; is rather stronger, and not quite so thin; lips livid; cough less frequent; no expectoration; physical signs unchanged.

22nd.—Cough troublesome; moderate expectoration; physical signs the same as before. Urine now normal. Patient is still under treatment.

CLINICAL RECORDS.

PERSISTENCE OF FACIAL PARALYSIS TWENTY YEARS AFTER THE CURE OF HEMIPLEGIA.

THE anomalous peculiarities presented by diseases of the nervous system are oftentimes most singular, and afford food for speculation to the physiologist as well as the pathologist. A stout, fleshy woman, with a florid complexion, was admitted into St. Bartholomew's Hospital, on the 9th February, under the care of Dr. Farre, for chronic rheumatism of three weeks' duration. She had, besides, chronic bronchitis, from which she suffers every winter. On looking into her face, some deformity is visible; for the left angle of the mouth is drawn slightly downwards, and the left side of the face and chin is quite numb and devoid of sensation, with slight paralysis, which has persistently remained for twenty years, after recovery from an attack of hemiplegia of the right side of the body at that time. She is now forty-five years of age. Her right arm and leg are perfectly healthy in every respect, but any attack of illness is sure to affect them in preference to any other of her members. The bronchitis and rheumatism are disappearing under the use of remedies.

In the first place, we have in this patient a condition which is not common in ordinary hemiplegia,—viz., palsy of the face on the opposite side to that of the affected arm and leg. In the second place, we notice the recovery, complete in every respect, from the original hemiplegia, and the persistence of the palsy on the opposite side of the face. There is only one conclusion to be arrived at in this very interesting case, and that is, the occurrence of cerebral lesion on each side of the brain twenty years ago; that on the left side (which was probably a congestion) having disappeared, thus permitting of recovery from the paralysis of the right side; while the facial palsy has remained persistent, from irreparable injury to the nervous fibres of the opposite side of the brain.

AN ALMOST IMPERFORATE ANUS.

THE subject of stricture of the rectum is at all times so important, from the miserable life to which the patient may be exposed, that any cause likely to lead to it in after life, such as a nearly imperforate anus at birth, for example, should receive the attention of the surgeon. On looking over the pages of Mr. Curling's work on the "Diseases of the Rectum," we find the usual causes of stricture most accurately given; but the one we allude to as likely to produce it is not cited, nor is it mentioned by any other writer that we are aware of. A case of the kind came under the notice of the pupils at King's College Hospital, a few weeks back, in an infant but a few months old, who was born with its anus almost imperforate. It was at once taken to Mr. Fergusson, who enlarged the opening, with immediate relief. Since then it has been watched and examined from time to time, and about the third week in January the child was in great distress from difficulty in passing its motions. On the 21st January, Mr. Fergusson again freely enlarged the anal aperture, with very great relief, and since then it has been going on well, although it will require watching for some time longer, to prevent contraction occurring. There is no doubt that a case of this kind, if allowed to go on without proper treatment, would result in almost intractable stricture of the lower part of the rectum.

STERNAL LESIONS.

THE sternum is not commonly the seat of disease, being simply covered by integument. The cellular tissue beneath the skin, as well as the skin itself, are, however, occasionally subject to tumours, and now and then we find the bone diseased secondarily.

On the 9th February, we saw an ulcerated epithelial cancerous tumour, which had commenced as a small warty excrescence, then growing larger and spreading, removed under chloroform from the lower third of the anterior part of the sternum of an elderly man in St. George's Hospital, by Mr. H. C. Johnson. The skin alone was affected, and in the neighbourhood of the ulcer were several other little warts, as well as some upon the hands, which may at a future period take on the same action.

Upwards of a year ago we recollect seeing Mr. Prescott Hewett remove an encysted tumour from the middle part of the sternum of a young Frenchman in the same hospital, who had been but a few days in London. The tumour had been present nearly five years. He had received a blow upon it three days before, which caused its rupture, and the escape of some milky fluid. It very much resembled an enlarged nipple, with a small opening at the apex, through which exuded sebaceous matter. On section, it showed the sac of a cyst shrivelled up like a hydatid, its contents being evacuated. A good recovery occurred in both of these instances.

A third case, in which it seemed doubtful at first sight whether the sternum itself was not involved, is at the present time in St. Bartholomew's Hospital, under Dr. Farre's care. The patient is a female, aged forty-two, who was admitted on the 16th February, with phthisis of both lungs and bronchitis. She has had cough all the winter. She is single, and the catamenia have been regular up to nine months ago, at which time a swelling formed over the lower third of the sternum; this was opened, and some matter let out. Shortly afterwards, a second opening formed spontaneously on the other side. The openings communicate with one another, and probably with the bony structure of the sternum, but they seem to be quite independent of the chest. The breathing is good behind the sternum at the site of the fistulæ, and Dr. Farre thinks the swelling has been most probably a scrofulous abscess behind the skin. She has become thinner lately, the phthisical affection is gaining ground, and she is taking remedies suitable to her condition of health, with Peruvian balsam locally to the sinus between the two openings.

AN AFTERNOON'S OPERATIONS.

THE pupils of our metropolitan hospitals have remarkable advantages in witnessing the operative part of surgery practically demonstrated daily at some one or other of these institutions. The surgical student, in the course of his career, can see almost every operation performed by going from one hospital to another. Last Saturday (Feb. 25th) there were six operations at the Charing-cross Hospital, and amongst them the rare and highly important one of amputation at the hip-

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joint. We will merely recapitulate them now, but we purpose entering more fully into the more important on another occasion.

Mr. Canton performed lithotomy on a little boy who had had the symptoms of stone for some time, and he removed a very large mulberry calculus, the surface of which was studded with projecting knobs, which prevented its being readily extracted.

A poor, emaciated, scrofulous man, worn to a shadow, was now brought into the theatre, to lose the remains of his left leg by disarticulation of the hip. Twenty-one months ago his thigh was amputated just above the knee for a large abscess at the back of the latter, which had destroyed the articulation. He did not progress well, and some months later a second amputation was performed higher up. The result was equally unfortunate, for caries attacked the remains of the femur, with extensive suppuration and sinuses, which completely prostrated him. He was fast sinking from hectic fever, when Mr. Hancock determined to give him a chance for his life by obviating an exhausting drain upon his constitution. The remains of the thigh were removed by the operation of transfixion, the anterior flap being made first and the posterior last. This was followed by free hæmorrhage, not from the femoral, but from numerous other enlarged vessels; and although the man was very low, he rallied shortly afterwards.

A third operation was the application, by Mr. Barwell, of several strips of the actual cautery over the surface of the skin in front of a boy's knee, affected with strumous synovitis.

A fourth patient was a child with webbed fingers, which were divided by Mr. Canton.

The fifth case was one of necrosis of the upper part of the shaft of the left humerus of a young woman, very close to the joint. This was treated by laying open sinuses, and removing the affected parts of bone, by Mr. Canton.

The last case was one of ordinary talipes varus in a boy seven years of age, which Mr. Canton treated in the usual way, dividing the tendo-Achillis of each foot. In this boy, a large bursa existed on the side of each foot, fully as large as a small flattened orange, a peculiarity not often observed to occur to the same extent as in this patient.

In all these patients, excepting the cases of webbed fingers and talipes, chloroform was administered by Todd's inhaler, but the time taken to produce anæsthesia was tediously long.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MR. HILTON, F.R.S., PRESIDENT.

DR. HARE read a paper

ON THE DIAGNOSIS OF CANCEROUS AND SOME OTHER TUMOURS OF THE LIVER.

The author began by stating that he had been induced to lay before the members of the Society a few observations on the subject of Cancer of the Liver in consequence of having, while investigating, for some time past, the diagnosis of diseases of the abdomen, and more especially of those connected with tumour and intumescence, met with several interesting cases of the above affection. He pointed out the importance of recognising this disease, and discriminating it from others of a less formidable character, both on account of the influence which this knowledge has on our prognosis and of the difference of treatment which is involved in it. After quoting some statistics from various sources, showing the relative frequency of cancer in the different organs, and which proved that, exclusive of the uterus and the female breast, cancer was more frequently met with in the liver than in any other viscus (though the liver is very rarely the *only* organ affected in any given case), the author proceeded to consider the various forms in which cancer is met with in this organ. Scirrho-encephaloid is the most frequently found; true encephaloid is much more common than scirrhus; colloid cancer of the substance of the liver is scarcely known. The infiltrated form is sometimes met with, but cancer "par masses disseminées," as it was first appropriately called by Cruveilhier, is emphatically *the* special form of cancer of the liver. These masses vary much in size; may produce no inequalities on the surface of the organ; or, projecting more or less, may be flat, stellate, almost spherical, or cupped.

In by far the majority of instances the weight of the liver when affected with cancer is very materially increased; but one example was quoted from Dr. Boyd in which a cancerous liver weighed only 27¼ oz.; and a case which fell under the author's observation was given which was remarkable for the rare combination of cirrhosis of this organ with cancer, and in which the weight was but 2 lb. 14½ oz. The patient was a man, aged forty-six, who had been in the habit of drinking freely, and who came under Dr. Hare's care for ascites, with some œdema of the lower extremities. The liver was, during life, discovered to be small; the urine was albuminous; and the ascites remained uninfluenced by treatment. The general colour of the liver was of a dark nutmeg tint; the substance was very granular and resisted firm pressure. On the surface of the organ and scattered throughout its substance were carcinomatous masses varying in size from that of a pea to that of a horsebean, and one an inch in diameter. In some cases the weight of the liver is enormous; the largest cancerous liver which the author had met with weighed 198 oz.

Some observations were made on the modifications in form which the liver undergoes in this affection; but it was stated that, as a general rule (in consequence of the cancer-masses often being pretty uniformly disseminated through it), this organ retains more or less the form which it had before it was affected with cancer. Thus in a female, aged fifty-eight, whose liver had evidently been formerly much compressed laterally by tight lacing, this deformity was remarkably exaggerated by the cancerous disease; for while comparatively narrow from side to side, it extended downwards to within a short distance of the pubes. This case also illustrated the fact of the abdominal parietes being partially affected with the disease, in consequence of having formed adhesions to the cancerous liver.

The general symptoms of the disease were next adverted to, especially the colour of the skin; the emaciation, which is, however, by no means always considerable, though sometimes it is excessive; the pain; and the evidences afforded by the presence of ascites and jaundice, either simultaneously or separately. The physical signs were especially entered into with much detail, and it was stated that while that form of cancer in which it is deposited in scattered masses throughout the liver substance was the most common, it was also the form most easy to diagnose with accuracy. The thickened edge of the liver, the frequently exaggerated size of the notch between the two lobes, the surface rendered uneven in many places by the nodules (in hydatid disease of the liver it is rarely that more than two prominences exist), and other conditions presented, were discussed, as well as the most characteristic differences between the liver enlarged from cancer and its state when increased in volume from other causes. The differential diagnosis between tumours of the liver and those of the spleen, kidney, and adventitious growths in the neighbourhood, was reviewed, and subsequently some of the sources of fallacy and difficulty in the investigation of these diseases were enumerated. In one case the author had very readily made out the presence of considerable cancerous irregularities on the surface of a much enlarged liver, when, about three weeks afterwards, it was quite impossible to make out that the liver was enlarged at all, simply in consequence of the enormous distension of the abdomen, dependent upon flatus in the intestines, which had occurred. It was mentioned, too, that a tumour really situated in the lower part of the liver might appear to be separate from it, in consequence of there being a space considerably resonant on percussion between the tumour and the mass of the liver above. This resonance might be due either to a coil of intestine in front of the middle of the liver, or to resonance being transmitted (from the intestines underneath) *through* the liver, which might happen to be thinner at a little distance from its lower border than at this part. In the latter of these cases, the part above and below the resonant portion will be found to move simultaneously on deep inspiration; while in the former, not only will this probably be the case, but by careful manipulation the flatus may be pressed out of the intestine, when the dull stroke sound of the liver will be obtained.

DR. E. SMITH suggested whether cancer be ever primarily found in the true liver-structure, or whether it always originates in the cellular tissue of the organ; and inquired whether the kind of pain had any reference to the variety of cancer present on the organ.

DR. WEBSTER complimented the author on his paper, but would have liked to know from him as important facts,—1st. Is cancer of the liver more frequently met with in males or females? His impression was that it occurred most in males. 2nd. At what period of life is it most common in each sex, and is it ever met with in childhood or extreme old age? 3rd. Is

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it more frequent in town or country, amongst labourers or the rich, amongst sober persons or the reverse?

Dr. GIBB stated that in all the cases he had met with, the patients had been very temperate; one female so affected (but here the primary disease was in the uterus) had scarcely ever tasted alcoholic drink. He inquired as to the possibility of the diagnosis of cancer before enlargement of the organ had occurred, and thought that, as regards the different forms of the disease affecting the liver, it would be but right to retain the name of "Farre's tubers," in recognition of the able description of one form first made by Dr. Farre.

Dr. HARDING mentioned that he now believed one characteristic symptom to be always present in cases of, and to be pathognomonic of, cancer of the liver—that is, a small subcutaneous tumour of the breast; but in the male subject he had found it absent there, though a similar small mass had been found in the subcutaneous tissue of the loins. He had met with it in the breasts of females so affected in five cases in succession. He believed it to be a small mass of cancer; it is often painless, is not, therefore, complained of, and requires to be sought for; it may be the size of an almond or small marble, but at first not larger than a pea; it is not situated in the gland-substance of the breast, but just beneath the skin, and most usually a little to the outer side of the nipple. If he (Dr. Harding) found this small mass, and at the same time discovered any symptoms whatever of hepatic or stomach derangement, he should diagnose positively the presence of cancer in the liver, even if no other sign of this latter condition existed. He had met with one case of cancer of the liver in a child, aged four years.

Dr. MACKENZIE said that the paper read confirmed what he had always felt—the great difficulty, in many cases, of diagnosing cancerous affections of the viscus in question, and even showed that it might be combined with a cirrhotic condition and diminution in volume of the liver. The cases he had seen coincided with the descriptions given by the author. He alluded to mental distress and anxiety as, in his opinion, influential in the induction of cancerous disease of the liver.

Dr. HABERSHON referred to the frequency with which gall-stones are met with in cases of cancer of the liver, and also stated that he had often met with considerable induration (though it was sometimes doubtful whether it was of a cancerous nature or not) just at the orifice of the common gall-duct, thus giving rise to obstruction to the passage of matters through the duct. He had seen some cases in which the vena porta was almost full of cancer matter, which, through this vessel, had been driven, as it were, into nearly every part of the organ.

Dr. HARE replied to the various questions put to him, and stated that the point mentioned by Dr. Harding was, as a diagnostic sign of cancer of the liver in particular, quite new, and one which ought in future to be carefully examined into with a view to its verification.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 21ST, 1860.

MR. FERGUSSON, PRESIDENT.

A REPORT by Mr. Hulke and Mr. Adams on a Testicle exhibited at the previous meeting by Mr. Holmes was read by Mr. HULKE. It was made up of structure of a fibroid character.

A report was read by Dr. BRISTOWE on a case of Tumour previously exhibited by Mr. FERGUSSON, showing it to be a specimen of recurring fibroid.

Mr. FERGUSSON exhibited the Leg of a Woman which he had recently removed on account of a tumour largely involving the calf. It had been three years growing, and was very painful; it was situated under the gastrocnemius muscle, and was slightly movable. He had attempted to remove the tumour only, but found it necessary to amputate in the lower third of the femur. The tumour was encephaloid in its character. The popliteal artery and nerve were involved in the substance of the growth.

Dr. HARLEY showed Preparations of Bone from Horses that had died with extensive Disease of the Osseous System. The bones were so soft as to be cut with a knife. The microscope showed that the texture of the bone was greatly changed, the canaliculi gone, the lacunæ indistinct, and many cavities were found. The ribs bent with little pressure, and blood exuded from the tissue. What was most remarkable was, that the ligaments were found separated from their attachments, and considerable ulceration of the cartilages existed. Seven horses had been so diseased in one locality, and these only males. Unfortunately the urine had not been examined. The stables were well ventilated.

Dr. HARLEY also exhibited specimens of Diseased Supra-renal Capsules.

Mr. PRICE showed three Calculi which had been removed from the bladder of a man aged sixty-three by lateral lithotomy at three separate operations: the first in 1858; the second a few months after,—on neither of which occasions was any other stone found after the operation had been performed; at the third operation, in January last, another was removed. Old symptoms are again returning.

Mr. PARTRIDGE brought before the notice of the Society two cases of Oblique Fracture of the Lower End of the Radius: in one, a dissection of the parts seven years after the accident; the other a more recent specimen, with a characteristic cast of the appearance seen during life.

Mr. PARTRIDGE also related a case of Dry Gangrene of the Penis. The patient was brought into King's College Hospital, after about ten days of fever and delirium, in low condition, and with the greater part of the penis in a state of gangrene. He had had no medical attendance, and had been kept on a very low diet. The organ was soon detached, the wound healed, and the patient went on well.

Mr. H. LEE inquired whether the gangrene was due to syphilitic poison.

Dr. O'CONNOR related a case, which had been seen also by Mr. Thompson, in which fatal disease of the brain was associated with gangrene of the penis, and in which there was no syphilitic taint.

Mr. THOMPSON fully corroborated Dr. O'Connor's views of the case, which he distinctly recollected.

Mr. DURHAM had recently seen cases at Guy's Hospital in which gangrene of the penis existed apart from all syphilitic disease.

Mr. BARHAM, Dr. WILKS, and Dr. BRISTOWE had seen similar cases; most of the foregoing were cases of moist gangrene.

Mr. HULKE had seen a case of dry gangrene in which there was no syphilitic origin.

Mr. ADAMS exhibited Casts and Preparations to show the increase of scars in children by growth *pari passu* with the growth of the rest of the body, a scar of two inches increasing to three in the course of a few years.

Mr. ADAMS also showed Disease of the Tarsus, removed by Pirogoff's modification of Syme's amputation at the ankle-joint.

Dr. FULLER exhibited a specimen of Thoracic Aneurism bursting into the Pericardium. The patient had always enjoyed good health until lately. A pulsating tumour above the left clavicle was seen ten weeks before death; aphonia and cough were present. The murmur was very obscure, and it was a question whether it was aneurism or not, opinion leaning to the affirmative view. No fixed or constant pains were present; no hæmoptysis. He left the hospital after two months, and three weeks after was suddenly seized with cough and expectoration of very fœtid gangrenous matter. He died in a week in a state of collapse. Aneurism was found of the ascending aorta, which had burst into the pericardium. The upper part of one lung was gangrenous from pressure.

Mr. BARWELL showed specimens for the microscope, to prove that the lamella of bone immediately beneath articular cartilage is really a tubular structure.

Dr. BRISTOWE exhibited an example of Coagula in the Right Auricle of the Heart. The auricle contained a coagulum, filling it; it was laminated, close, and fibrinous in its character.

Dr. BRISTOWE also showed a peculiar form of Cancer of the Uterus, associated with Cancer of the Groin and Lumbar Glands of the Liver. The peculiarity was that the cancer was distributed in distinct locali throughout the organ.

Dr. CHOLMONDELEY showed a case of Perforating Ulcer of the Stomach. The patient was a young man, aged eighteen, who was seized with vomiting and acute pain after a hearty supper. He was purged, and felt better next day, in the afternoon being cheerful and feeling well; but he died suddenly at eight o'clock the same evening. No symptoms had been observed before the attack.

At the previous meeting,

MR. SPENCER WELLS read a report, drawn up by Dr. Wilks, Mr. Curling, and himself, on a specimen of

SPURIOUS HERMAPHRODITISM.

Mr. Wells had presented this specimen at a former meetin

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of the Society, suggesting that if a committee were appointed by the Society, permission might be obtained to take the preparation out of the bottle and examine it. Dr. Wilks and Mr. Curling were then appointed, with Mr. Wells, as the committee, and having obtained the necessary permission of Mr. Pilcher's executors, to whom the specimen belonged, carefully examined it, and reported that although externally the characters were those of an hypospadiac male with undescended testes, yet internally the female characters predominated. No testes were present. The apparent penis was really an enlarged clitoris. There was a small uterus, and one ovary. The vagina terminated near the external opening of the urethra, but it was doubtful whether a communication with the urethra had been made after death, or whether the vagina had terminated in a cul-de-sac. The urethra was about three inches long, and at the neck of the bladder was surrounded by dense fibrous tissue, resembling the prostate in general appearance. There were no traces of vesiculæ seminales, nor vasa deferentia. The only question suggested as to the duality of the sex was the co-existence of prostate and uterus. Mr. Wells added, that he had learned some particulars as to the subject from whom the specimen was taken, and it appeared that she was a maiden lady, and no suspicion of her peculiarity had been excited until Mr. Pilcher was sent for to pass a catheter for her, when he detected the unusual condition of the external organs. In reply to questions, by Mr. Partridge and Mr. Henry Thompson, as to the condition of the prostate, on the presumption that the male prostate was the analogue of the female uterus, Mr. Wells again read the following passage from the report, showing that the committee did not regard the body at the neck of the bladder as a true prostate:—"Surrounding the commencement of the urethra was a body corresponding in *shape and general appearance* to the prostate, but scarcely more than half the usual size of the adult organ. A section showed its composition to be a tough, fibrous tissue. No sinus pocularis nor veru montanum existed; and no follicles corresponding to the prostatic could be seen; nor on section of the prostate near the mucous membrane, were any ducts visible, neither any secretion or concretion resembling what is seen in the perfect organ."

The PRESIDENT asked if the committee had found any similar case recorded.

Mr. WELLS replied that in Dr. Simpson's article "Hermaphroditism" there were cases approaching to this, but none precisely similar.

Dr. WILKS said that in the museum at Guy's there were specimens of imperfect males, but none of the character of the present preparation.

In reply to another question, Dr. BARRON said he had heard Mr. Pilcher speak of the patient distinctly as a lady, and although he could say nothing positively as to the development of the mammæ, yet he had no doubt of the sexual organs being the chief peculiarity, or suspicion as to sex would have been excited earlier. She had passed through life as a female, and no doubt presented the chief peculiarities of the sex.

The PRESIDENT thought the specimen a particularly interesting one to practical men, as most surgeons called to examine such a case would probably decide that the patient was a male from the appearance of the external organs, while the presence of uterus and ovary and the absence of testes clearly proved the female type to predominate.

Dr. BRISTOWE showed several specimens exhibiting unusual forms of

CANCER OF THE LIVER.

1. The liver of a man, sixty-eight years of age, who died from scirrhus of the stomach, liver, peritoneum, lungs, and other organs. The cancerous affection of the liver, instead of existing under the form of tumours more or less isolated, had extended from the transverse fissure along Glisson's capsule, surrounding the ducts and their attendant vessels almost to their smallest ramifications.

2. The liver of a girl, sixteen years old, who had suffered from encephaloid disease of the pelvis, liver, kidneys, and some other parts. In this case the liver presented numerous encephaloid tumours from the size of a hen's egg downwards, a large number of which contained cysts with flocculent parietes, and transparent or slightly opaline fluid contents. The cysts existed not only in the larger growths, but equally in those between the size of a pea and that of a tare. He stated that he had met with two or three other examples of cystic cancerous hepatic tumours (one of which he placed before the meeting); but that in each of these a solitary cyst only had been present.

Dr. BRISTOWE also exhibited a specimen of

CANCER ATTACKING CYSTIC OVARIES,

from a woman, aged sixty-four, who had died of cancerous affection of many organs. The ovaries formed two lobulated masses, one rather larger, one rather smaller, than the first. They contained numerous cysts filled with clear limpid fluid, and varying from the size of a hen's egg downwards. They had the same general form and arrangement as in ordinary cases of cystic disease; but their parietes were generally infiltrated with cancerous deposit, varied from an inch in thickness downwards, and were studded on the inner surface with small nodulated cancerous excrescences.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEBRUARY 3RD, 1860.

MR. A. B. BARNES, PRESIDENT, IN THE CHAIR.

MR. MILNER read the details of a case of

FATAL COMA.

The particulars were as follows:—A fat woman, aged thirty-nine, of sanguine temperament, fresh complexion, and temperate habits, was, after a few days' illness from enlarged and ulcerated throat, seized with symptoms of insensibility, the pupils being dilated, the countenance dusky, and the lips congested. The author saw her six hours after the seizure, when she was in a state of complete coma; the breathing being stertorous; the arms flaccid; the legs extended and motionless; the face somewhat flushed; the eyes suffused; features natural, and not drawn to either side; pulse 120, and weak; skin warm; pupils moderately contracted, but insensible to the strongest light. General convulsions followed, lasting about a minute, and recurred about every quarter of an hour until death, which took place suddenly, nine hours after the commencement of these symptoms.

The post-mortem examination revealed only a congested state of the cerebral veins. The pleura was partially adherent on the right side, the lungs were congested, and the parietes of the heart thin. The kidneys were healthy.

As she had suffered from profuse menorrhagia previously, the author considered, knowing her previous history, that her nervous force had been exhausted by various causes, and finally accounted for her sudden and remarkable death.

Mr. BARNES exhibited a specimen of

POLYPUS OF THE HEART.

It had been taken from a child, four years old. It grew from the right auricle, and was quite organized in its attachment to the walls of the heart; it passed into the right ventricle, and was adherent to one of the columnæ cordis.

Mr. BARNES also showed a specimen of

FIBROUS TUMOUR OF THE UTERUS,

which he had removed after death from a widow, who had suffered from profuse menstruation for years. Four months ago, (October, 1859,) the tumour first commenced to distend the os; it gradually came down into the vagina, and death resulted from the profuse hæmorrhage which occurred. The tumour was about nine inches long, the same in circumference, and of nearly the same size throughout its attachment to the walls of the uterus, from which it grew by a broad base, the pedicle appearing to be occupied by a cyst.

Mr. JAMES LANE exhibited

AN INSTRUMENT FOR DILATATION OF STRICTURES OF THE RECTUM.

It consisted of a small piece of bladder attached to a gum-elastic catheter, which passed through the bladder, and was furnished with a stop-cock, by which it could be filled with water, which caused the necessary pressure.

HARVEIAN SOCIETY.

DR. E. HART VINEN, PRESIDENT.

DR. LEVISON read a short communication

ON SOME PHENOMENA OF THE NERVOUS LIFE OF ANIMALCULES,

which he had noticed whilst making microscopic observations. He said that it was regarded as a physiological axiom, "that there must be a brain and spinal nerves to manifest consciousness and volition." Yet this did not appear to be the law in the case of animalcules, as the latter possessed neither a brain

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nor a spinal system, and still their actions gave presumptive evidence that they possessed perception, consciousness, and volition. Amongst the examples he cited was that of the "Protens diffluens," which he described as a gelatinous-looking bag with the mouth upwards, and having apparently the power of accommodating itself to any particular circumstance: that when, for instance, it approached near to a portion of animal or vegetable matter too large to be swallowed, it remained for a brief time quite stationary, and then it would change from its ordinary perpendicular to a horizontal position, gradually widening both stomach and mouth until they were large enough for its purpose. This, he said, could not be regarded as an automatic action, for it voluntarily altered the normal size and shape of its stomach and buccal cavity, &c. The author concluded by observing that though the nervous life of these minute beings might remain unexplained, yet it was strange that there should exist any living locomotive creatures manifesting certain functions without a brain, similar to the higher organized beings which had one; and it afforded presumptive proof either that the knowledge of the laws of nervous life in their entirety was still defective, or else that that kind which was manifested by the infusoriæ must depend on some special arrangement of nervous matter, differing altogether from the arrangement of the nervous system of more perfectly organized genera of the animal kingdom.

Dr. VINEN and Dr. CAMPS made some pertinent remarks.

Reviews and Notices of Books.

The International Quarantine Conference of Paris in 1851–52. With Remarks by GAVIN MILROY, M.D., F.R.C.P. pp. 7. London, 1859.

Quarantine as it Is and as it Ought to be. By GAVIN MILROY, M.D., F.R.C.P. pp. 12. London.

IN 1850, upon the invitation of the French Republican Government, it was agreed amongst the different States which had coast possessions in or close to the Mediterranean that an international conference on the subject of quarantine should be held in Paris. The leading conclusions of this conference form the subject-matter of the first of these pamphlets of a well-known writer upon quarantine matters. In reference to these conclusions, Dr. Milroy addresses two interrogatories to the medical profession, with the view of directing attention to an exact and scrutinizing investigation of the points submitted. The interrogations are as follows:—

"1. What evidence is there to show that any of the three diseases against which quarantine is especially directed—viz., cholera, yellow fever, and the plague—has ever been introduced into any place or country by a vessel on board of which no case of disease had occurred during the voyage, and which was also free from sickness on arrival?

"2. On what trustworthy evidence rests the doctrine, that while the lapse of five days' exemption from any signs of the cholera among the crew and passengers in a ship is considered to be a sufficient guarantee against the risk of that disease being imported, double and triple that period is necessary for the like security in respect of the yellow fever and the plague?"

These are plain, straightforward, sensible questions, the proper solutions of which can alone fitly determine some of our fundamental principles of existing quarantine legislation and practice.

In the second pamphlet, the author gives us a sketch of what he considers as the more important items for quarantine legislation. Dr. Milroy is an authority upon this subject well worthy of the attention of our readers.

Selected Monographs: KUSSMAUL *and* TENNER *on Epileptiform Convulsions from Hæmorrhage;* WAGNER *on the Resection of Bones and Joints;* GRAEFE'S *Three Memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma.* The New Sydenham Society. pp. 380.

THIS is the fifth volume for the first year, and contains translations of three important and well-known essays from the German. With this issue is also published a list of the honorary local secretaries and members of the Society. Certainly we must admit that, so far as practical purposes extend, the child bids well to far exceed in utility its father—the old Sydenham Society. We have the intentions of the Council for the ensuing year's issue before us, and they offer every guarantee that the subscribers shall obtain the full worth of their subscriptions. Amongst the volumes promised is one which will comprise "Clinical Memoirs on Abdominal Tumours and Intumescence," by Dr. Bright, collected and reprinted from the "Guy's Hospital Reports." This work will in itself be worth the money, well edited as no doubt it will be by Dr. Barlow. We wish the New Sydenham Society every success.

Histoire Littéraire des Fous. PAR OCTAVE DELEPIERRE. pp. 184. London: Trübner.

THIS charming little book touches upon a field of literature hitherto almost neglected. It makes us acquainted with some of the peculiar characteristics of the literary effusions of men who very frequently have unfortunately had more than one "screw loose." Examples of their poetry, of their philosophy, of their religion, and of their scientific views, are here tastefully laid before us, and the whole strung together by such passing comments of the author as render the perusal of M. Delepierre's essay both an amusing and an instructive duty. We can strongly recommend this interesting little work.

On the Coagulation of the Blood in the Venous System during Life. By GEORGE MURRAY HUMPHRY, M.D., F.R.S., Surgeon to Addenbrooke's Hospital, Cambridge, &c. Cambridge: Macmillan.

THE present pamphlet is composed of a thesis for a medical degree in the University of Cambridge. Its contents are of an important and practical nature, and show the author to be an acute and careful observer.

Foreign Department.

ON THE OSTEOGENIC PROPERTIES OF THE PERIOSTEUM.

MUCH has of late been done and written in Paris, especially by M. Ollier, respecting the certainty with which bone is reproduced when it is carefully removed from the periosteum with the chain saw. Cases have been published by M. Larghi, of Vercelli, M. Borelli, of Turin, and M. Ollier himself, where from three to four inches of the humerus and tibia were removed for cystic disease, with careful preservation of the periosteum, and in which the bone was reproduced. A case of tubercular affection of the ascending branch of the lower jaw is also mentioned, where M. Maisonneuve removed the bone and left the periosteum. Here again bony matter was secreted. M. Verneuil has resected the elbow-joint, and removed three inches of the humerus and one of the radius and ulna, besides the diseased articular surfaces. Sound portions and shreds of periosteum were preserved, and the result has been pretty satisfactory.

Now, all these cases are looked upon by M. Sédillot, of Strasburg, as unsatisfactory, and he is at issue with M. Ollier as to the reality of the reproduction of the bone in its integrity. The matter has been brought before the Surgical Society of Paris, and will be sifted by a committee.

M. Forget, the author of a valuable article on the subject in *L'Union Médicale* of the 21st ult., says, very justly, that the dispute arises mainly from the absolute manner in which M. Flourens, the first observer of the wonderful osteogenic properties of the periosteum, framed his opinion. Take away the bone, says M. Flourens, and the untouched periosteum will reform the bone. It were perhaps more just to say: take away the bone, and the preserved periosteum will yield *osseous matter.*

It may here be mentioned that M. Langenbeck, of Berlin, has lately made a very ingenious application of the osteogenic powers of the periosteum, to reach the basilar process whereon was implanted a nasal polypus, by cutting through the face without giving rise to disfigurement. After having detached the os nasi and the orbitar process of the superior maxilla, a portion of periosteum was saved, by which the bones remained

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connected with the neighbouring parts. When the polypus had been removed, the whole of the resected bones, with the soft parts, were carefully replaced, and the gaping aperture effectually and appropriately closed. This case, mentioned in the *Deutsche Klinik*, No. 48, 1859, was thoroughly successful.

THE PASTEBOARD SPLINTS OF M. MERCHIE, SURGEON-MAJOR IN THE BELGIAN ARMY.

THESE splints present the peculiarity of being shaped, beforehand, upon individuals of average size, for all the parts of the body obnoxious to fracture; are fit for immediate application, even in complicated cases, and answer every expectation of the surgeon as to occlusion, compression, and coaptation. When it is considered that the prime cost is trifling, it will be conceded that a trial of these splints on a large scale is thoroughly warranted.

The inventor, who has written a large work on the subject of these splints, and who has certainly succeeded in presenting in his book a most elaborate critical history of the various systems of deligation in fracture, gives the most detailed description of the manner of preparing the splints, which should be sketched out upon the patterns obtained from actual shaping upon healthy individuals, and then cut out and properly moulded. The material which he found the most serviceable and cheap is pasteboard; but any other might be employed, if found as manageable. When the fracture is reduced, the limb should be wrapped in cotton wool, which is held in its place by a bandage; the splints are then applied, and kept *in situ* by a roller or straps. In compound fracture, the many-tailed bandage is to be substituted for the roller. The author thinks that the advantages of his method may be summed up in the word "economy." There is, namely, economy of time and labour as regards the surgeon; economy of pain and uneasiness for the patient; and economy as to the cost of the splints.

We have seen a collection of these, presenting a very great variety of shapes, adapted for every part of the human body; and they look extremely likely to answer the purposes held in view. When we add to this, that the author brings forward a mass of clinical facts in support of the use of the pasteboard splints, we shall have said enough to induce surgeons, especially those connected with hospitals, to give these appliances a fair trial. We shall then see whether they stand the test in compound fractures.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I entirely agree with "A Poor-law Medical Sufferer" in all that he has stated in his ably-written communication in THE LANCET of Feb. 18th. There cannot be a doubt that, as Poor-law medical officers, we owe to Mr. Griffin a deep debt of gratitude for the great labour of mind and body which he has so freely bestowed in advocating our claims before the Poor-law Board and the general public; and right glad am I to find that, no longer relying on the delusive hope that the Poor-law Board will do us justice, he has induced an independent member of the House to bestir himself in our behalf; and if we only exert ourselves there is no doubt we shall obtain all we ask. For this purpose it behoves us individually to petition the House, and also to entreat our medical brethren not holding Poor-law appointments to do the same. It is my intention to apply to every medical friend I can to do so, and I would earnestly urge all those who think we are hardly used (and who can doubt it?) to exert themselves in our cause.

I know it may be thought by some a matter of small consequence whether we succeed or not; but I would ask all those who, from carelessness or indifference, hold themselves aloof from the movement, whether the financial condition of the general medical body is in such a flourishing state that we can afford to disregard an agitation which, if successful, will add some £200,000 annually to our general resources. If, Sir, I were myself indifferent to the just claims of my Poor-law medical brethren, I might quietly retire from this movement, as is my own case, thanks to the right thinking of the majority of my board, my salary since my appointment has been doubled; so I have not now so much to anticipate from Mr. Griffin's scheme. But though my present condition is one of comparative competency, yet I have a lively remembrance of the past, and know how depressing is the sense which one entertains when called upon to make sacrifices of labour, time, and drugs, for a paltry pittance which leaves no possible margin of profit.

To show you how much may be done by bestirring ourselves, I would inform your readers that during the last week, having to meet the senior physician of a large London hospital in consultation, I asked him to sign a petition for me to the House. He not only consented to do so, but volunteered to take charge of it, and has just returned it with the signatures of all the hospital physicians and surgeons. Can there be now, I ask, any difficulty in obtaining the like support from all the metropolitan and provincial hospitals? Surely there are many who have sons studying in towns, &c., who will at some future day hold these appointments. It would not be more than they ought to do to copy out a petition, and ask their respective teachers, &c., to sign it. Believe me, from some knowledge of public agitation, there is no mode of getting the ear of the House like the continued in-pouring of petitions signed by parties not having a direct pecuniary interest in the object of the prayer.

And now, Sir, a few words more to those who are faint-hearted. I know you received an ugly shock by that portion of Mr. Estcourt's scheme which ran thus: "All *existing appointments shall* cease." You believed, as I did, that the result of our agitation, if his plan became law, would be that we should all be turned adrift, and that those who had not borne the heat and labour of the day would then step in and obtain the long-strived-for, and at last won, justice; but subsequent reflection led me to the conclusion that it was a devised plan of the Poor-law Board to sow dissension amongst us to disgust us all, and make us feel that it would be better "to bear the ills we have than fly to others that we know not of." But, remember, that scheme has disappeared with the author of it; and the gentleman who has now kindly taken our cause in hand was the mover of that committee whose deliberate conclusion it was that our appointments should be permanent.

Up, then, and be doing. Petition! petition! petition! Give a trifle of pecuniary help to the cause. Rally round our Chairman, and show to Mr. Pigott that we are determined to support him in his efforts to obtain us justice. Or accept the other alternative—that never again in this generation can we expect any one to sacrifice time, labour, and means so devotedly to our cause as our friend Mr. Griffin has done—and our successors will under greater discouragements have to renew their agitation, with even less hope of success.

I now, Sir, beg to subscribe myself

A POOR-LAW MEDICAL OFFICER OF THE METROPOLIS, AND
A MEMBER OF THE COMMITTEE OF THE POOR-LAW MEDICAL REFORM ASSOCIATION.

I beg to append a copy of the petition above alluded to:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The petition of the undersigned members of the medical profession and others resident in the metropolis respectfully showeth,—

That your petitioners believe that the present system of Poor-law medical relief requires revision, and that the interests of the poor and of the ratepayers would be promoted by an efficient and well-paid staff of union medical officers.

That the average remuneration now paid through the Boards of Guardians and the Poor-law Board is insufficient to secure the requisite professional skill and attendance, with a proper supply of *medicines*, without a loss to the medical officer.

Your petitioners therefore humbly pray your honourable House will take their case into your serious consideration, and pass such resolutions and laws as will have the effect of ameliorating their position.

And your petitioners will, as in duty bound, ever pray.

S. J. GOODFELLOW, M.D., F.R.C.P.
MITCHELL HENRY, F.R.C.S.
HENRY THOMPSON, M.D., F.R.C.P.
ALEX. SHAW, F.R.C.S.
T. W. NUNN, F.R.C.S.
R. TEMPLE FRERE, F.R.C.P.
A. P. STEWART, M.D., F.R.C.P.
CAMPBELL DE MORGAN, F.R.C.S.
SEPTIMUS W. SIBLEY, F.R.C.S.
FREDERIC WEBER, M.D., F.R.C.P.
CHARLES COOTE, M.D., F.R.C.P.
HENRY DYER, M.D., F.R.C.P.
W. H. FLOWER, F.R.C.S.
CHARLES H. MOORE, F.R.C.S.

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THE LANCET.

LONDON: SATURDAY, MARCH 3, 1860.

THE best laws constitute but a feeble security for the liberty of the citizen unless the most jealous vigilance be exercised over their administration. It is hardly, we believe, pretended by any one that our Lunacy Laws are of the very best. That the administration of them requires watching, the perusal of the case of ALFRED LAZARUS GODFREY will satisfy all persons. Mr. ALFRED GODFREY is a young man of good education; he has been employed as a solicitor's clerk, and is the son of a Mr. GODFREY LAZARUS who is represented to be a wholesale jeweller in Clerkenwell. The father and brother appear to have arrived at the conclusion that ALFRED GODFREY was of unsound mind, and that he ought to be confined. It is not necessary to examine the grounds upon which this opinion was formed, because we are willing for the present to suppose that it was honestly entertained. The immediate object is to trace the mode in which the machinery of the Lunacy Laws was worked to effect—what seemed a legitimate object—his incarceration. We need scarcely say that, presuming the statement to be correct that the father was a well-to-do tradesman, the proper course would be to call in successively two qualified medical practitioners; that these gentlemen, having separately examined the alleged lunatic, should, if satisfied of the existence of lunacy, certify their opinion. These medical certificates, together with the order of the father, would constitute the proper legal authority for the reception of the patient at Bethlehem or St. Luke's, or in some private asylum. In this manner he was first taken to Bethlehem on the 22nd of November last. It is stated that admission was refused on the ground that the lunacy had existed more than twelve months. The method ultimately preferred was to treat ALFRED GODFREY as a pauper lunatic, and to employ the police-court as the medium for transferring him to a lunatic asylum. If the father were himself a pauper, and unable to support his son under his heavy affliction, this course would be justified; and perhaps on this plea it may yet be justified. The case, however, proceeds. ALFRED GODFREY applied for a summons against the keeper who had taken him to Bethlehem on a charge of assault. It was then brought out that the unfortunate man, rejected from Bethlehem, had been equally cast out by his friends, and was wandering destitute about the streets. The magistrate, Mr. TYRWHITT, kindly advised him to apply to the workhouse. He did so, expecting kind treatment, but was immediately taken to the lunatic ward—a step eminently calculated to prove injurious to a person of sensitive mind suffering under recent excitement. In the course of the investigation before the police-court, we get an instructive illustration of the ideas which persons of the keeper's calling entertain as to what constitutes restraint. The complainant alleged that he was grossly ill-used. The defendant (the keeper) replied that "he did not ill-use him; he put the handcuffs on him, but did not restrain him." (!) Mr. TYRWHITT, asking him "Do you not call putting on of handcuffs restraint?" is answered "No." (!) It would be really interesting to learn where, in this keeper's judgment, restraint begins. Whether it was at that stage satisfactorily proved that ALFRED GODFREY had been properly detained, that his alleged insanity had been established, we do not clearly see. But the Magistrate, in dismissing the keeper, said "that nothing could be more "proper than the way in which the complainant had conducted "himself, and he (Mr. TYRWHITT) could only wish that every "one who came to that court would act in the same manner." It was urged upon the father and brother to take him home; but both are reported to have exclaimed "We will not receive him." On the 2nd of December, we find him again before the magistrate, in the charge of the relieving officer. Mr. TYRWHITT then, acting in strict conformity with evidence, and having before him the certificate of a surgeon, authorizes the committal of ALFRED GODFREY as a pauper patient to Colney Hatch. We think it right to lay the certificate before our readers. We firmly believe it was drawn up in good faith:—

"The undersigned H. J. B., &c., having examined Alfred Lazarus at the Clerkenwell Police Court, certifies that he is a lunatic, and a proper person to be taken charge of, on the following grounds—viz.:

"1st. *Facts indicating insanity observed by myself.*—Incapable of attending to any kind of business; always craving for food; eating largely, and immediately declaring he has not had any; restless and sleepless at night; and great excitability.

"2nd. *Other facts indicating insanity communicated to me by others.*—His father, brother, and aunt.....state that he has been ill and incapable of following his usual employment for two years; that he is always demanding food, eating enormously, and then declaring he is starving; gets up in the middle of the night and wanders about the streets; that he has a delusion of his name being altered by the Queen."

We remember that when Lord ST. LEONARD'S Bills were before Parliament, we strongly enforced the necessity of distinguishing in lunacy-certificates the facts observed by the certifier and those communicated to him by others. This ought to furnish a great security for precision of observation and vigilance in drawing up a certificate. This example will show how widely different may be the spirit and the execution of a law. A gentleman after an interview of a few minutes with an alleged lunatic in a police-court is enabled to testify, as facts observed by himself, that the person "was always crav-"ing for food, eating largely, and immediately declaring he "has not had any;" and we find the same facts reproduced amongst those related by others. This certificate, however, satisfied the magistrate, and ALFRED GODFREY was taken to Colney Hatch. He was admitted on the 2nd December, and discharged on the 13th January. He is now at large. Why was he discharged, first from Bethlehem after being detained a few minutes, next from Colney Hatch after being detained six weeks; and why is he now suffered to be at large? Not, we presume, because his insanity is clear. The history of the case renders this essential point extremely doubtful. The only specific delusion alleged is, that he believes the QUEEN has altered his name from LAZARUS to GODFREY. The fact appears to be, that he and other members of his family have actually used the name of GODFREY for years past. And we suspect the Jewish community will not be ready to admit that changing one's name is evidence of insanity.

But whether we conclude or not that ALFRED GODFREY was actually insane on the 22nd of November, and on the 2nd of December last, when he was taken to Bethlehem and Colney

Hatch, we see in his case abundant cause for the vigilant care of the public and the press, lest the Lunacy Laws be wrested from their true purpose. It was not satisfactorily established in this case that ALFRED GODFREY was, in the legal sense of the term, a pauper: it is denied that he belongs to the parish of Clerkenwell. The parish has a right to be protected against a charge which, by the law of nature and of the land, should fall upon private individuals. The alleged lunatic has a right to demand that all those precautions which the law provides for his welfare shall be observed.

Apart from its general and public bearings, we feel bound to say that the case of ALFRED GODFREY is one deserving of special commiseration. We see a young man of nervous temperament, of good education, of very sensitive mind, labouring under illness and excitement,—so marked as to be taken for insanity,—first handcuffed, and taken forcibly to Bethlehem; next thrust amongst idiots and epileptics in the insane ward of a workhouse; we see him taken before a police-court, and committed to Colney Hatch; we see him dismissed,—cast adrift upon the world without a home, without resources, his mind tortured by the apprehension that the wrongs he has endured —the greatest of which is the tenacious imputation of insanity —will ruin his future prospects. We cannot help thinking that the course pursued towards him was not that best calculated to subdue the morbid cerebral excitement under which he was said to be labouring. If he be not now insane, this circumstance must be accepted as presumptive evidence that he never has been insane; for surely what he has undergone is enough to test a strong brain. Has he been dealt with according to the strict letter of the law? Whatever be the reply to this question, it cannot be doubted that he has been subjected to much cruel and unnecessary suffering. We trust that the case will yet receive some further sifting.

As it is with the things of matter so it is with the things of mind. The laws of the progress and changes of the moral and social world are very similar to those which preside over the mutations of the material and physical world. There is at least a singular analogy between them. In both, extremes are followed by their opposites, the one condition leading on, more or less quickly it may be, but still with unvarying certainty, to the other. When the night is darkest the dawn is nearest. The torpor of winter is succeeded by the active movements of spring, and the very energy and exuberance of these movements are proportionate to the completeness and duration of the torpor which existed before. Storms clear a stagnant atmosphere, and calms follow in the wake of violent hurricanes. How often, too, have wide-spread fatal epidemics preceded a more than ordinarily healthy year, or even a series of years!

And so it has been with the movements and revolutions of social life. Good comes out of evil. Things when worst begin to mend. The "dark ages" ushered in an epoch of unusual mental activity and enlightenment. It was when superstition reached its acme, and clerical usurpation over all thought and will was supreme, that the Reformation broke forth. Tyranny brings discontent and rebellion in its train, and when the strain and pressure go beyond a certain force, the confining restraint is snapped asunder. There is a point in the course of error and injustice that almost inevitably brings about a reaction, if not a total revolution.

Now something of this sort has occurred in reference to a subject of no small social interest, which is beginning to attract much more notice, not only in the medical profession, but amongst the public generally, than it has hitherto done, and seems now likely to be investigated with that attention which its importance deserves: we mean, the value of Quarantine as a prophylactic against the introduction of foreign diseases, and as a protection to the public health. It is certainly not a little curious that a question based upon, and springing directly out of, medical doctrine, on one, too, of the most interesting and important branches of professional research—the development and spread of epidemic disease—should have been so generally ignored. How is this? It is not so much as even named in more than one of the comprehensive dictionaries, or systematic treatises on Medicine, published of late years; and, with the exception of the Reports of the first General Board of Health in this country, our medical literature is all but barren of information on the subject. But what mere scientific curiosity or interest for professional truth has failed to excite, has been brought about by the force of absurdity and the recoil of outraged common sense. The very extravagance of the follies committed by the different Mediterranean States during the autumn of 1858,—when it was first rumoured that the plague had broken out on the Barbary coast,—in their alleged apprehension that the dreaded disease might possibly (however remote or visionary the possibility seemed) be carried to their own shores by ships, or goods, or persons, whether the ships, and goods, and persons, were quite healthy or not, and whether there could be even the ghost of a suspicion that any chance of mischief or danger could be fancied to exist on board—fortunately brought things to a crisis in public opinion as to the immediate and urgent necessity that the entire subject of Quarantine, in all its varied relations, should be fully and systematically inquired into: to ascertain, in the first place, the actual state of existing regulations and practice in different countries; to discover, as far as possible, the results of the system hitherto pursued; and then to consider, fairly and temperately, what reforms the welfare of the general health, as well as the interests of commerce and public convenience, justly called for.

On no one could the task be more fitly devolved, and by none, probably, could it be undertaken with greater prospect of successful issue, than by the National Association for the Promotion of Social Science, ranking as it does amongst its members men of all grades in society, as well as of all shades of opinion, political and scientific, and which has succeeded in commanding the active sympathy and support of some of the most influential statesmen of the day. The profession is aware what steps have been taken to carry into effect the resolution of the Association, adopted at their meeting in Liverpool, in the autumn of 1858, and what a large amount of information has already been obtained, chiefly through British consuls residing in foreign ports, and the governors of our scattered colonies, as well as from the Medical Departments of the Army and Navy. We await the results of the analysis of this evidence with no small degree of interest, as it cannot fail to be highly instructive in the detail of facts, and the record of wide-spread experience, derived from authentic sources, whatever may be the eventual conclusions of the Committee on the difficult question of Quarantine legislation and practice.

Meanwhile, the extravagant proceedings in some of the continental ports, more particularly in Lisbon, to which we drew

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attention in a recent number of THE LANCET,—when the Board of Health there, by a stroke of the pen, declared the entire coast of Brazil, between 2000 and 3000 miles in extent, to be infected with yellow fever, merely because the disease was known, or believed, to exist in one or two ports of that kingdom,—serve to keep the subject prominently before the public; and all the more as no city in Europe has of late years so severely and fatally suffered from the very epidemics against which Quarantine is peculiarly and specially directed as Lisbon —from cholera in 1855 and 1856, and from yellow fever in 1856 and 1857,—notwithstanding the extraordinary vigilance and stringent rigour of their precautionary regulations upon all arrivals from foreign places.

But it is not in this country alone that the subject is exciting unusual interest amongst the medical profession and others at the present time. Our brethren across the Atlantic have had the start of us; for it is now more than three years ago that a Convention of Medical Delegates from the different States of the Union was held in Philadelphia, to consider the working and results of Quarantine in their country, in the hope of rectifying its many acknowledged abuses and irregularities, and of establishing, if possible, a uniform and rational system in all their great commercial ports. Two annual meetings have been held since, at Charleston in 1858, and last year at New York. The proceedings in the latter city created a lively sympathy, not only amongst medical men, but amongst many of the leading merchants, shipowners, and others interested in the prosperity of commerce and international communication, and who are, therefore, desirous of removing all unnecessary or extravagant burdens and restrictions upon freedom of transit between different countries. Might not the Committee of the House of Commons, which has just been appointed on the motion of Mr. W. S. LINDSAY, on the subject of our mercantile marine, have their attention directed, with advantage, to the consideration of a question which involves on many occasions, not merely much inconvenience and vexatious delay, but, also, heavy expenses and serious loss on the shipping interest?

IT is a favourite employment of moralists to demonstrate the connexion between sin and suffering, and to convince us that our physical misfortunes are due to our moral shortcomings. The ethical teacher may find an advantage in pointing out that

> "Of our pleasant vices
> The gods make whips to scourge us."

But surely it is hardly permitted to the surgeon to rejoice over those sufferings, and to feel or to express the hope that the day might never come when science should have the power of anticipating or of completely relieving them. The sternest homilists have found reason to admire the disposition of events which grants to human skill the power to assuage the pangs of human infirmity and disease, appointed or preordained though they be. But the doctrine which was enunciated on the subject of syphilis in the rooms of the Medico-Chirurgical Society at their last meeting is sterner and more pitiless. Mr. SOLLY expressed his conviction that syphilis is a disease destined to punish fornication. He looked forward with pain to the possibility of extinguishing syphilitic disease, since fornication would then, in his opinion, become general. It is evident that moral and mental ameliorations go for nothing in this argument, in which theology is strangely mixed with therapeutics. It is not probable that any surgeon will be seriously daunted in his researches on the cure of syphilis by the fear of deluging the world with sin. Something more than a mere expression of individual conviction is necessary, in any case, to assure us that a particular disease is designed in the Providential scheme to hold in check a particular moral offence; and no one need fear to destroy the soul by healing the body.

So far as concerns the influence on the future of syphilitic practice and study,—to which, if we are not mistaken, Mr. SOLLY has contributed his quota,—there is little fear that this dogma will have great vogue or power. But we wish to protest against the confusion of therapeutic with theological considerations. Let the man who is by profession a healer do his duty honourably and fully. Let him heal to the utmost, and in all cases. He need not fear to be in antagonism with the Divine Law; still less need he fear to upset the universal scheme.

It is only necessary to consider the difficulties in which a surgeon would involve himself who should for a moment assent to propositions such as that of Mr. SOLLY. If syphilis be, indeed, the Divine scourge which we should hope never to see removed, then it must be, in degree, wrong to interfere with its action. We cannot see how a man holding these views can, with a clear conscience, prescribe blue pill for a chancre, or iodide of potassium for nocturnal pains. By what right does he stop the process of the chancre which has its appointed bitterness, and the nightly agony which brings repentance? At any rate, it is evident that even if Mr. SOLLY resigns himself to the immorality of frustrating providential decrees by the treatment of venereal cases on the principles which have been laid down by others, we must never expect any such boon at his hands as an advance in the therapeutics of syphilis. Nevertheless, we shall be content to receive a veritable prophylactic for syphilis, such as is vaccination against small-pox, as a boon to humanity little less important than that which has conferred immortality on JENNER.

Medical Annotations.

"Ne quid nimis."

THE CAMBRIDGE MEDICAL DEGREES STATUTE.

IN a congregation held on the 24th ultimo the statute on the subject of medical examinations and degrees, in which certain alterations had been made by the Council, was promulgated afresh. Dr. Child, of Exeter College, proposed as an amendment, that the degrees of B.M. and D.M. should be conferred together, but that the University privileges attaching to the latter should not be enjoyed until the expiration of ten years from matriculation. Mr. Shirley, of Wadham, objected to the clause by which candidates who had taken first- or second-class honours in the Natural Science School are excused from a portion of the medical examination. The Dean of Christchurch (Dr. Liddell) replied to these objections. The Master of Baliol proposed amendments.

The chief requirements of the Medical Degrees Statute (the amendments to which, or a portion of them, were accepted by the Hebdomadal Council, and which will cause the repromulgation of the statute before it can be submitted to congregation) are as follows:—That all candidates for medical degrees must have passed all the examinations for the degree of B.A., and must produce proof of having studied medicine for four years: that all who have passed these examinations may be admitted to the status of student in medicine similar to that of S.C.L:

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that those of the degree of M.A. or B.C.L. may graduate in medicine, on satisfying the examiners in the Medical School, without this form. The medical details of the examination are then given. This examination seems to consist of two parts, four examiners being required for the first part, and three for the second (the Regius Professor of Medicine being always included in both), who are to be nominated by the Vice-Chancellor out of the number of those who have graduated in medicine, and approved by Convocation. The examinations are not to be, like the other examinations, public—all junior members of the University being excluded, excepting such as have passed the necessary examinations for the degree of B.A. or B.C.L., and have made declaration to the Regius Professor that they are studying medicine. The degree of Doctor in Medicine may be taken three years after that of Bachelor, on the approbation by the Regius Professor of an essay on some medical subject approved by him two months previous to its delivery to him. The rest of the statute consists only of the usual form of supplicating for and taking the degrees, and the scale of fees.

SLIGHTLY TOUCHED.

A REMARKABLE instance of superstitious credulity, favoured by the wisdom of parochial authority, is related by the *Plymouth Journal*. An old man, an inmate of one of the unions of that vicinity, applied to the board of guardians last week for out-door relief for a few weeks. The chairman asked him why he wished to leave the house? He said he had the king's evil in one of his legs; that some years since he had been "touched" for it, and the wound soon afterwards healed; that the wound had recently broken out afresh, and that he wished to get touched again. The chairman asked him where he could get touched? He replied, at Devonport; that there were three sisters living in North Corner-street, either of whom could effect a cure by her touch—one was the seventh daughter, another the ninth, and the other the eleventh, of the same parents; that he must be slightly touched by either one of the three on the day of the week on which she was born; that both parties must be unwashed and fasting; and that no one must pass between the touched and the toucher until he shall have been touched seven, nine, or eleven times, according to which of the sisters was the operator.

We can understand that this is a kind of proceeding peculiarly attractive to the minds of the great unwashed; but, perhaps, that condition is not very agreeable to the three weird sisters—these Parcæ of Devonport. A yet more unpleasant condition probably was that no money should, on any account, be given for the performance of the ceremony by the person relieved, but relatives or friends might show their gratitude by gifts of money or other matters. It is naively added, that as the law has not provided for applications of this character the guardians were unable to entertain the question; but a subscription was set on foot by the chairman to enable the poor man to obtain his object. It is very evident, then, that the chairman was also touched—of course we mean by the pathetic relation of the suffering pauper.

AN AMENDMENT OF THE LAW.

WE have on three occasions called attention in these columns to a blot in the criminal law of England, which we are glad to have thus been instrumental in erasing. Hitherto there has been no legal provision for those criminal acts by which persons seek to avenge some real or fancied wrongs by administering poisonous or deleterious substances, not with the view of destroying life, but for the purpose of causing such pain or injury as may satisfy their vengeance. This deficiency first became evident last year in the case of Heppenstall, a druggist at Croydon. In this case croton oil was used, with serious and permanent injury. More lately, a whole family were dosed with cantharides by their coachman, in the west of England; and yet more recently, a servant severely injured a surgeon's apprentice at Kingsbridge, by maliciously introducing pills into his soup. On this occasion we remarked—

"If a man be tapped on the shoulder, he has his remedy by action for assault; if he be stabbed, by trial for cutting and wounding, with or without deadly intent: but his stomach may be ruined for ever; he may be consigned to the perpetual pains of dyspepsia or gastrodynia; his mucous membrane may be flayed, and all his internal organs chemically and physiologically outraged, and the law will not step in to avenge or to relieve his wrongs. In the present state of criminal justice, the most cruel and subtle injuries may be inflicted with impunity. The cowardly ruffian who throws vitriol into the face of his enemy is justly open to severe punishment; but the very same substance may be administered internally, and inflict horribly scathing torture, but, so that it does not kill, the crime is not one of which the judges can take cognizance. It is an inconceivable and dangerous anomaly: no time should be lost in introducing an Act to remedy this defect in the criminal law."

The Bill which Mr. Clive has introduced on the part of the Government, printed at page 228, makes the administration of poison, with intent to kill or grievously injure, a felony; and if with lighter intent, a misdemeanour, punishable by three years' imprisonment with hard labour.

ACCIDENTAL POISONING.

A CASE reported this week from the Tribunal of Correctional Police, Paris, affords a very timely instance of how accidental poisoning is punished and repressed on the other side of the Channel. As this question is now passing under the consideration of the House of Commons, it is well to direct attention to the French law. The two sons of the well-known Raspail, founder of a system of quackery known as the "système Raspail," possess a shop for the sale of medicines in the Rue du Temple, and they announce that there only the medicines prepared according to their father's method can be found. This shop is carried on by one Tessier, a licensed apothecary. On the 9th of December, a man, named Varenne, went to the shop for a dose of sulphate of magnesia, but by mistake Tessier gave him one of sulphate of zinc. Varenne was seized with severe abdominal pains, and other symptoms of poisoning, but recovered by the employment of antidotes. Tessier was brought to trial on the charge of what the French law calls injuring and wounding by imprudence, and the MM. Raspail on that of illegally selling medicines, they not being licensed apothecaries. The former was condemned to a month's imprisonment, 50 f. fine, and 300 f. damages, and the two latter each to a fine of 100 f.

Let us contrast with this case, the innumerable instances of accidental poisoning, such as are almost weekly recorded in our columns, and in those of the general press. Cases most often occur in which grievous injury is inflicted through gross carelessness or incompetence, and in which the agents of the mistake are permitted to escape with impunity. Such incidents are of dangerous frequency. We find this week an accident of this kind, of which we should gladly hear the consequences to the person in fault. A Welsh youth, says the *Liverpool Albion*, sixteen years of age, unable to speak English perfectly, recently went for some medicine to a grocer at Yeadon, who understood him to ask for vermin powder, and consequently gave him strychnine. The packet was labelled "poison," but the youth pulled off the wrapper on arriving at home, and swallowed a portion of the contents. Of course the dose proved fatal.

MEDICO-PARLIAMENTARY.

COMMONS.—*Thursday, Feb. 23rd.*—On the motion of Mr. Walpole, a select committee was appointed to inquire into the operation of the Acts of Parliament and regulations for the care and treatment of lunatics and their property.

The Charitable Uses Bill was read a third time.

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The Dwellings for Labouring Classes (Ireland) Bill passed through committee.

Friday, Feb. 24th.—In reply to Sir E. Grogan, Lord C. Paget said the terms of the Naval Medical Warrant had been carried out with regard to the pay and the rank of the medical officers in the Navy; and with regard to the uniform and distinctive badges of rank, the Admiralty were only waiting until the decision of the House the other night with reference to the increase of pay of masters and engineers had taken effect, before taking it into consideration.

Monday, Feb. 27th.—The Administering of Poison Bill was read a second time.

On the motion for the second reading of the Medical Acts Amendment Bill,

Mr. Craufurd opposed the Bill, because the House was called upon to meddle with the Act of 1858 merely on account of one portion of the United Kingdom. He should move that the Bill be read a second time that day six months, in order to give an opportunity for explanation; and if that explanation were not satisfactory, he would divide the House upon it.

Mr. Cardwell said that the object of the Bill was to simplify what he believed to be a *casus omissus* in the Act of 1858—namely, to add the words "licentiate in surgery" after the words "licentiate in medicine." The case was this: The College of Surgeons in London had no schools of medicine, and was merely an examining body; and such was the case also with the College of Surgeons in Edinburgh. But the College of Surgeons in Dublin had a school of medicine, and there being a sort of rivalry between that school and the school of medicine of Trinity College, Dublin, by a narrow interpretation of the Act of 1858, the students of the latter school were excluded from offices to which their merits justly entitled them. It was to remedy that defect that the Bill was introduced.

The Lord Advocate would not have opposed the Bill if it was intended to apply merely to Ireland, but he did not conceive that such would be its effect. There had been a general settlement of the question with regard to the Universities of the three countries in 1858, and it was not desirable to infringe upon that formal settlement by detailed or local legislation. If there were any defect as regarded the College of Surgeons, some other remedy ought to be found than conferring a privilege upon Irish Universities which was not possessed by Scotch or English.

Mr. Whiteside said the settlement referred to did not limit or interfere with any existing right. It was quite a mistake to suppose that any favour was sought by the present Bill. The statute of Elizabeth and the statute of Charles gave the right to the University, and the most eminent lawyers, amongst whom were the late Lord Chancellor, Mr. Justice Willes, and the Lord Chancellor of Ireland, had given it as their opinion that the right to grant the degrees was certain. It was only sought to place the matter on a clear and proper footing, and to allow the students of the University that to which they were justly entitled.

Mr. Vance hoped that no other University would have the same special privilege.

Mr. Whiteside explained that the privilege did not extend to any other University.

Mr. Lefroy hoped that the Bill would proceed.

Mr. Cowper trusted that some little delay might take place, until the Medical Council should have an opportunity of petitioning the House, if they thought fit, either for or against the Bill.

After a few words from Mr. Kinnaird, the amendment was withdrawn, and the Bill was read a second time.

CORONERS.

Mr. Cobbett obtained leave to bring in a Bill to Amend the Law relating to the Office of Coroner, and to provide for the payment of coroners by salaries. The Bill was afterwards brought in, and read a second time.

Tuesday, Feb. 28th.—Mr. Cowper moved for a select committee to inquire as to the best means of effectually cleansing the Serpentine.

The Administering of Poisons Bill was read a third time.

Wednesday, Feb. 29th.—Mr. Wise, in moving the order for the House going into committee on the Adulteration of Food and Drink Bill, called attention to the extensive adulteration of articles of food, drink, and drugs, against which individuals, especially the poor, could not protect themselves, and by which the commercial character of the country was affected. He read extracts from the report of a committee of that House, which had found that a long list of articles were sophisticated, some of them with matters of noxious and deleterious qualities.

Mr. Scully approved the principle, but objected to the machinery of the Bill, which, in his opinion, was not adapted to prevent adulteration, and could not be amended in the committee so as to effect the object in view. He suggested what he thought would be a more effectual remedy, by the appointment of a board of analysts, composed of scientific men, empowered to enter shops, without notice, examine all the articles for sale, and classify vendors according to the qualities of the commodities they sold.

Mr. Cave approved the principle of a Bill of this kind, but believed this Bill would be ineffectual for its purpose.

The discussion which followed, and in which Mr. John Locke, Mr. Peacocke, Mr. Hardy, Lord Fermoy, Mr. Walter, and Mr. Ayrton took part, ended in the House going into committee upon the Bill, the first and third clauses of which, after a long discussion, and a severe scrutiny of the wording of the first clause, were agreed to, with amendments (the second clause being postponed); after which further proceedings were adjourned.

A BILL TO AMEND THE LAW RELATING TO THE UNLAWFUL ADMINISTERING OF POISON.

Preamble.—Whereas the present law has been found insufficient to protect persons from the unlawful administering of poison, except in cases where the intent is to commit murder: Be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. *Any person maliciously administering poison with intent to endanger life or inflict grievous bodily harm to be guilty of felony.*—That whosoever shall unlawfully and maliciously administer to, or cause to be administered to or taken by any other person, any poison or other destructive thing so as thereby to endanger the life of such person, or so as thereby to inflict upon such person any grievous bodily harm, shall be guilty of felony, and being convicted thereof, shall be liable to be sentenced to penal servitude for any period not exceeding ten years, and not less than three years, or to imprisonment for any term not more than three years, with or without hard labour, at the discretion of the Court.

II. *Any person maliciously administering poison, with intent to injure, aggrieve, or annoy any other person, to be guilty of a misdemeanour.*—Whosoever shall unlawfully and maliciously administer to, or cause to be administered to or taken by any other person, any poison or other destructive thing, with intent to injure, aggrieve, or annoy such person, shall be guilty of a misdemeanour, and being convicted thereof shall be liable to be sentenced to imprisonment for any period not exceeding three years, with or without hard labour, at the discretion of the Court, and the costs and expenses of the prosecution of any such misdemeanour may be allowed by the Court as in cases of felony.

III. *If the jury be not satisfied that any person charged is guilty of felony, but think he is guilty of misdemeanour, they may find him guilty accordingly.*—If, upon the trial of any person charged with the felony above mentioned, the jury shall not be satisfied that such person is guilty thereof, but shall be satisfied that he is guilty of the misdemeanour above mentioned, then and in every such case the jury may acquit the accused of such felony, and find him guilty of such misdemeanour, and thereupon the delinquent shall be liable to be punished in the same manner as if convicted upon an indictment for the misdemeanour.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

THE following is the Protest which has been forwarded by this Association to the Medical Council, relative to the proceedings of the Royal College of Surgeons in the matter of Messrs. Horton and Meredith, of Dudley:—

To the President of the General Council of Medical Registration and Education of the United Kingdom.

February 22nd, 1860.

SIR,—I am requested by the Committee of the London Me-

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dical Registration Association to lay before you, in order that it may be submitted to the Medical Council, an *earnest protest* against certain proceedings recently adopted by the Council of the Royal College of Surgeons of England.

The Committee of this Association respectfully urge that the powers vested in the Medical Council may be exercised to prevent any repetition of the course to which the authorities of the College of Surgeons of England have committed themselves by inviting and submitting to examination persons who possess no such general education as it befits the members of our honourable profession to have received, and no valid credentials that they have undergone such a course of special study and training as alone can qualify them to practise.

The particular cases to which the Committee wish to direct the attention of the Medical Council are those of Messrs. Meredith and Horton, of Dudley, the one a druggist, the other an assistant, who were recently admitted to examination and received diplomas, entitling them to register under the Medical Act, without having been duly tested as to their knowledge in anatomy or physiology, and without producing any evidence that they had systematically studied these or any other branches of professional acquirement.

The Committee felt, and still feel, that this is a dangerous and ill-timed precedent, calculated materially to nullify the beneficial effect intended by the Medical Act, to injure the profession, and to obstruct and embarrass the efforts of the Medical Council. The Committee, therefore, addressed a letter to the authorities of the Royal College of Surgeons of England on the subject, to which the following reply was returned:—

"Royal College of Surgeons, London, December 10th, 1859.

"SIR,—I have laid before the Court of Examiners of this College your letter of the 26th ultimo, enclosing a copy of a resolution on the preceding day of the Committee of the London Medical Registration Association, inquiring whether Messrs. Horton and Meredith, of Dudley, have received the diploma of this College.

"I am desired to transmit to you a copy of the following communication on this subject to Dr. David Johnson on the 18th of October last, viz.:—

"'That owing to the highly penal clauses of the Medical Act, this College had, in common with several of the medical corporations in the United Kingdom, been obliged to relax its rules for a limited period in favour of certain persons who had practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register, and had admitted to examination persons whose surgical skill and general character had been certified by competent practitioners, in which category the Court considered both Mr. Horton and Mr. Meredith to be included.'

"I am, Sir, your obedient servant,

"EDM. BELFOUR, Secretary.

"Dr. Ladd, Honorary Secretary, London Medical Registration Association."

The Committee desire to particularly direct the attention of the Medical Council to two points in this communication. 1st. The implied co-operation of the medical corporations to constitute themselves judges of who may be registered, and to impugn the justice of the Medical Council in exercising that discretion granted to them in regard to admission of persons possessing doubtful qualifications. 2nd. The attempt to infringe those powers granted by the Act to the Medical Council alone, in reference to the course of study and nature of the examinations which students shall pass through—a subject to which the printed reports of the proceedings of the Medical Council prove that they are anxious to give due effect.

By Clauses 20 and 21 of the Medical Act, it is lawful for the Medical Council to represent to the Privy Council any defects in the course of study or examination of any College or body; or the Privy Council may, if it see fit, order that any qualification granted by such College or body shall not confer any right to be registered under this Act. The Committee of the London Medical Registration Association beg to submit to the Council whether, considering the infringement of both the letter and spirit of the law, evidenced by these acts of the authorities of the College of Surgeons, the above power, as well as that granted in Clause 18 of the Medical Act, of an effectual supervision of the examinations of that College, and the requisites for obtaining its diploma, may not be justifiably exercised against that body, unless the proceedings be forthwith discontinued.

The London Medical Registration Association now numbers, with its Branch Associations, upwards of 3000 members of the profession, and the opinions hitherto expressed by this numerous body has invariably been one of condemnation of that procedure of the Royal College of Surgeons of England to which the Committee beg to direct the attention of the Medical Council.

I have the honour to be, Sir, yours, &c.,

W. FERGUSSON, President.

To Sir Benjamin Brodie, Bart., President of the Medical Council.

THE COUNCIL OF THE COLLEGE OF SURGEONS AND MESSRS. HORTON AND MEREDITH.

[THE following is the answer returned by the Council of the College of Surgeons to the protest from the surgeons of Margate:—]

"Royal College of Surgeons, London, W.C., Feb. 21st, 1860.

"SIR,—The protest of yourself and other Fellows and members of this College, residing at Margate, against the admission of two persons to the membership of this College without complying with the established curriculum of study, has been laid before the Council, and I am desired to acquaint you in reply that, owing to the highly penal clauses of the Medical Act, this College has, in common with several of the medical corporations in the United Kingdom, been obliged to relax its rules for a limited period in favour of certain persons who have practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register, and has admitted to examination persons whose surgical and general knowledge has been certified by competent practitioners, in which category the Court considered Messrs. Horton and Meredith to be included.

"I am, Sir, your obedient servant,

"EDM. BELFOUR, *Secretary*.

"Dr. Price."

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.

To the Editor of THE LANCET.

SIR,—The following resolution of the Committee of this Association was forwarded to the College of Surgeons early in January. Within the last few days, the reply annexed has been sent. I am requested by the Committee to ask you if you will oblige them by inserting the same in your valuable journal, as that is the only means by which we can make pressure on those above us in these matters.

I am, Sir, truly yours,

SAMUEL SPRATLY, *Hon. Secretary*.

Union-street, Birmingham, Feb. 1860.

P.S.—The Committee have authorized me to send the same to the Medical Council.

Resolution of the Committee of the Birmingham and Midland Counties Medical Registration Association, transmitted to the Royal College of Surgeons, Jan. 12th, 1860.

"Resolved,—That this Association enters its protest against the improper admission to the membership of the Royal College of Surgeons of such individuals as have not gone through a regular course of medical education."

[An answer has been returned similar to that sent to the surgeons of Margate.]

Correspondence.

"Audi alteram partem."

ON THE INJURIOUS EFFECTS OF WHITE LEAD AS A PAINT.

(LETTER FROM DR. HASSALL.)

To the Editor of THE LANCET.

SIR,—Numerous cases of painters' colic and palsy have come under my care at the Royal Free Hospital from time to time. It is not, however, painters only who suffer from these maladies, especially that first named, but sometimes the public as well. Even when these severe complaints are not induced amongst painters and others exposed to the action of the white lead, which forms the basis of the paint commonly used, yet

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minor derangements of health frequently ensue. All must have noticed the pallid, bloodless faces presented by painters in general.

In all these cases the cause of the ailments alluded to is the same—namely, the inhalation of the lead, which acts on the system as a poison. That a large sacrifice of life takes place from this cause, and that a still greater amount of disease and suffering is produced by it, is unquestionable. If, therefore, any means could be devised whereby these evils might be avoided, great indeed would be the boon.

But what will be said when it is known that the means of prevention do exist, although as yet they have been adopted only to a very partial extent? Several reasons have concurred to produce this result. It is not alone in Government departments that routine and red-tapeism are met with. Master painters, like many others, are opposed to change, although that change may be an advance on the previous state of things; they also have sharp eyes for their own interest, and scan closely the question of comparative profit. On the other hand, the public are too often indifferent, even in cases involving health, although, indeed, I believe that, in the present instance, they err rather from ignorance of the facts than from indifference.

The remedy to which I refer consists in the employment of *zinc* in place of *lead* paint.

Now, zinc possesses certain important advantages over lead when used as a paint, or as the basis of paints:—

1. It preserves its colour for a much longer period; and hence is more durable.
2. Its cost is somewhat less.
3. It does not give rise to colic, palsy, wasting of the arm, or any of the other formidable diseases and symptoms which so often result from the employment of the lead paint.

The objections urged against its use are, that it possesses less body, and that it requires to be laid on in a different manner. These are, however, but minor objections: the first, which is not well founded, may be met by the application of an additional coat of the zinc paint; and the second, by a little practice on the part of the workman. Another objection of the master—the force of which the public will be well able to appreciate—is its great durability, which renders a repetition of the painting necessary only at very long intervals.

The rapidity with which white-lead paint loses its colour, especially in towns and cities, passing successively through several shades of yellow, brown, and black, most persons have had opportunities of observing; it has scarcely been laid on a week, in most cases, before the discoloration becomes perceptible. In closets and in ships, from the action of the bilge water, the discoloration is extreme, and it is this circumstance which has led to the very general use of zinc paint for vessels. The cause of the change of colour of the lead paint is this: the sulphuretted hydrogen diffused through the air, especially of cities and in the vicinity of decomposing organic matter, unites with the lead of the paint, forming a black sulphuret of lead; indeed, lead is one of the most delicate tests which chemists possess for sulphuretted hydrogen.

Most persons have also noticed the discoloration of the ceiling over gas lights, and have probably blamed the gas as the cause; but there is another cause which must share the blame. White lead is sometimes mixed with the lime used to wash the ceiling, a fact which, of course, fully explains its speedy discoloration. Were oxide of zinc resorted to in this case, no such result would ensue.

In a sanitary point of view, therefore,—and it is this which I desire to advocate,—the substitution of zinc for lead paint is greatly to be desired. It rests with the medical profession to enlighten the public on the subject, and thus ensure the more general adoption of zinc as a paint.

I am, Sir, your obedient servant,

Wimpole-street, Feb. 1860. ARTHUR HILL HASSALL, M.D.

MR. THOMAS WAKLEY'S STRICTURE TUBES.

[WE have been requested to publish the accompanying note, in reference to an error in the description of Mr. Thomas Wakley's "stricture guides and tubes," which appeared in the last edition of Mr. Wade's work "On Stricture of the Urethra":—]

"Dean-street, Feb. 1860.

"SIR,—I regret to see that in my work 'On Stricture' I have accidentally stated that you commence your proceeding with No. 3, instead of No. 1, catheter. I have placed the following erratum in the hands of my printer, and it will appear in all the copies of the work unsold:—Erratum: p. 74, line 11 from the top, *for* 'No. 3,' *read* 'No. 1.' Mr. Wakley's instruments are figured and fully described at p. 90–91.

"I am, Sir, yours faithfully,

"Thomas Wakley, Esq." "R. WADE.

To the Editor of THE LANCET.

SIR,—I have perused with no ordinary interest the papers and discussions which have from time to time occupied the pages of your journal on the treatment of urethral stricture, having myself once been the subject of a most formidable one. A writer on this subject is impressed with the conviction that strictures of long duration can rarely, if ever, be permanently relieved, unaided by one of *two* severe artificial modes—namely, urethrotomy, or cauterization to assist the dilatation. I drew attention to the value of the improved method of treating stricture of the urethra, as practised by Mr. Thomas Wakley, in a letter which appeared in your columns on the 17th of April, 1858. I again recapitulate the circumstances, as for many years I had suffered from stricture of the urethra:—

"I have been married twenty-four years, but previously to this period, and in days when passion and feeling in youth are too apt to usurp the throne of discretion, I unfortunately contracted violent gonorrhœa, which I have now no doubt (from improper treatment, particularly the use of stimulating and highly irritating injections) left the usual effects consequent upon specific inflammation of the mucous membrane—namely, thickening and contraction. Some fifteen years elapsed before I had the courage to seek relief, during which period the emission of semen was invariably attended with pain, and the urine escaped in a very small stream, with frequent desire to pass it. One of our first surgeons in the metropolis then endeavoured to pass No. 4 bougie and also catheter, but ineffectually, and each future attempt, persisted in for four months with instruments of various size, proved equally futile. At last retention of urine supervened, and with extreme torture the smallest catheter was introduced by another friend. From this date the attempt to discharge the contents of the bladder gradually became more distressing, and about two years since a second stoppage of urine ensued; this was again relieved after much perseverance by the smallest catheter. Three weeks since, the difficulty, accompanied by frequent desire of voiding urine, was so great and distressing, that having lost confidence in the tedious, slow, and inefficient, with me, 'bougie system,' I called upon Mr. Wakley, and after satisfying myself by minute inspection, and having had explained to me the precise mode of action, of the instruments employed by this gentleman, that a vast improvement had been made in the manner of treating this disease—or, more strictly, effect of disease—called stricture, I placed myself under his care, and I now thank God, that although only a period of seventeen days has elapsed, I can pass my urine with a freedom hitherto unattainable, and in a full, free stream, and I enjoy the exquisite blessing of being myself enabled to pass Nos. 9 or 10 silver catheters. The opinion of Mr. Wakley is, that a firm cartilaginous state of a portion of the urethra, fully one inch in length, has existed for a considerable time; but if he deem fit, he is at liberty to enter into detail of my case. Should any of the *profession* be sceptical as to the rapid and, as I hope, permanent good effect on me, you are free to give my name and address."

The proof of the efficiency of the *modus curandi* adopted in April, 1858, is fully confirmed up to the present time, having during the past ten months discontinued the use of instruments, and accustomed myself to indulge, with tolerable freedom, in various kinds of stimulating drinks, and the flow of urine is now as free as I ever saw it in my life. It appears to me to admit of considerable doubt whether the act of burning or cutting through a diseased tissue, such as that which is ordinarily produced by the specific inflammatory action of the mucous membrane of the urethra (stricture, as we term it), can be considered so really harmless, in relation to the subsequent effects of such operation, as many surgeons imagine. This process of the part is followed, I assume, first, by inflammation; secondly, by its attendants, swelling, increase of bulk, thickening, induration, &c. *A priori*, to apply this doctrine to the treatment of stricture in a canal so narrow as the urethra, would seem, perhaps, puerile; but can we accurately estimate the remote, superadded mischief which destruction by the caustic or division by the knife is so liable to induce, and which is so likely to become more fully developed as years roll on? In plainer language, have we on record a

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sufficient number of cases of stricture of the urethra treated by incision, or burning, *and* dilatation conjoined, to justify the conclusion that the former *aids* the latter? If a simple widening of the canal by the dilating process alone be not liable to the objections which, I think, apply to the other modes, why incur additional risk? for it is "not proven" that the bulk of the part affected in stricture is prone to return to its originally contracted dimensions, if simply *tubular dilatation* has been judiciously persisted in *ab initio*.

I am, Sir, yours obediently,

February, 1860. A PROVINCIAL PHYSICIAN.

(I enclose my card, as before.)

THE BRONCHIAL BLOODVESSELS.

(NOTE FROM DR. WATERS.)

To the Editor of THE LANCET.

SIR,—I am sorry to trouble you with any further communication on the above subject; but there are one or two points in the first part of Dr. Heale's letter, published in THE LANCET of the 25th of February, to which I shall feel obliged if you will allow me briefly to reply. The question of the distribution and mode of termination of the bronchial bloodvessels may be safely left to the candid and impartial judgment of future investigators.

Dr. Heale says: "Let Dr. Waters only go into any slaughter-house and cast a glance at the lungs even of the animals that have been bled to death, and I am quite sure that no doubt will remain in his mind as to whether there are any bronchial veins or not." I have never denied the existence of bronchial veins, as Dr. Heale may see on referring to my essay.

Dr. Heale also says: "It is difficult to demonstrate the course of the bronchial veins by injection, on account of their valves." As the existence of these valves has never been proved, and is contrary to the general opinion of anatomists, and opposed to the results of my own researches, I cannot admit the force of Dr. Heale's observation. No such impediment, in fact, exists to the course of the injected material.

And here, Sir, I must close my remarks; and in doing so I desire to express to Dr. Heale my thanks for the courtesy experienced from him, and the willingness with which he afforded me information with reference to his paper during the time I was preparing my essay.

I am, Sir, your obedient servant,

Liverpool, Feb. 1860. A. T. H. WATERS, M.R.C.P.L.

*** On account of certain scientific questions involved in this controversy, we have admitted more communications on the subject than we should otherwise have thought it proper to do. Here we must bring the matter to a close.—ED. L.

ACUPRESSURE IN OPERATIONS.

(NOTE FROM MR. CURLING.)

To the Editor of THE LANCET.

SIR,—In a recent notice of an operation for the removal of a breast, performed by me at the London Hospital, your reporter states that I "endeavoured to arrest the hæmorrhage by acupressure, but it did not succeed." I wish to explain that I made only one attempt with a hare-lip pin, which did not answer, owing, probably, to a defect in the mode of application in this my first trial. The patient not being under the influence of chloroform, I did not deem it right to delay the operation by any further effort, but at once had recourse to a ligature. This slight attempt ought not to be regarded as a failure of acupressure.

I am, Sir, your obedient servant,

Grosvenor-street, Feb. 1860. T. B. CURLING, F.R.C.S.

SYPHILIS IN THE ARMY.

(NOTE FROM DR. T. GRAHAM BALFOUR.)

To the Editor of THE LANCET.

SIR,—Will you kindly permit me to correct a mistake in the remarks made by me on Mr. Acton's paper at the meeting of the Royal Medical and Chirurgical Society, and reported in the last number of your journal. After stating that "of the whole number [1126 men of the Grenadier Guards], 536 were admitted into hospital suffering from specific venereal diseases," I should have said that 212 of these were admitted once, 146 twice, 70 thrice, 55 four times, 24 five times, 19 six times, 6 seven times, 2 eight times, 1 ten times, and 1 fourteen times; making in all 1250 admissions. It appears from the report that I stated by mistake the number of admissions into hospital instead of the number of men amongst whom the admissions occurred.

I am, Sir, your obedient servant,

Feb. 27th, 1860. T. GRAHAM BALFOUR, M.D.

COLLEGE OF DENTISTS OF ENGLAND.

THE subject of Mr. Hulme's third lecture on the Structure and Development of the Teeth referred to the general characters of the teeth in the mammalia. In these animals the teeth are confined to the maxillary and intermaxillary bones, and to the lower jaw. They are fewer in number than in the previous classes, seldom as many as fifty, as in the opossum. The exceptions occur in the cetacea; in the common porpoise there are as many as 190. In some of the edentata, as the armadillo, there are 98. The structure of the mammalian teeth presents fewer varieties than those of the class of fishes; they are generally composed of hard unvascular dentine, enamel, and cement. In the marsupial animals a structural peculiarity consists in the tubes of the dentine passing into the enamel. In the incisor teeth of the rodentia the enamel is composed of two layers, differing in the arrangement of the enamel fibres. In the sloth the teeth consist of a central mass of vascular dentine surrounded by a layer of unvascular dentine and an outermost layer of cement; these structures, being of different densities, wear away unequally, and produce a rough uneven surface for grinding the vegetable food upon which these animals subsist. This arrangement of the component osseous tissues is identical with what occurs in the teeth of the great extinct megatherium and some other allied species which formerly ranged over various parts of the American continent.

Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Tuesday, Feb. 28th, the following gentlemen were admitted members of the College under the temporary bye-laws:—

Donald Cochrane Campbell, M.D., Brentwood, Essex.
Randle William Falconer, M.D., Bath.
Charles Rooke Prance, M.D., Plymouth.
Martin Heckscher, M.D., Manchester.
John Kelk, M.D., Scarborough.
Edward Howard, M.D., Red-hill, Surrey.
John Ramsay Brush, M.D., Clifton.
Joseph Canham, M.D., St. Lawrence, Ramsgate.
Henry Frederic Augustus Goodridge, M.D., Bath.
William Alexander Greenhill, M.D., Hastings.
Duncan Stewart, M.D., Warley Depôt, Brentwood.
Henry Oxley Stephens, M.D., Bristol.
Augustus Hess, M.D., Artillery-place, Finsbury.
Thomas Sanden Watson, M.D., Bath.
Adolphus Albert Frederick Rasch, M.D., South-street, Finsbury.
Henry Amelius Powell Robertson, M.D., Bristol.
James Tetley, M.D., Torquay.
William Herries Madden, M.D., Torquay.
Edward Denis de Vitré, M.D., Lancaster.
Henry Maudsley, M.D., Cheadle, Cheshire.
Edmund Dapples, M.D., New Bond-street.
George Mathieson Ogilvie, M.D., Bombay.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 24th ult.:—

Batty, Thomas, Liscard, near Birkenhead; L.S.A. June 22nd, 1853.
Blades, Charles, Tattershall; L.S.A. Dec. 31st, 1830.
Calcleugh, Simon, Hawley-road, Camden-town; L.S.A. April 8th, 1847.
Clewley, Thomas Mallabar, Whitwick, Ashby-de-la-Zouch; L.S.A. May 25th, 1843.
Dawson, John, Thames Ditton; L.S.A. Feb. 17th, 1831.
Dowling, Thomas, Chew Magna, near Bristol; L.S.A. May 15th, 1823.
Flockton, Rowland, Snettisham, Lynn, Norfolk; L.S.A. May 22nd, 1845.
Furnivall, William, Hutton, near Weston-super-Mare; L.S.A. Dec. 6th, 1827.
Hartley, John, Howden, Yorkshire; L.S.A. March 3rd, 1836.
Hartley, Joshua, Malton, Yorkshire; L.S.A. Oct. 17th, 1850.
Hughes, John Howe, Wednesbury, Staffordshire.
Jump, Charles James, Litcham, Norfolk; L.S.A. Feb. 9th, 1837.
Manning, Henry John, New Zealand.
Middleton, James, Queen-street, Cheapside; L.S.A. April 22nd, 1830.
Miller, William, Poole, Dorset; L.S.A. April 28th, 1842.
Mockett, George Thornton, Denbigh-place, Pimlico.
Morgan, Moses, Charlotte-street, Bedford-square; L.S.A. Nov. 20th, 1823.
Morris, Charles Henry, Normanby, near Middlesborough, Yorkshire; M.D. Aberdeen, Oct. 16th, 1847.
Pottle, John Rowland, Bath-street, City-road; L.S.A. May 7th, 1835.
Stamland, Samuel, Yoxall, near Burton-on-Trent; L.S.A. Feb. 24th, 1853.

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Sugden, Edward, Manningham, Bradford, Yorkshire; L.S.A. Jan. 12th, 1837.
Taylor, Christian Henry, Bradford, Yorkshire; L.S.A. July 18th, 1844.
Wood, Richard, Driffield, Yorkshire; L.S.A. Nov. 4th, 1841.

LICENTIATES IN MIDWIFERY.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 29th ult.:—

Atwell, Gregory Haines, Campden-hill-villas; diploma of membership dated Dec. 5th, 1859.
Charlton, Egbert, Tonbridge; July 18th, 1859.
Eastlake, Henry Edward, Plymouth; Dec. 16th, 1859.
Griffith, Alfred Leete, Old Kent-road; April 11th, 1859.
Homfray, Charles Augustus, London; July 2nd, 1858.
Lovegrove, Charles, Sevenoaks; July 15th, 1859.
Miller, Thomas, Buyton; Dec. 6th, 1859.
Roberts, Arthur, Montpelier-square, Brompton; July 19th, 1859.
Royston, Charles, Alexander-terrace, Brompton; June 4th, 1852.
Wilton, John, Middle Loddon, Australia; Feb. 10th, 1860.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Feb. 23rd, 1860.

Board, Edmund Comer, Bristol.
Bodilly, James Broad, Penzance, Cornwall.
Cottam, Robert, North-street, Leeds.
Dutton, Douglas John, Bristol.
Fernie, Edward, Wellingborough, Northamptonshire.
Tuke, Joseph Shilston, Week St. Mary, Cornwall.
Woodman, John, Bedford-circus, Exeter.

The following gentlemen also on the same day passed their first examination:—

Coward, Christopher Thomas, Stepney-square, Stepney.
Hall, Marriott, Surrey-street, Sheffield.
Kough, James O'Brien, Shrewsbury.
Monckton, Alfred, Brenchley, Kent.
Roberts, Carr Holstock, Charing-cross Hospital.

Thursday, Feb. 9th.

Bloor, John T., Tutbury.
Freeman, Delamark, East Indies.
Wither, Francis O. B., Basingstoke.

The following gentlemen also on the same day passed their first examination:—

Russel, George J., Gravesend.
Thomas, David B., Newcastle Emlyn.

CAMBRIDGE UNIVERSITY.—The following gentlemen, on Monday last, successfully passed the examination of the Professor of Anatomy, and obtained certificates:—H. Hanson, and Beecher, Trinity College; Collison, Pembroke College; Salvin, Christ's College; Parkinson, Trinity College; Reeve, Christ's College; Barraclough, Trinity College.

W. H. DROSIER, } *Examiners.*
H. J. HAVILAND, }

ROYAL COLLEGE OF PHYSICIANS.—The time for considering the claims of the members elected during the year of grace to be elected to the Fellowship, without waiting the prescribed four years, has been extended till the end of June next.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.—Professor Savory commenced his course on Tuesday last, on the "Relation of the Organic to the Inorganic Kingdom—the Cell Theory;" on Thursday, "On Life;" and this day (Saturday) he will give "The Relation of the Animal to the Vegetable Kingdom—in Structure and Composition."

MEDICAL REPRESENTATION IN PARLIAMENT.—We understand that at a meeting of the College of Physicians, held last Tuesday, it was unanimously resolved that, in the event of any provision being made in the new Reform Bill for conferring representative rights on any class or scientific body, it would be the duty of the College to urge the claims of that body.

HUNTERIAN MUSEUM.—The office of Second Assistant in the Museum of the Royal College of Surgeons is vacant by the resignation of Mr. James Murie. Candidates desirous of this appointment are to make application on or before the 17th instant. (*Vide* our advertising columns.)

APPOINTMENT.—Dr. A. T. H. Waters has been appointed Physician to the Liverpool Northern Hospital.

POOR-LAW MEDICAL REFORM.—At a numerously attended meeting of the students of University College, held on the 24th ult., resolutions were unanimously carried, to the effect "That two delegates be appointed to represent University College in the general meeting of delegates, in the present re-agitation of Poor-law Medical Reform; and that a subscription list be opened to defray expenses."—EDWARD L. H. FOX, *Hon. Sec.*

THE MEDICAL ACT IN SCOTLAND.—A general meeting of medical practitioners was held at Edinburgh on Friday, the 24th ult., Dr. Christison presiding, at which resolutions were moved by Professors Syme and Simpson, and the Presidents of the Royal Colleges of Physicians and Surgeons, Edinburgh, for the formation of an Association of Registered Medical Practitioners in Scotland, for the enforcement of the Medical Act in Scotland, and to promote the general interests of the profession. The meeting was very largely attended, and regulations for the Association were approved of; Dr. Christison being appointed president.

PRICE OF WINE TWO CENTURIES AGO IN ENGLAND.—Amongst the items furnished for a jollification to the dignitaries of the London College of Physicians in 1676, it is stated that eight bottles of claret and two of sack cost the Corporation *fifteen shillings and threepence*, bottles and porterage included. The expense of such beverages is now-a-days very different, since at least four times as much would be charged for some artificial compound or "rot-gut" designated wine, but which was innocent of having any grape-juice in its composition.

PERCHLORIDE OF IRON AS A DEODORIZER.—The Metropolitan Board of Works have advertised for tenders for the supply of perchloride of iron for deodorizing purposes during the summer season, at the rate of 5000 gallons per diem, or, if necessary, double that quantity. It will be remembered that this deodorizer was recommended to the Board by their chemical referees, Drs. Hofmann and Frankland, in the report on a long list of deodorizing agents submitted to examination. It will also be recollected that they reported in favour of the perchloride of iron, recommended to their notice by Mr. Ellerman.

WILL OF THE LATE DR. TODD.—The will of the late Dr. Todd has been proved in the principal registry of the Court of Probate. He had made his will on the 13th of October, 1856. It is exceedingly brief, and the most intelligible language is employed in framing it; but it was not executed till the following year, (on the 27th of December, 1857,) when it was attested by W. Connor, M.D., and H. Cooper Todd. It is merely a family disposition, and the personalty, which was sworn under £14,000, is held in trust for the widow during her life, and at her decease is to be equally divided amongst her four children.

THE MILITARY HOSPITAL, YARMOUTH.—A large number of invalid soldiers from India, Colchester, Shorncliffe, Chatham, and other military depôts, have been received during the past year into the Military Hospital at Yarmouth. The hospital is situate in a most salubrious situation, and but few deaths have occurred amongst the patients.

ARMY MEDICAL INSPECTION.—The "United Service Gazette" says that it will no doubt be extremely satisfactory, both to the men inspected on the Saturday inspections, and to the medical officers who inspect, to learn that under the new regulations the indelicate portion of the Saturday duty is no longer imperative. We have received so many letters of complaint on the subject, that it gives us great pleasure to call the attention of medical officers in charge of regiments to p. 78, art. 3, of the new book, in which they will find that a perfectly unobjectionable examination is all that is now necessary.

A HEALTHY WEEK IN LIVERPOOL.—Liverpool has had a healthy week during the last month. There were 197 deaths registered in Liverpool during the week ending Feb. 11th. This is 32 less than in the previous week, and 66 less than the corrected average for the past ten years.

FRACTURES IN UTERO.—The public journals have circulated the report of a case of a child, only one day old, who was taken to the hospital at Lincoln to have an arm set that was accidentally broken at birth. Fractures during delivery, or even in utero, are, however, by no means very uncommon, or peculiarly interesting on that score.

TYPHUS AMONGST THE CIRCASSIANS.—Accounts from Constantinople announce that the typhus fever, raging amongst the fugitive Circassians, is carrying off about a hundred persons per week.

CONVEYANCES FOR THE SICK.—A poor woman was brought up at the Mansion House last week with a fœtid ulcer of the leg, of which the odour was so intolerable that the dock needed to be sprinkled with chloride of lime. The alderman sitting ordered the poor creature to be conveyed to an hospital in a cab. Very pleasant this for the next occupant of the cab; but it would have been worse if the patient had been suffering from an affection, perhaps less offensive, but more contagious.

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A NEW DEVELOPMENT OF LIFE ASSURANCE.—A remarkable development of the theory of life assurance was seen last week. A deputation, composed of directors of life assurance companies, waited upon Sir C. Wood, on Saturday week, and claimed a share in the compensation awarded by Government for the losses by the Indian mutiny, on the ground that they had an interest in the lives of the persons who were murdered.

SUBJECTS FOR PRIZES OFFERED BY THE ACADEMY OF SCIENCES OF PARIS.—Amongst these subjects, we notice the following:—"Endeavour, by well conducted experiments, to throw a new light upon the question of the so-called Spontaneous Generation:" £100 to the author of any work on the subject published before the 1st of October, 1862. Alhumbert prize of £100: subject—"Experimental Study of the Modifications which may be caused in the Development of the Embryo of Vertebrated Animals by external Agents." Printed or manuscript essays to be sent in before the 1st of April, 1862. Bréant prize, £4000: "Find a Medication which Cures the Cholera in the great majority of Cases; or point out, in an incontestable manner, the Cause of Cholera, so that the Epidemic may disappear by the removal of those Causes; or else, Discover a certain Prophylaxis, as evident as Vaccination is in respect of Small-pox."

SUCCESSFUL TREATMENT OF VESICO-VAGINAL FISTULA.—Nine cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful. One of these two cases failed after repeated attempts; the other was complicated by profuse hæmorrhage from the bladder.

A DISCOVERY OF SKELETONS.—In a field at Lacelle-sur-Loire, forty-two skeletons have been discovered. The field has never served as a cemetery. It is the conviction of the authorities that the forty-two persons have been murdered. Medical opinions have been given that the bodies have been interred upwards of thirty years. Some trade implements found with them indicate the occupation of the interred persons to have been that of pedlars. The French code does not allow prosecution for capital crimes after twenty years have elapsed.

CONSEQUENCES OF CYSTITIS.—A surgeon afflicted with cystitis, travelling by train from Gloucester, ran to the further end of the platform, and relieved the bladder near a paling, but in sight, it appeared, of one of the last carriages. The husband of a lady in the carriage caused him to be arrested on a charge of indecency; he was acquitted after detention in jail for three days, being remanded through the non-appearance of the prosecutor. He has since brought an action in the Queen's Bench against his prosecutor for damages for false imprisonment, and obtained a verdict for £100.

ADULTERATION OF SANTONINE.—A young girl died lately in Brazil after taking six grains of santonine, in two equal doses, at two hours' interval. The Pharmaceutical Society had the santonine examined by two of its members, and it was found to contain twenty per cent. of *strychnine*.—*L'Union Médicale.*

BRITISH SCIENTIFIC INVESTIGATORS AND THE FRENCH MEDICAL PRESS.—Much has lately been published in France touching the study of parasites on the human species and some of the domestic animals. Charles Robin and Bourguignon have rendered especial service under this head; but investigations of the same nature carried on in this country have also added to the stock of knowledge as regards parasitic animals; and our neighbours are fully alive to the fact, as we see Mr. Jabez Hogg's paper on this subject, read before the Medical Society of London, reproduced *in extenso* in *L'Union Médicale.*

SYPHILITIC PARALYSIS OF THE SIXTH PAIR OF NERVES.—M. Beyran has read before the Academy of Medicine of Paris a valuable paper on this paralysis. Three cases were brought forward, in which syphilis was clearly at the root of the evil. An antisyphilitic treatment effected a cure.

A CHARACTERISTIC SIGN OF TYPHOID FEVER.—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is succeeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.

THE CYCLOPÆDIA OF MEDICAL SCIENCE OF MADRID.—This cyclopædia is published under the management of a Society much resembling the Sydenham Society of this country. The first work published is a translation of the "Metamorphoses of Syphilis," by M. Yvaren. It will be remembered that the first book published by the New Sydenham Society was a translation of the work on "Infantile Syphilis," by M. Diday of Lyons.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 25TH.—The sickness which is now so generally diffused throughout the metropolitan population continues to develop itself in a high rate of mortality. The deaths registered in London, which rose in the previous week to 1454, increased in the week that ended last Saturday to 1500. In the ten years 1850–59 the average number of deaths in the corresponding week was 1227; but as the deaths returned last week occurred in an increased population, the average to admit of comparison should be raised proportionally to the increase, namely to 1349. It appears, therefore, that the deaths of last week exceeded by 151 the number which the average rate of mortality would have produced. The births registered exceeded the deaths by 464. Of the 1500 deaths, 724 occurred under 20 years of age, 188 in the period from 20 to 40 years, 228 at 40 to 60, 281 at 60 to 80, and 63 at the age of 80 and upwards. Of these, 6 were deaths of nonagenarians; and the widow of a hatter residing in Friar-street, Southwark, had attained, it is said, the age of 101 years. 256 deaths are referred in the returns to the zymotic class of diseases, 271 to the constitutional, 728 to the local, 171 to the developmental class, and 42 to violence. Of the 42 under the last head, 38 were accidental, 2 were by homicide, and 2 by suicide. The deaths from bronchitis, which in the previous week were 250, were almost precisely the same last week, the number being 251. From pneumonia (inflammation of the lungs) 131 persons died, and from phthisis or consumption 171. In the zymotic class, small-pox proved fatal in 39 cases, while scarlatina carried off 33 persons, diphtheria 15, typhus and common fever 22, and whooping-cough as many as 63 children, the number dying in the preceding week from this disease being 40. A commercial traveller is reported to have died from shock to the nervous system, occasioned by witnessing a railway accident; he, however, suffered from enlargement of the heart.

Last week the births of 977 boys and 987 girls, in all 1964 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1738.

Births, Marriages, and Deaths.

BIRTHS.

On the 11th of Jan., at Tardeo, East Indies, the wife of Thomas Diver, M.D., of a son.

On the 22nd ult., at St. James's-square, Bath, the wife of Thomas Barrett, M.D. (Mayor of Bath), of a daughter.

MARRIAGES.

On the 22nd of Nov. last, at St. Peters New Town, Sydney, Joseph H. Ward, M.D., son of Joseph Ward, Esq., Epsom, to Eleanor, youngest daughter of F. J. King, Esq., of Rivenhall, St. Peters.

On the 9th ult., at the Chapel of the British Ambassador, Paris, John Le Gros, Esq., M.R.C.S.E., of Clare House, St. Heliers, Jersey, to Ellen, only child of the late John Britton, M.D., of Athlone, Co. Roscommon, Ireland.

On the 28th ult., at Lewisham Church, Frederick John Smith, Esq., of Bromley, Kent, to Mary Anne Campbell, eldest daughter of the late Charles Packer, Esq., Surgeon, of Pitfield-street, New North-road, Hoxton.

DEATHS.

On the 4th ult., at Botesdale, Suffolk, R. H. Harris, Esq., M.R.C.S., aged 68.

On the 5th ult., at Regent-terrace, Newcastle-on-Tyne, H. Penrith Allison, Esq., M.R.C.S., aged 41.

On the 11th ult., at the residence of Miles Simpson, Esq., The Lee, Rushton, near Leek, Staffordshire, Anne Matilda, wife of Henry Stevens, Esq., M.R.C.S., of Finsbury-circus, London, aged 41.

On the 25th ult., at Feckenham, Worcestershire, Frank Holyoake, son of George P. Dunn, Esq., M.R.C.S., late of Ledbury, Herefordshire.

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MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 5.
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- LONDON INSTITUTION. — 7 P.M. Dr. F. W. Pavy, "On Experimental Physiology."
- EPIDEMIOLOGICAL SOCIETY. — 8 P.M. "On the Disinfecting Power of Heat," by a Committee of the York Medical Society.—"Some Remarks on the recent Outbreak of Cholera at Wick, Caithness," by Dr. Littlejohn, of Edinburgh, and Dr. Banks, of Wick.
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. de Méric, "On Injections of Trisnitrate of Bismuth in Gonorrhœa."

TUESDAY, MARCH 6.
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 7.
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Guy, "On the Numerical Method, and its Application to the Science and Art of Medicine."
- OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Several Papers.

THURSDAY, MARCH 8.
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS. Operations, 2½ P.M.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology."

FRIDAY, MARCH 9.
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Guy, "On the Numerical Method, and its Application to the Science and Art of Medicine."

SATURDAY, MARCH 10.
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

The Medical Acts Amendment Bill.—This Bill (which we printed *in extenso* in our last), as will be seen in our Medico-Parliamentary Report this week, is of strictly local and technical interest.

Anxious.—In certain exceptional cases, yes, to both questions.

C., Reader.—1. Full particulars will be found in the Students' Number of THE LANCET.—2. No.—3. It depends on circumstances.—4. No.

ON THE USE OF ARSENIC IN PSORIASIS.

To the Editor of THE LANCET.

SIR,—The following case is recorded, not as offering anything novel in treatment, but as adding testimony to the invaluable use of arsenic perseveringly employed for the treatment of psoriasis:—

Mr. ——, about fifty years of age, of good general health, and healthy parents, never having contracted syphilis or gonorrhœa, had been afflicted with psoriasis inveterata, as he states, for full thirty years. Being in a most desponding state of mind from his miserable condition of body, and hopeless as to any benefit to be derived from remedial measures, he consulted me. I found the whole surface of the body, with the exception of the face and hands, an almost uninterrupted sore, throwing off daily a sufficient quantity of large scales to more than fill a half-pint cup, leaving a fissured and bleeding surface; occasionally a much larger portion of cuticle would be detached, presenting a truly pitiable appearance, much resembling an extensive burn. On making diligent inquiry, I found almost every kind of treatment (with the exception of the one I have just mentioned) had been tried without success, Mr. —— having consulted many eminent medical gentlemen in different parts of England during the long continuance of his malady. Lotions of all kinds, baths innumerable, sarsaparilla, iodide of potassium, salivation two or three times repeated, were amongst the measures resorted to; but, as I before stated, without the slightest benefit. I was therefore obliged to consider if no other plan of treatment yet remained untried and was likely to succeed, and came to the conclusion that if any it was the "arsenical," from its well-known alterative and tonic properties on the skin when given in small continued doses. Under these circumstances, I prescribed the solution of arsenite of potassa, in combination with the solution of bichloride of mercury, in small doses three times daily, diminishing the dose, but continuing the remedy, even when pain at the epigastrium or irritation of the conjunctiva was present, for an uninterrupted period of about nine months, and I am happy to say with the most gratifying result, my patient being quite restored, and having continued up to the present time perfectly free from the slightest trace of the disease, or the least tendency to its return. Your obedient servant,

Belle Vue, Clifton, February, 1860. WM. G. CARTER, L.R.C.P. Lond.

Licentiate.—The view of the pelvis taken from above, so as to show the full outline of the brim, will be the best. Our engraver would adapt the drawing to the columns of this journal. The case should be authenticated by the author's name.

Beta.—He must be a member of a College of Surgeons.

SUPPRESSIO VERI, SUGGESTIO FALSI.

To the Editor of THE LANCET.

"Provident Dispensary, 19, Cambridge-terrace, corner of Sale-street.

"*Medical Officers:*

"W. H. Borham, Lic. Roy. Coll. Phys., &c.	"Mr. J. Airey, Mem. Royal Coll. Surgeons, &c."

SIR,—Such is the title of an "*Institution!*" entitling members, on payment of sixpence a month, to medical attendance and medicines. Patients to send their own bottles and gallipots. I thought physicians did not send out medicines. Does Mr. B. belong to the London College? Yours, &c.,

February, 1860. GALLIPOT.

*** Upon this we have only to observe that Mr. Borham has taken a licence of which he seems to be ashamed, since he suppresses the fact that it comes from *Edinburgh*. We have before had occasion to notice a similar use or abuse of the title by a practitioner of Brighton. To take one qualification, and to use it for the purpose of suggesting that the holder has a higher qualification, is a proceeding we think it unnecessary to characterize. Out of Scotland, every right-thinking man holding a Scotch diploma will attach the source of his honours to his titles, lest he incur the risk of appearing to be that which he is not.—ED. L.

A Subscriber, (Tower-hill.)—1. It is a practical examination.—2. No time is stated for their termination.

Enquirer.—He does not subject himself to any penalty.

THE MARSHALL HALL METHOD.

To the Editor of THE LANCET.

SIR,—I would venture to suggest what may appear slight improvements in the mode of practically carrying out the great principles propounded by Dr. Marshall Hall for conducting the recovery of drowned persons. The postural method, from such causes as weight of body and want of assistance, proves sometimes quite impracticable. I would suggest, then, that the body be kept laid on its back. In this position the epiglottis, I take it, from the weight of the tongue even, would not be entirely closed, for it is effectually closed only by the rather strong muscular action performed in deglutition; at all events, the tongue may be held forward by the tip, in order to keep the epiglottis open. As much artificial respiration, it strikes me, may be induced as by the postural movements, by simply tightly compressing and depressing the chest by means of a large strong towel, or even by the hands, and applying pressure over the abdomen, then loosing the swathe and withdrawing the pressure on the abdomen, and so producing the imitative expiration and inspiration. This method may be greatly aided by the application of a large sucker over the abdomen, with a view to elevate its walls, and create the proper vacuum for filling the chest with air, and thus simulating the action of as many muscles as possible connected with respiration. The body should be turned over occasionally to get rid of any fluid in the mouth. In this position you can command the circulation easily, and applications to the spine, of course, are not to be neglected. I am, Sir, yours obediently,

Exeter, February, 1860. G. J. CROUCH, M.R.C.S. Eng.

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INTERSCAPULAR PAIN.

To the Editor of THE LANCET.

SIR,—It is time I relieved Mr. Leckie (if indeed there be such a gentleman) of the responsibility of my note to you respecting two remarkable cases of interscapular pain. I wrote to you under the name of "A Seeker," but this title was mistaken for "A. Leckie." The error would have been corrected sooner; but I scarcely thought at the time that the subject would have excited so much interest. However, I now beg to say that I alone am to be considered responsible for the original note addressed to you in this matter.

Drs. Tilt, Ussher, and Sisson have each addressed themselves to the general question of interscapular pain, and have each in one direction or another missed the prominent features of the cases I have adverted to. Pain between the shoulders is by no means an uncommon symptom. Thus it is described as a constant symptom of ulcer of the stomach, the pain in such cases being felt both in the epigastrium and in the back below the shoulders. This pain differs from that I have brought before your notice, in the fact that it begins soon after the entrance of food into the stomach, and that it ceases when the stomach has discharged itself of its contents, either by the act of vomiting, or by the transmission of the digested food through the pylorus.

Then, again, pain between the shoulders is frequently observed as an attendant upon the severer forms of dyspepsia. Persons, especially females, (and hysterical females before all others,) who suffer from gastrodynia, constantly describe their distress as being not confined to the stomach, but extending to a circumscribed space between the shoulders; and I have met with many cases, amongst women particularly, in whom the pain between the shoulders occupied the sole attention of the patient, the epigastric uneasiness being of very secondary consequence in their estimation. These are the cases to which Dr. Tilt and Dr. Ussher have referred in illustration of my variety of interscapular pain. Pain of this kind also is very frequently a symptom of dyspepsia pyrosis. It is, as I believe, also not unfrequently associated in women with uterine disorders, especially when, as is commonly the case, the digestive powers are impaired by sympathy with the remoter disease, and complaint is made of a constant sense of emptiness and sinking at the stomach. Interscapular pain is also observed in those cases of general hyperæsthesia of the spinal column so constantly found amongst hysterical women. It is also by no means improbable that pain in this region may really be of a neuralgic character. In torpid states of the liver, with constipation, and in cases of enlargement of that organ, I believe I have recognised interscapular pain as a very frequent occurrence. It is scarcely necessary for me to add to these instances the pain of caries of the vertebræ. It is sufficient for my purpose to have shown that pain in this region is a product of a variety of exciting causes, the most frequent undoubtedly being morbid states of the stomach, both functional and organic disease of this organ being capable of producing it.

Let me now notice the distinctive feature of the pain which I have submitted to the consideration of your readers. This pain has nearly always in these cases a mechanical origin, and its dynamic cause is to be found in the expansion of the contents of the bowels. The patient is quite well, has not a trace of uneasiness between his shoulders; but immediately, during the very act of defecation, the pain commences, and torments him until a good night's rest sets him free again, only to commence a new term of pain after the next action of the bowels. Obviously this variety of interscapular pain has nothing in common with those already noticed. The two cases in which alone I have been able to discover its occurrence—and I have closely questioned a large number of patients, both in dispensary practice and in my own, without adding to this number—are persons, one of whom suffers from slight gouty dyspepsia, and the other from dyspepsia, with much soreness of the stomach, in a rheumatic diathesis. Both are males. The goutily-disposed patient suffers most, and experiences at all times a certain degree of tenderness in the epigastrium, being unable to bear very moderate pressure there. Treatment has hitherto done but little for either of these cases. The urine in the last case contains now and then evidences of oxalate of lime, and some benefit has arisen from the use of nitro-muriatic acid with quinine; colchicum in small doses, for some time continued, has been of no avail; but a temporary marked benefit (never, however, amounting to absolute relief) has been found by laying a tartar-emetic plaster on the epigastrium, and another between the shoulders. The emphatic declaration of one of my patients, that he never feels at ease except when his bowels are constipated, plainly points to a mechanical explanation of the *origin*, but certainly does not, in my opinion, reveal the *cause of* this intractable and most depressing symptom. Is it dependent on irritation of the sympathetic branches distributed to the lower bowel, and referred through the junctions of the sympathetic nerve with the sacral and lumber spinal nerves to these at their origins? Is this irritation caused by vascular distension, relaxation of the muscular wall of the vessels, and is it analogous to the soreness of extreme muscular fatigue? Such is the view suggested to me by a most accomplished physician, who has given a special and prolonged attention to disorders of the intestinal canal, and my own opinion as to the origin of this pain corresponds with this view. I am, Sir, yours faithfully,

Sloane-street, February, 1860. ROBERT ELLIS, M.R.C.S.

To the Editor of THE LANCET.

SIR,—To answer Dr. Ussher's last letter fully would occupy too much space in your columns. I will, therefore, confine myself as strictly as possible to the main points at issue between us.

In the first place, I must express my astonishment at the construction he has put on those words of mine, that the pain in his cases was "merely *increased*, not *produced*, by evacuation of the bowels;" upon which he remarks, "I did not say the pain was *produced* by this means, as he seems to intimate." I intimated no such thing; on the contrary, I took this distinction between his cases and those of "A Seeker" as one of the strongest points in favour of my argument as to their dissimilarity. In reply to the questions, why is this symptom infrequent in gouty dyspepsia, and why ulceration of the bowels, &c., does not often cause it, I ask why do medicines act differently in different people and in the same persons at different times? Is mercury the less mercury because it salivates one individual and not another? These, I admit, are exceptional cases, hence their appearance in THE LANCET; for "A Seeker" states that in a very extended practice, both public and private, he had only met with two such; and as interscapular pain appears not infrequent in hysterical patients, we cannot assume that he had seen none of these.

In conclusion, I submit that as Dr. Ussher's were hysterical patients, in whom presumably (I speak guardedly) the uterus was the *fons et origo mali*, whilst in the male patients mentioned by "A Seeker" no such cause could exist,—that, moreover, as in the latter cases evacuation of the bowels *alone produced* this pain, whilst in the former it persisted,—I am justified in asserting that Dr. Ussher has failed to substantiate his argument, and that mine remains at least *in statu quo*. I remain, Sir, yours truly,

Cheltenham, February, 1860. R. S. SISSON, M.D.

M. A. B., (Sussex-square, Brighton.)—The print forwarded to us possesses really so little influence, and has so few readers, that it would be lifting it from its obscurity to notice any of its statements seriously in THE LANCET. Such an attack upon a righteous and benevolent cause only tends to bring the writer into merited contempt.

A Constant Reader.—"New Hospital Regulations" can be obtained from Messrs. Parker and Son, 445, West Strand, price 1s. 4d.

Mr. E. Caston.—Next week.

PRICE'S HOT-AIR BATH.

To the Editor of THE LANCET.

SIR,—We cannot suppose that Dr. Robertson would have criticized our air-bath heater without having tried or at least examined it; but on this view it is unaccountable how he could describe it as a *dirty* contrivance. We desire at all times, when any want involving the application of our materials is pointed out to us, to supply it, and to correct any defect in first attempts on our notice being drawn to it; but as to the medical effects of "the sweating process," even when produced by our own heater, we can give no opinion. One remark by a medical man, however, leads us to recommend the Laconicum standing in a plate containing a little water, to avoid overheating.

We are, Sir, your most obedient servants,

Belmont, Vauxhall, Feb. 1860. S. SCOTT, *Pro* Price's Patent Candle Company Limited.

A New Mineral Water in Uterine Disease.—The letter of *Emeritus* is essentially an advertisement.

Senex has entirely misconstrued the very plain reply made to "Adolescens" in our last.

An Old Subscriber, (Teignmouth.)—There is no such institution. Attempts have been made to establish asylums for the reception and treatment of confirmed drunkards, but unfortunately without success.

THE DIPLOMA OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Seeing much in your valuable journal about Messrs. Horton and Meredith, I beg to say for your information, if you are not already aware of it, that I was up at the College of Surgeons the same night that Mr. Horton was, and that I saw his schedule, and it was only signed the day before for having attended *three months' botanical lectures* some twenty or five-and-twenty years before.

Now, Sir, what value or respect can we attach to the diploma of the College or to the Court of Examiners collectively or individually? As a guarantee for the truth of my assertion, I in confidence beg to enclose my card.

Yours truly,

February, 1860. A DISGUSTED M.R.C.S.

A Subscriber, (Monmouth.)—He can recover reasonable charges for medicine and attendance.

J. A. B., (Manchester.)—The symptoms appear to be of a trivial character, but it would be better to seek some advice. He will meet with every attention at the infirmary.

Dr. G. Balfour's communication, "On Vaccination," shall appear in our next impression.

PROFESSIONAL PUFFING.

To the Editor of THE LANCET.

SIR,—Pray insert the following advertisement, which has appeared in several of the local papers. It is sufficient to say that Mr. Copp has recently joined Mr. Russell, who has the best class practice in the town, and is, besides, surgeon to the regular Dispensary, where 4000 patients are yearly attended and provided with medicines and medical comforts! Yours obediently,

February, 1860. PUBLICUS.

(*Copied verbatim et literatim.*)

"THE DONCASTER NEW DISPENSARY, FOR GRATUITOUS ADVICE ONLY,
"No. 33, St. Sepulchre-gate.

"H. BURTON COPP, Member of the Royal College of Surgeons of England.

"*Days of Attendance.*

"Tuesdays from ..... 11 to 1½ | Saturdays from ..... 10 to 2

"It is intended to devote Wednesdays, from 2 to 4 o'clock, to Diseases of Women and Children only.

"Arrangements are being made to render the Establishment as complete as possible by ensuring the attendance of a Physician, Dentist, and Oculist, &c.

"A Microscope, Stethiscope, Spirometer for testing the capabilities of the Chest, will be used in the respective cases demanding them.

"Medicines (for which the only charge will be made) will supplied at the Lowest Possible Rate."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Bennie; Dr. Bree; Mr. Holmes Coote; Mr. T. Brodie, Coldstream, (with enclosure;) Mr. O. Pemberton; Dr. F. W. Pavy; Dr. Beale, Congleton; Mr. J. Morris, Burslem; Mr. A. C. Hudson, Ashton, (with enclosure;) Mr. J. Ryland, Warrington; Mr. J. H. Carr, Gibraltar, (with enclosure;) Mr. J. Parsons, Beckington; Mr. Scott, Belmont, Vauxhall; Mr. F. W. Marshall, Howick, (with enclosure;) Mr. R. B. Smyth, Yarmouth; Mr. R. Simpson, Hatfield; Mr. G. Dann, Feckenham; Dr. Eben Watson; Dr. Tilt; Mr. Canton; Mr. D. B. Lewis, Cheltenham; Mr. Coulson; Mr. Ryner; Mr. J. D. Hill; Dr. Aldis; Mr. Alfred Hill; Dr. A. T. H. Waters, Liverpool, (with enclosure;) Mr. T. J. Denton, Bridlington, (with enclosure;) Mr. Carter, Newtown; Mr. S. Stinsworth, Kimbolton, (with enclosure;) Mr. G. Cookson, Douglas; Mr. J. J. Sewell, Great Bardfield; Mr. B. Gillard, Hovingham, (with enclosure;) Mr. Brough, (with enclosure;) Dr. R. S. Sisson, Cheltenham; Gallipot; A. Y., Walsall, (with enclosure;) J. H. W., Gravesend, (with enclosure;) C. D., Longport, (with enclosure;) Medicus, Congleton, (with enclosure;) The Hon. Sec. of the Harveian Society; &c. &c.

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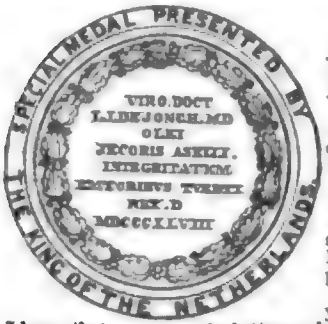

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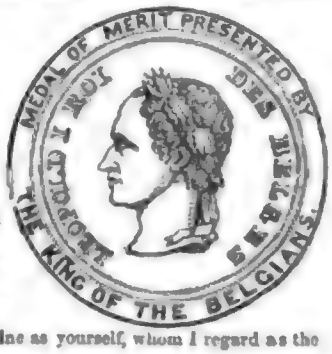
(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarsæ Coned., 5s. 6d. and 10s. 6d. Liq. Taraz., 5s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES. "The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.

Sold by Chemists, Grocers, &c., throughout the world.

Wholesale Agents, Lewis Watkins and Co., Worcester.

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

J. C. PART, 136, Drury-lane, London.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: June 26th, 1844.—I have used Mr. MACORD'S Isinglass Adhesive Plaster, spread on cotton, and on skin; of the latter I approved much for many surgical purposes.—G. J. GUTHRIE, M.R.C.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:

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Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS

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LIQUOR CALCIS PERMANGANATIS

(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street; the Apothecaries' Company, Glasgow; Grattan and Co., Belfast.

Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents, John Bell and Co., Chemists, 338, Oxford-street; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; Butler and Crispe, 4, Cheapside; Whinfield Hora and Co., Shipping Druggists, 58, Minories; the Apothecaries' Company, Glasgow; Grattan and Co., Belfast.—Chemical Works, Battersea, S.W.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMSTED, of the University College Hospital, writes thus:—

"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

HENRY BRETT & CO.,
OLD PERSIVAL'S DISTILLERY, HOLBORN

Sept. 7th, 1857.

Sir J. Murray's Pure Fluid Magnesia is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

CAUTION.

Chlorodyne. — Any Preparation advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely*, *solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

Aërated Lithia Water. — The exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pulina, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Solution of Bicarbonate of Magnesia. GEO. R. HOWARD wishes to call the attention of the Medical Profession to this valuable preparation. He has succeeded in producing a Solution of the Bicarbonate of Magnesia, 18 grains to the ounce, of uniform strength, and which does not precipitate. A Gallon Bottle sent to any house for enclosure, or to any railway station in London, upon receipt of 5s. 6d. in stamps, by G. R. HOWARD, 20, Park-row, Greenwich, or the Wholesale Agents, Preston and Sons, Smithfield-bars; and Mr. J. D. Goddard, Arthur-street West, London-bridge.

Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street, and all respectable Wholesale Druggists and Patent Medicine Houses.

Liquor Hyoscyami. Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.
Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.
Observe the Proprietor's Signature over the cork.
London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

Jozeau's Copahine, or Saccharated CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

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72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.
N.B.—French Prescriptions accurately Prepared.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.
Surgical Instruments for Surgeons to Ships.
F. G. MOORE, M.R.C.S., 34, Terrace, Tower-hill, London, E.C.

The Surgeon's Portable Medicine

CHEST, containing 36 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th*, 1859.

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a urinal measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.
S. MAW & SON, 11, Aldersgate-street, London, E.C.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Laconicum, or Air-Bath Heater.—

PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 253, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 16, Bishopsgate-street Within; and that, should it meet with approval, cakes in time sufficient for Two Baths will be supplied at 1s. each.
Belmont, Vauxhall, London.
See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.
Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.
Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.
Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 3s. 6d. Retail by all Chemists and Grocers; Wholesale by
PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine

SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.
SOAP WORKS, CLERKENWELL, LONDON, E.C.

S. W. Silver and Co.'s Outfitting

WAREHOUSES, 66 and 67, Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.
Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.
The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Mosselt's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Lesch Bark, Cath. Lithia, Santonate of Soda, &c. &c.
Communications addressed to the Manager, HENRY F. HOME, 49, Berners-street, London, will receive immediate attention.

Tarratt's Bandage and Strengthening

PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, &c., where equal and constant support is required. Several of the most eminent surgeons continue to use this Plaster in their practice, preferring it in certain cases to any other. It is well suited for exportation and use in warm climates, the high temperature having less effect on it than on any other plaster.
The profession are referred to Messrs. Westwoods and Hopkins, Wholesale Druggists, Newgate-street, where the Plaster may be had in packets containing three yards, for 2s. 6d., or spread upon skins of chamois leather, at 3s. 6d.
Westwoods and Hopkins also call attention to their Compound Adhesive Plaster for fractures and wounds, as likewise to their concentrated preparations, essences, &c.

Wanted, Left-off Clothes. Ladies

or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 16, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1829.

To Gentlemen.—Notice of Removal.

Mr. MILES has found it absolutely necessary to remove his Business from Bond-street to more spacious premises, which will enable him more fully to carry out the plan originated by him of making

TROUSERS AT SIXTEEN SHILLINGS PER PAIR;

and every article connected with his business in accordance therewith. Mr. MILES'S New Address will be

73, BROOK-STREET, BOND-STREET (four doors west of Hanover-square).

Hyam and Co.'s Conjoint Garments,

consisting of Guinea Coat and Vest, Twenty Shilling Trousers and Vest, and Thirty-eight Shilling Whole Suits; well designed from uniform patterns.

LONDON: 86, Oxford-street.
BIRMINGHAM: 21, 22, and 23, New-street.
LEEDS: 42, Briggate.

HYAM & CO.'S CAMBRIDGE, SAC, AND PAGET JACKETS.—The best possible garments for gentlemen's customary in-door or out-door wear. Price 12s. 6d., 16s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S DRESS AND SURTOUT COATS, in West of England Wool-dyed Black Cloths, Invisibles, Saxony Broad Cloths, Wooded Fabrics, &c. Price 25s. to 63s.

HYAM & CO.'S OVER-COATS AND CAPES, in Venetian and Llama Cloths, Undressed and Mixed Tweeds, Lustres, Merinos, Cashmerettes, &c. Price 16s. 6d., 21s., 26s., and 35s.

HYAM & CO.'S JUVENILE COSTUME, displaying faultless adaptation to early age, habits, and growth. Children's Belt Suits, in new and beautiful materials. Price 10s. 6d., 15s. 6d., and 21s. Over-Coats and Capes, 8s. 6d., 10s. 6d., 12s. 6d.

HYAM & CO.'S HARROW, ETON, AND RUGBY SUITS.—Three new styles, becoming in design, serviceable for school or dress wear, and admirably adapted for young gentlemen. Price 15s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S CLOTHING TO ORDER.—Designed in every variety of novel fabric. French and English Cutters employed.

HYAM & CO.'S TRUE-FITTING TROUSERS.—To order, on a self-adjusting and shape-retaining system. Price 17s. 6d. Vests to match, 8s. 6d.

Caution.—Hyam and Co. are con-

nected only with the following Establishments:—

LONDON: 86, Oxford-street.
BIRMINGHAM: 21, 22, and 23, New-street.
LEEDS: 42, Briggate.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

M.D. St. Andrews, College, Hall, &c.

Gentlemen can be Prepared for the various Professional Examinations, either privately or by correspondence.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

University of London, &c.—A First-

class B.A. and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Education. — Brighton. — Inclusive

terms, 35 and 40 Guineas, according to age. Pupils prepared for the Army, Civil Service, Oxford and Cambridge Examinations, Professional and Mercantile pursuits. Resident Foreign and other Masters. References to friends of late and present Pupils, many of whom have taken high places at the above Examinations.—Address, Brighton, 7, Charterhouse-square, London.

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ROYAL MEDICAL BENEVOLENT COLLEGE.

(Incorporated by Act of Parliament.)

Patron—HER MOST GRACIOUS MAJESTY THE QUEEN.
President—THE RIGHT HONOURABLE THE EARL MANVERS.
Visitor—THE LORD BISHOP OF WINCHESTER.
Treasurer—JOHN PROPERT, Esq.

The Council of the Royal Medical Benevolent College have the pleasure to inform the Governors and Friends of the Institution that the EIGHTH ANNUAL FESTIVAL will take place at the FREEMASONS' TAVERN, on THURSDAY, the 26th of APRIL next, when the Right Hon. the LORD LEIGH has kindly consented to take the Chair.

The following Gentlemen have already undertaken to act as Stewards on the occasion, and a further list will be published shortly. Gentlemen who are willing to serve are requested to send their names to the Treasurer or to the Secretary. There is no liability attached to the office of Steward.

Boyne, the Right Hon. the Viscount, Belgrave-square.
Barker, T. Herbert, M.D., Bedford.
Birkett, Edm. Lloyd, M.D., 49, Russell-square.
Barlton, Colonel, Portland-place.
Carr, Wm., Esq., Lee-grove, Blackheath.
Chandler, James, Esq., Epsom.
Churchill, John, Esq., New Burlington-street.
Cory, C. F., M.D., 8, Massau-place, Commercial-road.
Dalton, William, Esq., Cheltenham.
Fletcher, Bell, M.D., Waterloo-street, Birmingham.
Forest, Robert, Esq., Montague-place, Clapham-road.
France, John F., Esq., Bloomsbury-square.
Gibney, Dr., Cheltenham.
Greaves, E., Esq., M.P., Avonside, Barford, Warwick.
Hammond, J. J., Esq., Jersey and Guernsey.
Harcourt, George, Esq., Chertsey.
Harrison, W. A., Esq., 10, Keppel-street, Russell-square.
Havers, John, Esq., 10, Bedford-place, Russell-square.
Hawkins, Bisset, M.D., 39, Upper Harley-street.
Hayes, Rev. Sir J. W., Bart., Arborfield Rectory, Reading.
Hogg, Jabez, Esq., Gower-street, Bedford-square.
Ives, Cecil, Esq., Royal Horse Guards, Knightsbridge Barracks.
Jones, Dr., Lower Seymour-street.
Jones, William, Esq., 20, King's-Arms-yard.
Kendall, T. Masters, Esq., Lynn, Norfolk.
Kenyon, J. R., Esq., 11, New-square, Lincoln's-inn.
Lee, Thomas Booth, Esq., Oak Bank, Whitchurch, Salop.
Leete, J. G., Esq., Thrapstone, Northamptonshire.
Machen, J., Esq., Lillington Lodge, Leamington.
Manby, P., Esq., East Rudham.
Miles, Major, 6, Duke-street, Portland-place.
Mitchell, F. H. Turnour, Esq., Barrowby, Grantham.
Oxley, T., Esq., Beddington Manor, Cheltenham.
Palmer, Colonel, Naxing Park, Waltham Cross.
Pilkington, Thos., Esq., Cheltenham.
Robertson, C. Lockhart, M.D., Hayward's Heath, Sussex.
Sankey, William, Esq., Dover.
Smith, W. Abbotts, M.D., 38, Doughty-street, W.C.
Sparrow, Dr., Zetland-place, Southsea.
Thorpe, Major-General, Guernsey.
Walrond, the Rev. M. S. A., Calder Park, near Glasgow.
Watlington, F. W. Percy, Esq., M.P., Moor Hall, Harlow, Essex.
Watts, W. M., Esq., Whitecross-street.
Wilson, Josiah, Esq., Stamford-hill.
Wollaston, Dr., Cheltenham.
Woollatt, Randal, Esq., Vale Grove, Church-street, Chelsea.
Wyman, George, Esq., Alcester.

By Order of the Council,

ROBERT FREEMAN, *Secretary.*
HERBERT WILLIAMS, *Assistant-Secretary.*

Office, 37, Soho-square, W., February 28th, 1860.

Mr. Power and Dr. Power continue

their LECTURES and EXAMINATIONS Daily, preparatory for the M.D., Army, Navy, E.I. Board, College of Surgeons, and Apothecaries' Hall.

Mr. P.'s Private Class for the next M.D. Examinations will commence on Wednesday, Feb. 22nd, at Half-past Five P.M.

The Special Class in Natural History, and for the E.I. Board and Army Board Examinations, will commence on Thursday, March 8th.

Mr. P. prepares Practitioners for the M.D. Degree by Correspondence.

Dr. P. receive Two House Pupils.

Lecture-room, Exeter Hall, Strand, Feb. 20th, 1860.

Wilton Union.—To Medical Practitioners.

—The Guardians of the Wilton Union will, at their Meeting on Thursday, the 15th of March next, at 10 o'clock A.M., at the Board-room, in the Workhouse, near Wilton, proceed to the Election of a MEDICAL OFFICER for the Stapleford District; population 2158. Salary, £93 per annum, inclusive of extra Medical fees, except Vaccination and Quarterly Lunacy fees. Candidates must possess the qualifications prescribed by the Rules of the Poor-law Board, and be also duly registered.

Testimonials and evidence of qualifications to be produced by candidates on the day of Election.

Wilton, near Salisbury, Feb. 23rd, 1860. THOMAS THRING, Clerk.

Warrington Dispensary.—Wanted

for the above Institution a RESIDENT SURGEON-APOTHECARY. Salary, £130 per annum, including £10 for servants' wages, with furnished residence, fuel, and lighting.

Each candidate must produce a diploma from one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and also a licence from the Society of Apothecaries of London, together with other testimonials relating to his professional education and moral character.

Application, by letter, with testimonials, which must be original, and statement as to age, &c., to be sent free to me on or before the 9th of March next.

JOHN RYLANDS, Hon. Sec.

Also Wanted, an APPRENTICE to the Dispensary.

Ringwood Union, Hants.—Wanted,

a MEDICAL OFFICER for District No. 1. The salary (exclusive of 10s. for Midwifery cases in the town, and 15s. one mile beyond Ringwood Church, and fees for Surgical cases) is £55 per annum.

The district comprises a population of 3549, and an area of about 5874 acres.

The usual conditions and engagements as to medicines, returns, and attendance, &c., will be inserted in the contract.

The successful candidate will be appointed Vaccinator for the same District.

The Election is fixed for Monday, the 5th day of March next, at 2 o'clock P.M.

Written applications, with testimonials, must be left with, or addressed to, the Clerk, so as to be received before 12 o'clock of the said day.

Ringwood, Feb. 23rd, 1860. ANDREW ETHERIDGE, Clerk pro tem.

Walsingham Union.—Appointment

of MEDICAL OFFICER.—WALSINGHAM DISTRICT.—The Guardians of the Poor of this Union will, at their Meeting, to be held at the Board-room, Union Workhouse, Great Snoring, on Wednesday, the 14th day of March next, at 12 o'clock at noon, proceed to the Election of a MEDICAL OFFICER for the Walsingham District.

Salary, £46 per annum, with all extras allowed by the Consolidated Order, and other orders of the Poor-law Board.

On an average of the last three years, the extras have amounted to £33 10s.

Candidates must possess one of the four following qualifications, that is to say:—

1. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland; together with a degree in Medicine from an University in England, legally authorized to grant such degree; or together with a diploma or licence of the Royal College of Physicians of London.
2. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland; together with a certificate to practise as an Apothecary from the Society of Apothecaries of London.
3. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, such persons having been in actual practice as an Apothecary on the 1st day of August, 1815.
4. A warrant or commission as Surgeon or Assistant-Surgeon in her Majesty's Navy, or as Surgeon, or Assistant-Surgeon, or Apothecary, in her Majesty's Army, or as Surgeon or Assistant-Surgeon in the service of the Honourable East India Company, dated previous to the 1st day of August, 1826.

The following are the particulars of the Walsingham Medical District viz.:—

Parishes.	Area.	Population.
Basham East	1048	340
Basham North	1905	59
Basham West	1520	98
Egmore	1140	54
Hindringham	3314	721
Houghton	946	242
Walsingham Great	2367	428
Walsingham Little	952	1106
Wighton	2363	839
	18175	3888

The successful candidate will be required to reside in one of the Parishes of the District.

Applications and testimonials, with certificates of qualifications, to be sent to me, at the said Union Workhouse, before 10 o'clock in the forenoon of the said 14th day of March next, when the applicants will be required personally to attend the Meeting of the Board of Guardians.

The person elected will have to enter on the duties of the Office on the 31st of March next.

Fakenham, Feb. 16th, 1860. J. WRIGHT, Clerk to the Board.

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Royal College of Surgeons of England. A Vacancy having occurred in the Office of SECOND ASSISTANT in the MUSEUM of this College, candidates for the appointment are required to transmit a statement of their professional qualifications, addressed to the Secretary, on or before the 17th of March instant. Particulars relating to the appointment may be obtained upon application at the College.
March 1st, 1860. EDMUND BELFOUR, Secretary.

Newport Dispensary and Infirmary. Wanted, a HOUSE-SURGEON and APOTHECARY. He must be a Member of the Royal College of Surgeons of London, Dublin, or Edinburgh, and a Licentiate of Apothecaries' Hall. Salary, £100 per annum, with furnished apartments, coals, lights, and attendance. Candidates must send in their applications and testimonials to the Secretary on or before the 6th of March. The Election will take place on the 21st of March.
Newport, Monmouthshire, Feb. 9th, 1860. J. F. THOMAS, Sec.

COUNCIL-HOUSE, BRISTOL,
24th February, 1860.

The Committee of Visitors of the PAUPER LUNATIC ASYLUM for the City of Bristol hereby give notice that they are prepared to appoint a Resident MEDICAL SUPERINTENDENT of the New Lunatic Asylum, which has been built for the reception of not exceeding 250 Patients, at Fishponds, near Bristol. The Officer to be elected must be a person of high character and experience. He must be duly qualified, both as a Surgeon and Apothecary (whether possessing a degree or not). He will have paramount authority in the Asylum, under the regulations of the Visitors, will be precluded from private practice, and must devote his whole time and energies to the duties of his office. The Salary will be £350 per annum, with an excellent Dwelling-house, furnished with all substantial necessaries, coal and gas, and vegetables from the garden. The Officer will provide his own board and attendance, bedding, plate, linen, china, and glass. A gentleman who has had practical experience in the management of a Lunatic Asylum will be preferred.

Applications for the appointment, with testimonials as to efficiency and character, to be addressed to the Chairman of the Committee of Visitors, and sent to the Council-House, Bristol, on or before Friday, the 30th day of March next.

Medical and Literary Assistance.— A Registered M.D. under the new Medical Act, with all the Registered Qualifications, who is connected with Literature and with the Medical Press, also a writer on Insanity and its Treatment (having been 17 years resident Proprietor of an Establishment), offers his services as Librarian, Secretary, or to Travel, or to Assist in any Publications on Science and Literature, or as a Medical Resident. High testimonials and references.—Address, M. D., Post-office, South Norwood, S., near London.

Patients, Nervous and otherwise.— Mrs. BELL, late of West Grove House, Blackheath, has, for the greater convenience of her Medical friends, REMOVED to No. 13, Abbey-place, St. John's-wood, where she continues to receive a limited number of Patients.

Twickenham House.—Dr. Diamond (for nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence, and reside with his family.—For terms, &c., apply to Dr. Diamond, Twickenham House, S.W.

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Wanted immediately, by a Medical Man in the country, a trustworthy person as DISPENSER and BOOK-KEEPER. None need apply whose character will not bear the strictest investigation.—Address, A. Y., Post-office, Walsall.

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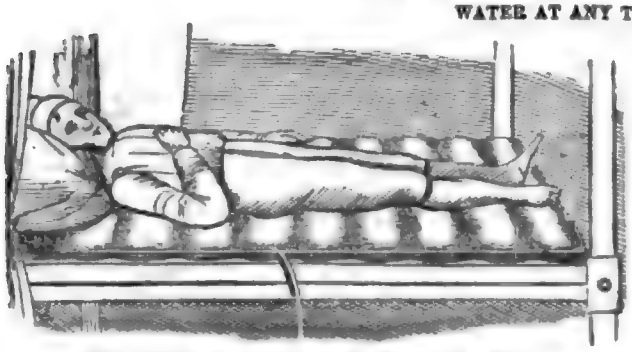

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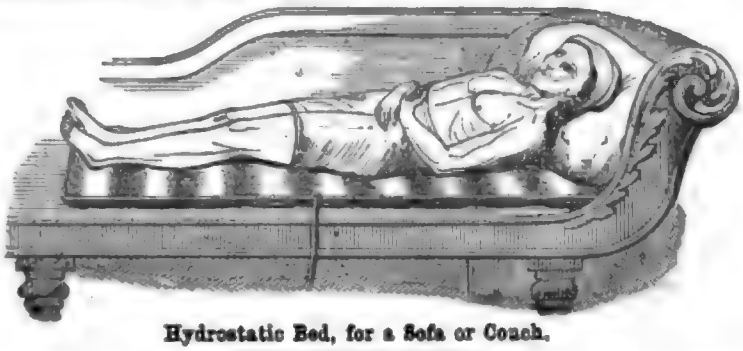

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FIG. 1.

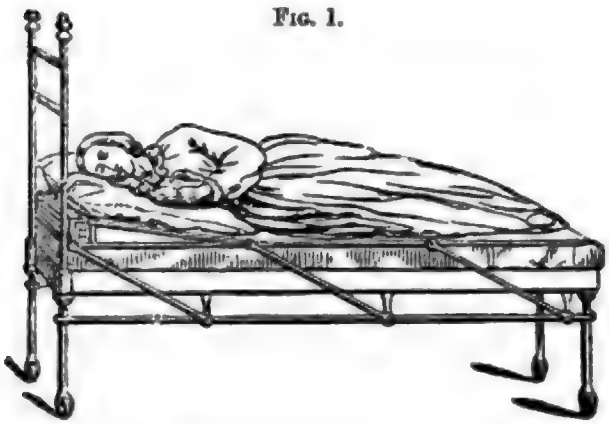

FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

FIG. 2.

Elastic Bed-Pan.

FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

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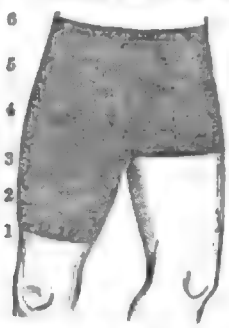

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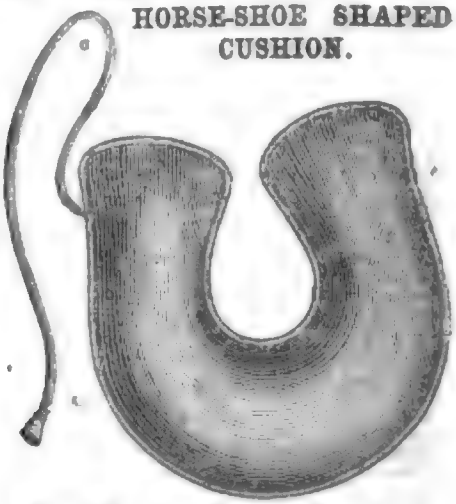

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Vol. I. 1860.

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Lecture I. ..... p. 237

On Intestinal Fever. By William Budd, M.D., Clifton.
Additional Note on the Nature of the Intestinal Affection, (concluded.) 239

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
Complex Heart Disease; Necropsy 240

On the Mercurial Treatment of Croup in Rural Districts. By C. Handfield Jones, M.B. Cantab., F.R.S. 241

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Guy's Hospital:
Chronic Intestinal Obstruction from Stricture of the Rectum; Amussat's Operation for Artificial Anus; Survival for thirteen days 242

London Hospital:
Intestinal Obstruction from Cancer of the Rectum; Operation for Artificial Anus in the Left Groin; Death in six hours 243

Hospital for Sick Children:
Imperforate Rectum; Performance of Littré's Operation in the Left Groin; Fatal Result two days afterwards 243

St. Thomas's Hospital:
The recent Case of Wound of the Carotid Artery; Detachment of the Ligature 244

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society:
On a New Method of Effecting the Radical Cure of Hernia.—Anniversary Meeting 244

REVIEWS AND NOTICES OF BOOKS.

The Monographic Dictionary. A Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects. By J. W. Griffith, M.D., and Arthur Henfrey, F.R.S. Second Edition 249

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents. By Alfred Stillé, M.D. 249

LEADING ARTICLES.

Architects and Sanitary Science 250

The Annual Meeting of the Royal Medical and Chirurgical Society 251

Mr. Scholefield's Bill for the Prevention of Adulteration 251

MEDICAL ANNOTATIONS.

The Health of Public Servants.—The Mortality on board the *Accrington*.—The Dental Surgeons and the College of Dentists.—A Diploma Cheap.—Medico-Parliamentary 252

New Equitable Life Assurance Company 254

CORRESPONDENCE.

Poor-law Medical Reform Association 256

The College of Dentists and the Royal College of Surgeons: Letter from Mr. S. L. Rymer ... 256

Homœopathy 256

Mr. T. Wakley's Stricture Tubes... 257

On the Injurious Effects of White Lead as a Paint 257

The Council of the College of Surgeons and Messrs. Horton and Meredith 257

Foreign Bodies on the Cornea, &c. 258

MEDICAL NEWS.

Medicines of the Shetlanders 249

Pass-lists of the Royal College of Surgeons and Apothecaries' Hall.—Royal Medical and Chirurgical Society.—North London Medical Society.—Reform at the College of Physicians.—Dr. Livingstone.—The Serpentine.—Appointment.—Poisoning by Imprudence.—Ophthalmic Hospitals in Italy.—Trichiasis.—Holopathy.—Medical and Literary Institutions at Barcelona.—Lucifer Matches in Paris.—Health of the Army.—A Quack Doctor at Shipley.—Obituary.—Health of the Metropolis 259

Medical Diary of the Week 260

Notices to Correspondents 261

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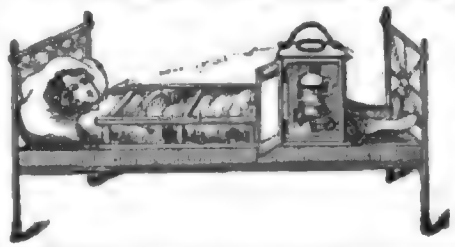

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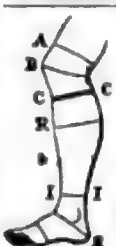

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These our leading importations are superior to those generally drunk in this country, and together with our other high class French Wines, of which full particulars are detailed in our Prices Current, are all shipped to us under the superintendence of one of the leading Bordeaux Houses.

CHAMPAGNE AT THE REDUCED DUTY.

CHAMPAGNE, 33s. per dozen quarts, and 18s. per dozen pints.

A most superior sparkling Wine. Since the reduction of the duties, we have made a large contract to have the above Wine shipped direct from the Epernay vineyards. We consider it as good as any Gentleman can wish to have on his table.

WINES FROM MARSALA AT THE REDUCED DUTIES.

MARSALA, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £10 3s. 6d. per quarter-cask of 22 gallons.

This is Ingham, Stephens, & Co.'s superior old Bronté Wine, and is considered by many superior to the finest Sherries.

WINES FROM SPAIN AT THE REDUCED DUTIES.

SHERRIES, Pale and Golden, at 26s. per dozen, £6 7s. 6d. per cask of 7 gallons, £8 13s. 3d. per cask of 14 gallons, and £17 3s. per cask of 28 gallons.

The almost total disappearance of the Vine Disease in Spain, combined with the reduction of the duties, enable us to import an extremely good Dinner wine at this price.

WINES FROM PORTUGAL AT THE REDUCED DUTIES.

Fine old PORT from the wood, 8 years old, 30s. per dozen, £5 1s. 6d. per cask of 7 gallons, £10 1s. 3d. per cask of 14 gallons, and £19 19s. per cask of 28 gallons.

This our leading article from Oporto is the old school of mature silky Port from the wood, with body and bouquet. This is more palatable and wholesome than those extremely high-priced old Bottled Wines, which have nothing left to recommend them but vegetable decay.

Other Ports of various ages, both duty paid and in the Docks.

FOREIGN AND BRITISH SPIRITS AT THE REDUCED DUTIES.

BRANDY, the finest Cognac	20s.	per gallon.
Do. very old	24s.	"
RUM, finest Jamaica	14s.	"
WHISKEY, Pure Old Scotch	15s.	"
Do. Pure Old Irish	16s.	"
GIN, excellent Household	9s.	"
HOLLANDS, Genova or Schiedam, "the Silver Stream," as imported	12s.	"
Do. do. in the original Green Cases and Square Bottles as imported	23s.	per dozen.

In consequence of the universal consumption of Spirits, we have devoted especial care and attention to this branch of the Trade, in selecting those only of a pure and genuine high character, and are resolved to maintain the reputation we enjoy throughout the United Kingdom as purveyors of the finest old Spirits that can be had.

A dozen full-sized bottles of any of the above Wines at the quoted prices, or for 5s. in stamps a dozen samples of nearly all of the above can be had, or any two samples for 12 stamps, sent securely packed and labelled.

A detailed Price List of other Wines, Spirits, and Liqueurs sent on application.

In England, Cheques to be crossed to our Bankers, the BANK OF ENGLAND, and Post-office Orders made payable to the General Post Office, LONDON; in Ireland, the BANK OF IRELAND, and General Post Office, DUBLIN; in Scotland, the BANK OF SCOTLAND, and General Post Office, EDINBURGH.

W. & A. GILBEY, 357, Oxford-street, LONDON.
31, Upper Sackville-street, DUBLIN.
12, St. Andrew's-square, EDINBURGH.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

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European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Pure Country Milk and Cream.

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

Pure Granulated Cocoa, 1s. 2d. per lb.,

in 1 lb. & ½ lb. packets. Manufactured precisely in the same manner as when analyzed by the Sanitary Commissioners of this Journal in the year 1851, and declared by them to be not only genuine, but of superior quality and manufacture.

Homœopathic Cocoa, a most nutritious and convenient article, in 1 lb. and ½ lb. canisters. This suits some constitutions better than the pure Granulated. It is made in the cup by the addition of boiling water in one minute. It is well adapted for use at sea, and in chambers. 1s. 4d. per lb.

Stomachic Chocolate, from the formula of a Physician, to be eaten in cold, foggy weather; very nourishing and warming to the system.

HANDFORD & DAVIES, 61, High Holborn, W.C.

Gluten Bread, Biscuits, Cakes,

SEMOLA, and CHOCOLATE, for Diabetes, Consumption, Dyspepsia, Asthma, all Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 333, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; and Wholesale only of

G. VAN ABBOTT, 13, Basinghall-street, E.C.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Campin, (see "Campin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

Flour, warranted free from adulteration,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s.; Households, recommended for bread-making, 8s. 4d.; Seconds, 7s. 8d.; Meal for brown bread, 7s. 8d.—Address, HORSNAIL & CATCHPOOL, Bulford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

TRADE MARK.

Brown & Polson's Patent Corn Flour.

Preferred to the best Arrowroot. Delicious in puddings, custards, blancmange, cake, &c.; and especially suited to the delicacy of Children and Invalids. THE LANCET states, "This is superior to anything of the kind known." Trade Mark and Recipes, on each Packet, 4, 8, and 16 oz. Obtain it from Family Grocers, Chemists, &c.—Paisley, Manchester, and London.

Plumbe's Genuine Arrowroot, 1s. 6d.

per lb., should be used in preference to any other. It is greatly preferred by the most eminent Physicians in London for Invalids, and as the best food for Infants. It also forms a light, nutritious diet for general use.—Report on Plumbe's Arrowroot by Dr. HASSALL: "I have subjected Plumbe's Arrowroot to careful examination, microscopical and chemical. I find it to be perfectly genuine, and of superior quality, equal in all essential respects to the best Bermuda, for which so high a price is usually charged. Signed, ARTHUR HILL HASSALL, M.D."—Directions and testimonials with each packet, which bears the signature of A. S. PLUMBE, 3, ALIE-PLACE, ALIE-STREET, LONDON, E. Retailed in London by Snow, Paternoster-row; Ford, Islington; Morgan, Sloane-street; Williams and Lloyd, Moorgate-street; Medes, Camberwell; Fincham, 55, Charing-cross.—Agents Wanted.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"36, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 2s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 22, Conduit-street, London W.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

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MANCHESTER—Jewsbury & Brown, 113, Market-street.
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A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

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Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	FIDDLE.		THREADED.		KING'S.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks „	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons „	27 0	38 0	40 0	50 0	44 0	54 0
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Tea Spoons „	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto } At proportionate prices.

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Child's Patent Galvanic Electro Hair and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

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Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

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F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

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SPARKS & SON, INVENTORS OF THE

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The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

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Sawyer's Norwich Truss.

Sole Agents:

Messrs. BURGESS, WILLOWS, & CO., Wholesale Druggists, 101, High Holborn, London, W.C.

BY ROYAL LETTERS PATENT.

Lindsey's New Patent Truss, suitable for Right or Left, and Double Hernia, WITHOUT STEEL SPRING OF ANY KIND.

The Faculty are invited to inspect Lindsey's new Truss, highly recommended for its extreme simplicity, ease, and efficiency, especially in cases where a Steel Spring Truss cannot be worn.

It consists of a plate of a light material and convenient form, and a soft or an elastic waist-belt, by which pressure (regulateable) is applied to BOTH abdominal rings, by which any descent of Hernia is prevented on either side.

For all cases of RECENT and incipient Hernia, Lindsey's Patent Truss is the best form of support, being at once curative and preventive.

A full Descriptive Circular, post free, from the Manufacturer,

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DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,

J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
430, Oxford-street."

ARTIFICIAL LEGS.

PARIS PRIZE MEDAL, 1855

GROSSMITH'S

NEW ARTIFICIAL LEG,

WITH PATENT ACTION, KNEE AND ANKLE JOINTS,

Enables the patient to walk, sit, or ride with ease and comfort, wherever amputated. It is much lighter and less expensive than the old style of cork leg, will last a lifetime, and is the only leg yet invented that Ladies and Children can wear with safety. It was awarded the highest Medal at the recent PARIS EXPOSITION, although more than twenty other makers from different nations exhibited. May be seen in use at the

MANUFACTORY, 175, FLEET-STREET, LONDON, (ESTABLISHED 1760,) OR AT CHARRIERES, PARIS.

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MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalcules in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

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The First-Class Medal of the Paris Exhibition of 1855.

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A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

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Surgical Instrument Makers, 67, St. James's-street, S.W., beg to inform the Medical profession, &c., that they are the appointed Manufacturers of Surgeon L'ESTRANGE'S PATENT TRUSS, and also of the Patented Invention of Mons. Féron. Their best attention will be given to any commands that they may be favoured with.

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do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

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A large Stock of New Instruments always on Sale, all warranted.
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Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

Mr. Howard, Surgeon-Dentist,

52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication.—52, Fleet-street. At home from 10 till 5.

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FULCRUM BELT.—Great advantage will be found from the diagonal arrangement of Huxley's Fulcrum Belt, securing in cases of pregnancy the chief support at the lower part of the abdomen. It is an extremely light and elegant article, and, weighing under 4 oz., is well adapted for India and warm climates. It is the only thoroughly efficacious Belt at a low price. Free by post for 11s. 2d.; to Medical Men, 9s. 2d.

Measures required: Circumference, at *a*, *b*, *c*, depth, from *a* to *c*.—Illustrated and Priced Catalogues free by post on application to E. HUXLEY, 12, Old Cavendish-st., W

J. & E. BRADSHAW, late

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Directions for measurement sent by post. N.B. A liberal Discount to the Profession. A female to attend on Ladies.

Tompson's Hydro-Pneumatic Inhaler,

for the Local Treatment of Affections of the Larynx, and other Mucous Passages of the Throat, &c., with Solution of Caustic or other medicated liquids, is easily applied by the operator, and occasions no inconvenience to the patient; vide THE LANCET, 28th Jan. 1860, p. 95. It may be had of MILLIKIN & LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London. Price 3½ Guineas.

A liberal discount to the profession.

Patent Self-Adjusting Trusses.—

SALMON, ODY, and CO. most respectfully inform the public that their TRUSSES have been in use upwards of 50 years, and are found to answer the purpose with more ease and security than any other invention. They will answer for right or left side, requiring no understrap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.—N.B. A female attends from ten till two o'clock. Ladies are requested to apply at Mr. Ody's private door.—Manufactory, 292, Strand.

Wanted, Left-off Clothes. Ladies

or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

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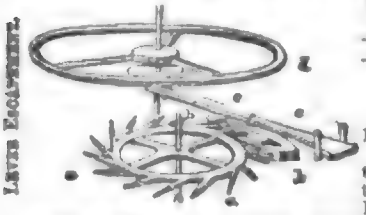

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ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

FOR 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

BY CHARLES BLAND RADCLIFFE, M.D.,

FELLOW OF THE COLLEGE,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC.

LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—Of the three Lectures which I have the honour of delivering before you, I propose to devote that of to-day to the Physiology of Muscular Motion; and this I do because it seems to be necessary to reconsider the whole of this subject, and to change our opinions in some very important particulars, before we can hope to have sound views respecting the theory and therapeutics of convulsive diseases.

The recognised opinion respecting muscular action, I need scarcely say, is, that muscle is endowed with a vital property of contractility, and that the state of contraction is brought about when this property is called into action. When the muscle contracts, that is to say, this vital property of contractility is supposed to be roused, or excited, or *stimulated* into action, and the more the muscle contracts the more is this property supposed to be thus acted upon. But this is not the only opinion which may be held respecting muscular action. On the contrary, it may be held that the true type of muscular contraction is to be found in rigor mortis. It may be held, indeed, that muscle contracts, not because a vital property of contractility has been roused into action by a stimulus, but because some antagonizing influence has been withdrawn, which previously prevented the free action of common molecular attraction in the muscular tissue.

When, upwards of ten years ago,* I endeavoured for the first time to show that the latter view of muscular action was the correct one, I believed that I stood alone in this opinion. In point of fact, however, others had gone before me, whose thoughts were more or less akin to mine. Writing in 1832,† Dr. West, of Alford, in Lincolnshire, says: "Nervous influence is imparted to muscular fibre for the purpose of restraining its contraction, and the action of the will, and of all other disposers to contraction, is simply to withdraw for a while this influence, so as to allow the peculiar property of muscular fibre (contractility) to show itself." And in support of this opinion he appeals, amongst other arguments, to the fact of rigor mortis being deferred until all traces of nervous action have disappeared, and to the fact, not less certain, of spasmodic action taking place when we have evidence of co-existent nervous debility. It would appear as if this idea had been suggested by a remark of Sir Charles Bell, for Dr. West refers to a lecture at the Royal College of Surgeons of England, in which, after saying that the question of the *modus operandi* of motor nervous influence could never be settled, Sir Charles adds, that he had been led to suppose that muscular *relaxation* might be the act, and not contraction, and that physiologists, in studying the subject, had too much neglected the consideration of the mode by which relaxation is effected.

In 1838,*—six years later,—Dr. West is followed by a physiologist of no mean name,—Professor Dugès, of Montpellier,—who maintains that all organic tissues are the seat of two opposite movements—expansion and contraction; and that contraction, which is in no sense peculiar to muscle, is nothing more than the cessation of expansion—"la contraction musculaire ne consiste que dans l'annihilation de l'expansion." The muscle contracts, he thinks, in virtue of its elasticity, just as a piece of caoutchouc might contract if set free from a previous state of extension; and an analogy is hinted at between the expanded state of the muscle and the fluid state of the fibrine of the blood, and between rigor mortis and the coagulated state of this fibrine. Analogous in its effects to electricity, the vital agent is supposed to accumulate in the muscles and produce expansion by causing the muscular molecules to repel each other; and contraction is supposed to be brought about either by the sudden discharge (as in ordinary contraction) or by the gradual dying out (as in rigor mortis) of this vital agent. It is supposed further, that the rhythmical movements of muscle are caused by successive discharges of the vital agent, which discharges are brought about whenever this agent acquires a certain degree of tension; and that the cramps of cholera, or the spasms of tetanus or hysteria, are produced by the development of the vital agent being for the time suspended. After Professor Dugès† comes the present distinguished occupier of the chair of physics in the University of Pisa. Writing, in 1847, about nervous influence, Professor Matteucci says: "Ce fluide, développé principalement dans les muscles, s'y répand, et, doué d'une force répulsive entre ses parties, comme le fluide électrique, il tient les éléments de la fibre musculaire, dans un état de répulsion analogue à celui présenté par les corps électrisés. Quand ce fluide nerveux cesse d'être libre dans le muscle, les éléments de la fibre musculaire s'attirent entre eux, comme on le voit arriver dans la roideur cadavérique.....Suivant la quantité de ce fluide qui cesse d'être libre dans le muscle, la contraction est plus ou moins forte." This hypothesis appears to have been framed partly in consequence of certain considerations which seemed to show that the phenomenon of "induced contraction" was owing to the *discharge* of electricity in the muscle in which the "inducing contraction" was manifested,—an idea originating with M. Becquerel,—and partly in consequence of the analogy which is found to exist between the law of contraction in muscle and the law of the discharge in electrical fishes; but it is right to say that Professor Matteucci does not appear to have attached much weight to his opinions upon this subject.‡

Next in order,§ and preceding myself by not more than a month or two, is Professor Engel, then of Zurich, now the occupier of an important chair in the University of Vienna. The action of nervous influence, according to this physiologist, is to antagonize muscular contraction, and this opinion he founds upon the fact that rigor mortis supervenes when all signs of nervous action are at an end, that the muscles of frogs are more irritable when removed from the influence of the nervous centres, and that cramps and other forms of excessive muscular contraction are often seen to happen spontaneously in paralysed parts. And later still,‖—later than the date of my first publication on the subject,—a similar view respecting the action of nervous influence upon muscle has been suggested to Professor Stannius, of Rostock, by some curious experiments, in which he has seen rigor mortis relaxing, and the lost irritability returning to, the muscle under the injection of blood into the vessels.

I do not stand alone, then, in thinking that a great change is necessary in the theory of muscular action—a change amount-

* Philosophy of Vital Motion. 8vo. London: Churchill. 1850.

† On the Influence of the Nerves over Muscular Contractility. London Medical and Surgical Journal, edited by Michael Ryan, M.D. Vol. i. 1832.

* Traité de Physiologie Comparée de l'Homme et des Animaux. 8vo. Montpellier et Paris, 1838.

† Comptes Rendus, March 17th, 1847.

‡ Since the delivery of this lecture I have received several pamphlets, by Dr. Louis Mackall, of Georgetown Heights, Columbia, U.S. of America, in which it is maintained that nervous influence determines a state of active elongation in muscle, and that contraction proceeds from the withdrawal of this influence. The protrusion of the tentacles of the snail and bryozoon, of the tongue of the chameleon, of the head and limbs of the tortoise, the movements of muscular vessels and tubes, even muscular movements generally, Dr. Mackall thinks, are unintelligible without the aid of this hypothesis of active elongation. And that contraction is the opposite condition it is left for the reader to infer. It is no physical hypothesis, however, at which the author aims, for it is distinctly stated that "contraction as well as elongation are *vital* states of a muscle, to which there is nothing analogous either in physics or chemistry." Dr. Mackall's first publication was in 1848.

§ Ueber Muskelreizbarkeit. Zeitschrift des Kais. Kön. Gesellsch. des Aerzte zu Wien. 1849.

‖ Untersuchungen über Leistungsfähigkeit der Muskeln und Todtenstarre. Virordt's Archiv. für Physiol. Heilkunde, Stuttgart. 1852.

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ing to no less than a complete revolution; and I am glad that it is so, for, thus supported, I am the more bold to challenge attention to the arguments upon which I base my opinion.

It is only within a comparatively recent period that it has been possible to demonstrate the necessity of a fundamental change in the theory of muscular action. When I wrote first on the subject, I did not command the facts which are essential to such a demonstration, and I do not think that the writers whose names I have mentioned were a whit more fortunate in this respect. Now the case is entirely different, and the present difficulty is, not to find facts, but to make a selection, and to marshal those that are chosen in the short time at our disposal.

The true key to the interpretation of the phenomena of muscular action, as it seems to me, is to be found in the discoveries which have recently taken place respecting the electrical condition of muscle and nerve; but before attempting to find and apply this key, it will be well to see how muscle behaves under the action of blood and nervous influence.

I. Arguing from the comparative anatomy of muscle, it would seem as if a muscle were not most disposed to contract when it is most liberally supplied with blood. It would even seem as if the degree as well as the duration of contraction were inversely related to the supply of blood. Thus the degree and duration of contraction is greater in the voluntary muscles of fishes and reptiles than in the voluntary muscles of mammals and birds; greater in involuntary than in voluntary muscles; greater in the muscles of any given animal during the syncope of hybernation than during the fever of summer life.

The fact, moreover, that rigor mortis may be "relaxed," and the lost irritability restored to the muscle by the injection of blood into the vessels—a fact which has been abundantly demonstrated by Dr. Brown-Séquard* and Professor Stannius†—would appear to be in direct contradiction to the idea that the muscle is in any way stimulated to contract by the blood.

One of Dr. Brown-Séquard's experiments was upon the arm of a criminal who had been guillotined at eight A.M. on the 12th of July, 1851. The experiment, which consisted in injecting and reinjecting a pound of defibrinated dog's blood into the brachial artery, was commenced at eleven P.M.—fourteen hours after decapitation. At this time the limb was in a state of perfect rigor mortis. As the blood began to penetrate into the vessels, some reddish spots appeared in different parts of the skin of the forearm, of the arm, and more particularly of the wrist. Then these spots became larger, and the skin acquired the appearance it has in rubeola. Soon afterwards the whole surface had a reddish-violet hue. A little later, and the skin had acquired its natural living colour, elasticity, and softness, and the veins stood out distinct and full as during life. Then the muscles relaxed, first in the fingers, and lastly in the shoulders, and on examination they were found to have recovered their lost irritability. At a quarter to twelve the muscles were more irritable than they had been at five P.M., at which time the corpse was first examined; and this increased irritability was kept up without abatement until four A.M., when fatigue compelled the experimenter to abandon his labours. When the experiment was commenced, the temperature of the blood was 73° Fahr., and that of the room 66° Fahr.

The subject of another experiment was a full-grown rabbit which had been killed by hæmorrhage. Dr. Brown-Séquard waited until rigor mortis had fully set in, and then injected the defibrinated blood of the same animal into one of the hind limbs, which limb had previously been removed from the body. Fifteen minutes after the commencement of the injection the muscles had lost their stiffness, and responded readily to mechanical and galvanic irritation. From this time, through the night, until three P.M. on the following day, the blood was injected at intervals of from twenty to thirty minutes, and during the whole of this time the muscles remained perfectly soft and irritable. All this while, also, the muscles of the other hind limb of the same animal, and of the rest of the body, were in a state of perfect rigor mortis. From three to half-past four P.M. the injections were discontinued. On resuming the experiment after this interval of an hour and a half, the limb, with the exception of a few bundles of fibres here and there, had again become rigid. The effect of the injections was precisely as at first; and when, from the lateness of the evening, the experiment was again abandoned, the muscles were perfectly soft and irritable. On the morning following, the limb upon which the injections had been practised was in a state of perfect cadaveric rigidity, while the muscles of the rest of the body, which had been left to themselves, were already beginning to pass out of this state. On the third morning, the rigor mortis of the left limb was undiminished, and the other muscles of the body were soft and in an advanced stage of putrefaction.

About the time that Dr. Brown-Séquard was engaged in these interesting experiments, Professor Stannius, without any knowledge of what was being done in Paris, was carrying out an analogous series of inquiries in Rostock.

On the 21st of July, 1851, at half-past seven A.M., Professor Stannius put a ligature around the abdominal aorta and crural arteries of a puppy. About a quarter past ten, the muscles had begun to stiffen in the parts from which the blood was excluded. At a quarter to eleven, both hinder limbs were stretched out, and perfectly stiff and cool. At twenty minutes past eleven, the ligatures were loosened, and the blood was seen and felt to penetrate into the empty vessels. At a quarter to twelve, the natural warmth had returned in some degree, and the right hinder limb was a little more flexible than the left. At noon, both the limbs had recovered their flexibility, and it appeared once as if the left had moved spontaneously, but no sign of pain was caused by pinching the toes. At half-past twelve, the muscles of the paralysed limbs contracted everywhere upon the application of the galvanic poles; and at one point the galvanism seemed to cause pain, for the animal, which was before quiet, gave a sudden plunge forwards. Death happened unexpectedly at twenty-eight minutes past twelve P.M.

A similar experiment was performed upon another puppy early in the morning of the following day. At noon, in this case, there was no evidence of stiffness in either of the hind limbs, but the muscles below the knee had ceased to respond to the touch of the electrodes. At a quarter past two P.M., both these limbs were stretched out and rigid, and all evidences of irritability were at an end. At twenty-five minutes to three, the ligatures were untied. At twenty-five minutes to four, the application of the electrodes caused strong contraction in the muscles of both thighs, and weaker contractions in the muscles of the left leg below the knee, while, at the same time, nearly all traces of rigidity had disappeared from both limbs. At twenty-five minutes to six, every trace of stiffness had disappeared, and the muscles responded perfectly to the prick of a knife, as well as to the touch of the electrodes. On the following morning the animal was found dead, and with the rigidity of death fully established everywhere.

Now that the stiffness of which mention is here made is perfectly identical with rigor mortis will appear from the following experiment. In this experiment, the aorta and crural arteries of another puppy were all carefully tied. Four hours afterwards, the muscles behind the ligature were perfectly rigid, and all traces of irritability had disappeared in them. In the evening of the day following, the animal was still alive,—at least in its anterior half,—and, upon the whole, it was comparatively fresh and quiet. Twelve hours later, the animal was found dead, with the parts *before* the ligature in a state of rigor mortis, and with the parts *behind* the ligature, which had been rigid before death, flaccid, moist, and partially putrescent; in other words, the parts *behind* the ligature were in the state which comes on after rigor mortis, and hence it follows that the stiffness which existed in these parts before the complete death of the animal must have been identical with rigor mortis.

Here, then, are certain experiments which would seem to show that the influence of the blood, be this what it may, is exercised in counteracting the contraction of rigor mortis; and this inference, which I had drawn from the experiments of Dr. Brown-Séquard before my attention was directed to those of Prof. Stannius, is the same as that which the last-named physiologist has drawn from his own experiments.

There are, however, certain facts* which seem to show that muscle is affected differently by arterial and by venous blood, and these facts have led Dr. Brown-Séquard to think that the office of arterial blood is to minister to the nutrition of muscle and other tissues, and to the storing up of contractile and other forms of power, and that the office of venous blood is to supply a stimulus, by which the power derived from the red blood is called into action—a view according to which the function of the black blood is no less important to the interests of the economy than that of arterial blood.

The chief argument in favour of the idea that venous blood is endowed with these stimulating properties is based upon the well-known fact, that the muscles contract violently when the whole mass of blood becomes venous, as in asphyxia. Another argument is derived from the fact, also found amongst the phenomena of asphyxia, that the left ventricle of the heart appears

* Comptes Rendus, June 9 and 23, 1851. † Op. cit.

* Comptes Rendus, No. xvi., 1857.

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to pulsate more violently during the first moments of the process of suffocation; for at this time the pulse is firmer and fuller, and the mercury rises to a higher point in the hæmadynameter. Other arguments are based upon some original experiments by Dr. Brown-Séquard, in which it was seen that certain involuntary muscles might be thrown into or out of a state of contraction by injecting alternately black and red blood into their vessels. In one of these experiments, the uterus of a pregnant rabbit was separated from its connexions with the cerebro-spinal centres, and blood injected into the aorta. On injecting black blood, the uterus contracted, and two or three fœtuses were expelled; on injecting red blood, these contractions immediately passed off.

But, it may be asked, is it not possible that these convulsions and contractions may be due to the want of arterial blood rather than to the presence of venous blood? And is not such an explanation the less difficult of the two?

It is certainly true that an animal is as violently convulsed when it is bled to death as when it is strangled to death. It is certainly true, that is to say, that an animal is as violently convulsed when its vessels are suddenly emptied of blood as when they are allowed to become suddenly filled with black blood. And this being the case, it is surely more easy to refer the convulsions attending upon hæmorrhage and suffocation to absence of arterial blood—seeing that this absence is common to both cases—rather than to the presence of venous blood, seeing that this cause can only operate in one case. At any rate, with the fact of convulsion from hæmorrhage to account for, it is evident that venous blood cannot be regarded as essential to convulsion.

Nor can it be allowed that the fuller pulse of the first moments of suffocation is due to increased stimulation of the left ventricle on the part of the venous blood, for this phenomenon may be the result of the difficulty which the unarterialized blood experiences in getting through the systemic capillaries—a difficulty by which the ordinary contraction of the ventricle is made to tell with increased force in distending the coats of the intermediate arteries.

And it is certainly unnecessary to assume the existence of any stimulating properties in the venous blood to explain the contraction of the uterus which was brought about by injecting such blood into the aorta of a pregnant rabbit; for is it not a well-known fact that the uterus has often contracted and expelled its contents when pregnant animals have been bleeding to death in the service of science?

It would seem, also, that an argument in favour of the idea that the contraction in these several cases is really due to the absence of arterial blood may be found in a recent experiment,* in which Dr. Harley seems to show that strychnia and brucia act, in part at least, by *preventing the arterialization of the blood.* In this experiment, Dr. Harley measures two equal portions of the blood of a calf into graduated tubes, and mixes a small quantity of strychnia with one portion. Then, after thoroughly saturating the blood in each tube with oxygen by repeatedly shaking it with fresh quantities of air, he corks it up with 100 per cent. of air, and continues the shakings at intervals. At the end of twenty-four hours, the air within the tubes is analyzed by Bunsen's method; and, as the result of this analysis, it is found that the air which has been in contact with the blood containing strychnia contains more oxygen and less carbonic acid than the air which had been left in contact with the simple blood—thus:

—	Composition of Common Air.	Composition of Air after having been in contact with *Simple Blood* for 24 hours.	Composition of Air after having been in contact with *Blood containing Strychnine* for 24 hours.
Oxygen ...	20·96	11·33	17·82
Carbonic Acid	·002	5·96	2·73
Nitrogen ...	79·038	82·71	79·45
	100·000	100·00	100·00

In other words, the strychnia has prevented the blood from absorbing oxygen and giving off carbonic acid. It has prevented the blood, that is to say, *from becoming arterial,* and for this reason the action of the poison may be said to be equivalent to actual loss of blood. It may be said, indeed, to be equivalent to very copious loss of blood, for in the experiment of which the results are given in the accompanying table, the addition of a very minute portion of poison may be considered as equivalent to a loss of two-thirds of the whole amount of blood, inasmuch as this addition destroyed two-thirds of the power which this blood had of absorbing oxygen, and of so becoming arterial. When brucia is used, the only difference is one of degree.

The action of the blood, then, be that what it may, would seem to be exerted in counteracting, rather than in causing, muscular contraction. At any rate, there would seem to be no reason, so far as we have seen, for supposing that blood is in any sense a stimulus to muscular contraction.

* THE LANCET, June 7th, 14th, and July 12th, 1856.

ON INTESTINAL FEVER.

By WILLIAM BUDD, M.D.,
SENIOR PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

"The accurate record of facts in natural history is one and a good aim; the deduction of their true consequences is a better."—OWEN.

ADDITIONAL NOTE ON THE NATURE OF THE INTESTINAL AFFECTION.

(*Concluded from p. 190.*)

As regards intestinal fever, I have endeavoured to show, in a former paper, what propagation by contagion really implies. If there be one thing more certain than another in the history of the disease it is, that this property is not an accident or epiphenomenon—not a thing that may be put off or on, but an attribute which springs out of conditions that touch its most intimate essence. *To reproduce and cast off a specific morbid poison is inherent in its very nature, or, as I said before, is the disease itself.*

But if this be so, the only other element needed to explain, in the most simple way, everything that occurred at Windsor is, that the affection of the intestines which accompanied the fever should be what the three specimens figured on pages 188 and 189 represent it to be, and that the excreta from it should be charged (as under this view they necessarily would be) with the specific agent by which the contagion takes effect.

If these excreta contain the fever virus, it is certain that the sewers were being incessantly impregnated with it, and being so impregnated, it is equally certain that they could not fail to be the principal media for the propagation of the fever. So that the events, as they actually occurred, are not only fully explained, but might have safely been predicted.

To hold, under these circumstances, that the fever which the sewers were communicating was not the effect of the specific fever-stuff with which they were so largely supplied, but of some perfectly undefined and purely hypothetical compound which putrefaction is supposed to extricate from common sewage, seems to me to be nothing less than to invert all the rules which philosophy and experience have united in showing to be essential to a true induction. It is to hold still, and in spite of what we now know of the method by which fungi propagate, that mildew is actually *generated* by decay, and not by mildew spores.

To place on unassailable ground the theory of the Windsor fever which I here venture to substitute for that hitherto proposed, it is, however, necessary to show not only its own fitness, but the untenability of the rival and only other possible view. Without anticipating the more complete discussion to which I hope on some future occasion to subject this branch of the question, I may remark, that under that view two great difficulties at once suggest themselves.

Assuming, for the sake of argument, that in the great majority of cases the fever was caused by the common pythogenic compounds which exist in all sewers, what are we to say to the cases which sprang from contagion? Had the poison two entirely distinct sources? Bred in the most intimate recesses of the living body by that most specific of processes which constitutes the fever itself, was it also bred by the common chemical changes which occur in mere "filth"? To establish a supposition so improbable on its very face as this sup-

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position is, it is essential that the evidence should be not only open to no ambiguity, but of a nature to preclude every other possible explanation. How far this was from being the case we have already seen. We know, in fact, that all the while other conditions were in operation, which might possibly, at any rate, explain in the most natural way all that happened, and render the supposition in question altogether gratuitous.

The nature of the other difficulty referred to can only be seen by enlarging the field of view.

One of the great characteristics of the Windsor outbreak was the intense power with which, wherever it took effect, the fever-producing cause was acting. Even in the comparatively well-appointed houses of the middle and upper classes it was no uncommon thing for four or five inmates to be struck down at once, or in pretty close succession. But if this were the effect of common sewer emanations, how can it be reconciled with the fact that at the very same time this fever was entirely absent from other places without number, where, nevertheless, there was the evidence of a sense which cannot deceive us, that such emanations were in the highest degree rife.

During the very period when the Windsor epidemic was at its height, I was in the habit of visiting several thickly-peopled courts in Bristol, where the atmosphere of the houses was charged with sewer effluvia to a degree that would not be endured for a day except by persons who were bound by the iron chain of poverty to a fixed spot. And yet, all the while, in not one of these courts did a single case of fever arise. Hundreds of other medical practitioners could, I doubt not, bear the like testimony.

The intense contrast between the results in these two cases showed by evidence of peculiar cogency and force that some difference must have existed in the nature of the effluvia. The miasm that on every hand was laying whole families prostrate with fever, and the miasm that at the very same time was for months together causing no fever at all, must have differed in some essential thing.

Under the supposition that in the one case it was the vehicle of a contagious virus, while in the other it consisted only of pythogenic compounds, the two orders of events were at once explained. On the supposition that pythogenic compounds are the cause of fever, they are absolutely inexplicable. Adopt the one view, and all is consistent and in harmony with what we know; adopt the other, and everything is inconsistent and at variance with what we know. The events no longer cohere: we have to take up one theory for one set of facts, and another theory for another set; to explain how it was that the fever sprang sometimes from the sewer and sometimes from contagion; to show why, while it was so deadly at Windsor, it was entirely absent from places where the sanitary condition was fully as bad. In one word, we have to reconcile irreconcilable things.

Before I leave this topic, I have one more remark to make. If the version of the Windsor fever here given be the true one, we need go no further for evidence to show that the intestinal discharges are not only contagious, but incomparably more so than anything else cast off by the sick. We have seen that out of the whole 350 or 400 cases, there were only four that could be traced to direct *personal* communication. Even in these four it does not appear that the disease might not have been propagated by what was thrown off by the bowel. In the remaining 340 or 350 the poison was transmitted through the sewer; or—to state the fact in other words, for now I feel we are entitled to do so—the fever was the work of the intestinal virus.

The whole history is, in short, summed up in the two orders of facts which are here contrasted. The cases of proved contagion showed by decisive evidence what was the nature of the law by which the fever was being multiplied; the propagation of the fever through the sewers showed, by evidence equally decisive, from what particular surface of the infected body the material issued by which the law was taking effect. Owing to a peculiar combination of circumstances, both these points were brought out with the force and clearness which are generally only met with in the results of experiment. Indeed, had it been possible to furnish experimental proof of the two leading positions which these papers are intended to establish, the evidence in their favour could scarcely have been stronger than that which was here furnished by the natural order of events.

II. The second great point to which, before I conclude, I wish for a moment to draw attention, is, that the excreta to which all these fatal prerogatives are assigned are, on their issue from the body, entirely within our power. I shall show, at some future time, that by placing two ounces of a caustic solution of chloride of zinc in the nightstool, on each occasion before it is used by the fever patient, the intestinal discharges may be entirely deprived of their contagious powers. I have not space now to give in its full development the evidence on which the opinion is founded, but I believe the inference to be sure, that if the simple measure here referred to were universally carried into effect, intestinal fever, as far as it is propagated by sewers, would soon become extinct. To ensure the universal adoption of a measure even so simple as this, would, however, require a degree of co-operation amongst medical men, and of zeal and intelligence amongst the attendants on the sick, which, at present at least, we have no right to expect. But although we may not attain to so desirable a consummation as this, we may come indefinitely near it. At present the great bulk of what escapes from the diseased intestines of fever patients in this and other countries is let loose upon society without the slightest precaution being taken, and we see with what result. I trust the time is not far distant when to allow these matters to pass into the cesspool or sewer, in full possession of all their deadly power, will be looked upon, not merely as a careless, but as a highly culpable, act.

Clifton, Feb. 1860.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

COMPLEX HEART DISEASE. NECROPSY.

"THE patient whose body we are about to examine was admitted yesterday morning; and, in spite of all attempts to rally his failing circulation by means of local and general stimulants, died, as was predicted, in the course of about twelve hours.

"He was a fine-looking man, aged fifty-four, who, after serving as a soldier during many years abroad, and being since employed as a messenger at home, began, a week or two ago, to suffer from attacks of dyspnœa. They were severe; attended with great distress in the cardiac region, but with nothing which could be called pain; provoked by exercise, especially by rapid movement; lasting a few hours, but leaving some difficulty of breathing behind them during their absence. They were soon followed by slight œdema of the ankles. The increasing severity of this dyspnœa and dropsy was accompanied by great prostration, which led him to apply for admission.

"To look at his face was enough to assure me that he was dying, and of a cardiac malady. His skin was cold and pale. His lips not definitely blue; but of a somewhat bloodless, though bluish tinge. His urine scanty, but concentrated. His liver was large; presumably from congestion. His dropsy was by no means excessive, and was almost limited to the lower extremities.

"His breathing (about 24 times in the minute), though it forced him to sit upright, was deep and effective, as respects its altering the bulk of his chest. Some crepitation (doubtless of œdema) could be detected in the back and lower part of both lungs; elsewhere the inspiratory sounds were noisy, but healthy. The left lung, indeed, was larger than it should be, and, during this noisy inspiration, overlapped the heart to quite the degree seen in average emphysema, pushing down the cardiac impulse into the epigastrium.

"In short, here were lungs substantially quite free from disease, and working double tides. The dyspnœa, therefore, was due to no fault of theirs; but was (as shown by the other symptoms), in all probability, *cardiac*.

"Looking then to the heart, the feeble pulse of 100 per minute at the wrist was found to be associated with so weak a condition of the central organ, that neither first nor second sound could be distinctly heard. Their inaudible state was of course partially explained by the noisy lung, which overlapped their proper seat. But it was also rendered still more explicable by a soft, long, bellows sound; which a comparison with the impulse and pulse showed to be essentially systolic, and which was chiefly (if not exclusively) heard over the lowest piece of the sternum.

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"On inquiry, the patient denied having ever experienced any illness save a slight fever, and a diarrhœa or dysentery, in India many years before. He had been in good health and at work until this rather sudden illness; during which I fear he had been almost uncared for.

"What, then, was our diagnosis? The heart was failing, the patient probably dying. Comparing the various symptoms, and contrasting the state of the heart with that of the pulse, I could express a downright disbelief that there was any valvular disease; and a strong belief that the lesion was in the coronary arteries. But what was the nature of the bellows sound? In its site and character it resembled the brushing noise caused by areolar tissue replacing extensive pericardial adhesion. Still I dared not lay much stress on this suggestion. For, on the one hand, such a sound seemed partially explicable by the cardiac contingencies of the act of dying—especially by distension of the right ventricle and tricuspid regurgitation. On the other hand, though in a more chronic case, the fluctuations of such a sound might have been gauged and tested by repeated auscultation, yet the patient's dangerous state, and the distress and excitement caused by even the most gentle and rapid inquiry into his physical signs, rendered any further examination improper. The diagnosis of any particular case is necessary to its suitable treatment. And diagnosis in general is one of those features which especially distinguish medicine from quackery. But it is not to be cultivated at the expense of the patient: to be allowed to endanger the success of the treatment, or even to embitter the last hours of life by useless and indecent researches into unimportant details. I have really sometimes felt pained to see, in our larger hospitals, a forest of stethoscopes (like Birnam wood come to Dunsinane) planted on the excavated chest of a poor creature dying of consumption; with little good to such casual students of disease, and with great pain (if not harm) to the unfortunate sufferer.

"What therefore do we now expect to find? A heart, I think, rather large and weak, probably dilated. Coronary arteries atheromatous, if not downright ossified in part of their course. Valves *not* altered by any structural lesion. A pericardium perhaps showing traces of old inflammation, either in the form of areolar tissue or large white patches. Lungs substantially healthy. A liver large and congested."

[The heart was much dilated and hypertrophied. Its coronary arteries—especially the right—atheromatous; here and there ossified for some distance. The pericardium everywhere obliterated, and replaced by a soft, lax, delicate areolar tissue, permitting free movement of the organ within its enclosing fibrous membrane. Liver very large, and congested with dark blood. Lungs collapsed, healthy. Ascending aorta considerably dilated, and atheromatous.]

"This necropsy well illustrates the uncertainties and defects which sometimes oppose exact diagnosis.

"It is clear that, during life, we underrated the heart's size. The then state of the lungs is our excuse.

"It might seem, too, that we did the same for the liver. But I believe that the larger size now suggested (rather than proved) by our examination is due to that venous stagnation here which often accompanies the final agony.

"As regards the valves, the coronary arteries, and the pericardium, we were right enough. Or rather, considering the hesitation and caution with which the pericardium was spoken of, only half right as regards this structure: where, by the way, the absence of that retraction of the thoracic walls, and of those jogging, tumbling impulses, and muffled distant sounds of the heart, which are usually noticed in coincidence with such a lesion as this, seem referable to the prostrate and moribund condition of the organ and of the patient.

"But, in respect to the aorta, it must be owned that a considerable lesion was overlooked altogether.

"Was this overlooking due to inaccuracy, or was it unavoidable? The latter is the alternative which, with every allowance for the circumstances of the case, and every wish to get from it a real lesson for the future, seems to me preferable.

"The bellows sound we heard was, I feel sure, almost exclusively pericardial. The pulse was, allowing for the heart, a fair one. And really, looking to the history of this case in particular, and of analogous cases in general (in which large, slow, uniform dilatation of the aorta is often revealed only by the examination after death from some independent disease), I almost doubt whether, even if we had examined the patient months before his last attack, the soft murmur and the enlarged calibre which the affected segment of aorta might presumably have offered, would not have been, for practical purposes of diagnosis, obscured and lost in the signs produced by the altered pericardium and the expanded left lung."

ON THE

MERCURIAL TREATMENT OF CROUP IN RURAL DISTRICTS.

BY C. HANDFIELD JONES, M.B. CANTAB., F.R.S.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

THE following communication seems to me of so much interest that I need not apologize for introducing it to the notice of the profession. I have often felt that there was a vast amount of most valuable unpublished experience of a like kind, which it would be most desirable to have produced. We have too much by far been in the habit of recording the experience of our large towns and hospitals, and overlooking that of country practitioners. I believe, from various facts that have come to my knowledge, that a great difference would be found in the character of disease in rural and urban districts, and probably in different rural localities—as, for instance, in northern and southern. I cannot but think that much light might be thrown on the general character of disease, and on the subject of treatment, by a clear statement of such facts. My informant on the present occasion is Mr. A. Ferguson, of Notting-hill, who has most kindly placed in my hands the two following letters from his brother, which I give almost textually.

"High Hesket by Carlisle, Cumberland, Jan. 23rd, 1860.

"Dear A.,—As you want to know the treatment of croup by calomel, adopted for many years so successfully by our father, I hasten to send you his ideas as to the mode and extent of its administration. The treatment was first suggested by one of the Hamiltons, he believes the younger. He would give to an infant of six months a grain and a half of calomel every hour till it purges freely; to a year-old child two grains, and to one two years old sometimes even four grains, until you get the bowels well acted on, or it vomits repeatedly. He has always noticed that the stools are of a greenish colour, something like chopped spinach; and immediately consequent upon this discharge an alleviation of the symptoms follows. When that is observed, the dose must be repeated less frequently, perhaps only once in two hours for some time, then still seldomer, and lastly gradually abandoned altogether. Should the child be much weakened by its use, or from other causes, stimulants must be given freely. He says it is wonderful how much calomel children can take *in a short time* without affecting the bowels, or purging violently afterwards. Sometimes he has known fifty, sixty, and even a hundred grains to have been given before the disease succumbed, or any material effect was produced. Salivation in this way cannot be produced, give it to any extent you like, *in children*. Of course he used occasionally, as the case indicated, auxiliary treatment of different kinds, such as emetics and the warm bath, both of which he is extremely fond of.

"These suggestions, you know, are the result of experience in a *purely country practice*, where the children are strong and robust, and so different from those in a densely populated town; and in carrying out such a plan of treatment you must be guided by that difference in constitution and stamina, and modify it accordingly. For instance, in strong children, he used to leech preparatory to the mercury. I suppose you would hardly do that in any case in London. However, that does not affect the virtue of the mercurial treatment, he thinks, in the least. By the way, he would commence it at the most advanced stage—in fact, as long as he could get it swallowed. He is fond of an emetic of pulv. antim. tart. at the commencement, if the patient can bear it, and occasionally applies sinapisms over the root of the neck. You will remember hearing him mention M. B.'s case; so desperate was it, and so little hope had his parents of recovery, that they were arranging his dead-clothes when he arrived.

"Your affectionate brother,

"C. FERGUSON."

The second letter answers inquiries I had made as to the length of Mr. Ferguson's experience, which I learn extends over a period of fifty years, during which he has employed the above treatment. Mr. A. Ferguson believes that the yearly average of croup cases may be stated safely at twenty, which would give a total in the fifty years of 1000—a large basis certainly of experience. The number of cures amongst these has not been accurately observed; but the per-centage was certainly

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very high, as Mr. Ferguson regarded calomel "as a wonderfully reliable medicine, and never despaired of its success by giving it in what some would deem a hopeless case. So much so that I have heard him say that he has been astonished on hearing that neighbouring medical men had been called in, *in sufficient time*, with an unfortunate result. The weather most likely to cause the disease in this country is certainly during the prevalence of East wind; but he assigns its frequency more to a steady, cold, bitter one, such as we have commonly in the spring, than to the helm wind from the East you mention, which is so gusty and violent as to spend its force more speedily. Of course, *cæteris paribus*, in any case you will have most chance of success in being called early; but he would recommend still a trial of the calomel at an advanced stage of the disease, so long, perhaps, as you can with safety from impending suffocation get it over the root of the tongue," &c. &c. Yours, C. F.

Perusing this account as a perfectly unprejudiced reader, I must say it makes a strong impression on me. Though not having the pleasure of the elder Mr. Ferguson's acquaintance, or of the writer's, I am sufficiently intimate with Mr. A. Ferguson to be able to form an estimate, and that a very favourable one, of his sobriety of judgment, discerning capacity, and medical experience. The information given to me was no boastful flourish, but a simple statement made in conversation; and it was only at my express request that the details were procured which I have given above. Further, I may say that my own experience of croup in London is most opposite to Mr. Ferguson's. I incline very much to Dr. Conway Evans's opinion of the advisability of early tracheotomy; and I have very small hope indeed from mercurials, if antimony fails. But I am quite inclined also to the opinion that croup in the neighbourhood of Carlisle may be vastly different from what it is in London, and that the treatment should vary accordingly. At any rate it seems to me well worth while that we should search out and consider such facts as those afforded by Mr. Ferguson's experience now that we are thoroughly sifting and testing the pretensions of our remedial agents, especially those of mercury. Wishing to judge wisely and fairly, it seems to me very difficult to suppose that any practitioner of ordinary intelligence, having no theory to defend, or conceivable cause to bias his judgment, should have pursued such a line of practice for fifty years if he had not found it really valuable. If similar testimonies to the good effects of mercury should multiply, we shall feel compelled to reject the absolute view adopted by the lamented Dr. Todd, that mercury has no power to promote the resolution of acute inflammation. In my own belief, everything depends on its being administered in *appropriate* cases. Such I consider are those in which true hyperinosis exists.

Albion-street, Hyde-park, Feb. 1860.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

CHRONIC INTESTINAL OBSTRUCTION FROM STRICTURE OF THE RECTUM; AMUSSAT'S OPERATION FOR ARTIFICIAL ANUS; SURVIVAL FOR THIRTEEN DAYS.

(Under the care of Dr. ADDISON and Mr. BRYANT.)

OF the various operations in surgery which are deemed important from their magnitude, or from the particular parts which may become involved, we think that there are but very few which exceed that for an artificial anus, either in point of gravity or importance. A case must be serious indeed that requires its performance, and yet experience convinces us, that under any circumstances, a fatal result must sooner or later be anticipated, unless surgical interference is resorted to, with the chance of prolonging life, or, possibly, of effecting a cure. Instances of the latter have already appeared in our "Mirror." (THE LANCET, vol. i., 1856, p. 401.) Owing to some peculiar cause, however, even under tolerably favourable circumstances, a few hours, or, perhaps, a few days, is generally the limit of existence after relieving the bowel by perforation, whether the opening be made in the loin or in the groin. The last case which we briefly noticed,—a patient in St. Mary's Hospital, under Mr. Lane's care,—survived twelve hours after the operation, it having been attempted for constipation from stricture of the colon. (Vol. ii., 1858, pp. 551 and 604.) Mr. Luke's case, which we record to-day, lived six hours, and Mr. Bryant's survived thirteen days. In the interesting case of Mr. Johnson, the child lived two days. However discouraging this fatality may appear, the question of operation is one that is determined as a matter of necessity; for as we have seen on more than one occasion, when patients have declined to submit to it, they have succumbed very shortly after from the consequences of the constipation, and a post-mortem examination has revealed a state of things which held out fair prospects of success had an operation been performed.

The causes which give rise to the intestinal obstruction are various, and often very curious: thus, in a case which was submitted to operation by M. Jobert (de Lamballe), the sigmoid flexure of the colon, from distension by flatus, had turned upon itself, and formed a fold, which presented an obstacle to the passage of fæcal matter. (Ibid., vol. ii., 1857, p. 90.) Yet in such a favourable case, death ensued. The almost invariable cause, however, when the obstruction is chronic, is some disease of the large bowel, and this is situated, in the greater number of instances, below the descending colon, at the upper part of the rectum, or in the sigmoid flexure. The disease may be stricture, contraction from ulceration, or from cancer. A good instance of the last form, in which the patient survived fifteen hours, is related by Mr. Erichsen, in a clinical lecture upon Amussat's operation, in the first volume of this journal for 1857, (p. 55,) in which the principle of the operation, and the cases requiring it, are most fully considered.

In Mr. Bryant's patient, the constipation had been present, at intervals, since Christmas, 1858. Three months before admission she passed much blood, which was preceded by very severe pain, and on entering the hospital, nothing solid had passed from the bowels for three weeks. The abdomen was enormously distended and tympanitic, and, as stated in the report of the case, the coils of intestine were very evident through the skin. The obstruction was discovered to depend upon stricture of the rectum some inches up the gut, and the operation was attended with the most marked relief, several pints of feculent matter being got rid of. Everything went on favourably for several days, and strong hopes were entertained of recovery. But there was one drawback—very little food was taken, and this so impaired the vital powers, that the wound began to slough, and death ensued on the thirteenth day, from the exhaustion consequent upon the want of nourishment. There was a general absence of peritonitis, and the colon was found healthy, the obstruction having arisen from a simple stricture of the rectum, as if the bowel had been tied by a piece of string. There was some inflammation of the cæcum, with an abscess in the vermiform appendix.

We avail ourselves of the notes of Mr. W. E. Evans, clinical clerk.

Mary P——, aged forty-eight, residing at Rotherhithe, was admitted into Guy's Hospital on October 5th, 1859, under the care of Dr. Addison. She was a married woman, the mother of nine children, two only of whom are living, the youngest aged six years. She was a small, thin, active woman, and stated that her health had always been good; and no hereditary tendencies to malignant or other disease could be discovered. Her history was as follows:—About Christmas, 1858, she began to be troubled with constipation, and was soon obliged, as she said, to keep a bottle of salts always in the house. She then had slight occasional pain in the right iliac region, and also upon going to stool. Soon after Christmas she noticed blood in her motions, but she went on very well till three months ago, when she had severe pain and passed much blood, being obliged to take to her bed, which she kept for some weeks, when she again got up and did her usual light work about the house. About this time the catamenia ceased. Three weeks before admission constipation came on, which she was unable to overcome with the ordinary remedies. This continued; although at times, after great straining, a small quantity of liquid fæces would pass, tinged with blood, accompanied with great pain.

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On admission, she stated that for three weeks nothing solid had passed her bowels. Her abdomen was enormously distended and tympanitic, the coils of intestine being very evident. She had had some retching, but no vomiting; and was afraid to eat or drink, as it aggravated her pain. Her face was flushed; skin hot; pulse 100; tongue moist. She was apparently worn out from pain and want of rest. Opium was ordered, and an ordinary soap enema.

The following day the rectum was examined, and a complete stricture detected some three inches up the bowel. Mr. Bryant then saw her in consultation with Dr. Addison, and it was decided that the only chance for the patient would be given by performing Amussat's operation. This Mr. Bryant did, at half-past three, the patient being under the influence of chloroform. The incision adopted was the vertical one, made parallel with the outer border of the quadratus lumborum muscle in the left loin. The colon was at once found, the abdominal muscles and fascia being divided; and, having been opened, it was stitched to the edges of the wound by four sutures, two others being placed in the integuments. One vessel was divided in the operation, which was tied. Three pints of liquid fæces came away at once, and immediate relief was given to the patient. Opium was administered freely, with beef-tea, wine, and other food; a large poultice being applied to the wound to receive the fæces, which flowed in great abundance for some hours.

The next day the abdomen was completely flaccid, and she was without pain. She passed a good night, and took her food fairly.

Everything went on well for a few days, although the patient was unable to take sufficient nourishment. At last, the edges of the wound began to slough; aphthous inflammation of the mouth and fauces appeared; and she gradually sank upon October 19th, thirteen days after the operation, being free from all pain, and dying simply from inanition.

Post-mortem examination, from the notes of Dr. Wilks.—No repair round the wound in the integument; skin beginning to slough, and suppuration passed down beneath the fascia to the thigh and left labium. No peritonitis, and small intestines healthy. Colon healthy; wound one inch long, well defined, and adherent to edges of muscles; mucous membrane also quite normal. The cæcum was involved in a local inflammatory process, a fæcal abscess existing from an ulcer through the appendix cæci. In the upper part of the rectum, opposite the second bone of the sacrum, was a stricture; at this spot the bowel was constricted as if by a ligature, and had formed an adhesion to the part where in contact; so that in the attempt to remove it it tore asunder when the bowel was opened. A contracting ulcer was seen surrounded by a raised vascular margin of mucous membrane and submucous deposit. The whole disease was about the size of a crown, but of an oval shape, and included the whole calibre of the intestine. The kidneys, bladder, uterus, and vagina were healthy.

LONDON HOSPITAL.

INTESTINAL OBSTRUCTION, FROM CANCER OF THE RECTUM; OPERATION FOR ARTIFICIAL ANUS IN THE LEFT GROIN; DEATH IN SIX HOURS.

(Under the care of Mr. LUKE.)

SCIRRHOUS disease of the rectum gave rise to the obstruction in the present instance, which had been present for nearly six weeks. The patient had, besides, double reducible inguinal hernia, that on the left being the larger. It was in the situation of the latter that the sigmoid flexure of the colon was opened, after being drawn towards the groin. The relief did not seem to be very great. The performance of the operation in this situation is advocated by some surgeons as preferable to Amussat's in the loin; but if experience is to decide the question, it will readily be accorded in favour of Amussat's. We very well recollect, however, the case of a woman under the care of Mr. Adams in the same hospital, in whom the bowel was opened in the groin for disease similar to that in Mr. Luke's patient, and she survived many months afterwards. The stricture in the following case was so small as scarcely to admit the passage of the little finger:—

A man, aged forty-five years, was admitted on the 15th December, suffering from constipation and sickness, the latter occurring several times during the day, but not fæcal in character. The bowels had not acted for eight days before admission, but similar attacks had been present occasionally for a period of about six weeks. An examination of the rectum by the finger and long tube showed a narrowing of the gut about five or six inches from the anus, and the body of the bowel below this was discovered to be preternaturally distended. There existed on both right and left sides a reducible inguinal hernia, larger in the latter than in the former situation; but these ruptures did not appear to have anything to do with the symptoms under which the patient was suffering. Two days having elapsed, and the symptoms becoming aggravated, with great constitutional depression, Mr. Luke performed an exploratory operation. Having reduced the left inguinal rupture, the canal was laid freely open, and the incision prolonged upwards and outwards. The index finger was passed through the abdominal opening deep into the cavity, and near the brim of the pelvis a hardened, narrowed portion of the rectum was detected. The sigmoid flexure was then drawn towards the inguinal incision, and was fixed and opened in the usual manner. The patient survived the operation only six hours.

At the post-mortem examination, the disease of the rectum was found situated about six inches from the anus, and consisted of a deposit of cancer beneath the mucous membrane, which latter had been much protruded, and the cavity of the bowel encroached on, so as only to admit of the passage of the little finger. At the upper and lower border of the diseased mass the mucous membrane was much engorged and ecchymosed, and at the middle it had ulcerated away. The growth encircled the calibre of the bowel, and was an inch in length in its vertical axis.

HOSPITAL FOR SICK CHILDREN.

IMPERFORATE RECTUM; PERFORMANCE OF LITTRÉ'S OPERATION IN THE LEFT GROIN; FATAL RESULT TWO DAYS AFTERWARDS.

(Under the care of Mr. ATHOL JOHNSON.)

WHEN an artificial anus is made in a child, it is either for an imperforate anus or a congenital absence of the rectum. For the former it is not adapted unless there is some peculiar complication, as occurred in the present instance, wherein the recto-vaginal pouch of peritoneum, filled with fluid, invested the termination of the rectum, as well as the anal cul-de-sac. On puncturing this pouch, exit was given to some serous fluid, but no meconium was present, nor was there another pouch observed to indicate its presence. Littré's operation was therefore performed, with the results as stated below.

That the operation in children is sometimes attended with success, is proved by a communication brought before the Academy of Medicine of Paris in 1859 by M. Rochard, chief surgeon to the Seamen's Hospital at Brest, in which five cases were narrated of patients who had all lived to a more or less advanced age, after having had an inguinal anus made at birth, in consequence of a total absence of the anal orifice. (THE LANCET, vol. i., 1859, p. 219.) The success in this instance, therefore, is some encouragement to perform the operation in similar cases; and although it has been done in the loins as well as in the groin, the almost unanimous verdict of surgeons is in favour of that in the latter for a child, more particularly as the lower end of the colon is not so firmly bound down as in the adult, and is therefore difficult to get hold of in the loin. An artificial anus is considered as better concealed and more manageable by the patient in the groin than in the loins. In such cases as the present, Mr. Erichsen prefers the establishment of an artificial anus in its natural situation, as mentioned in his Clinical Lecture already referred to—a practice which has been resorted to several times, of late years, in University College Hospital. Mr. Johnson, however, is, we believe, one of the first, if not the first English surgeon who has attempted Littré's operation in the child. The details are full of interest:—

A female child, three days old, was brought to the above hospital, on the 29th of December last, with imperforate anus. On examination, the external aperture was found in its usual position; but, on dilating it so as to introduce the finger, the passage was found to be only about a half or three quarters of an inch in length, terminating in a cul-de-sac. When the child cried or strained, a fluctuating tumour could be distinctly felt by the finger pressing down upon the lower passage, and which was supposed to be the termination of the rectum dis-

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tended with meconium. After a day's delay, to allow of greater accumulation of fæcal matter, having introduced the finger into the anal passage, and feeling the fluctuation distinctly, Mr. Athol Johnson passed a trocar by the side of his finger and introduced it into the tumour above. On withdrawing the trocar, about three ounces of perfectly clear and transparent fluid, unmixed with blood or meconium, flowed in a full and rapid stream through the canula. The fluid looked very much like urine; but the child being a female, it was evident that the bladder could not be in that position, and, on boiling, complete solidification took place, showing that it was serum, and that it must have come from the distended peritoneal cavity. The canula having been removed, and the finger again introduced, no swelling could be detected; and as the serous membrane evidently came down upon and partially invested the cul-de-sac, it was not deemed expedient to make any further attempt at reaching the bowel in that situation. In the afternoon of the same day, with the assistance of Mr. Holmes, Mr. Athol Johnson determined to perform Littré's operation in the left groin. An incision was made a little above the level of the antero-superior spine of the ilium, nearly parallel with Poupart's ligament, and the various parts divided, until the peritoneum was reached. On opening this, a considerable quantity of serum escaped, and the sigmoid flexure presented itself at the wound, moderately distended with meconium. This was secured to the edges of the incision by sutures, and having been freely opened, a quantity of meconium flowed out. No protrusion of the small intestines took place, and no amount of hæmorrhage occurred. The child was a little cold after the operation, but took some milk, &c., pretty freely.

The next day she was brought again, and appeared to be going on well, taking the breast readily, and not having had any sickness.

On the evening of the following day, however, according to the statement of the medical attendant, she got weaker, and died without any marked symptoms of peritonitis.

On examining the parts, peritonitis was found to be present to some extent. The portion of intestine opened was the sigmoid flexure, a few inches before its termination in a blind extremity in the pelvis; this had been secured to the integuments, and no escape of meconium into the peritoneal cavity had occurred. The sigmoid flexure and descending colon were, as is generally the case at this age, so completely surrounded by a meso-colon, and so loosely attached to the parietes, that it would have been impossible to have opened them in the lumbar region without wounding their serous covering. The termination of the rectum in the pelvis was at no great distance from the anal passage, but the recto-vaginal pouch of peritoneum descended unusually low in this case, investing the rectum, as well as the upper surface of the anal cul-de-sac, to such an extent as to have rendered it almost impossible, especially when the peritoneal cavity was distended with serum, to establish a free passage from the anus into the bowel above. This pouch had been punctured by the trocar, but the opening had pretty well united, so that it was discovered with difficulty.

One or two points of interest will probably be noticed in this case:—

1. The fact that, even if a fluctuating swelling is distinctly felt at the perinæum or in the anal orifice, it may arise not from the distended bowel, but from dropsy of the peritoneum, and consequently this membrane may be punctured.

2. That the peritoneum, perhaps in this case pushed down by the dropsical effusion, may descend so low as seriously to interfere with operative treatment in this situation.

3. That the only other operation practicable in this case was Littré's operation in the groin; the post-mortem examination showing that an attempt to open the colon in the lumbar region would have been attended with such difficulties as to offer no chance of a successful result.

4. The incision having been made high up, rather above the level of the antero-superior spine, the bowel was reached without any trouble.

ST. THOMAS'S HOSPITAL.

THE RECENT CASE OF WOUND OF THE CAROTID ARTERY; DETACHMENT OF THE LIGATURE.

(Under the care of Mr. LE GROS CLARK.)

THIS interesting case, reported in a recent "Mirror," has thus far proceeded satisfactorily. The ligature placed upon the common carotid came away on the 8th of February—sixteen days after the operation. There has been no hæmorrhage, and the man has gone on exceedingly well. We are glad to be enabled to clear up a point in favour of the patient—viz., that the severe wound of the neck was not self-made, but was inflicted by an infuriated woman. Our remarks appertaining to the situation of the wound (*ante*, p. 141) will, therefore, apply to her, and not to the poor man himself.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 28TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON A NEW METHOD OF EFFECTING THE RADICAL CURE OF HERNIA.

BY JOHN WOOD, F.R.C.S. ENG.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL; DEMONSTRATOR IN ANATOMY AT KING'S COLLEGE, LONDON; SURGEON TO THE LINCOLN'S-INN DISPENSARY.

THE author commenced by a brief sketch of the *anatomy of the inguinal region*. The peculiarities of structure of the parts concerned in inguinal hernia, of which especial advantage is taken in the operation proposed and practised by the author, are: 1st, the mobility and sliding power of the skin in the groin, owing to the synovial character and loose areolar meshes of the deep layer of superficial fascia; 2nd, the total absence of fat from the areolar tissue of the scrotum, its density, elasticity, toughness, and great vascularity enabling the surgeon to invaginate it into the inguinal canal, to retain it there by stitches, and cause it permanently to adhere to its sides and to the cord; 3rd, the protection afforded to the peritoneum and vessels (epigastric and circumflex iliac) by the intervention of the fascia transversalis, and its connexion with the deep surface of Poupart's ligament; 4th, the formation by the conjoined tendon of the internal oblique and transversalis muscles and triangular ligament of the greater portion of the posterior wall of the canal, and the feasibility of raising the former by the finger passed into the canal behind the lower edge of the internal oblique muscle, so as to pass a needle through it and the internal pillar of the external abdominal ring together. The author then stated that the methods respectively practised by Ragg, Bonnet, Gerdy, and more lately by Wützer of Bonn, and Rothemunde of Munich, most frequently fail in producing a permanent cure chiefly by their not obtaining a hold upon the posterior wall of the canal, and their securing only the anterior portion of the fold produced by invagination, leaving the posterior half of the fold ready for the reception of a fresh portion of intestine. The objections to the introduction of a hard dilating plug into the invaginated fold of skin and its retention, by Wützer's method, are as follows: that the skin and fascie intervening in two layers between the compressing hard surfaces and the serous laminæ of the invaginated sac, ward off from them in great measure the effect intended,—namely, that of adhesive inflammation; while the absence of counter-pressure behind the posterior fold renders the dilating force of the plug almost nugatory, unless sufficient expanding power to cause sloughing be employed—to the great distress, not to say danger, of the patient. The dilating action of the plug upon the canal and external ring leaves the latter in a worse condition than before in case of the failure of the operation. The principle of plugging up a dilatable aperture like the inguinal opening is surely a false one. The invaginated skin invariably descends when the consolidation is absorbed, the latter being temporary only in its duration. The principle of the author's operation is directly opposite to that of dilatation,—namely, that of drawing together and compressing the anterior and posterior walls of the canal in its whole length, and their union by the adhesive process with the invaginated fascia of the scrotum, which is detached from the skin and transplanted into the canal, the skin being left to adhere below to the approximated margins of the external abdominal ring. By this means the posterior wall of the inguinal canal is made to act as a valve to prevent any future descent of the bowel, shutting up the superior opening by becoming united to the anterior wall through the medium of the scrotal fascia, which thus affords a very highly organized and vascular connective tissue between the tendinous surfaces, which it would be very difficult to cause to adhere together otherwise. The fascial invagination

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becomes likewise firmly adherent to the spermatic cord. This continues to be effective even when the temporary effusion of lymph is reabsorbed.

The operation.—This consists, 1st, in detaching the scrotal fascia from the skin over the lowest part of the hernial protrusion with a tenotomy knife, and then invaginating the fascia into the canal with the forefinger; 2ndly, in passing a strong, well-curved needle, fixed in a handle, armed with a stout, thick thread, and guided by the finger, through three points in the canal—viz., the conjoined tendon and the triangular fascia (forming the posterior wall), and the external pillar of the ring close to Poupart's ligament (forming the anterior wall of the canal). The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same aperture in the skin of the groin. This may readily be done by sliding upon the subjacent aponeurosis. 3rdly, a cylindrical or flattened compress of glass or boxwood, two inches and a half long by one inch wide, is tied firmly upon the axis of the canal by passing the ends of the ligature through the loop, and tying over the compress. Before tightening the ligature, the surgeon should satisfy himself, by passing the forefinger through the external ring, that the ligatures draw upon the posterior wall. The opening in the scrotum should be tucked well up to, but not within, the external ring.

In recent cases of hernia, in which the sac is small and possesses an intimate vascular connexion with the peritoneum, and a very slight one with the cord, it may be pushed back into the superior opening, and the ligature applied altogether external to and without puncturing the sac, thus diminishing very much the chances of peritoneal inflammation. But in old and large herniæ, the sac has a more intimate vascular connexion with the scrotum and cord, and constitutes, as it were, a separate structure, distinct from the peritoneum. In these cases the sac is necessarily invaginated with the fascia, and the ligatures pass through it. In these the inflammation set up in the sac is much less liable to spread into the abdominal cavity, especially when the upper orifice is closed by the ligature. In a large sac the adhesive process is necessary to complete obliteration of the canal, and to prevent future complications.

The compress is removed from the fourth to the seventh day, according to the degree of action set up. The ligatures may be left in a week or two longer to act as conductors for the discharges, and to keep up consolidating action as long as may be desirable. When the sac is punctured, serous fluid flows from the wound in greater or less quantity during the first three or four days.

The author called attention to the action of the rectus muscle upon the inguinal canal through the conjoined tendon, in drawing backward the posterior wall of the hernial canal, thus aiding the dilating action of the protruding bowel in the production and growth of the hernia. The effect of the ligatures and consequent adhesions in his operation directly counteracts this action of the rectus. He considers that the first tendency to oblique inguinal hernia, so often hereditary, is owing to deficient development of the lower fibres of the internal oblique producing an imperfect covering to the internal ring. In some of the cases operated on, he has succeeded in supplementing this deficiency by passing the scrotal fascia well up in front of the internal abdominal ring, and securing it to Poupart's ligament in that position.

He considers that the chief source of failure in the performance of his operation, especially in large and old cases, is in not securing a hold upon the posterior wall. By simply attaching the fascia to the pillars of the external ring, and drawing the latter together, the hernia, though prevented for a time from descending into the scrotum, still occupies the canal, and will, sooner or later, again dilate the external ring, unless constantly bolstered up by a truss. The closing of the external ring by the lower ligatures, in this operation, contributes much, however, to secure in its new position in the canal the transplanted fascia.

In small cases of direct hernia, the closure or obliteration of the external ring only may be effective in producing a cure, if care be taken to obtain a hold with the inner end of the ligature upon the triangular fascia covering the border of the rectus, immediately behind the opening of the external ring.

In noticing the objections to the plan, the author showed that, by properly protecting the point of the needle with the finger, and keeping in front of the fascia transversalis, all danger of wounding the epigastric and circumflex iliac vessels or the bowel was guarded against.

The fear of peritonitis is avoided in recent cases (in which it is most to be dreaded), by not puncturing the sac at all, but closing up the tendinous opening external to it. In old cases, adhesive action may be set up in the sac without fear of its spreading to the peritoneum, as the results of numerous cases have shown. The objections made to the limited incision into the skin of the scrotum (which is little more than a puncture) he considers to be puerile. Its advantages in permitting the escape of discharges are evident.

Full reports of fifteen cases of hernia (all inguinal) were appended to the paper. One of the cases was a boy of eight years of age; the ages of the others ranged from fifteen to fifty-four and fifty-eight years. One was a female with bubonocele; the rest were males. Three were cases of direct, the rest of oblique hernia. Thirteen were scrotal; four of large size, and three with very large and lax internal openings. Two were congenital, and two complicated with varicocele (cured also by the operation). In only one case were the symptoms at all severe, or gave suspicion of peritonitis. In this case, the patient was in King's College Hospital eight weeks; the symptoms were produced by burrowing of matter between the oblique muscles, following a diarrhœa then prevalent in the hospital (in July last). This patient made an excellent cure, was treated entirely without truss, and was one of the cases shown to the Society. The hernia had a very large internal opening, and the subject was cachectic and ill nourished before the operation. In one other case, the patient was in bed a month; in another, there was partial sloughing of the sac, which was a large and long one, with a very pendulous scrotum, and a large varicocele. This case was treated also entirely without truss, and both hernia and varicocele were cured in eighteen days. The duration of treatment in the rest of the cases varied from nine to twenty-one days. Eight were treated entirely without truss. Thirteen are good and persistent cures, and have remained firm ever since, extending over the following periods of time: one (the first), very nearly two years,—this case was published in THE LANCET of the 29th of May, 1858; another, one year; two, ten months; four, nine months; three, eight months; one, two months. Three of the cases had been before operated on by Wützer's and Ragg's methods; one case was operated on twice; one is doubtful; one was reruptured by indiscreet and early hard lifting without truss.

Six cases of cure were exhibited by the author to the fellows of the Society. Of these, four had been treated entirely without truss, and all had been well, and some severely, tested by lifting and heavy labour. The first case (operated on nearly two years ago) was amongst those exhibited. No difference whatever was apparent between the groins of the two sides. One had been cured in a year, three in nine months, and one in eight months. One of those treated without truss was congenital, in a young man aged twenty years; another was of five years' standing, in a man aged fifty eight. The rest were of eighteen, sixteen, and three months' standing respectively. All were scrotal herniæ, and two direct. Two had chronic bronchitis (at times severe) after the operation, and one during the progress of the cure.

The paper was illustrated by diagrams, to which the author directed the attention of the fellows.

Mr. HENRY LEE said that the cases which Mr. Wood had related bore ample testimony to the efficacy of the operation in his hands, and the patients which the members of the Society had had an opportunity of examining showed that the results of Mr. Wood's operation were of a permanent character. He (Mr. Lee) would, however, wish the opinion of the Society upon the question, whether the same results might not be obtained by more simple means, and a less complicated operation; for although all must allow the operation to have been most successful in Mr. Wood's hands, it had not uniformly proved to be so when practised by others. The operation which he (Mr. Lee) suggested, consisted in invaginating the skin of the scrotum into the inguinal canal with the forefinger of the left hand. Using, then, the finger as a guide, the needle, armed with a ligature, was passed through the external wall of the inguinal canal, and out through the skin of the abdomen; one end of the ligature was then left free. The needle, being withdrawn, was then passed through the same aperture in the scrotum, and through the internal wall of the inguinal canal out through the skin. The needle then being taken away, the two ends of the ligature were tied together. The ligature was then allowed to remain for several days, or to ulcerate its way out. He considered that this plan had several advantages. It dispensed with the necessity of any dissection of parts, and of the dangers arising therefrom. The skin of the scrotum descended into its natural position two or three days after the operation, and there was less consequent deformity. Although the sides of the

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inguinal canal were brought together by the ligatures, yet the permanent adhesion depended upon the lymph effusion around the ligature, which was allowed to remain for that purpose. Another advantage was, that if any matter formed in the course of the punctures made, the presence of the ligature would ensure a ready outlet for the fluid. He (Mr. Lee) related the particulars of a case in which he had performed this operation in King's College Hospital, in the middle of last September. The patient, a butcher, accustomed to heavy work, had continued his occupation for several months without any truss, and with the inguinal canal quite closed.

Mr. CURLING had no doubt that a more simple mode of procedure than that described by Mr. Wood might be adopted in many cases with success. A case of omental hernia had lately been published in the journals, in which he had employed the principle practised by Mr. Wood, but in a manner somewhat similar to that followed by Mr. Lee—by passing the needle through the anterior and posterior walls of the canal. The proceeding was quite successful. Mr. Wood was entitled to great credit for the research and originality he had exhibited in his treatment of the subject before the Society. Surgeons for a long time past had been endeavouring to find means of overcoming the difficulty of obtaining a radical cure for hernia. In no case, however, had they gone to the root of the evil as Mr. Wood had done—viz., the contraction of the opening through which the intestine descended. He (Mr. Curling), however, did not see the necessity of separating and invaginating the superficial fascia. He thought Mr. Wood's object would be attained in the passing of the needle by cutting through the superficial fascia, and carrying the finger onward into the canal. If Mr. Wood's operation were ever resorted to extensively, it must be for the purpose of dispensing with the truss, which was an object of great importance, especially to poor persons. In the cases before the Society, an operation of a very difficult character had been skilfully performed, and it would be hardly fair to expect that in other hands the results would be so favourable. Previous to the performance of the operation which he (Mr. Curling) had alluded to, he thought it desirable to practise it upon the dead subject. He accordingly did so on that of a phthisical subject, in which the inguinal canal was constricted. Now, in passing the needle under the conjoined tendons, he included a small portion of peritoneum. Such an occurrence, even in skilful hands, might possibly happen when the operation was performed upon the living body. From what he had heard from Mr. Wood, he understood that in many of his cases the sac was invaginated; the ligature, therefore, passing through the sac must pass also through the membrane continuous with the peritoneum—a proceeding which would not be altogether without danger.

Mr. HOLTHOUSE thought, although the operation performed by Mr. Wood was a valuable one, that too much importance had been attached to the drawing together of the canal and the orifices. He considered that the main part of the cure must be attributable to the adhesion of the opposed surfaces of the canal. If this were really the case, it might be questioned how far an operation was applicable in every instance of the affection. Hernia presented itself to us in great variety, and the operative proceeding, in order to ensure success, should be adapted to the peculiarities of each case. In Gerdy's operation cures had resulted, not as the effect of plugging up the canal, but of the adhesion of its sides. In some cases which had come under his observation, the plug had come down very shortly after the performance of the operation, but a radical cure was, nevertheless, effected. This could only have resulted from the adhesion of the opposite walls of the canal. With respect to the occurrence of peritonitis after Gerdy's operation, he had examined sixty-two cases in which it had been performed. Amongst these, four deaths had occurred, but not one of these was from peritonitis. One death took place from pyæmia, one was accidental, one from suppuration in the abdominal walls, and in one the cause was unknown. In a case which had come under his (Mr. Holthouse's) care, in which Mr. Wood's operation was performed, great pain was suffered in the abdomen for the first three or four days, and fears of peritonitis were entertained. On removing the ligatures, however, at the end of the fifth day, the pain gradually subsided, and the patient made a good recovery. He died of bronchitis about four months afterwards, and no traces of peritonitis could be detected.

Mr. SPENCER WELLS proposed the adjournment of the discussion, the subject being one of great importance, and the debates being really the great charm of the meetings of the Society. It would be a great advantage if the members could refer to their notes of cases, and come prepared at the next meeting to discuss the subject. As Mr. Wells' motion was not seconded, he proceeded to say that in his opinion, Wützer's operation was, in many cases, to be preferred to that described in the paper before the Society. If cases for the operation were well selected, it would be followed by great success. The danger of passing the needle through the sac was small in comparison with that of introducing vegetable threads, which had the effect of strangulating and killing the portions of tissues which they encircled. In one case, at Chatham, he believed, death had resulted from the performance of Mr. Wood's operation; another fatal case had occurred at King's College Hospital; and one case, in which Mr. Wood had himself operated, had been attended by symptoms of a very serious character. In cases in which the canal was long and narrow, and where the plug could be introduced with facility, the simpler and safer operation of Wützer was to be preferred. Where, however, the canal was short, the abdominal rings wide, and it was only possible to apply constriction upon one point of the canal, the operation of Mr. Wood, or some modification of it, such as that suggested by Mr. Curling, might be employed with advantage. He eulogized, in common with Mr. Curling, the manner in which Mr. Wood had brought the subject before the fellows of the Society.

Mr. WOOD replied at some length. He did not regard the case mentioned by Mr. Lee as coming fairly into the category of ordinary hernia; besides it was unsafe to draw conclusions from a solitary case. The same might be said of the case detailed by Mr. Curling. These cases might be regarded as successful, but the somewhat similar operation of Gerdy had, in many cases, been followed by successful results for a time, but the hernia had eventually descended. Mr. Wood then referred to some details in his paper which had been necessarily abbreviated or omitted in its reading before the Society.

ANNIVERSARY MEETING, THURSDAY, MARCH 1ST.

THE annual meeting of the above Society was held this evening,—Mr. SKEY, the President, in the chair. The report of the Council for the past year was read. The total receipts were £1477 10*s.* 10*d.*: of this sum £98 had been invested; and there was a balance of £31 19*s.* 3*d.* Eighteen Fellows had died or left the Society; twenty had been elected, fourteen of whom were resident. Amongst the deaths was one foreign honorary Fellow, three resident, and nine non-resident Fellows. The Society's funded property was now £3569. Considerable additions had been made to the library, and Mr. Wheatley, the sub-librarian, had presented it with an index, containing more than 3500 references. This had been ordered by the Council to be printed. As an acknowledgment of Mr. Wheatley's faithful and indefatigable services, the Council had voted him an *honorarium* of thirty guineas, which could not be considered an adequate payment. (Cheers.) The report concluded by stating that the Council recommended the continuation and publication of the "Proceedings" of the Society.

Mr. CHARLES HAWKINS proposed the following resolution:—"That the Report of the President and Council be received and adopted, and printed and circulated amongst the Fellows." After some remarks on the success of the plan of allowing Fellows of the Society of a certain standing to compound in lieu of any further annual payment, and on the steadily and gradually increasing amount of their income and funded property, notwithstanding the publication of an expensive volume of "Transactions," the improvements and alterations of their house, and great additions to their library, Mr. Hawkins then defended the recommendation of the Council as to the continuance of the publication of the "Proceedings," which contained a record of the transactions of the Society not to be found in their annual volume, and also the addresses of the Presidents given at the anniversary meetings, with the interesting biographical records of deceased Fellows. Previous to the publication of the "Proceedings" a great mass of information was lost to the Society. Another argument in favour of the publication of the "Proceedings" was that they were circulated amongst all the non-resident Fellows, thereby giving them an account of all the Society was doing, and returning them something for the six guineas they paid on admission. He thought also that great advantage would accrue to the Society if the discussions on the papers were printed in the "Proceedings," and that they should be issued more frequently than they had been. Mr. Hawkins then proceeded to show the importance of enlarging the library. It had been determined to do so ten years since, when he was secretary of the Society. At that time he had given much attention to the subject, and he had found that for £1500 a room worthy of the Society might

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be made. They no longer wanted the funds for this alteration, and he trusted that it would soon be carried out. Mr. Hawkins then said: "It is now fifty-five years since this Society was founded, (and, I believe, no original member is now in existence,) and it is twenty-five years since we procured a charter of incorporation and became a Royal Society. Well, Sir, let us take a review of what we have performed in that time. Have we carried out entirely the objects the founders of the Society had in view, and for which the charter was granted by the Sovereign? The charter says the Society was founded for 'the cultivation and promotion of physic and surgery, and for the branches of science connected with them.' Have we done all in our power to cultivate and promote the branches of science connected with physic and surgery? or, rather, have we not allowed other societies to be formed to discharge the duties entrusted to us? The formation of the Pathological Society, the Epidemiological Society, and now the Obstetrical Society, I think, answers the query in the negative. No one can be more alive to the necessity of the existence of a Society devoted to the study of pathology than the individual who addresses you; no one more ready to acknowledge the success—I will say, the great success—that has attended the establishment of this Society; but I also am compelled to state that I think the study of pathology should have been 'promoted and cultivated' by the Royal Medical and Chirurgical Society; and we should not have permitted a distinct Society for this purpose to have started into existence. So with the Epidemiological and Obstetrical Societies. Well, Sir, how can the present state of things be remedied? How shall we regain the position our charter gave us? I think very easily. A Society has lately been established in the country—viz., 'The Society for the Promotion of Social Science'—a Society, I think, if properly worked, destined to exert a greater influence on the people of this country than any we have yet known of. I have had the honour of holding the office of secretary to one of the departments, and am one of the Council of the Society, and therefore know something of the working of it. I see no reason why the Royal Medical and Chirurgical Society should not adopt the plan in operation in her sister association, and instead of having, as now, so many different societies, that we should in this Society institute different *departments*, with their own presidents, councils, and secretaries, for the carrying out investigations in all these different paths of science. The Society would then possess the power of contracting into one focus that which is now distributed through so many different ways. Before I leave the subject of the Society I have mentioned, I may state that in that Society there is a department for the consideration of subjects connected with the public health. Now, surely, Sir, we never should have permitted a subject so naturally belonging to our profession to have passed entirely from our hands into those of a general Society. We possess amongst our fellows many gentlemen quite competent to deal with, and to command respect as authorities on, this subject. I need only refer to the secretary who sits on your right (Dr. Barclay) as an example, himself one of the appointed officers of health of an important parish. I think we have lost a great opportunity of bringing to bear an influence on the public and on the profession on many subjects connected with our profession which this Society might have done, had it been differently constituted. And surely, Sir, no one will deny that such an engine is wanted. This want was never more apparent than on a recent occasion when the Government was in a dilemma how to act in regard to a trial for poisoning that lately occupied so much of the public attention. No doubt we were fortunate to have amongst us a referee possessing rare qualities for such an investigation; but the referring such a question to *one* individual, however qualified, is a measure the public look upon with great concern. Such questions and many others connected with sanitary matters would be very properly referred to the Royal Medical and Chirurgical Society, were it so constituted as to gain the confidence of the public. The medical corporations appear to have the whole of their time occupied with the duties entrusted to them by their different charters; and the new Council think their duties refer alone to education and registration: therefore I think, Sir, we might make a trial if the Royal Medical and Chirurgical Society might not be constituted the supreme council for reference on all *scientific* doubts and difficulties (I beg to eschew anything like medical politics being imported into our work). And if, at our annual meeting, instead of a mere report of the financial state of the Society being made, the president, or the presidents of the departments, should make a report on the progress of science during the past year, and discussions were to take place upon these reports, our annual meeting, instead of being confined to a couple of hours of an evening, might extend over a whole day, or days; we might then equal the French Academy in its best days. The details necessary for carrying into effect the views I have ventured to shadow forth I will not detain the Society by going into. More than half of the fellows of the Medico-Chirurgical Society are now members of the Pathological Society, and many also of the Obstetrical; so it is clear that it would be a saving in a pecuniary point of view to many of us and to others. By paying an extra guinea or two they would, in fact, become fellows of three societies in one, with all the concomitant advantages." (Hear, hear.)

The motion was seconded by Dr. R. P. STEWART, who agreed in the observations of Mr. Hawkins, and thought that if the plan he suggested could be carried out, it might be the means of establishing an Academy in England, similar to that which existed in France, and which was greatly to be desired.

Dr. BALFOUR moved an amendment, to the effect of supporting the Report of the Council in every particular, except in relation to the publication of the "Proceedings," which he thought should be discontinued. He disclaimed any intention of expressing any dissatisfaction or want of confidence in the Council, and was actuated solely by the interests of the Society in the step which he was taking. The "Proceedings" were commenced in 1859, and one of the regulations was that an author should be at liberty, in forwarding his communication to the Society, to intimate whether he wished it to be inserted in the "Proceedings" only, or in the "Proceedings" and "Transactions." He thought this somewhat unwise; for if a paper were not of sufficient value to appear in the "Transactions," it was scarcely proper to send it forth to the world under the imprimatur of the Society. It had been stated that one of the objects of the "Proceedings" was to induce members to write short papers; but it must be remembered that many of the best papers were the shortest. The fellows themselves, however, had completely settled this question; for in the third volume of the "Proceedings" not a single paper had been published *in extenso*. It was therefore to be presumed that none of the members had intimated their wish that they should be so printed. Where, then, was the expediency of going to the expense of publishing mere abstracts of papers? He submitted, with deference, that no such necessity existed, as the abstracts of the "Proceedings" were previously published both in THE LANCET and the *Medical Times and Gazette*, and in a much better form than in the "Proceedings" of the Society, inasmuch as they were accompanied by the discussion upon them; so if any erroneous doctrines were set forth, the poison and the antidote were circulated together. He would not enter into the question whether it was desirable for the Society to employ a shorthand writer, to give the debates *in extenso* along with the abstracts. He thought it useless to incur so much expense, when they already had an opportunity of seeing the entire proceedings of the Society in a more complete form. The Royal Society had been quoted as a precedent for the publication of the "Proceedings;" but that Society embraced such an enormous variety of subjects, that no journal, especially a weekly one, would undertake to publish either the proceedings or even the abstracts of the papers. The medical profession, however, possessed two journals, which fairly and honestly published the proceedings of the Society, with a remarkably well-digested report. There were but few members who did not take in one of these journals, so that the expense of their "Proceedings" might well be saved, and the amount disbursed in the enlargement of the library, or appropriated to the assistance of scientific investigations, as in the case of the Royal Society.

The amendment was seconded by Dr. MACLACHLAN.

Dr. WEBSTER defended the publication of the "Proceedings." If a paper were of sufficient value to be read before the Society, it certainly deserved that some notice should be taken of it in the "Proceedings." They had, it was true, a very excellent record of them in the journals, with the addition of the discussions, but he contended that that Society should also keep a record of its proceedings, like any other Society. In the papers read before them many important facts were contained; and though the papers might not warrant publication in full, no paper should be read which the Society was ashamed to see recorded under its authority. It must be recollected, also, that nearly two hundred of their members were resident in the country. They were not entitled to receive the "Transactions," but were supplied with a copy of the "Proceedings." Sir Benjamin Brodie had made the following remark in reference to the "Proceedings" of the Royal Society: "By means of this publication many facts, many thoughts and suggestions, are preserved, which might otherwise have been neglected or lost, but

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which, being thus preserved, may prove to be of much value hereafter." He (Dr. Webster) therefore supported the recommendation of the Council; and with respect to the Society spending a portion of its funds in promoting scientific investigations, there could be no objection to it, provided Government would grant it £1000 a year, as it did the Royal Society, for that purpose.

Mr. CURLING, in supporting the recommendation of the Society, said that five or six years ago a paper was read before him, relating only a single case, which the author could hardly have expected to obtain insertion in their "Transactions." The journals contained only a very short and meagre abstract of it, which failed to give him anything like the information he required. He had therefore been obliged to communicate with the author, who resided in a distant part of the country, for the particulars of his case.*

Mr. PARTRIDGE agreed in the main with the observations which had fallen from Mr. Hawkins. He trusted, however, that the Council would hesitate before adopting any suggestion for officially reporting the debates. The expense involved by the employment of a shorthand writer would be unimportant, if the service rendered were useful. But the greater part of the discussions would, he thought, be uninteresting to the profession. Besides the probability of the practice leading to many an objectionable proceeding, it was opposed to the customs and dignified habits of a society of such a character and standing.

Mr. CHARLES HAWKINS said that Dr. Balfour had, in fact, answered his own amendment. The distinction he wished the Society to draw of recording its proceedings in one form and not in another was not tenable. The doctrines contained in the papers read before them might not only be erroneous, but entirely wrong; there would then be the more reason why they should be published in order that the profession might pass judgment upon them. Why was it undignified in that Society to report its discussions, when Parliament permitted the publication of its debates. With respect to the employment of a shorthand writer, the discussions were now so well reported in the journals, and so much care was taken to leave out all the extraneous matter which must necessarily arise in the debates, that he should suggest that some arrangement be made with the proprietors of the journals to give up their vested rights in the reports of the discussions in exchange for the abstracts of the papers supplied to them by the Society.

The amendment, having been put to the meeting, was lost, and the original motion carried with a single dissentient.

Mr. CURLING proposed a resolution to the effect that all fellows of the Society resident in the United Kingdom should receive the usual summonses to the meetings, and should be entitled to vote on all occasions, which at present was not the case if they resided more than seven miles from London. He also suggested that the Society should commence its meetings in October, and continue them through June, at the option of the President and the Council. He thought this step necessary in consequence of the great number of papers which had to be read before them.

Dr. WEBSTER seconded the motion, and suggested that the abstracts of papers to be read before the Society should be in the hands of Mr. Wheatley for a week previous to each meeting. This would enable the fellows to come prepared to discuss the merits of the papers brought before them.

The motion was carried.

Mr. SPENCER SMITH spoke in favour of the suggestions made by Mr. Hawkins, but more especially with regard to the amalgamation of the Society with the other Societies which assembled in their meeting-room.

Mr. COULSON considered that the Society was much indebted to Mr. Hawkins for his suggestions, and urged with much force the necessity of enlarging the library. This step had been previously recommended by the Council, and they had a sufficient reserve fund for the purpose.

Mr. PYLE having seconded Mr. Smith's motion, it was carried unanimously.

On the termination of the general business,

The PRESIDENT commenced his address. He said he was happy to find assembled so influential a body of the Fellows to give their sanction to the report. The past session had been a prosperous one in all respects, whether he regarded the contribution to the funds (which were in a highly satisfactory condition), or the expenditure, which had been devoted to the addition of a considerable number of books, or to the publication of an additional volume of the "Transactions." The past session had promoted the utility of the Society, as well as its prosperity. It had increased its means of usefulness by extending its power of disseminating knowledge amongst its Fellows, while its prosperity was tested by the enlargement of its resources. In each relation the session had proved eminently satisfactory. The attendance of Fellows at the ordinary meetings had been unusually large, and the contribution of papers had greatly accumulated in the hands of the secretary; and he claimed on behalf of the Council the credit allowed to their predecessors, of having performed their duties with zeal and impartiality, and deserving the acknowledgment of their services by the Society. The obituary of the year was not a light one, and amongst other names it contained that of one Fellow well known and highly esteemed by the profession, and who had contributed valuable papers to the "Transactions." On the list also were the names of many Fellows who, though less generally known, had achieved positions of eminence in private practice, and were entitled to the expression of their respect and sympathy.

Mr. Booth Eddison, of Nottingham, was respected for his sound judgment, and for the earnest zeal which characterized his devotion to his profession, at which he laboured with more than usual earnestness. In 1857, he was elected President of the British Medical Association. Mr. Eddison possessed a valuable medical library, which was distributed at a public sale. He died in March, aged 51.

Dr. Thos. Dent Mütter resided in Pennsylvania, studied surgery under Baron Dupuytren, and settled in Philadelphia, and in 1841 was appointed Professor of Surgery to the Jefferson Medical College, which office he filled during fifteen years. Dr. Mütter collected a very valuable museum, which he bequeathed to the College of Physicians in Philadelphia, with an endowment of 30,000 dollars. He published a monograph on "Club-Foot," and papers on "Plastic Operations."

Mr. George Edwardes, F.R.C.S., of Wolverhampton, died of diphtheria, aged 51. He was appointed surgeon to the South Staffordshire Hospital, which office he resigned some years since. Mr. Edwardes was highly respected, and equally regretted by a large circle of friends.

Mr. Charles Gardiner Guthrie died in August, aged 42. He was formerly surgeon to the Westminster Hospital, and subsequently surgeon to the Royal Westminster Ophthalmic Hospital. He contributed some papers to general medical literature on the "Diseases of the Eye." Amongst his friends, Mr. Guthrie was esteemed a generous-hearted and liberal man.

Mr. Alex. Anderson, elected in 1817, died at New Hampton, aged 97.

Dr. John Cogill Leath, Edinburgh, late Army Medical Staff; elected 1823; died last October, aged 82.

Dr. Robert Paley (Glasgow, 1802), of Bishopton Grange, Ripon, magistrate for the liberty of Ripon; elected 1806. Dr. Paley was the first elected member of the Society. His name appears first on the list, all the previous names being those of original members, of whom none survive. He died in October, aged 79.

Sir Francis Sacheverel Darwin, Breadsall Priory, Derby, Deputy-Lieutenant of Derbyshire; elected 1818; died in November, aged 76. Sir F. S. Darwin was the son of the eminent Dr. Darwin, and was knighted on presenting an address to the King in 1820. He practised for many years at Lichfield.

Dr. Martin Thomas Hiscox, King's College, Aberdeen, F.R.C.S., by examination, in 1845. Died near Bath in December.

Frederick Hale Thomson, born in 1799. He relinquished general practice on the death of his father, from whom he derived considerable property. He was appointed, by the interest of Mr. Guthrie, Assistant-Surgeon to the Westminster Hospital, which appointment he resigned in 1849. He died in February.

Dr. Robert Bentley Todd was the son of an eminent surgeon in Dublin, and was born in 1809. He was educated at Trinity College, Dublin, and in 1831 came to England, took an *ad eundem* degree at Pembroke College, Oxford, and became a Licentiate of the Royal College of Physicians in July, 1833. In the same year, he lectured on Anatomy at the Aldersgate School of Medicine. In 1836, he was elected to the chair of Physiology and Morbid Anatomy in King's College, which appointment he held till 1853. In 1838, he took an active part in the establishment of King's College Hospital, and performed for some time the duties of Honorary Secretary to that institu

* It is only due to our Reporter to state, that he is in no way responsible for the abstracts of the papers which are published in this journal. These abstracts are furnished to him by the Honorary Secretaries of the Society, and he is not allowed to publish any other. Occasionally, in past times, these documents had been unsatisfactory and meagre, but of late they have given complete and universal satisfaction.—ED. L.

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tion. He became a most successful clinical lecturer, and was especially remarkable for the accuracy of his diagnosis, and few men produced on the minds of their pupils a stronger conviction of the truth of the opinions he advocated. In 1843, he published his treatise on "Gout, Rheumatic Fever, and Chronic Rheumatism." In 1835, he designed the "Cyclopædia of Anatomy and Physiology," to which many of the ablest of our writers contributed. It is unquestionably a work of great value. In 1843 appeared the first part of the "Physiological Anatomy and Physiology of Man," which he wrote in conjunction with Mr. Bowman. This also is a standard work, and has performed good service to the cause of physiology. Dr. Todd also wrote a memoir on the "Anatomy of the Brain and Spinal Cord," and several papers on the Nervous System. In the Lumleian Lectures, in 1850, he maintained that many cases of delirium and coma depended on blood-poisoning, and were entirely of humoral origin. Thus, in their treatment, he resorted to increased nutrients and stimulants, to repair the lost vigour of the system, and it cannot be denied that his treatment was eminently successful. In the last volume of his Clinical Lectures, Dr. Todd thus expresses his conclusions:—"That the notion so long prevalent in the schools, that acute disease can be prevented or cured by means which depress and reduce vital power is fallacious. That disease is cured by natural processes, to promote which in their full vigour vital power must be upheld. Remedies, whether in the shape of drugs which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote these natural curative processes." For some time past it became evident that Dr. Todd's declining health disqualified him for the active occupations of his extensive practice, and that the crisis of a disease which had been for four years foretold by an acute medical friend whom he consulted was at hand. On Monday, January 20th, he returned from a fatiguing journey, and was attacked by hæmatemesis, which proved fatal on the afternoon of that day.

Mr. Richard Chamberlaine, of Kingston, Jamaica, was elected in 1818. He contributed a paper to the "Transactions" in 1815, communicated by Mr. Abernethy, "On a Case of Axillary Aneurism for which the Artery was tied."

Dr. Thomas Forster, late of Hartfield Lodge, East Grinstead, and of Chelmsford; elected 1820; died in Brussels in February, aged 70. The library contains many works by Dr. Forster: "A Sketch of a New Anatomy of the Brain and Nervous System, by Drs. Gall and Spurzheim;" "On the Destructive Operation of Spirituous Liquors on the Animal System;" "Observations on the Influence of the Atmosphere on Health and on Insanity;" "Illustration of the Atmospheric Origin of Epidemic Disorders of Health," and other works.

Frederick Henry Alexander Baron Humboldt, member of the Institute of France; born at Berlin, 1769; elected a Foreign Hon. Fellow, 1835; died in May, aged 89. His earliest attainments consisted of physics and natural history. He visited all the neighbouring countries, and published the result of his mineralogical researches. At twenty-one years of age he published his first book, "Mineralogical Observations on some Basaltic Formations on the Rhine;" and shortly afterwards, "The Specimen Floræ Freiburgensis Subterraneæ." Humboldt was appointed Assessor to the Council of Mines in Berlin, and subsequently General-Director. He likewise devoted himself to the study of animal galvanism. To Galvani's experiments he added many original ones, and subjected himself, in the earnestness of his zeal, to painful experiments which proved injurious to his health. In 1798 he first conceived his great scheme of exploring the countries under Spanish rule in South America. The President then drew an interesting sketch of his progress in company with his friend, Bonplandt, through New Andalusia, Guiana, Havannah, and the great expedition to the Cordilleras; his perilous ascent of Chimborago, to the height of 19,500 feet; his return through North America to Europe, after an absence of six years. Prior to the year 1827, Humboldt had published, as the result of his observations, upwards of thirty volumes, many of them of large size. He obtained leisure to prosecute severe chemical pursuits in company with Guy Lussac and Berthollet, especially the analysis of the constituents of atmospheric air and the composition and meteorological phenomena connected with Mount Vesuvius. In 1829 he received the title of Privy Councillor. At sixty years of age he undertook to explore Central Asia in company with Ehrenberg. In 1830, in a political capacity, he was sent to Paris to acknowledge the accession of Louis Philippe to the throne of France. His last great work is the "Kosmos," which may be deemed a digest of his other works. His valuable library has been purchased by Lord Bloomfield, with the intention of its being placed in our National Museum. Temporal dignity was conferred on him, the efforts of whose life had been dedicated to the purpose of dignifying our common nature, and who thereby reflected dignity on the rank and honours showered upon him. Such rewards in such examples are grateful to us all, for it is rarely that the eminent teachers of humanity obtain, during their lifetime, more than a mere instalment of the gratitude of the world.

The President thus concluded his address:—"The Royal Medical and Chirurgical Society has already run a career of fifty-five years, during which it has rendered most important services to the cause of scientific medicine and surgery, not only by the publication of the 'Transactions,' but by the discussion of papers by the highest intelligence of the profession. We may estimate the merit of the 'Transactions' by recollecting the different conditions under which they are published from the rest of our literature. Before admission the papers are subject to severe critical inquiry both by Council and referees. Some are approved, while many are rejected. The more valuable only find their place in the 'Transactions;' whereas, how many authors, depending on their own judgment, have reason to regret the issue of an ill-directed labour of years! The volumes of the 'Transactions' are all valuable, although their intrinsic value from year to year may vary; but, contributed by many of our greatest men, they form an aggregate of unsurpassed value throughout the medical profession. I beg, Gentlemen, to thank you for the honour you have again conferred on me, and to assure you that so long as I occupy this chair, supported by the zealous co-operation of the Council, I will endeavour to uphold the dignity of the very distinguished office to which you have again appointed me, and to maintain in full force and efficiency the high interests of the Royal Medical and Chirurgical Society of London."

On the motion of Mr. STANLEY, seconded by Dr. BEGLEY, a vote of thanks was passed to the President, accompanied by a request that he would allow his address to be printed in the "Proceedings."

Reviews and Notices of Books.

The Monographic Dictionary. A Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects. By J. W. GRIFFITH, M.D., and ARTHUR HENFREY, F.R.S., &c. Second Edition. London: J. Van Voorst.

ON the appearance of the first edition of this volume, we spoke of it in high terms of commendation. In this issue, the work has been revised throughout, and additions and alterations made in accordance with the progress of the various sciences to which it refers. Numerous new figures have also been added. The Dictionary is a most valuable one to all interested in the study of microscopic objects.

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents. By ALFRED STILLÉ, M.D., late Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College, &c. &c. 2 vols. 8vo. Philadelphia: Blanchard and Lea. London: Trübner and Co.

THE plan pursued by the author in these very elaborate volumes is not strictly one of scientific unity and precision; he has rather subordinated these to practical utility. His chief object has been to show the real value and curative power of medicines as afforded by the accumulated testimony of physicians. He has eschewed all theories as to their modes of action, and has founded their claims to employment on the results of the experience of competent and impartial practitioners, both in ancient and modern times, and in most civilized countries. Dr. Stillé has produced a work which will be valuable equally to the student of medicine and the busy practitioner.

MEDICINES OF THE SHETLANDERS.—Their popular recipes are scurvy-grass for cutaneous complaints, butter-milk for dropsy, shells of whelks calcined and pounded for dyspepsia, and a variety of steatite for excoriations.

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THE LANCET.

LONDON: SATURDAY, MARCH 10, 1860.

It is of the utmost importance that there should be a free interchange of knowledge between physicians and architects. How intimately health is influenced for good or for evil by the construction of our dwellings is perhaps insufficiently appreciated by either profession. That this appreciation will be the more accurate, and lead to useful practical applications, in proportion as the special hygienic knowledge of the medical profession shall be received by architects, can hardly be doubted. That there is much need for candid intercourse of the kind we have referred to, a recent discussion held at the Royal Institute of British Architects amply proves. Dr. DRUITT, who holds the position of a Medical Officer of Health, undertook the useful task of laying before the Institute his experience as to the construction and management of human habitations in relation to the Public Health. He began by pointing to the necessity of looking to the soil on which houses are to be erected, and referred to the former prevalence of malaria in London, arising, probably, from the then undrained character of the ground. It is well known that fifty years ago ague was widely prevalent, and that this disease is now comparatively rare. But it is not equally well known that there are even now terrestrial sources of disease—and those of an artificial character—which are eminently deserving of attention. In several situations in which railway embankments have been thrown up, obstructions to the circulation of air have been created, maintaining damp, if not also giving off emanations of a directly deleterious nature. But a far more serious and wide-spread evil consists in the reckless substitution by builders of the natural clean soil—in many instances gravel—by all the filth that can be scraped together to fill up the vacuum. Many of the best houses in Paddington, Kensington, and elsewhere, erected within the last twenty years, stand upon a foundation of this kind. It is within our own knowledge that fever has broken out in houses thus situated, the origin of which could in no other way be accounted for. Dr. DRUITT quoted other examples. But he went further, and expressed an opinion which, we believe, has found several adherents amongst the Medical Officers of Health. Dr. WATSON, calling in question the favourite doctrine that fever is the product of dirt, has tersely said, "Dirt might create the soil; it could not create the seed." He means, of course, that the seed, the essence of fever, is something *sui generis*, and does not spring up by spontaneous generation from dirt. Whether this be true or not, it is a matter of observation that dirt is highly favourable to the development of fever. The sanitary argument is not weakened. Since the seed will not germinate without a fitting soil, it is a plain indication to remove the soil. This being so, what is understood by dirt—that is, organic dirt—should be studiously removed from the foundations of dwellings. The doctrine to which we have referred is this: not only fever, but small-pox, measles, scarlatina, and whooping-cough are partly due to local unhealthy causes. The question is surrounded with difficulties. It requires and deserves the most skilful and patient observation and analysis to verify the proposition. We are familiar with the fact that certain diseases, as erysipelas and pyæmia, may be generated in hospitals; and we now know that these diseases, being traced to their causes, may be practically banished. There is a very strong and large body of evidence to show that typhoid fever is in many cases intimately connected with the sewage-poison. The researches of Dr. WM. BUDD upon this subject, published in THE LANCET, are of extreme interest. They tend to prove that not alone are sewer-gases injurious, but that the sewage containing the excreta of fever patients may propagate the disease by contaminating our water-supplies. Dr. DRUITT cites a remarkable instance in which scarlatina seemed to owe its origin to a like cause. At Swanage, in Dorsetshire, a purely agricultural district, scarlatina broke out quite suddenly in the practice of Mr. WILLCOX. The importation of the disease by contagion seems to be excluded. Thirteen members of one family were seized almost simultaneously. This occurred immediately after the bursting of a foul cesspool, which had been unemptied for years. There was no other case for miles around until Mr. WILLCOX carried the infection unconsciously to a poor woman on the other side of a hill. From this spot it spread until one hundred and seventy persons were affected. When Mr. WILLCOX was laid up with the disease himself, the infection ceased. No single instance such as this, howsoever forcible it may appear, can be conclusive. We may state, however, that we have seen the children of a family all seized with measles of a low type within a few days of being moved into a house, in which they were exposed to the foul gases diffused through the rooms by a waste-pipe in connexion with the sewer. We have also traced the origin of scarlatina in close association with foul gullies in so many instances, that we feel compelled to admit that there is a strong apparent foundation for the theory.

But the point upon which, it appears to us, architects most need the suggestions of medical men, are the provisions for ventilation and light. The extent to which these are neglected in modern buildings, even of the best description, and the resulting injury to health, are such as architects certainly very imperfectly appreciate. We assert very deliberately, that the foremost idea in the constructive mind of the architect is too often simply to produce a tasteful design. The purpose for which the building is destined, whether for dwelling or for the temporary collection of numbers of persons, is frequently made quite a secondary consideration. Thus, to give an example: quite recently a church was erected, the architect being the son of a bishop, without any provision for water-closets or urinals. This omission being pointed out by the medical officer and surveyor, the architect insisted that such a provision was *altogether* unnecessary, it being known to him that in one church a water-closet had been removed because it was *seldom* used. However, as the means of pressure existed, and were applied, the necessary conveniences were erected. Possibly the addition so essential to comfort, perhaps to life, involved some little flaw in the architectural symmetry of the building. This is an example, we are afraid by no means singular, of the unwillingness of architects to learn from physicians. The discussion upon Dr. DRUITT's paper supplies further evidence of this kind. Mr. BURNELL and Mr. HAYWOOD were so offensive in their self-conceit, and in their contempt of medical experience, that the Chairman felt it necessary to rebuke them.

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Mr. HAYWOOD thought it indicated sagacity and judgment to declare that "he would rather take the opinion of Mr. BURNELL on the generation of diseases than that of a dozen "doctors."

There is surely some need for introducing the influence of medical science as a guide in the construction of dwellings, when we find men, who can know little more of diseases than their names, presuming to decide upon the most difficult problems in the nature, affinities, and etiology of diseases. At this moment the ratepayers of the metropolis are being taxed to the amount of millions for constructing a gigantic system of intercepting sewers, the sole aim of which is to secure the perpetual waste of the sewage.

We believe that a free discussion between the professions of architecture and medicine would lead to material improvements in the public health. Each would derive valuable information from the other; but especially would architects acquire more accurate notions as to the conditions necessary to preserve the health of those who are destined to inhabit the houses which architects build.

WE have in the present LANCET devoted more space than is our custom to the report of the proceedings of the Annual Meeting of the Royal Medical and Chirurgical Society. The importance of the subjects discussed is sufficient excuse for this deviation from our rule.

Mr. CHARLES HAWKINS' remarks are well worthy of the consideration, not only of the Fellows of the Society, but of the members of the profession in general. It has long been an opprobrium to the medical body of this country that it possessed no institution to which could be referred the grave and important questions which are constantly arising in reference to science and the public health. There is, in fact, no competent tribunal to which the profession or the public can appeal. It is difficult to overrate the services that an institution similar to the Academy of Medicine in France might have conferred upon the people of this country. Had such a tribunal existed, it is probable that the obnoxious quarantine laws now in force would have been modified or abrogated. Questions respecting the public health would have been settled, and points of scientific interest elucidated and become matters of precedent. But the Medical and Chirurgical Society, and the other Medical Societies of London, have done nothing, or next to nothing, in relation to these important subjects.

On a late memorable occasion, the Secretary of State for the Home Department was placed in a position of great difficulty respecting the conviction of a person for wilful murder. Without entering at this time into the merits of that particular case, it is sufficient to say that it was one peculiarly adapted for reference to a competent Board of scientific men. No such Board, however, existed; and the Home Secretary was compelled to refer the questions at issue to a single individual. Everyone acknowledges that Sir BENJAMIN BRODIE was the most proper person to be selected, and all will admit that the decision at which he arrived was the safe and legitimate one. But it is not only unfair to refer such questions to one person, however able and eminent he may be, but it is unsatisfactory to the public, who are naturally suspicious of the accuracy of the judgment of a single man on a question respecting which so many men of science have differed. It would be different if the appeal were made to a well-constituted and recognised medical council. Though the suggestions of Mr. HAWKINS did not meet with much support from the Fellows of the Society he addressed, we are far from regarding them as Utopian or impracticable. We have lived to see great changes in the Royal Medical and Chirurgical Society. From a snug little coterie of some dozen gentlemen, sitting with closed doors and repudiating all publicity, except that which resulted from the publication of its "Transactions," it has risen to be a great debating Society, encouraging discussion, and permitting its proceedings to be reported through the medium of the journals. It was many years before this reformation could be effected, and it was only after the most unwearied and persevering efforts on the part of THE LANCET that its right to report the proceedings of this Society was acknowledged by the Council. What has been the result? The preservation from oblivion of a valuable mass of information; the raising of the Society to a position which it never before occupied; and the transmission of its proceedings into every part of the globe.

It is remarkable that not one of the speakers at the late annual meeting referred to the influence which the press had exerted on the position and reputation of the Society. With one exception, indeed, every speaker bore testimony to the able and faithful manner in which the proceedings of the Society were reported in this journal; but no one, however, appeared to appreciate the immense influence which those reports had exercised on the fortunes of the institution.

It was not unreasonably expected by the profession that when the Medical Council was appointed under a recent Act of Parliament, it should assume important functions in relation to the profession and the public; that it would do something more, with the immense funds at its disposal, than merely superintend the publication of a Medical Register and the education of medical practitioners. But in this hope the profession has been disappointed. The Council refused assistance even in carrying out the Act of Parliament, which it was created to execute. It has refused to prosecute quacks, or to punish those who have falsely obtained a place on the very Register which is drawn up under its authority. We have nothing to expect from Colleges. We trust, then, that the suggestions made with so much ability and courage by Mr. CHARLES HAWKINS at the Medical and Chirurgical Society will eventually be carried into practice. He is a good tactician, and having commenced an agitation upon a subject of vital importance to the profession and the public, we sincerely hope he will continue to urge his views upon his fellow-members until his efforts are crowned with success.

FOR the third time, a Bill for the Prevention of Adulteration is before Parliament, and, its principal clauses having passed through committee, little doubt remains that it will become a law.

We took occasion to point out the shortcomings of the first two Bills. That now before the Legislature is still less efficient. The chief clauses of which it consists are two: the first refers to the power proposed to be conferred on magistrates to inflict fines, of small amount, on persons guilty of prac-

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tising adulterations injurious to health; and the second defines the power given to vestries, district boards, and town councils to appoint analysts. These clauses comprise the whole substance of the Bill, and, from a consideration of them, it will be evident how little is proposed to be done, and how much left undone.

The measure deals with adulteration in only one of its aspects—namely, as it affects health; and it applies solely to articles of food and drink. It does not deal with adulteration generally, as a question of right and wrong, honesty or dishonesty, or, in a word, as involving fraud; it does not deal with it in reference to the revenue; it does not even include medicines; and lastly, it does not apply to either Ireland or Scotland. Can anything less efficient in the way of legislation be conceived? In the question of adulteration we have a subject of the highest national importance. Consumers are robbed, the revenue is defrauded, health injured, and the morality of the nation lowered by adulteration. These are great and acknowledged evils; and how does Parliament, in its wisdom, propose to remedy them? Why, by the puerile legislation above described.

It is very questionable whether the Bill will accomplish even the little it proposes—namely, the prevention of adulteration injurious to health. Fines, heavy and even enormous fines, have in the case of excisable articles utterly failed to stop adulteration; so that much good cannot be expected to arise from the small pecuniary penalties proposed to be inflicted by the Bill.

The appointment of analysts under the Bill is entirely optional; and it is doubtful whether in many cases the power will be exercised at all. This doubt is increased by the fact that the parties authorized to appoint the analysts are vestries, district boards, and town councils. Now these bodies consist in a great measure of shopkeepers, of whom it can hardly be expected that they should carry out Mr. SCHOLEFIELD's Bill with vigour and effect.

The clause authorizing the appointment of one or more analysts by the Privy Council, contained in the two former Bills, and omitted from that now before the House, we regarded as a most valuable provision. It is quite certain that for the efficient working of any measure for the prevention of adulteration some central authority is needed. Some general power of control and supervision is required, as well as some authority to which appeal might be made, either in cases of doubt or by those who were unable on account of the expense to employ a professional analyst. The large amount of good which may be effected by even a small number of persons acting in London as a centre, was fully shown by the results which followed the labours of our Analytical Sanitary Commission.

The reason alleged for so little being attempted to put a stop to the great evil and public scandal of adulteration, is the opposition of certain interested parties, and of a few subordinate members of the present Government. It is difficult to conceive how, in a question like this, opposition can be reconciled with the conscientious discharge of a public duty. We had hoped for better things, and that the House of Commons would have dealt with this question on broad principles of right and justice. There never was a case for decisive legislation more clearly made out, nor, in our opinion, one for which it was easier to provide a remedy. We acknowledge, therefore, a feeling of deep disappointment that labours so great as those which we have bestowed on this subject should terminate, so far as this Bill is concerned, in results so inadequate and insignificant. The fault rests with the House of Commons, and not with Mr. SCHOLEFIELD.

Medical Annotations.

"Ne quid nimis."

THE HEALTH OF PUBLIC SERVANTS.

SANITARY skill is nowhere employed under more favourable circumstances than when it acts upon limited bodies of men, all placed under similar conditions, and of necessity submitted to the impulse of authority. Thus in some large Government departments, which have been placed under the supervision of intelligent and practised medical officers, who are allowed to exercise a real influence in their own sphere, we see the gradual ameliorations which a well-devised system of hygiene may effect. The Reports of Dr. M'William, C.B., to the authorities of the Custom House, and of Dr. Waller Lewis to the Postmaster-General, on the health of the officers under their care, exhibit each year improved results; and notwithstanding that postmen and tide-waiters are exposed very greatly to those alternations of temperature and vicissitudes of the weather which were alleged in explanation of the excessive mortality of the soldiers of the British army, yet these men are enabled under judicious management to preserve a high standard of health. *Obsta principiis* is the motto of these departments, and by impressing this maxim on all under their charge, these physicians succeed in vanquishing epidemics, and averting any large proportion of serious disease. In the fifth Report of Dr. Waller Lewis just presented, we find interesting examples of the well working of this principle. An epidemic of small-pox was immediately repressed without loss of time or life; illness has been combated on the first moment of its appearance; and to make this system more complete, district medical officers have been appointed, to whom the various outpost men may apply. The result of all this watchfulness is that the mortality amongst the clerks and inspectors has been no more than 4 per 1000; and amongst the carriers, porters, and stampers, not more than 6 per 1000. The average mortality of London is 20 per 1000. This highly favourable result is probably exceptional, and above the possible average mean standard of life-rate; but it is nevertheless highly creditable to Dr. Waller Lewis, whose efforts have mainly conduced to it. Under the head of removable causes of disease, this gentleman relates an interesting series of events, in which he acted with sound judgment:—

"On the 8th of August last, I made a special report to the effect that there was an unusual amount of diarrhœa prevailing amongst the officers of the Minor Establishment. I gave it as my opinion, that while a portion of this was probably caused by the sudden variations of temperature and other atmospheric conditions, I had reason to think that a considerable part was due to the quality of the water consumed in the office by the men engaged in sorting duties. The water supplied to these officers had for many years been obtained from the neighbouring pump belonging to the Goldsmiths' Company. It was considered, not only by our own officers, but, as I was informed, by nearly all the persons residing in the neighbourhood, to be particularly pure, sweet, cool, and pleasant. I felt certain, however, that though it might be cool and grateful to the palate, especially in hot weather, this might arise from other circumstances than its purity. It was, indeed, impossible that the soil in which the well was sunk, surrounded as it had been for centuries with cesspools, with the contents of which it must have been strongly contaminated, could remain in contact with water without imparting to that fluid a large amount of the materials from these reservoirs. It is well known that the fluids from cesspools and drains percolate porous soils to a very considerable distance. In all probability the 'cool and pleasant' properties ascribed to the water of the well in question

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were due to the presence of carbonic acid gas, nitre, and nitrates, resulting from the decomposition of the animal matters in solution and suspension in the fluid. Some of this water was therefore sent to Dr. Hassall for analysis, and the analysis clearly showed that the water was very bad, and quite unfit for drinking purposes. In hot weather, especially, water so impure would tend to cause intestinal derangements. I therefore recommended that 'no more water from the pump belonging to the Goldsmiths' Company be allowed to be brought into the building for the consumption of the men, but that the water now supplied to the department by the New River Company, previously filtered by passing through solid carbon, be forthwith substituted for it.' You approved of this course being taken, and orders were issued on the same day to that effect. Almost simultaneously with this being done, the number of cases of diarrhœa underwent a marked diminution."

This illustrates the peculiar dangers of the surface wells of London. We hope that Dr. Lewis may have gone further than he tells us, and requested the proper authorities altogether to close the poisonous well of the Goldsmiths' Company. The surface wells, as we long since pointed out, are springs of disease. "Pure as water from the spring," is a poetic metaphor which conceals an unchemical delusion. The wells in question contain the washings of surrounding sewers and cesspools, partly filtered and decomposed. The phrase—"abundant in nitrates"—is to the chemist eloquent of contamination with human excreta. But to the unlearned they are doubly a snare. Partly filtered through the earth, these waters are comparatively clear: the carbonic acid of decomposed organic matter makes them sparkling, and the nitrates render them cool to the palate. Hence the very worst waters are the most popular. Thus Dr. Lankester, in his report on the health of the St. James's district, says that he finds that "the most impure water in the parish is that of the Broad-street pump, and it is altogether the most popular." The large amount of mortality from cholera in this parish, in 1854, arose from the popularity of the Broad-street pump, persons sending from a distance to obtain it, and dying of cholera wherever it was drunk.

THE MORTALITY ON BOARD THE "ACCRINGTON."

WE desire to keep the facts connected with the terrible and hitherto unexplained mortality on board the transport-ship *Accrington* fresh in the public mind. To the question put to the Government in the House of Commons as to the accuracy of the statements which we have published, Mr. Fortescue replied that there was reason to fear that they were founded on fact, but that the whole matter was at that time under investigation. We apprehend, however, that the only investigation which has been set on foot relates to the cause of death of the captain and mate. We are not willing that this flagrant instance of criminal neglect should be passed over thus silently. Should not the lives of the ninety women and children who have been destroyed be held as of some account? Surely the lives of the captain and mate, who contributed to the calamity by gross cruelty and misconduct, are not of so far higher value in the official mind than those of the soldiers' wives and children that the hecatomb thus sacrificed should pass without the investigation awarded in the case of these two officers of the ship! It is very certain that such an inquiry would leave a heavy charge at the door of officials at the India House and of the Emigration Commissioners. This is not a reason which will avail with the public for stifling inquiry. Letters from Pernambuco relating to the *Accrington* state:—

"This ship is now nearly ready for sea, and will proceed in a day or two on her voyage to Calcutta.

"The Naval Court held to investigate the cause of the deaths of Captain Horner and Mr. Cooper, the mate, has, after a strict and careful examination, come to the following conclusion:—

"'The Court, having come to the decision that no further evidence could be obtained which could throw further light upon the case, and taking into consideration the magnitude of the offence, and the strong circumstantial evidence produced against the prisoner Frederick Cannon, decide unanimously that Frederick Cannon be sent home for trial; and that, further, the evidence against the prisoner Obertz being insufficient, he be discharged out of custody.'

"Cannon goes home by the *Oneida* to take his trial for the murder by poison of Captain Horner and the mate, Mr. Cooper. The only reason that can be assigned for the commission of the deed is the brutal conduct of the late commander of the *Accrington*, who, from his violent conduct and extraordinary practices, had become the terror of the whole ship. The poison used was tartar emetic, which was mixed with the food, the surgeon, Dr. Carroll, also nearly falling a victim.

"Of the 470 women, children, and soldiers on board the *Accrington*, 90 have fallen victims to typhus fever, scarlatina, and measles, most of the cases having occurred on the voyage between Liverpool and this port, want of ventilation and insufficient medical attendance having caused this fearful mortality. Doubtless, a severe inquiry should be made respecting this unfortunate vessel, and the result would, no doubt, prove great neglect and carelessness in the fitting out of a vessel intended to carry nearly 500 souls to another part of the world. Iron sailing-ships are the worst emigrant vessels, the heat on board in the tropics being unbearable. The women and children were all landed here, and have recruited strength, and, thanks to the exertions of Mr. Cowper, her Majesty's Consul here, are once more in a fit state to proceed on their voyage. A new master has been appointed to the ship, and an assistant-surgeon."

THE DENTAL SURGEONS AND THE COLLEGE OF DENTISTS.

THOSE members of the dental body who have identified themselves with the movement for obtaining dental diplomas from the College of Surgeons of England, on which we have at various times commented, are now proceeding to push their success by protesting against the announced intention of "the College of Dentists of England to issue diplomas of fitness to practise dental surgery to those who shall conform to their regulations." These intentions are declared in a protest which has been placed in our hands to be "wholly unsanctioned by law, unwarranted by precedent or by professional usage, and opposed to the opinion and feeling of the great majority of the leading practitioners in dental surgery." The protest is more especially directed against the issuing of diplomas without legal authority, in the belief that such diplomas are likely to mislead the public, by whom they may be mistaken for the legally-authorized dental diplomas to be granted by the Royal College of Surgeons of England, through its dental department, consisting of surgeons and dentists in equal numbers, and organized in accordance with the provisions of a special charter granted to that body by her Majesty in September last, in conformity with the Medical Act.

This protest is numerously and respectably signed. Probably the authors of it are aware that the same objection has been urged against the College of Surgeons' dental diplomas by surgeons which they direct against those of the College of Dentists. It has been thought that these College dental diplomas are likely to be mistaken for College surgical diplomas, and that quacks availing themselves of this opportunity to register, will also use it for surgical practice. We do not think the argument worth much in either case. If there be a chance of mistakes, this will involve a little care on the part of those interested in preventing them.

It is sufficiently obvious that the diplomas of a self-constituted college, without any charter or other recognised legal standing, will labour under a great disadvantage as compared with those of the Royal College of Surgeons. Any attempt at simulation would so degrade the College of Dentists as to produce its immediate dissolution. We cannot but retain the opinion which we have formerly expressed, that the dental profession has everything to gain by attaching itself to the surgical profession and to the College of Surgeons. Due precautions being taken, both bodies of practitioners will profit by the connexion. If the College of Dentists succeed at all in

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neutralizing the obvious advantages offered by the dental department of the College of Surgeons, and in making their diplomas generally acceptable to the profession and the public, it can only be by carefully studying the wants and necessities of the dental body, and affording to their degree a higher scientific value than it at present seems likely to possess. Should this be so, we are not so prejudiced in favour of royal and chartered institutions as to join the "majority of the trading practitioners in dentistry" in seeking its destruction. If it be not, decay will speedily follow inefficiency. It has no extraneous support, and no adventitious advantages; it must, therefore, stand or fall by its own merits. The question will be quickly decided.

A DIPLOMA CHEAP.

OUR attention has been called to another of the endless schemes employed, in order to avoid the operation of the Medical Act, and to enable uneducated and unprincipled men to defraud the public. The following advertisement appeared last week in one of the daily papers:—

"Doctors, Druggists, Chemists, or Dentists, who have no Medical Diploma, can hear of an easy method of obtaining one by addressing, pre-paid, T. Vary, Jones's Coffee House, 52, Howland-street, Tottenham-court-road."

An inquiry by letter produced the following candid and ingenuous response:—

"I have just come from America. A friend of mine had graduated there in 1857, with all the honours, but had to leave America without his diploma in consequence of want of funds. Understanding that I was coming to Europe, he begged me to pay his arrearages, graduation fees, &c., and bring his diploma with me. I have done so; but have been detained longer than was anticipated, and now find my friend dead. I do not feel like losing my money. Fortunately, as is common in America, the space for the name is left blank, to allow the graduate to have it filled up to suit his fancy by some writing master. I propose to give it up, with its tickets, circulars, &c., for the cash advanced, which was £23. For all practical purposes, in this country, it is as good as if five years' labour and 1500 dollars had been given to obtain it. If it will suit you, say so, as I am on the eve of starting for Australia."

MEDICO-PARLIAMENTARY.

COMMONS.—*Thursday, March 1st.*—On the motion of Mr. Fenwick, an address was agreed to for returns from the clerks of the peace of the number of inquests held in each county of England and Wales in each of the several years beginning the 29th day of September, 1849, and ending the 29th day of September, 1859; of the number of inquests in which the coroners' fees have been disallowed in each of the said years; of the amount paid for coroners' inquests in each of the said years; and like returns from cities and boroughs having a separate Court of Quarter Sessions of the Peace.

LORDS.—*Monday, March 5th.*—The Lord Chancellor, in moving the second reading of the Administering of Poisons Bill, said it had for its object to correct a serious defect in the existing law in regard to the administration of noxious substances. As the law now stood, if poison was administered with intent to murder, it was a capital offence, and in his own experience he had seen it punished by the extreme penalty of the law; but if no intent to murder could be proved, the law was considered as most deplorably defective, because it was held that by common law it was not an offence to administer poison unless with intent to murder. The effect of this state of things had been, that in various cases where poisonous substances had been administered, and had produced the most serious and distressing results, the offenders had escaped punishment, because it could not be proved that they had given the poison with intent to murder. The Bill consisted of two clauses. The first provided that the administration of poison with intent to do grievous bodily harm should be regarded as felony, and punished with penal servitude. The other provided that, in the event of the administration of poison being without intent to do grievous bodily harm, and with intent only to annoy and aggrieve, it should be regarded as a misdemeanour, and punished with three years' imprisonment.

The Bill was read a second time.

The Earl of Shaftesbury said he had the honour to present a petition from the inhabitants of Nottingham, signed by 10,000 persons, including merchants, manufacturers, magistrates, clergymen, and members of the town council, and it prayed that the lace trade be brought under the operation of the Factory Act. The master manufacturers themselves were, almost without exception, anxious that the trade should be brought under the operation of the Factory Act; and, as they had seen the benefits which that Act conferred on many thousands of workpeople, he intended to bring in a Bill to extend it to lace factories.

The Duke of Newcastle said that the manufacturers would, in an enlightened spirit, support the Bill. He hoped the small manufacturers would be dealt with gently.

Lord Shaftesbury assented.

COMMONS.—Sir W. Somerville asked the Secretary for Ireland if it was intended, during the present session, to introduce a Bill for the amendment of the Charitable Bequests Act (Ireland).

Mr. Cardwell said he was in communication with the Board, and that a Bill upon the subject had been prepared.

The Medical Acts Amendment Bill passed through committee.

Tuesday, March 6th.—On the motion of Mr. T. Duncombe, an address was agreed to for copies of all instructions or correspondence from the Privy Council office or the Poor-law Board, addressed to boards of guardians in England and Wales, directing or authorising the expenditure of moneys out of the parochial rates for or in respect of the prosecution of persons refusing or neglecting to have their children vaccinated; returns of all sums so expended in each union during the year 1859; of the number of children vaccinated in consequence of such prosecutions or compulsion; and of the number of children who, having been vaccinated, whether under compulsion or otherwise, have died from any cause whatsoever (distinguishing such, if any, who have died from small-pox), and at what period after vaccination in each case, with summary and totals, arranged alphabetically in counties and unions, during the year 1859.

Mr. Kekewich has procured an order for a return showing the number of persons charged to the Income-tax under Schedule B, distinguishing the numbers charged under £100 a year, under £150, under £200, under £300, under £400, under £500, and above £500. The return is also to show the amounts of tax received from each class.

NEW EQUITABLE LIFE ASSURANCE COMPANY.

THE dinner following the annual meeting of this flourishing Company took place on Thursday evening, Feb. 23rd, at the Freemasons' Tavern, at which Dr. Barlow presided. It was attended by several eminent members of the profession, amongst the foremost of whom we observed Dr. Babington, Dr. Copland, Professor Ferguson, Ranald Martin, Esq., Professor Partridge, and J. Propert, Esq. Sir James Duke, Bart., M.P., occupied the seat immediately on the right of the chairman; while the vice chairs were filled by Dr. Tyler Smith, the deputy chairman, and Frederick Bigg, Esq., the actuary of the Company. Upwards of sixty friends of the institution were present.

The Rev. Dr. Major, of King's College, having said grace,

The CHAIRMAN submitted the usual loyal toasts, which were duly honoured. He then proposed the toast of the evening—"Success to the New Equitable Life Assurance Company." He remarked that it was unnecessary that he should allude to the gratifying circumstances which had brought the New Equitable and the Medical, Legal, and General Societies together. It had been a most auspicious event for the Society. Both Societies started with the conviction that sufficient consideration was not afforded to the medical profession, and that, whilst they could benefit the public at the same time, they could have the opportunity of doing justice to medical men. There was at the time an impression afloat that medical men might be treated with indifference, but he need not say that the New Equitable had been the chief means of dispelling this illusion, and the principle of a fair day's wage for a fair day's work had now been awarded. It was very gratifying that the support given to this Society had been so effective. The last few years its prospects had become brighter and brighter, and this year a greater number of lives had been assured than in any one year since the Society's existence. The Society had had very few losses, and to be able to say that they had in one

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year added £13,000 to their income was to be able to say a great deal. He believed that all present heartily sympathized with the Society, and he could not connect with the toast the names of any more fit than those of their trustees.

Sir JAMES DUKE, Bart., M.P., returned thanks. It was with much diffidence that he rose to respond to this toast. He was much flattered to hear his name connected with it, and he felt proud that the Society was in so prosperous a condition. As the meeting was well aware, he was an old bachelor, and therefore he had not assured his own life, and could not do much for the Society, but he was very well satisfied to be connected with his co-trustees, and would do all he could to promote the good of the office. He felt much honoured in having his name connected with this Company, and he could only thank them again for having conferred this distinction upon him. (Cheers.)

The CHAIRMAN remarked that, as directors, it strengthened their hands that they could appear before the world with some of the greatest names in the medical world as being connected with them. (Hear, hear.) He asked them to fill a bumper, and to pledge heartily the toast—"Success to the consulting staff." He would couple therewith the names of Dr. B. Babington, Dr. James Copland, Mr. Ranald Martin, and Professor Fergusson.

The toast was acknowledged with every sentiment of esteem.

Dr. BABINGTON responded, and, in the course of a most able and eloquent address, observed that medical men very rarely had a large property to start in life with. It was, therefore, to such as them that life assurance was an especial blessing. It enabled them to provide for their families when no other course was open. They, therefore, did very right in inculcating the doctrine of life assurance.

Dr. TYLER SMITH.—A very important toast had been entrusted to him. He was afraid that he could hardly do justice to it. It had reference to a very large body of gentlemen, and he trusted it might become a still larger body until it embraced the whole of the medical profession. This Society was born in physic. (Laughter, and cheers.) Amongst the shareholders were some of the greatest medical men of the age—the great body of agents were medical men—nine-tenths of the business came from the medical profession. Without exception, they had a larger medical basis than any other office, and as a Society they did something to support the interests and to render justice to the medical profession. It might now be said that justice was done to medical men. Ten years ago this was not the case. It was the exception for medical men to be treated with due consideration; now it was the *reverse*. They are now treated fairly, and this, he was sure, was due more to the efforts of this Society than to any other cause; and it would be a great feature in the success of this Office that the medical profession had so materially aided its progress. Because this Society studied the interests of medical men—because it paid them fairly, and showed so much consideration to them in pecuniary necessity, and to young men just entering the profession—it had earned the gratitude of all classes. Many were the instances in which this assistance had been most gratefully acknowledged by medical men in all parts of the country. Thus the New Equitable was supported by medical men, and in return it supported them. He did trust that this mutual sympathy and co-operation would continue. He would not trespass further upon their time, but conclude by proposing "Success to the medical supporters of the Company." No other office received so much medical support as this. (Cheers.)

Mr. RAY, of Dulwich, returned thanks for the toast, which was drunk with the utmost enthusiasm.

Dr. LITTLE proposed "Success to kindred institutions." He need hardly tell them that it was important that they should select good offices with which to divide their risks. He would single out the name of Mr. Jellicoe to respond to this toast. He was at the head of a society that received its thousand pounds per day as income, and was, moreover, one of the most talented and respected men in the assurance profession. (Loud cheers.)

The toast having been duly ackowledged,

Mr. JELLICOE, on rising to respond, was greeted with loud cheers. He said: Mr. Chairman and gentlemen, I may say with perfect truth, that I respond to this toast with a double feeling of gratitude and pleasure. One very pleasurable feeling to me is, that I can contribute to the success of this Society without injuring my own, and this feeling has now so pervaded life assurance companies, that there is now very little difficulty in dividing our risks. The advantage of this is obvious, because the burden is borne and shared by each, and it is a very pleasing advantage that there is so little hesitation in interchanging business whenever an opportunity offers. When I mention that a few years ago such a thing as this could not be done, it will show you what great progress life assurance has made. There is now a greater degree of freedom amongst life offices in consequence of excessive enterprise having somewhat abated. Not that any of us rejoice in the downfall of a life assurance company, or the lapsing of those which have had to succumb to the pressure of the times; but there has been left behind greater equality in supply and demand, and those very questionable means of obtaining new business have now ceased. I am satisfied that amongst the life assurance public there is a very much deeper sense of gratitude to the medical profession than is generally apparent. There may be some distrust, but there is a sense of relief that the older a company becomes, the more attention is necessary in the selection of lives, it being the very root of a successful life company, and the essence of its prosperity. It is the great care with which the medical men discharge their duty that entitles them to so much gratitude. I beg to thank you once more, and I am quite satisfied that, from the admittedly good position of your Society, and the many men of ability connected therewith, it must have a large share of the cross assurances with other offices. (Cheers.)

Mr. LLOYD acknowledged the toast of the legal supporters of the Company in a most able speech.

The CHAIRMAN could have wished that the next toast had fallen into abler hands than his; he could not do justice to it as he wished: it was the health of their valuable actuary and secretary, Mr. Bigg. (Loud cheers.) He had very great pleasure in proposing this toast; he had known Mr. Bigg for many years. He was thoroughly well trained when he entered upon his duties; and he came well prepared to grapple with the difficulties of his position; and although he was comparatively a young man, yet his opinions were much sought after from all quarters, and carried great weight. They were all delighted with Mr. Bigg; he was always at his post, and he performed his duties with such zeal and diligence, that all found a pleasure in witnessing his great efforts to advance the Society. He therefore asked them to fill a bumper, and to drink long life to Mr. Bigg.

Dr. TYLER SMITH.—I cannot but rise to endorse the statements of the Chairman. We have had many actuaries and secretaries, but Mr. Bigg surpasses them all. He is the foremost of any of us to advance the interests of the Society, and he has so thoroughly imbued himself with the spirit and purposes of this Society, that I believe he is in all his habits and feelings essentially a medical man; and that no medical man comes in contact with him but is impressed with this fact, and that he fitly represents the chief medical Life Office in London. (Hear, hear.)

The toast was honoured with every demonstration of esteem.

Mr. BIGG observed that, if it was remarked of the late Daniel O'Connell that he was the best abused man in Europe, he might assuredly deem himself the best praised; for although this had been a day of severe trial to his physical powers, he had been more than adequately repaid by their kind consideration. He was deeply grateful to the chairman for the terms in which he had proposed his health, and for the affectionate interest he had always taken in his welfare. It was also peculiarly gratifying to him to find that their deputy-chairman, Dr. Tyler Smith, had made those practical observations in which he had indulged. Certainly he had received at this desert far more than his deserts. (No, no.) He had received from all the greatest kindness, and he was so attached to the Company, that it would require very much to seduce him from the New Equitable. He could not resume his seat without tendering to two gentlemen present his especial thanks for their valuable services. He alluded to Mr. King, the able chairman of the Kent Mutual Company, who that morning had so eloquently defended the auditors of the Company; and to Mr. Percy Sewell, their inspector of agents, who had contributed so successfully to swell their ranks by the introduction of a valuable and influential class of medical practitioners. Time would not permit that special toasts should be given in honour of those gentlemen; but he was sure the chairman would pardon this digression on his part, by his performance of this act of duty to such supporters of the Company. He begged to thank them most cordially for the honour they had done him. (Cheers.)

Mr. KING, in closing a very able address, remarked that he believed that even so high an authority as Mr. Jellicoe would say that a reserve fund of forty per cent. of their premiums was not to be despised. (Hear, hear.)

The healths of the medical examiners of the Company, Dr.

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Frederic Farre and Thomas H. Wakley, Esq., were then proposed, drunk with much enthusiasm, and responded to by Dr. Farre, on behalf of himself and colleague, in appropriate terms.

Several other toasts followed, and the meeting was not concluded until a late hour.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me to inform the Poor-law medical officers that although Mr. Pigott was unable to bring forward the Bill on the evening first intended, in consequence of the discussion on the new tariff occupying so much time, he assures me he will take the earliest opportunity of doing so. In a letter I received this morning from him is the following:—"We lose nothing by this delay; it gives opportunity for talking it over with members." It is possible that before this letter reaches you leave may have been given to introduce the Bill; be this as it may, I strongly advise the medical officers to continue to send to the House their petitions, of which up to the present time about sixty only have been presented. I also urge upon them to write to each of the members of Parliament with whom they are acquainted, and endeavour to obtain his support of the measure when introduced. Two hundred gentlemen have sent me their subscriptions this year, but this is a very small proportion of the three thousand. Surely gentlemen can hardly be aware that if this measure be carried in the shape proposed, upwards of £200,000 a year will be added to the incomes of the Poor-law medical officers as a body. Two or three officers have written to me within the last few days, forwarding subscriptions, but saying they will not be benefited by the measure; in each of these cases I have proved to them that their incomes will be doubled by the three elements of payment alone, omitting altogether the gain which will accrue by other clauses in the Bill. The great object of my obtaining money is that I may be enabled to give every possible publicity to our complaints and the mode of redress. I am at this time writing a commentary on each section of the Bill, which I intend to send to the members of Parliament as soon as it is fairly before the House, in order that the necessity for each clause may be thoroughly understood, and that easy reference may be made to the arguments in support of it. Everything at present looks propitious; and if the Bill should not be carried this session, it will be mainly owing to the apathy of the profession.

I am, Sir, yours respectfully,

Royal-terrace, Weymouth, March 3rd, 1860. RICHARD GRIFFIN.

A MEETING of students was held in the anatomical theatre of Guy's Hospital, on the 2nd instant, for the purpose of determining what steps should be taken in order to co-operate with the other metropolitan schools in favour of Poor-law Medical Reform. The chair having been taken by A. E. DURHAM, Esq., the following resolutions were proposed and carried:—

Proposed by Mr. FAGGE, and seconded by Mr. MERCER,—"That this meeting sympathizes with the movement in favour of Poor-law Medical Reform."

Proposed by Mr. GAYLEARD, and seconded by Mr. MEGGY,—"That this meeting is willing to co-operate cordially with the other medical schools in promoting the objects of the Association."

Proposed by Mr. ATWELL, and seconded by Mr. MAY,—"That two delegates be sent from this school to concert measures with the representatives of the other schools."

Proposed by Mr. GALTON, and seconded by Mr. CANN,—"That this meeting is of opinion that separate petitions from the different medical schools will further the cause more than any general meeting of students."

Amendment proposed by Mr. MEGGY, and seconded by Mr. GAYLEARD,—"That an aggregate meeting of the students of the several medical schools should be called, at which further measures might be deliberated upon."

Proposed by Mr. WOODMAN, and seconded by Mr. TURNER,—"That this meeting pledges itself to defray, by subsequent subscriptions, any incidental expenses which may arise in the course of the proceedings."

JOHN THOS. MERCER, *Hon. Sec.*

THE COLLEGE OF DENTISTS AND THE ROYAL COLLEGE OF SURGEONS.

(LETTER FROM MR. S. L. RYMER.)

To the Editor of THE LANCET.

SIR,—For more than three years past the dental profession has been divided in opinion as to the best means of organizing its members into something like a compact body; and this division of opinion has naturally delayed indefinitely the common object.

The first successful movement towards a reform of the profession was made in 1856, when several meetings, *open to all dentists alike*, and called by public advertisement, were held. This movement resulted in the establishment, without a dissentient voice, of the College of Dentists of England, possessing a constitution founded on the principle that dentists should be an independent body—that dentists were capable of imparting instruction to pupils, and of superintending examinations as to proficiency, independently of any other institution.

While these proceedings were being conducted thus openly, eighteen dentists who were of opinion that a dental certificate from the College of Surgeons would meet the requirements of the profession (as I did myself until an independent existence was shown to be possible), instead of attending the general meetings, some of which consisted of more than two hundred practitioners, and stating their views in a straightforward manner, as they had the opportunity of doing, chose to ignore the public movement altogether, although they knew it to be "a fact." They determined to hold no arguments with their brethren in practice; they considered that to them alone should be entrusted the interests of the profession. So, to endeavour to stay the legitimate movement without delay, a meeting of the eighteen gentlemen was called, a memorial to the College of Surgeons embodying their ideas was "hastily prepared" and signed, and at once forwarded to the Council of that institution. From this secret conclave, and "hastily prepared" memorial, the determination of the Council of the College of Surgeons to grant dental certificates has been arrived at.

I shall not now stay to show why the memorial was *hastily prepared*, as I have the authority of one who signed it to prove that it was. Suffice it to say, two parties exist in the dental profession—one advocating the cause of independence, as represented by the College of Dentists; the other, the cause of dependence, as represented by the Odontological Society: the origin of each being borne in mind.

Up to this time there has been much unnecessary warmth of feeling exhibited in controversy; but not more, perhaps, than is common to reformatory movements carried on without unanimity. The controversy, however, was for the most part confined to the profession, until Tuesday last, when the opponents of the College of Dentists committed themselves in a manner which, I think, will open the eyes of the world to the unjustifiable spirit of bitterness with which the College has had to contend, and with which it has contended, and will, in all probability, continue to contend successfully. I refer, Sir, to an advertisement in *The Times* of Tuesday, the 28th ult., in which attacks and statements are made, which might have been passed over if published through a legitimate medium, but which must now be regarded by every honourable man as entirely unbecoming those who would wish to be looked upon with respect.

I believe this proceeding will recoil upon its projectors with threefold force, for the gauntlet having been thrown down in the presence of the public, in the presence of the public it must be taken up; and, for my own part, I have no doubt as to the result, if open conduct and sound principle are more in accordance with the views of Englishmen than surreptitious actions and doubtful policy.

I am, Sir, your obedient servant,

North-end, Croydon, March, 1860. S. L. RYMER.

HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—I beg leave to communicate to you the following fact, which I witnessed with my own eyes:—

Some time ago, a friend of mine, a firm believer in homœopathy, provided himself with a medicine chest, supplied to him by the famous chemist in the neighbourhood of Hanover-square, well stocked with globules of all sorts. He went abroad, and I used to meet him frequently at the house of a mutual friend. One evening he was exhibiting his medicine chest and

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his globules, and expatiating largely on their wonderful properties, when a gentleman, who happened to be present, in order to convince him of his folly, emptied the contents of *every* bottle into his hand, and swallowed them all one after another! I saw him repeatedly for days together afterwards, and I can state positively that he received no damage whatever from his supper on globules of arnica, arsenic, mercury, belladonna, aconite, dulcamara, nux vomica, hyoscyamus, besides a host of other harmless medicines!

I wrote to Dr. Laurie, and to Mr. Headland, the chemist, mentioning this fact, and asking for an explanation. I need hardly tell you that no explanation could be offered. I enclose Mr. Headland's letter for your inspection.

I am, Sir, yours truly,

H.M.S. *Edgar*, Feb. 1860. J. MILNER, Chaplain R.N.

P.S.—There must have been at least 500 globules in each bottle.

MR. T. WAKLEY'S STRICTURE TUBES.

To the Editor of THE LANCET.

SIR,—I have been a medical practitioner on this coast for the last eleven years, and by far the most troublesome disease I have met with has been stricture of the urethra, and particularly the permanent and irritable stricture, where the smallest-sized bougie could not be inserted. After reading one of Mr. Thomas Wakley's papers, published in THE LANCET of 1858, I sent to London for a case of his tubular instruments. Since I received them, I have had under treatment twelve patients troubled with stricture of the urethra, in whom all the characteristic symptoms were present.

In British Columbia, Victoria, Vancouver's Island, and Washington Territory, the natives communicate a virulent variety of gonorrhœa to the white people, which, if not attended to on the appearance of the first symptoms, causes stricture of the urethra in a number of cases.

One of the above twelve patients, M. B——, aged forty-nine years, nervous and emaciated, had been afflicted with stricture for twenty-two years, and had consulted a number of medical men of experience without any relief, until about three months ago he came under my care. Before using the tubular instruments I could not insert a No. 1 or 2 wax bougie into the stricture, which was situated in the membranous portion of the urethra. I placed him under the influence of chloroform, and then passed the director and tubes, as recommended by Mr. Wakley. The patient continued to improve from the first introduction of the tubes. Previous to that time he could only micturate drop by drop, with excruciating pain; then he could pass his urine in a small stream, without any straining or pain. Twenty days after commencing the treatment, he lost the appearance of anxiety previously noticed, had gained flesh, and "felt a new man," passing his urine in a full and continuous stream.

The other patients labouring under the same disease are either well or getting rapidly better under the same plan of treatment. The guides and tubes are my great "stand-by." I have deposited the old sounds, dilators, catheters, and bougies on my shelves, never more to be used by me, with the exception of catheters in cases of retention of urine, and I have great doubts in my mind if the above-named directors are not preferable and easier of introduction. I am, Sir, your obedient servant,

Olympia, Washington Territory, 1859. M. P. BURNS, Surgeon.

To the Editor of THE LANCET.

SIR,—Amongst the numerous reports and opinions regarding the practice and advancement of medical and surgical science which are weekly expounded in your able journal, I consider none more deserving of notice than the efficient method adopted within the last few years by Mr. T. Wakley in the treatment of urethral stricture. I beg, therefore, to subjoin the particulars of my own case, leaving it to others of my professional brethren, of more ability, to institute comparisons between its obvious efficiency and merits, and the protracted, dangerous, and often inefficient treatment usually adopted.

Symptoms of stricture—an almost impassable stricture—developed themselves, in my case, about twelve or thirteen years back; and having consulted, and persevered in the treatment recommended by, some of the most eminent of my profession, without deriving benefit, while symptoms were even manifesting themselves of a tendency to invade the prostatic portion of the urethra, thus interfering with my professional pursuits, I consulted Mr. T. Wakley; and after submitting to his treatment, I soon found the symptoms, both local and general, completely relieved, and was able, in the short period of two months, to pass with facility a No. 10 catheter.

I trust the manifest importance of this mode of treatment will become generally known, as I have no doubt, from my personal experience, its merits will ultimately demand our attention and approval.

I have the honour to be, Sir, yours obediently,

March, 1860. A PRACTITIONER OF 19 YEARS' STANDING.

(I enclose my card.)

ON THE INJURIOUS EFFECTS OF WHITE LEAD AS A PAINT.

To the Editor of THE LANCET.

SIR,—Our attention has been drawn to-day to the excellent letter of Dr. Hassall in your last number, and believing that it will give you pleasure to hear that the consumption of oxide of zinc as a substitute for white lead in the manufacture of paint is gradually increasing in this country, we hasten to inform you that our importations of the oxide of zinc at the present time are at the rate of about 1000 tons per annum, with every indication of an increased demand; while the Government returns for the year ending Dec. 31st, 1856, show an importation of only 235 tons from all sources. There is a large field for Dr. Hassall's exertions, as the consumption of white lead is still nearly 100 to 1 of zinc. We had, with the rest of the world, a general impression that the use of white lead paint was deleterious, but we are surprised indeed to learn that it is the cause of so much disease and suffering.

The two slight commercial objections named in Dr. Hassall's letter to the universal use of zinc no longer exist, for the "body" is now sufficiently dense for all paint purposes, and the manner of using it differs in no material respect from the common process of lead painting. A clean brush, and the paint pure, without any adulteration, are the two all-important considerations.

Until within the past two years, the price of the pure oxide of zinc has been higher than the best white lead. It is now much lower, in consequence of an improved and patented system of manufacture.

The real cause of the large consumption of white lead, to the almost entire exclusion of zinc, arises from the fact that white lead can be adulterated with barytes and other cheap ingredients, without being detected by the eye; and the paint so made affords a large profit to the manufacturer and contractor: whereas, the oxide of zinc has but little affinity for foreign substances, and must necessarily be sold pure to make a good and saleable pigment.

The commercial advantages of durability, cheapness, and beauty, are all, as stated by Dr. Hassall, in favour of zinc. France, the United States, and Russia prescribe its use in all important Government works, and it is largely used by the East India Company; yet the English authorities seem indifferent to the subject.

The statements contained in Dr. Hassall's letter of the serious consequences arising from the use of lead paint, not only to workmen, but to others, induce us to hope that you will, on the ground of humanity alone, use your great influence to promote the use of zinc paint as a substitute for lead; and we cannot better close than with a quotation from Dr. Hassall's letter, where he says:—

"It rests with the medical profession to enlighten the public on the subject, and thus ensure the more general adoption of zinc as a paint."—We are, Sir, your obedient servants,

Bread-street, Cheapside, March, 1860. COATES AND CO.

THE COUNCIL OF THE COLLEGE OF SURGEONS AND MESSRS. HORTON AND MEREDITH.

To the Editor of THE LANCET.

SIR,—In compliance with a resolution of the Plymouth Medical Society, passed at a meeting held on the 17th of February, I send you a copy of an address to the General Council of Medical Education and Registration, signed by fifty-six fellows and members of the Royal College of Surgeons of England, whom you will greatly oblige by giving their address a place in THE LANCET.

I am, Sir, yours faithfully,

J. C. COOKWORTHY, M.D., *Hon. Sec.*

Plymouth, March 3rd, 1860.

To the Members of the Medical Council of the United Kingdom.

GENTLEMEN,—We, the undersigned members of the Royal College of Surgeons of England, resident in Plymouth, Devonport, Stonehouse, and the neighbourhood, have seen with surprise and regret that the Council of our College has granted its diploma to men of insufficient education.

We are of opinion that by such acts the Council has lowered the value of its diploma, and caused it to be no longer a guarantee of professional competency; and, perceiving that the protests of members in other parts of the country have been disregarded, we earnestly entreat you to exercise the powers given you by the new Medical Act to compel the Council of the College of Surgeons to follow a course more consistent with its own honour, and more conducive to the dignity of the profession and to the interests of the public.

Wm. Joseph Square, M.R.C.S. } Surgeons to the South
John Whipple, M.R.C.S. } Devon and East
Francis Fox, M.R.C.S. } Cornwall Hospital.
John Hele Fuge, F.R.C.S.
Thos. Harper, M.R.C.S.
T. A. Stewart, M.R.C.S. } Surgeons to the Plymouth
Rd. Hill Derry, M.R.C.S. } Public Dispensary.
James H. Hicks, M.R.C.S.
Henry Greenway, M.R.C.S.
Fred. W. P. Jago, M.B. & M.R.C.S. Lond.
William Pearse, M.R.C.S.
Chas. R. Prance, M.D., M.R.C.S.
John Henry Eccles, M.R.C.S. } Surgeons to Plymouth
E. M. Russel Rendle, M.R.C.S. } Eye Infirmary.
Chas. Taylor, M.R.C.S.
Rd. Freeman, M.D., M.R.C.S.
Wm. Bray Stephens, M.R.C.S.
Wm. Braithwaite, M.R.C.S.
Edmd. Rendle, M.D., M.R.C.S.
James Hamlyn, M.R.C.S.
Wm. Cole, M.R.C.S.
John Lane Cutcliffe, M.R.C.S.
Wm. Paul Swain, M.R.C.S.
John Breay Butcher, M.R.C.S.
G. F. B. Harrison, M.R.C.S.
James Bennett, M.R.C.S.
George Rolston, M.R.C.S.
James Crossing, M.R.C.S.
Thomas Crossing, M.R.C.S.
Philip Porter, M.R.C.S.
Paul Wm. Swaine, M.R.C.S.
Joseph May, F.R.C.S.
Robert M. Watson, M.R.C.S.
Lorenzo P. Tripe, M.R.C.S.
Richard J. Laity, M.R.C.S.
P. De Larue, M.R.C.S.
Nicholas Moone, M.R.C.S.
Robt. E. Embling, M.R.C.S.
Philip Toms, F.R.C.S. & L.R.C.P. Lond.
Christopher Bulteel, M.R.C.S.
Henry Perry, M.R.C.S.
R. W. Peard Kerswell, M.R.C.S.
John Jagoe, M.R.C.S.
Wm. Marrack, M.R.C.S.
Lawrence and Nicholas, MM.R.C.S.
Alfred Prideaux, M.R.C.S.
Nicholas Littleton, M.R.C.S.
William Littleton, M.R.C.S.
Thomas Littleton, F.R.C.S. (Exam.) & M.B. Lond.
John Lower Clark, M.R.C.S.
Edwin J. Worth, M.R.C.S.
John Little, M.R.C.S.
Samuel Kerswell, M.R.C.S.
J. N. Stevens, M.R.C.S.
W. P. H. Eales, M.R.C.S.

FOREIGN BODIES ON THE CORNEA, &c.

To the Editor of THE LANCET.

SIR,—"Do you keep canaries, my good woman?" seems at first sight an idle question to address to a patient affected with acute corneitis. Its practical utility, however, as an aid to diagnosis, will, I think, be admitted by the reader of these lines.

A woman presented herself at an ophthalmic dispensary here labouring under the usual symptoms of superficial ulceration of the cornea; and, on close examination of the inflamed surface, could be detected a minute opacity occupying its centre. Now comes the point of bearing of the query which heads this letter. The ophthalmic microscope showed this opaque spot to be a very small grain of millet-seed imbedded in the corneal epithelium, and producing all the irritation complained of. Its removal gave instant relief, and the ulceration rapidly cicatrized. The patient stated that eight weeks previously, whilst cleaning out a birdcage, and blowing the empty husks off the feeding-drawer, a portion of the dust had entered the eye, and caused considerable pain, which, however, had gradually subsided.

In Paris, where bird-fanciers are so numerous, such cases as the foregoing are of common occurrence, and the oculist frequently resorts to the above question to aid him in the formation of a correct diagnosis.

A curious point in connexion with the presence of these minute foreign bodies on the surface of the conjunctiva and cornea is the mode in which they travel, and the difference in the rapidity of their progress, according to the membrane on which they happen to be. If, for example, a small shred of straw fall on the conjunctiva, and be not speedily washed away by the tears, and carried to the inner angle of the eye, it will begin to move steadily onwards, *in all cases making for the same point—the centre of the cornea.* If deposited, in the first instance, at a quarter of an inch from the cornea, it may reach the edge of this membrane in a few days, and there pause for some time, again to recommence its journey, but much more slowly, until the centre of the cornea be reached; and here it becomes stationary, producing the inflammatory symptomt before spoken of. This attraction towards the cornea can only be explained on the supposition of a current being formed by the sort of endosmotic influx which takes place through the corneal layers into the anterior chamber.

Scarcely a day passes in the eye-practice here without the occurrence of some case proving the value of the method suggested by M. Serre d'Uzès for ascertaining the condition of the retina by the process laconically termed "phosphenic retinoscopy," and detailed by that gentleman in a very thick octavo volume—a work which has been crowned by the French Academy of Sciences. As several English medical gentlemen with whom I have spoken on this subject had never even heard of this really important and practical application of a well-known phenomenon, I think it may not be uninteresting to some of your readers to be put in possession of the principal features of this discovery.

In a case of cataract, when the ophthalmoscope is inadmissible, owing to the completeness of the lenticular opacity, and the retina is consequently invisible, M. Serre's mode of examination will be found most useful. By its means the medical man can foretell the probable restoration of vision as the result of an operation, or, it may be with good reason, interfere to prevent his patient from submitting to useless pain and incurring inevitable disappointment. The process for investigating the condition of the retina is a very simple one. The patient is placed with his back to the light, and desired to close his eyes as in sleep (i.e., gently, and without effort). Slight, tremulous pressure is to be made by the surgeon with the tip of the forefinger, or with any rounded instrument, at different points round the surface of the ocular globe as deeply towards the back of the orbit as is feasible without inconvenience, the patient at the same moment being desired to direct the eye in a contrary direction. If at each pressure a luminous circle, or part of a circle, be seen at the side opposite to that on which the pressure is made, the phosphene is said to exist, and the retina in that particular spot accounted to be healthy; if this be the case all round the eye, it may be fairly presumed that the whole periphery of the nervous expansion is capable of vision, and so far in an operation for cataract would the prognosis be favourable. If, however, on the other hand, at one or more points no corresponding luminous ring be elicited, these spots are to be considered as amaurotic, and the prognosis will be guarded in proportion to their number.

M. Serre divides the phosphenes into four, named from the regions in which the pressure is made. These cardinal points are—the *frontal* (pressure being made above), *temporal* (pressure made at the outer angle of the orbit), *jugal* (below), and *nasal* (at the inner angle). In cases of progressive amaurosis these phosphenes disappear in the following order: first the jugal, then the frontal, then the temporal; the nasal being the last to quit the field of vision. And in cases in which cures of blindness have been effected, the restoration of nervous power takes place in the same order inverted.

Indeed, so valuable an adjunct to the concave mirror is this method of investigating the amount of power in the retina considered, that a small instrument formed of ivory—in shape

like a minute paddle, surmounted at its thin end by a little knob, and three inches in length—is very commonly appended to the more modern cases of ophthalmoscopic apparatus.

I am, Sir, your obedient servant,

Paris, Feb. 1860. OPHTHALMOSCOPE.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners on the 2nd inst.:—

Bateman, John Alfred, High-street, Shadwell; L.S.A. Dec. 6, 1849.
Buxton, Thomas, Fazeley, Tamworth, Staffordshire; L.S.A. Aug. 11, 1836.
Chamberlaine, Joseph, Syerstone, near Newark, Notts; L.S.A. July 29, 1852.
Clouting, John Revett, Shipdham, Norfolk; L.S.A. May 4, 1837.
Ely, John James, Ely, Chatham; L.S.A. March 10, 1853.
Ford, James Harridge, Grays, Essex; L.S.A. Oct. 8, 1836.
Knott, James Parsons, Blisworth, Northampton; L.S.A. June 23, 1836.
Lindley, Joseph Ferguson, Cheadle, near Manchester; L.S.A. June 23, 1853.
Marshall, Francis Henry, Moulton, near Northampton; L.S.A. May 8, 1834.
Pearce, William, St. Tudye, near Bodmin, Cornwall; L.S.A. Dec. 31, 1840.
Steel, John Slack, Chapel-street, Salford; L.S.A. Sept. 30, 1852.
Swain, Thomas, Newhall-street, Birmingham; L.S.A. April 7th, 1843.
Trull, John, New Brighton, near Liverpool; L.S.A. June 1, 1836.
Webb, Thomas, Cavan, Ireland; L.S.A. Feb. 23, 1826.
Woods, Robert, Walton-on-the-Hill, near Liverpool; L.S.A. Oct. 11, 1827.

[In the list of members who passed the College on the 24th ult., published last week, *for* H. J. Manning, New Zealand, *read* H. J. Manning, Harrington-street, Hampstead-road.—And in the pass-list of Licentiates in Midwifery, in the same number, *for* Charles Royston, Alexander-terrace, Brompton, *read* Charles Royston, Alexander-terrace, Westbourne-park.]

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 1st, 1860.

Cann, Thomas, Seaton, Devon.
Fuller, William Francis, Bridgwater, Somersetshire.
Harding, John Alfred, Bath, Somersetshire.
Homfray, Charles Augustus, Clifton, near Bristol.
Jones, Walter William, Denbigh, North Wales.
Nunn, Roger, Ixworth.

The following gentlemen also on the same day passed their first examination:—

Earle, James Lumley, Nether Stowey, Somersetshire.
Eldershaw, Frederick, London.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen are appointed office-bearers for the ensuing session:—*President:* Mr. F. C. Skey, F.R.S.—*Vice-Presidents:* Drs. T. G. Balfour, F.R.S., and C. J. B. Williams, F.R.S.; Messrs. H. C. Johnson and S. Smith.—*Treasurers:* Dr. T. A. Barker and Mr. A. Shaw.—*Secretaries:* Dr. A. W. Barclay and Mr. C. H. Moore.—*Librarians:* Dr. E. Meryon and Mr. G. D. Pollock.—*Other Members of Council:* Drs. C. M. S. Babington, F.R.C.P., W. R. Basham, R. Dickson, D. Maclachlan, and E. H. Sieveking; Messrs. S. Cartwright, jun., W. Cathrow, G. L. Cooper, C. H. Hawkins, and J. Pyle.

NORTH LONDON MEDICAL SOCIETY.—At the last meeting of this Society, the following gentlemen were elected officers for the session 1860-1:—*President:* Dr. J. Russell Reynolds.—*Vice-Presidents:* Dr. Jas. Copland, Mr. J. Havers, Mr. J. E. Erichsen, and Dr. Hillier.—*Treasurer:* Mr. W. Adams.—*Hon. Secretary:* Mr. R. C. Croft.—*Council:* Mr. W. A. N. Cattlin, Mr. E. Cousins, Mr. G. F. Dansey, Dr. R. Greenhalgh, Mr. J. Hainworth, Dr. C. J. Hare, Mr. T. C. Jackson, Dr. W. Jenner, Mr. P. Magenniss, and Mr. J. M'Crea.

REFORM AT THE COLLEGE OF PHYSICIANS.—Formerly, discussions at this venerable corporation were considered *secreta Collegii*, and forbidden to be divulged *extra muros*. Now matters are greatly changed, since a recent law declares that henceforward fellows are "to regard as secret its proceedings when the College so desire it." This novelty is a move in the right direction, and may be ultimately followed by allowing reports to be published of transactions at Comitia. Respecting such a consummation, reformers say, the sooner the better, both for the College and the profession generally, as they think publicity always proves beneficial excepting to cliques, or those influenced by private motives.

DR. LIVINGSTONE.—News has been received of this gentleman and his party down to December 12th, when they were at the mouth of the Kongoue. The party had all suffered from fever, but were completely recovering and in good spirits.

THE SERPENTINE.—A return has been issued by the Board of Works which shows that the tenders for the works for cleansing the Serpentine were called for on Nov. 9th, 1859, and were two in number: one for building engine-house and other buildings, ground works, sculpture, &c., and the other for engines, pumps, and other machinery. The tenders of Messrs. Bird, of Hammersmith, and of Messrs. Watt and Co., London-street, City, being the lowest, were accepted, and were respectively for £13,023 and £1095. The contractors are bound to complete their contracts by the 1st of May, 1860, under a penalty of 1 per cent on the amount of the contract for every week the works remain unexecuted for Messrs. Bird, and £25 per week for Messrs. Watt and Co.

APPOINTMENT.—On the 28th ult., Mr. Charles Bateman was elected Medical Officer to the Third District of the Nottingham Union.

POISONING BY IMPRUDENCE.—An apothecary of Passy, named Cadel, has been condemned to a fortnight's imprisonment for gross imprudence. The offence consisted of his having sold for a sick person chicory in which by some means a small quantity of belladonna had got mixed; and so the patient was seized with vomitings and other symptoms of poisoning. The man said that he sold the chicory as he received it, and that he could not be expected to examine minutely every small portion that he disposed of to see that no strange substance existed mixed with it; but the tribunal ruled that he was bound to do so.

OPHTHALMIC HOSPITALS IN ITALY.—Two hospitals for diseases of the eye have lately been founded in Italy: one in Turin, and the other in Rome. In the former city, a small one already existed in a hired building, barely supported by voluntary contributions, and principally kept up by the exertions of M. Sperino. Government has just granted land to erect a new hospital, and £12,000 towards the construction of the building. The establishment is to receive sick children, besides patients affected with diseases of the eye. In Rome, the whole expense attending the foundation of the new hospital is to be borne by the Prince Torlonia.

TRICHIASIS.—M. Anagnostakis, of Athens, proposes a very remarkable procedure for the treatment of this troublesome affection. It is to curl the eyelashes upwards. He uses for this purpose a pair of miniature curling-tongs gently heated, and covers the globe of the eye with damp paper. This "innocent manœuvre" he directs to be repeated from time to time, until the lashes take their normal direction. M. Anagnostakis describes the proceeding as one "delicate in execution, but having the advantage of not terrifying patients, so that one may apply it to the most cowardly and the most coquettish."

HOLOPATHY.—A distinguished physician of Paris, M. Marshal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy (ὅλος, *entire;* πάθος, *disease*). M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favour their appearance. The lectures are creating some sensation in the French capital.

MEDICAL AND LITERARY INSTITUTIONS AT BARCELONA.—In the *New Monthly Magazine* a series of papers are now in course of publication, entitled, "A Holiday Tour in Spain, by a Physician." Although the author's name is not appended, it is surmised he has already frequently appeared before the profession by notes on various foreign benevolent institutions. But be the author who he may, the subjoined extract from the above-named periodical for February, in reference to Barcelona, will, perhaps, interest our readers:—"It possesses a university, a medical school of considerable repute, several academies, and two or three public libraries, besides a most superb collection of the national archives of Aragon, the finest in Spain, and which go back for nearly one thousand years, while those of the municipality are also curious and interesting. Numerous charitable establishments also deserve notice, and confer credit on the community by whom they are supported. Amongst other institutions which the physician who now speaks visited, was the general hospital, also comprising under the same roof a lunatic asylum. It then contained 97 female, and 140 insane male patients, thereby showing that mental maladies prevail oftener amongst the latter than the former sex at Barcelona. This feature does not, however, specially characterize a Catalonian population, since insanity seems oftener to attack men than women throughout Spain generally, and hence the reverse of what is usually observed either in southern France or Eng-

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land. The locality now mentioned being confined, and badly adapted for its present lunatic inmates, the authorities talk of constructing a new asylum outside the city, according to the improved views now happily prevalent in all civilized countries; for which purpose the chief physician of the insane department is at present visiting France and Holland to obtain information. In the division appropriated for the treatment of patients afflicted with physical diseases, the wards are large, but much too crowded, as also badly ventilated; and not having been constructed upon modern principles in reference to that important point, the defects mentioned are almost irremediable. The university—now occupying a convent, from whence the monks were expelled, and part of the chapel burned upwards of twenty years ago—is in an adjoining street, and close to the Academy of Medicine. Both these establishments for the promotion of science and education have considerable reputation in Spain, especially the medical school; but neither being in session, the writer had only an opportunity of seeing the various apartments, lecture-rooms, and appliances for teaching, although he can justly say, that the professors and other authorities, according to all accounts, were actuated by a laudable zeal to promote the objects for which they had been appointed."

LUCIFER MATCHES IN PARIS.—The baneful effects of phosphorus upon the men engaged in the manufacture of lucifer matches have induced the Government to consult the Academy of Medicine as to the means of preventing such lamentable results. The Academy has answered, upon the report of M. Poggiale, and after a long discussion, that, to prevent such accidents, matches should be made of pure amorphous phosphorus, or without any phosphorus at all, the *white* phosphorus being altogether prohibited.

HEALTH OF THE ARMY.—SANITARIUM IN CHINA.—The *China Chronicle* and the *Daily Press* of Hong Kong are at leggerheads as to the eligibility of "the Peak" near Hong Kong as a sanitary station. This site has been fixed upon by the authorities. The *China Chronicle* contends that no one "could fancy a more unwholesome, insalubrious, or, in fact, ineligible situation in every point of view."

A QUACK DOCTOR AT SHIPLEY.—At the West Riding Court, Bradford, a young man named Philips, fashionably clad, and wearing a moustache, was brought before Timothy Horsfall, Esq., charged with having hawked medicines for sale without being licensed, and thereby rendering himself liable to punishment under the Vagrant Act. Mr. Terry appeared for the defendant. Sergeant Slingsby, of the West Riding Constabulary, stated that when in Chapel-lane, Shipley, he saw the defendant going from house to house with a bag, as if hawking. Witness called at several houses where the defendant had been, and learnt that he had to some persons represented himself to be an American doctor, and to others he stated that he came from Leeds. He had sold medicine at different houses, and witness apprehended him as an impostor. He told witness that he came from Bradford. In cross-examination by Mr. Terry, the sergeant said that the defendant might have told him that it was his own medicine he was selling, and medicine of his own mixing up.

Simeon Walker, of Shipley, an old man, stated that he had had a "stroke," and he gave 2*s.* to the defendant for a bottle of medicine, which he said would prevent him from having any more strokes. In cross-examination, the witness said he had not had a stroke since. Defendant told him he had an establishment in Vicar-lane, Leeds.

Benjamin Baynes, of Shipley, stated that he gave 18*d.* to the defendant for a bottle of stuff for his (witness's) wife, who, the defendant said, had got a white swelling on her elbow. She was to take that stuff, and bathe her elbow with some other stuff.

Sergeant Slingsby produced other bottles of coloured mixtures which the defendant had sold at Shipley, to cure deafness and other diseases, which the purchasers either were or fancied they were afflicted with. Some handbills were found in the defendant's possession, headed "Messrs. Philips and Son, Vegetable Chemists, Botanical Institution, Vicar-lane, Leeds."

Mr. Terry said he was not there to defend what his client had done in a medical point of view, but he submitted that the defendant had committed no offence under the Act of Parliament. If he had been hawking patent medicine, or medicine belonging to any other person than himself, then it would have been necessary for him to have had a licence; but there was nothing to prevent a man going from house to house and selling that which he himself made. The defendant had gone about the country for eleven or twelve years, and a great many persons imagined, at all events, that he had done them good. If he had been doing wrong in disposing of medicine in this way, and representing himself to be a surgeon or apothecary, there were other Acts of Parliament under which he might be proceeded against, and he was a man who might be found another day.

After some discussion between Mr. G. R. Mossman, jun., and Mr. Terry, as to whether medicines would come under the denomination of "manufactured goods," Mr. Horsfall determined to dismiss the case on the point raised by the defendant's advocate, that a man had a legal right to hawk for sale articles of his own making.—*Leeds Mercury.*

OBITUARY.—On the 17th ult., at Rippingale, Lincolnshire, Mr. Henry Bromley, aged 59, after an illness of only two days. He was in extensive general practice, and much respected.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 3.—The number of deaths registered was 1442. The mortality from zymotic diseases was 232, under which head are included 41 deaths by small-pox, 41 from whooping-cough, 37 from scarlatina, and 12 from diphtheria. Pulmonary diseases, exclusive of phthisis and whooping-cough, were fatal in 394 cases, bronchitis carrying off 237, pneumonia 118, and asthma 22 persons. 178 persons died from affections of the brain and nervous system, 52 from diseases of the heart, and 62 from diseases of the digestive organs.

MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 12 ...	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. LONDON INSTITUTION.—7 P.M. Dr. F. W. Pavy, "On Experimental Physiology: Digestion." MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Henry Lee, "On the Radical Cure of Varicocele by Subcutaneous Section."
TUESDAY, MARCH 13 ...	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Prof. Owen, "On Fossil Reptiles." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Robert Lee, "On Ovarian Cysts which contain Teeth, Hair, and Fatty Matter."—Mr. Brodhurst, "On Intra-Uterine Fracture."
WEDNESDAY, MARCH 14	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Lumleian Lectures: Dr. Barker, "Observations on some Diseases of the Heart." HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Dr. Little, "On the After-consequences of Asphyxia at Birth." NORTH LONDON MEDICAL SOCIETY.—8 P.M. "On the Uses of Electricity in the Practice of Medicine," by the President.
THURSDAY, MARCH 15	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology." HARVEIAN SOCIETY.—8 P.M. Dr. E. Headlam Greenhow, "On Diphtheria."
FRIDAY, MARCH 16.....	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Lumleian Lectures: Dr. Barker, "Observations on some Diseases of the Heart." ROYAL INSTITUTION.—8 P.M. Mr. M. T. Masters, "On the Relations between the Abnormal and the Normal Formations in Plants." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. W. Ogle, "On what to Observe in Diphtheria."
SATURDAY, MARCH 17	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Savory, "On General Physiology."

To Correspondents.

Brighton.—It would be an ungracious task to criticize the various advertisements which have emanated from the several candidates for the offices of assistant-physician and assistant-surgeon to the Sussex County Hospital. It is creditable to the town of Brighton that it contains so many gentlemen, who appear, from the account they give of themselves, to be so worthy of filling such important and responsible positions.

Subscriber, W. H.—An apothecary's pupil is not expected to do the work of a menial. Custom would, however, sanction his keeping in order the bottles, &c., of the dispensary.

Juvenis will come under the old regulations.

An Old Surgeon and Young M.D.—It is not necessary to add the name of the University.

A. B. C.—No letter of recommendation is required.

A Poor-law Surgeon.—The guardians have the power, with the consent of the medical officer, to compound for "the extras."

Enquirer.—The appointment rests with the Secretary of State for the Colonies.

ON THE TREATMENT OF SMALL-POX BY HYDROCHLORIC ACID.

To the Editor of THE LANCET.

SIR,—In your impression of the 25th ultimo, Dr. M'Donald calls the attention of the profession to the value of hydrochloric acid in the treatment of small-pox. I beg to state that I am able, from my own experience, to corroborate the observations made by that gentleman. As an external application, however, I have had no experience in the use of that acid; but as an internal remedial agent, I have found it as valuable in cases of small-pox as in cases of scarlatina. I generally prescribe the hydrochloric acid in combination with five-minim doses of the wine of ipecacuanha and syrup of poppies, to which mixture I sometimes add sulphate of magnesia in five-grain doses.

In like manner I have for some years past given nitric or ordinary nitrous acid in cases of typhoid fever with astonishing effect. In my hands the latter acids have failed in the treatment of scarlatina; but the moment the hydrochloric was substituted for it, either alone or in the form of nitro-hydrochloric acid, a favourable change took place. The addition of ipecacuanha wine to nitric acid renders the former more active as an emetic and aperient. I have frequently dislodged large quantities of fæcal matter from the colon by this mixture, not only in the early but in the advanced stage of fever, when it appeared impossible that such matter could exist after the exhibition of calomel, castor oil, compound jalap powder, and other purgatives. The reason, however, is obvious; the former relaxes the contracted state of the muscular coat of the colon, while the latter remedies tend to contract the bowel on its contents.

I am, Sir, your obedient servant,

Southampton, March, 1860. HENRY OSBORN, M.R.C.P. Lond.

To the Editor of THE LANCET.

SIR,—Having just read a letter in your valuable journal with the above heading, I lose no time to *protest* against the employment of the above acid in small-pox. It may possibly "allay the prickling pain and reduce the tumefaction," but, I maintain, with the greatest danger to the patient's health. It counteracts the intention of nature. While her efforts tend to throw the poison off, and transfer it to the external surface, to the general relief of the whole system, an acid is proposed, calculated to check the eruption by its astringent action on the blood itself. Why the very description of its beneficial results shows the danger of its application. The diminished tumefaction of the skin, the earlier appearance and disappearance of the pustules, and their diminished size, all clearly show that nature has been obstructed in the formation of a morbid product, necessary to free the blood from the variolous poison with which it had been charged.

Probably the constitution of many may be strong enough to overcome the checking action of the remedy; but there can be no doubt that after-diseases of a dangerous tendency must occasionally result, especially when there is a very mild eruption of a few small pustules, with apparently little action of the skin, and little general disturbance. In such instances nothing is more probable than the appearance of cerebral congestion a few days after the cessation of the eruption.

As it is, those who have had much experience in the treatment of variola will agree with me that the worst cases met with are not those in which the crop of pustules is large and abundant, and a good deal of cutaneous tumefaction, but rather those in which the eruption was apparently mild, and doctor and patient congratulate each other on the speedy riddance from an unpleasant disease.

Having never witnessed so many cases of small-pox as at present, and finding the disease progressing so favourably and safely towards recovery, by assisting nature in giving the remedies which promote the fluidity of the blood and its direction towards the cutaneous system, I consider it my duty to warn those of your readers who might be inclined to follow the recommendation of your correspondent, backed up by such promising results.

I remain, Sir, yours sincerely,

London, March, 1860. S. S.

T. F. C.—Everything will depend upon the qualifications of the candidate. If properly qualified, the guardians cannot refuse to admit him to compete for the vacant office.

W. H. F., (Staffordshire.)—The request has been anticipated.

Quarantine.—The pamphlet of Dr. Gavin Milroy may be consulted with advantage.

Homo.—We cannot recommend the person named.

Dr. Gibb's paper, "On the Atheromatous Expression," is in type, but unavoidably postponed.

Dr. J. S. B.—The article will be acceptable.

Aliquis.—The certificates will be received, provided a declaration be made as to their accuracy.

M.D. is right in his conjecture. The time has been extended.

Trichoma.—The article was received.

Mr. Ralph J. Linton.—Such conduct on the part of Mr. S. is inexcusable.

An Old Subscriber should apply *at once* to the College, as after the present month (we believe the 23rd) no person will be admitted to examination without complying with the regulations of the Council, which may be ascertained on application to the Secretary.

Mr. John Muriel.—The guardians have full power to do so.

Dr. George W. Balfour's important letter "On Vaccination in Scotland" is again, on account of its length, unavoidably postponed. It shall appear, if possible, next week.

W. B. C. H. had better send his schedule and application to the Secretary of the London College of Surgeons.

Doubly Qualified can assume both titles.

Etiquette.—The patient belongs to the ordinary attendant of the family.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In reference to the first examination at the College of Surgeons, I hear from good authority that those students who will have completed their second winter session at the expiration of the present month will be unable to present themselves for examination before the latter part of April, on account of the number of third-year students who are desirous of availing themselves of the one commencing April 3rd. Could not some different arrangement be made, so as to enable those to be examined who, after patiently and perseveringly working on for the last five months, are willing to have their knowledge put to the test, and thus afford them an opportunity of obtaining a few weeks' run in the country to renew their health and spirits previous to their again commencing another session? Surely an examination could be given before the close of the present month for all those who have completed the prescribed course of studies, but from various circumstances have been prevented from going up before, so as to leave the examination in the first week in April for those who wish to avail themselves of it, and not keep them waiting up in town, when they would be far more benefited in the country, and be enabled also to give their attention to the more practical departments of the profession.

I remain, Sir, yours respectfully,

March, 1860. A SECOND-YEAR STUDENT.

Dr. Aldridge's paper, "On Rupture and Cancer of the Uterus," shall appear on an early occasion.

Dr. C. D. Arnott shall receive a proof.

A Curate.—We believe that in no single instance has a rejection taken place under such circumstances.

Dr. B.—We cannot continue the controversy.

A Patient, (Manchester.)—The operation is usually successful, and is not attended with risk to life.

An Old Practitioner.—Dr. Haldane, Royal College of Physicians, Edinburgh.

Mr. Nunneley (Leeds) is thanked. We shall be glad to receive the further information to which he refers.

A CAUTION.

To the Editor of THE LANCET.

SIR,—Permit me through your columns to warn my professional brethren, especially the staff of St. Bartholomew's Hospital, against the imposition of a plausible-looking youth, who, on the ground of being formerly a medical student, and on the plea of having just been robbed of his purse, has already extorted money from several victims.

Yours obediently,

March, 1860. A SUFFERER.

WE are unavoidably compelled to postpone, with several other valuable communications, the following papers:—Dr. Quain "On the Use of the Hypophosphites of Soda and of Lime in the Treatment of Phthisis;" Mr. O. Pemberton "On the Treatment of Aneurism from Anastomosis by Excision;" and Mr. Canton's "Notes on Atrophy and Degeneration of the Arteries."

ERRATUM.—In the heading of our first Annotation last week, p. 226, *for* "The Cambridge Medical Degrees Statute," *read* "The *Oxford* Medical Degrees Statute."

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Ayres; Mr. Elliott; Mr. Nunneley; Dr. Devenal, Mr. Charles Williams; Dr. Hodges; Mr. Coulson; Col. Brown; Dr. Higginbottom; Mr. Borham; Mr. Bateman; Dr. C. D. Arnott; Dr. Coote; Dr. Cookworthy; Dr. Downe; Mr. W. Jones; Mr. Brook, Bridgwater, (with enclosure;) Mr. Keene, New Wortley; Mr. J. Mercer, Gamlingay; Mrs. Gall, Ripley, (with enclosure;) Mr. Parsons, Bath; Mr. Jones, Oldham, (with enclosure;) Mr. H. Shuter, Montserrat; Mr. Hall, Belper; Dr. Ashton, Stockport, (with enclosure;) Mr. Brady, Newcastle; Mr. Clarkson, East Cowton, (with enclosure;) Mr. Rutherford, Newtown-Stewart, (with enclosure;) Mr. Guinness, Dublin, (with enclosure;) Mr. R. Turley, Edinburgh, (with enclosure;) Mrs. Ainsworth, Kimbolton, (with enclosure;) Mr. Horsfall, Marsham, (with enclosure;) Mr. Sewell, Great Bardfield, (with enclosure;) Mr. Fleischmann, Wrexham, (with enclosure;) Mr. Ulterson, Balham Hill, (with enclosure;) Mr. Overton, Gorniston; Mr. W. Nowell, Halifax, (with enclosure;) Mr. Lockwood, Leshlade, (with enclosure;) Mr. Baines, Brighton; Mr. Redman, Lincoln; Mr. Kimbel, Knowle, (with enclosure;) Mr. Willey, Birmingham; Mr. O. Johnson, Bassingham, (with enclosure;) Mr. Shaw, Sutton Coldfield, (with enclosure;) Mr. Ellis, Gainford, (with enclosure;) Mr. Godfrey; Mr. Williams, Festiniog, (with enclosure;) Mr. Edwards, Cardiff, (with enclosure;) Mr. Bowden, Brighton, (with enclosure;) Mr. Smith, Malmesbury; Mr. Thompson, Yeadon, (with enclosure;) Mr. Whitehill, Gravesend; Mr. Stokes, Maidstone, (with enclosure;) Mr. Jeffows, Bristol; Mr. W. Drew, Cork; Messrs. Argles, Son, and Stonham, Maidstone; Mr. Jolliffe, Spalding, (with enclosure;) Dr. H. Bell, Aberystwith, (with enclosure;) Mr. Lawton, Rochdale; Mr. R. Brown, Middlesex; Mr. J. Livingston, Edinburgh; Dr. Francis, Acton; Mr. Belgrave, Bourton-on-the-Water; Dr. G. Cookson, Douglas, (with enclosure;) A Poor-law Medical Officer; Another Militia Surgeon; Justitia; &c. &c.

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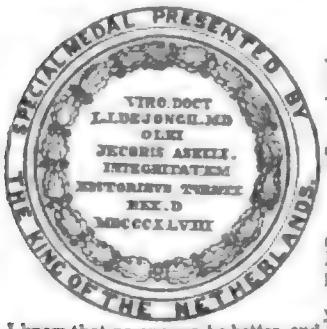
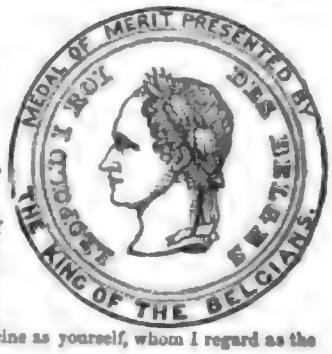


DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

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SEPTIMUS GIBBON, A.B. and M.B. Cantab., late Professor of Natural Philosophy at St. Bartholomew's Hospital, Physician to the London Hospital, &c. &c. &c.

"I find the Antimargaric Cod-Liver Oil of Messrs. W. and E. Rotton to be a genuine and excellent hospital remedy."

J. B. MELSON, Esq., M.D., Newhall-street, Birmingham.

SELECT MEDICAL OPINIONS.

"I find the Antimargaric Cod-Liver Oil extracted by Messrs. W. and E. Rotton to be of full medicinal quality, also free from unpleasant taste and smell."

W. HERAPATH, F.C.S., Bristol.

"I have much pleasure in speaking most highly of the effects of Messrs. W. and E. Rotton's Antimargaric Cod-Liver Oil, as I frequently prescribe it. It is sold at a moderate and fair price."

BELL FLETCHER, M.D., Physician to the General Hospital, Birmingham.

"I have no hesitation in stating my belief that Messrs. W. and E. Rotton's Antimargaric Cod-Liver Oil is quite pure, and may always be depended on."

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The ANTIMARGARIC COD-LIVER OIL is sold in Bottles, enclosed in salmon-coloured wrappers, with the Extractors' names upon them, by most respectable Chemists throughout the Kingdom. Pints, 2*s.* 6*d.*; Half-pints, 1*s.* 3*d.*; Quarter-pints, 8*d.* Where a difficulty is found in obtaining it, write direct to either of the Proprietors' Establishments—Mr. ELDRIDGE'S, 85, Pentonville-road, London; or W. and E. ROTTON, 112, Dale-end, Birmingham,—enclosing 10*s.*, when a Case to the full value will be sent, free of extra charge.

N.B.—The above is the only ANTIMARGARIC OIL *to be obtained.*

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
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SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Coned., 8s. 6d. and 10s. 6d. Liq. Taraxi., 8s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Newbery's Cod-liver Oil Cakes.—

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, Feb. 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY AND SONS,

(Proprietors of the "Pulvis Jacobi Ver., Newbery's,")

45, St. Paul's Churchyard, London.—Established A.D. 1746.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: August 29th, 1844.—The Plasters manufactured by Mr. MACORD have been used at the Royal Free Hospital with much advantage, and I can bear testimony to their great utility.—WM. MARSDEN, M.D., Senior Surgeon to the Royal Free Hospital.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

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Plaster of Paris.—Stevens and Son's

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OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

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FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

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Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Andersons' Oil of Horse Chestnuts,

first introduced into England by them as an external application in cases of Gout, Rheumatism, &c. It has been suggested to Messrs. Andersons by several eminent Practitioners, that, administered internally, in bland fluids, it is singularly efficacious in Gout, Rheumatism, Spasms, Colic, Dysentery, Diarrhœa, &c.,—being antispasmodic, sedative, astringent, anodyne, and diaphoretic,—in doses of from 5 to 20 drops. Pulv. Ext. Coloc. Co. P. L., 1836, 12s. 6d. per lb., made with pure Scammony, Ext. Aloes Aq., and Ext. Coloc. Simp. Tr. Aurant. P. L., a most exquisite preparation, 2s. 9d. per lb. Chlorodyne (Dr. Ogden's), 1s. 6d. per oz. Guacine, an internal remedy in Gout, Rheumatism, Tic-douloureux, Neuralgia, &c.

ANDERSONS, Operative Chemists, 30, Duke-street, Manchester-square.

72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering Iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vittles, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1860, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Brichateau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Metropolitan Board of Works.

PERCHLORIDE OF IRON.

EXTENSION of TIME for RECEIVING TENDERS for the SUPPLY of PERCHLORIDE of IRON.

To CHEMISTS, MANUFACTURERS of DEODORIZING AGENTS, & Others.

The Metropolitan Board of Works hereby give notice, that they have EXTENDED the TIME for SENDING in TENDERS for the SUPPLY of PERCHLORIDE of IRON for deodorizing purposes, from the 29th of March inst., to the 12th April next.

The specification may be inspected, and form of tender and further particulars obtained at the offices of the Board, No. 1, Greek-street, Soho, between the hours of Nine A.M. and Four P.M.

Sealed Tenders, addressed to the Metropolitan Board of Works, endorsed "Tender for the Supply of Perchloride of Iron," must be delivered at their Office, No. 1, Greek-street, Soho, before Four o'clock on Thursday, the 12th April next, and no Tender will be received after that hour.

The Board do not bind themselves to accept the lowest or any Tender, and the Tender must contain the names of two responsible sureties who are willing to be bound with the contractor, jointly and severally for the due performance of the contract.

The Board will MEET at the Council Chamber, Guildhall, in the City of London, on Friday, the 13th of April next, at Twelve o'clock at noon precisely, and will then be prepared to open the Tenders.

JOHN POLLARD, Clerk of the Board.

No. 1, Greek-street, Soho, March 7th, 1860.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from the

unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, &c.; also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer, gratis.

J. G. GOULD, CHEMIST, 199, OXFORD-STREET, LONDON.

Liquor Folii Ricini, for increasing

the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

Communications addressed to the Manager, HENRY F. HOLME, 49, Berners-street, London, will receive immediate attention.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS

(CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS

(CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: Savory and Sons, Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin; John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row.—Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents: Savory and Moore, New Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin; John Bell and Co., Chemists, 338, Oxford-street, London; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; Whinfield Hore and Co., Shipping Druggists, 58, Minories.

Chemical Works, Battersea, S.W.

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The Genuine Lithia Water. —

Mr. DICKINSON, Chemist, of 16, Cambridge-street, and 1, Queen's-gardens, Hyde-park, London, is prepared to supply the above Water, highly carbonated, in large or small quantities.

Aërated Lithia Water. — The

exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains: Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-

CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pullna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Sir J. Murray's Pure Fluid Magnesia

is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
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Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.
Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.
Observe the Proprietor's Signature over the cork.
London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

CAUTION.

Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely, solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

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CHEST, containing 36 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

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"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

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INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

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(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Medical Fixture and Glass Ware-

house.—W. HAY, from Ansell and Hawke, 25, Little Queen-street, Lincoln's-inn-fields, begs to inform the Profession that he Fits-up every description of Medical Shops and Surgeries, and has in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large assortment of Medical Lamps.

Medical Fixture and Glass Manu-

FACTORY, 3, Liverpool-street, Bishopsgate, London.

FILMER KIDSTON begs to inform Gentlemen Commencing or Altering in the above Profession, that he has an extensive assortment of SHOP and SURGERY FITTINGS, GLASS, EARTHENWARE, &c., of the most improved style and make, on view.—Plans and Estimates furnished.—An assortment of Second-hand Fittings, Bottles, Earthenware, &c. &c.

S. Bowles, (late Windsor & Co.,)

PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6, James-street, Covent-garden. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

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TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

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NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, (for PRE-PAYMENT only:—

¼ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. "	7s.	
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4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 34 and 35, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. "
¼ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. "
¼ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. "
1 oz. ditto		5s. 6d. "
1½ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

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SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

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James's Fever Powder,

4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

H. Breidenbach, Perfumer to the

Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 B. New Bond-street, W.

IMPORTANT NOTICE.

Glenfield Patent Starch is the only

STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the

GLENFIELD STARCH,

we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

WOTHERSPOON & CO., Glasgow and London.

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by

PRICE'S PATENT CANDLE COMPANY (Limited).

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Laconicum, or Air-Bath Heater.—

PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 253, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 16, Bishopsgate-street Within; and that, should it meet with approval, cakes in tins sufficient for Two Baths will be supplied at 1s. each.

Belmont, Vauxhall, London.

See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Mental Disorders.—Wye House,

BUXTON, DERBYSHIRE.—Private Establishment for the Cure and Treatment of a select and limited number of persons mentally affected.

Resident Proprietor—T. DICKSON, L.R.S.C.E.,

Late Medical Superintendent of the Manchester Lunatic Hospital.

Wye House is delightfully situated in its own grounds of Twelve Acres, at Buxton, and forms part of the magnificent scenery of Wye Dale.

The well-known salubrity of Buxton, and the hygienic effects of its Waters and Baths, render it a desirable locality for Invalids nervously or mentally affected.

Ample means are provided for the occupation and amusement of the Patients, including Carriage and Garden Exercise.

Royal College of Physicians of Edin-

BURGH.—Notice is hereby given, that the year of grace, during which duly-qualified Practitioners can be admitted Licentiates of the Royal College of Physicians of Edinburgh, on passing a modified Examination, will terminate on the 20th of April next.

Licentiates of any of the existing Licensing Boards, not deriving any profit from the sale of Drugs or Medicine, who produce satisfactory testimonials of character and professional qualification, and who pass an Examination in Practical Medicine, are eligible for the Licence of the College until the above date.

After the 20th of April, 1860, all Applicants for the Licence (other than Graduates of British Universities claiming exemption under the Charter of the College) will be required to produce Certificates of having gone through the Curriculum of Study prescribed by the College, and to undergo the preliminary and professional Examinations as laid down in the permanent Regulations.

It is requested that Applicants who propose to avail themselves of the present temporary Regulations will, without delay, communicate with the Secretary to the College, in order that the necessary arrangements for Examination may be made.

The Licence of the College has been recognised by the Poor-law Board, and is therefore now recognised as a Medical Qualification by every public board.

The Stamp Duty on the Diploma having been remitted, the Fee payable by Licentiates is now Ten Pounds.

In Name and by Authority,

Edinburgh, January, 1860. D. R. HALDANE, Hon. Sec.

Royal College of Surgeons of England.

A Vacancy having occurred in the Office of SECOND ASSISTANT in the MUSEUM of this College, candidates for the appointment are required to transmit a statement of their professional qualifications, addressed to the Secretary, on or before the 17th of March instant. Particulars relating to the appointment may be obtained upon application at the College.

March 1st, 1860. EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England.

Notice is hereby given that Primary or Anatomical Examinations for the Diploma of Member of this College will be held on Tuesday, the 3rd day of April, and following days; and on Tuesday, the 24th day of April, and following days.

And that Surgical or Pass Examinations for the Diploma of Member will be held on Wednesday, the 11th day of April, and subsequent days; and on Tuesday, the 1st day of May, and subsequent days.

Particulars relating to these Examinations may be obtained on application at the College.

March 7th, 1860. EDMUND BELFOUR, Secretary.

King and Queen's College of Phy-

SICIANS in IRELAND.—ACTS of GRACE to be in force until 1st of MAY, 1860.—Persons possessing any one of the following qualifications will be admissible to Examination for the Licence in Medicine, and be required to undergo one day's Examination only in Acute Diseases, Chronic Diseases, Materia Medica, and Midwifery:—

1. Licentiates or Fellows of either of the Royal Colleges of Physicians o London or Edinburgh.
2. Graduates in Medicine of a University of the United Kingdom.
3. Fellows, Members, or Licentiates of one of the Colleges of Surgeons of the United Kingdom, and those holding the Surgical Diploma of Trinity College, Dublin.
4. Officers holding a Medical or Surgical Commission in her Majesty's service.

If Apothecaries, they must surrender that qualification before admission.

The Stamp Duty on the Diploma having been repealed, the Fee payable by Licentiates in Medicine is now £10 10s.

Any Fellow or Licentiate of the College may, on the production of such qualification as the College shall consider satisfactory, obtain the Diploma in Midwifery without further examination. Fee, £2 2s.

Fellows or Licentiates in Medicine and Licentiates in Midwifery of this College are entitled by the Medical Act to have their names and qualifications entered as such in the Medical Register, and to practise as Physicians in any part of her Majesty's dominions

A copy of the Regulations of the College and of the Form of Application may be had on application to the Registrar.

WM. EDWARD STEELE, M.D., Registrar.

University of London.—Notice is

hereby given, that on Wednesday, 25th of April next, the Senate will proceed to elect Examiners in the following departments:—

Examinerships.	*Salaries.* £	*Present Examiners.*
ARTS AND SCIENCES.		
Two in Classics	200	Rev. J. W. Donaldson, D.D. William Smith, Esq., LL.D.
Two in the English Language, Literature, and History	75	Rev. Joseph Angus, D.D. Vacant.
Two in the French Language	50	Antonin Roche, Esq. Vacant.
Two in the German Language	30	Rev. A. Walbaum. Vacant.
Two in the Hebrew Text of the Old Testament, the Greek Text of the New Testament, and Scripture History	50	Rev. W. Drake, M.A. Rev. Professor Gotch, LL.D.
Two in Logic and Moral Philosophy	80	Vacant. Vacant.
Two in Political Economy	30	Vacant. Vacant.
Two in Mathematics and Natural Philosophy	200	Vacant. Vacant.
Two in Experimental Philosophy	75	Vacant. Vacant.
Two in Chemistry	125	Vacant. Vacant.
Two in Botany and Vegetable Physiology	75	Vacant. Vacant.
Two in Geology and Palæontology	75	Vacant. Vacant.
LAWS.		
Two in Law and the Principles of Legislation	50	Nassau W. Senior, Esq., M.A. Vacant.
MEDICINE.		
Two in Medicine	150	A. Billing, Esq., M.D., A.M., F.R.S. Alex. Tweedie, Esq., M.D., F.R.S.
Two in Surgery	150	Thos. Blizard Curling, Esq., F.R.S. Professor Fergusson, F.R.S.
Two in Anatomy and Physiology	150	Francis Kiernan, Esq., F.R.S. Professor Sharpey, M.D., F.R.S.
Two in Physiology, Comparative Anatomy, and Zoology	100	Vacant. Vacant.
Two in Midwifery	75	Edward Rigby, Esq., M.D. Vacant.
Two in Materia Medica and Pharmacy	75	G. Owen Rees, Esq., M.D., F.R.S. Vacant.

The Present Examiners are eligible, and intend to offer themselves, for re-election.

Candidates must announce their names to the Registrar on or before Tuesday, March 27th.

By order of the Senate,

Burlington House, March 7th, 1860. WM. B. CARPENTER, M.D., Registrar.

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Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Testimonial to Dr. King. — In recognition of Dr. King's zealous and persevering efforts in the cause of the Franklin Expedition, and in commemoration of the remarkable verification recent discoveries have afforded of his views of Polar Geography, it is proposed to offer to Dr. King some fitting testimonial.

PROVISIONAL COMMITTEE.

Colonel Powell, M.P.	William Coningham, Esq., M.P.
Samuel Cartwright, Esq.	Captain Durham.
Colonel C. Sheffield Dickson.	Samuel Lucas, Esq.
A. H. Novello, Esq.	Dr. Dyer.
Major Macleay.	Frederick Doulton, Esq.
Dr. Hodgkin.	Dr. McCormick, R.N.
J. H. Dillon, Esq.	Arthur P. Davey, Esq.
J. W. Desanges, Esq.	Mitchell Henry, Esq.

J. INGRAM TRAVERS, Esq., 19, Swithin's-lane, E.C., Treasurer.

Gentlemen desirous of co-operating will kindly communicate with the Committee, at the Committee Rooms, Cavendish Hotel, 81, Jermyn-street, W.

EDWARD CRESY, 1, Greek-street, W., } Hon. Secs.
THOMAS WILLIAM NUNN, 8, Stratford-place, W., }

Society for Relief of Widows and ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788. 53, Berners-street, W.

The Seventy-second ANNIVERSARY DINNER of this Society will be held at the Albion Tavern, Aldersgate-street, on Wednesday, the 11th April, 1860. THOMAS ARTHUR STONE, Esq., President, in the Chair.

STEWARDS.

John Adams, Esq.	Thomas W. Jones, M.D.
John Birkett, Esq.	John Love, Esq.
Thomas Brown, Esq.	S. W. J. Merriman, M.D., Secretary.
William Cathrow, Esq.	Richard Quain, M.D.
James Clark, Esq.	John J. Sawyer, Esq.
Edward Dew, M.D.	C. Brodie Sewell, M.D.
William Dickenson, Esq.	Henry Sterry, Esq.
J. Cooper Forster, Esq.	Thomas A. Stone, Esq., President.
Francis Hawkins, M.D.	Benjamin Travers, Esq.
Prescott G. Hewett, Esq.	D. Henry Walne, Esq., V.P.
W. B. Hutchinson, Esq.	

Dinner to be on the table at Half-past Six for Seven o'clock precisely. Tickets, one Guinea each, to be obtained of the Stewards, of the Secretary, and at the Tavern.

For the small sum of Two Guineas annually every member of this Society of two years' standing may prevent his widow or children from being in want. £1828 10s. were given in relief last year by this Society. Thirty-eight widows received from £35 to £40 each; twenty-four orphans from £12 to £25 each. Also three orphans had grants "towards self-maintenance," and a widow immediate relief. S. W. J. MERRIMAN, M.D., Secretary.

Walsingham Union.—Appointment of MEDICAL OFFICER.—WALSINGHAM DISTRICT. — The Guardians of the Poor of this Union will, at their Meeting, to be held at the Board-room, Union Workhouse, Great Snoring, on Wednesday, the 14th day of March next, at 12 o'clock at noon, proceed to the Election of a MEDICAL OFFICER for the Walsingham District.

Salary, £46 per annum, with all extras allowed by the Consolidated Order, and other orders of the Poor-law Board.

On an average of the last three years, the extras have amounted to £33 10s.

Candidates must possess one of the four following qualifications, that is to say:—

1. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland; together with a degree in Medicine from an University in England, legally authorized to grant such degree; or together with a diploma or licence of the Royal College of Physicians of London.
2. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland; together with a certificate to practise as an Apothecary from the Society of Apothecaries of London.
3. A diploma or degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, such persons having been in actual practice as an Anothecary on the 1st day of August, 1815.
4. A warrant or commission as Surgeon or Assistant-Surgeon in her Majest 's Navy, or as Surgeon, or Assistant-Surgeon, or Apothecary, in her Majesty's Army, or as Surgeon or Assistant-Surgeon in the service of the Honourable East India Company, dated previous to the 1st day of August, 1826.

The following are the particulars of the Walsingham Medical District viz.:—

Parishes.	Area.	Population.
Basham East	1048 ...	240
Basham North	1005 ...	89
Basham West	1520 ...	86
Egmore	1140 ...	54
Hindringham	3314 ...	721
Houghton	946 ...	342
Walsingham Great	2367 ...	426
Walsingham Little	962 ...	1105
Wighton	2883 ...	559
	15175	3522

The successful candidate will be required to reside in one of the Parishes of the District.

Applications and testimonials, with certificates of qualifications, to be sent to me, at the said Union Workhouse, before 10 o'clock in the forenoon of the said 14th day of March next, when the applicants will be required personally to attend the Meeting of the Board of Guardians.

The person elected will have to enter on the duties of the Office on the 21st of March next.

Fakenham, Feb. 16th, 1860. J. WRIGHT, Clerk to the Board.

Education. — Brighton. — Inclusive terms, 35 and 40 Guineas, according to age. Pupils prepared for the Army, Civil Service, Oxford and Cambridge Examinations, Professional and Mercantile pursuits. Resident Foreign and other Masters. References to friends of late and present Pupils, many of whom have taken high places at the above Examinations.—Address, Brighton, 7, Charterhouse-square, London.

Notting-hill and Shepherds'-bush FREE DISPENSARY.—A DISPENSER is required for the above Institution, about to be opened. Two or three hours only in the forenoon would be necessary; and rooms, with board, might be had on moderate terms, if required.—Applications, stating terms expected and qualifications, to be made to W. Castle Brutton, Esq., Hon. Sec., 18, Norland-square, Notting-hill, W.

The above would be very suitable to a Second or Third Year's Student, or others whose time is not fully occupied.

Wilton Union.—To Medical Practitioners.—The Guardians of the Wilton Union will, at their Meeting on Thursday, the 15th of March next, at 10 o'clock A.M., at the Board-room, in the Workhouse, near Wilton, proceed to the Election of a MEDICAL OFFICER for the Stapleford District; population 2158. Salary, £93 per annum, inclusive of extra Medical fees, except Vaccination and Quarterly Lunacy fees. Candidates must possess the qualifications prescribed by the Rules of the Poor-law Board and be also duly registered.

Testimonials and evidence of qualifications to be produced by candidates on the day of Election.

Wilton, near Salisbury, Feb. 23rd, 1860. THOMAS TREHWO, Clerk.

The Middlesex Hospital. — One SENIOR and two JUNIOR RESIDENT MEDICAL ASSISTANTSHIPS are now Vacant in this Hospital. Candidates for these appointments must be unmarried, and have been general Pupils of the Hospital within the last three years. They will be selected after competitive examination by the Medical Committee. The Senior Resident Medical Assistant must hold a legal medical qualification, and the possessor of one on the part of a Candidate will be considered a recommendation in the case of the others. The appointments are tenable for one year. By order,

ALEX. SHEDDEN, Secretary.

Middlesex Lunatic Asylum at HANWELL.—Wanted, an ASSISTANT MEDICAL OFFICER, to act under the direction and superintendence of the principal Medical Officer of the Male Department of the Asylum. Candidates must be duly registered as a Surgeon and Apothecary, according to the Act of the 21st and 22nd Vic., cap. 90, intituled, "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery," and unmarried. The salary will be £150 per annum, with board and residence in the Asylum. Testimonials, accompanied by a printed form, which will be forwarded on application, must be sent under cover to me, at the County Offices, 6, John-street, Bedford-row, W.C., on or before Wednesday, the 21st of March instant, after which day the Candidates will receive a communication, and such as the Committee of Visitors may desire to see personally will receive notice to that effect.—Dated this 5th day of March, 1860.

CHARLES WRIGHT, Clerk to the Visitors.

Plympton St. Mary Union. — To MEDICAL GENTLEMEN.—The Guardians of the Plympton St. Mary Union are desirous of receiving Proposals for the MEDICAL CARE and TREATMENT of the POOR in the undermentioned district of the Union, in the room of Mr. E. C. Langford, who has resigned, from the 25th March next, at the undermentioned salary per annum, which is to include all extra fees—the Poor-law Board having sanctioned such arrangement.

The Parishes of Plymstock and Wembury ..... £60.

The Medical Officer will have to reside in the district, and to perform his duties in accordance with the rules, orders, and regulations of the Poor-law Board, subject to whose approval the appointment will be made.

He will also be required to comply with the provisions of an Act passed in the third and fourth years of the reign of her present Majesty, intituled "An Act to Extend the Practice of Vaccination," and be paid 1s. 6d. for each successful case.

He will also be paid the cost price of all bandages and trusses (unless provided by the Guardians).

Candidates are required to attend at the Meeting of the Guardians, on Friday, the 16th day of March next, and produce testimonials of character and ability.

Proposals, in writing, to be sent (post paid) to the Clerk before One o'clock in the Afternoon, on Friday, the 16th day of March next, indorsed "Medical Relief."

Joint applications, except from Partners, will not be entertained.

By order of the Board of Guardians,
NICHOLAS LOCKYER, Clerk.

Dated Princess-square, Plymouth, March 2nd, 1860.

To Medical Men.—To be Let, an excellent DWELLING-HOUSE, at the corner of a newly-erected Terrace, and situated in a new district, where there is every opportunity for a well-qualified Medical Man to secure a large and respectable Practice.—For terms, &c., apply to No. 18, Ashburnham-terrace, South-street, Greenwich, S.E.

ON MONDAY NEXT.

Important to the Medical Profession, Book Collectors, and others.—Sale of a Library of nearly Four Thousand Volumes on Medical, Chemical, and Scientific Subjects; Works on Botany, Chess, Natural History, and Miscellaneous Literature; a Splendid Collection of Botanical and Entomological Specimens and Curiosities in Natural History; Surgical Instruments, with all recent Improvements; Chemical and Photographic Apparatus, Microscopes, and other Scientific Instruments.

Mr. J. Buckley Sharp has been instructed by the Executors of the late W. Ainley, Esq., M.R.C.S., Bingley, to CATALOGUE and REMOVE for SALE BY AUCTION, at the Music Hall, Leeds, on March 12th and following days, the whole of his Extensive and laboriously-amassed Collection of Books, Curiosities, Instruments, and Apparatus.—Catalogues ready, price 6d. each, by post seven stamps. On View March 10th.—Auctioneer's Offices, 29, WELLS-STREET, BRADFORD.

A Practice, many years established in one of the Midland Counties, is for immediate Disposal. The receipts average over £300 a year, and are steadily increasing. Very little opposition. A suitable Introduction will be given.—Apply to Dr. Marr, F.R.C.P.E., 5, Brandon-street, Edinburgh.

Succession to a Practice or Partnership.—A General Practitioner, of active habits, wishes to meet with a PRACTICE in an agricultural district, or a Partnership with any gentleman who might wish to retire in a short time. Liberal terms could be offered for a bonâ-fide concern. The county of York preferred.—Address, Medicus, Post-office, Hull.

Durham.—A General Practice in a pleasant village to be Sold, established by the vendor. Receipts last year, £172. Price £50, with an efficient Introduction. A good opportunity for a young man wishing to commence Practice in an agreeable locality.—Address, A. B., Mr. Henderson's, 61, Pilgrim-street, Newcastle-on-Tyne.

Medical.—An excellent opportunity now offers for the acquisition of an English FEE PRACTICE in a beautiful and fashionable German Watering-place. The present possessor desiring to leave would resign it on the most liberal terms.—Apply to Mr. Davis, Land Agent and Surveyor, 18, Pall-mall East, S.W.

A Gentleman desires to Purchase, immediately, a PRACTICE, returning not less than £300 per annum, (with scope for increase,) and situated in a town within fifty miles per rail of London; a moderate-sized, genteel House requisite. Or the advertiser would conduct an Elderly Gentleman's or Invalid's Practice, by allowing a share of the profits. Testimonials unexceptionable.—Address, D. E. F., care of THE LANCET Office, 423, Strand, London, W.C.

Assistant.—Wanted, a legally-qualified Gentleman, to Visit, attend Midwifery, and assist in Dispensing. Salary £100 a year, with lodging.—Apply by letter only to R. R., 160, Shoreditch, N.E.

To Medical Assistants.—Wanted, by a Medical Man in the country, an ASSISTANT, competent to Visit, attend Midwifery, and Dispense. Salary £40 per annum.—Apply to A. B., care of Messrs. Argles, Son, and Stonham, Wholesale Druggists, Maidstone.

A Member of the College and Hall, of steady habits, and well accustomed to Country Practice, is desirous of a RE-ENGAGEMENT, where illness or absence may require temporary assistance. Good references.—Address, Mr. Cross, 14, Gilbert-street, Grosvenor-square, W.

Medical Assistant.—Wanted immediately, in a Private Practice in the suburbs of London, a Gentleman to Dispense, occasionally Visit, and attend Midwifery. Salary, £40.—Apply (personally preferred) at Messrs. Steedman and Faulconer's, Chemists, 5, Keen's-row, Walworth-road, S.

A young Man, aged 22, who has served five years in a first-rate Dispensing Business, wishes for an Engagement as DISPENSER to a Surgeon. A comfortable home a primary consideration.—Apply, by letter, A. B., Kingsbury and Whitmore, 18, Bishopsgate-street Within, E.C.

To Surgeons and Public Institutions. A middle-aged married Gentleman (sine diplomâ), well acquainted with Hospital, Union, Club, and general practice, Midwifery, &c., is desirous of obtaining a Situation as Out-door ASSISTANT or Resident DISPENSER in a Public Institution in the country. The highest testimonials.—Address, Medicus, J. May and Co., 1, Wellington-street, Strand.

A Surgeon in Northumberland requires the services of a gentleman as Visiting and Dispensing ASSISTANT. It is essential that he be competent as an Accoucheur.—Address, M. B., care of Mr. H. B. Brady, Wholesale Druggist, Newcastle-on-Tyne.

A young Gentleman, who has completed his term of Apprenticeship, wishes to engage for Six Months with a Practitioner in the country, where his services in Visiting and Dispensing would be an equivalent for a comfortable home.—Address, X. Y. Z., Post-office, Beckington, Bath.

A Gentleman, having some time at his disposal, is desirous of obtaining a Situation as ASSISTANT in the country, or to take Charge of a Practice. The advertiser has had much experience in Club, Union, and Private Practice, and can produce most satisfactory testimonials.—Address to Alpha, Messrs. Gale, Baker, and Oldfield, Bouverie-street, Fleet-street, London, E.C.

Assistant. — Wanted immediately, by a General Practitioner in the country, an In-door permanent ASSISTANT, aged about twenty-seven, qualifications not essential, competent to Dispense, Visit, and attend Midwifery. The advertiser is anxious to meet with a gentleman in whom he could place confidence, and who would relieve him in a measure of the laborious duties of the profession. None need apply who cannot produce unexceptionable references as to professional and moral character.—Address, Medicus, Messrs. Preston and Sons, Wholesale Druggists, 94, Smithfield-bars, London.

A Surgeon of some years' standing, and who has had considerable experience in a high-class London Practice, is anxious to obtain occupation, either in the Medical Charge of an Invalid, or would have no objection to occupy his leisure time as Amanuensis, &c., to a Professional Man in London.—Apply, by letter, to Medicus, care of J. Young, Esq., 68, Old Broad-street, City.

Medical.—Wanted, by a Surgeon in the country, a Gentleman (qualified), as VISITING ASSISTANT.—Apply to Mr. C. Bancks, Wholesale Druggist, 4, Lamb's-conduit-street.

Medical. — Wanted, a qualified ASSISTANT to conduct a Branch Practice. Married. Salary, £85 per annum, with furnished house and good garden. — Apply to Mr. Archer, Guy's Hospital; if by letter, A. B., care of Mr. Archer, Guy's Hospital.

Medical.—Wanted immediately, by a Firm in North Wales, an active young Man, with good references, as Dispensing and Visiting ASSISTANT.—Apply, A. B. C., THE LANCET Office, 423, Strand, W.C.

Medical.—Wanted, an Assistant, in a Country Practice, competent to Visit, Dispense, and attend Midwifery. Apply, by letter, H. A., Messrs. Wyly and Brown's, Wholesale Druggists, Coventry.

Medical.—A Gentleman, aged 26, holding two qualifications, wishes for a Situation as In-door ASSISTANT. No salary required for the first three months. References of the highest respectability will be given.—Address, H. S., THE LANCET Office, 423, Strand, W.C.

Medical.—Wanted, by a qualified Surgeon,—aged thirty-five, married, no family,—an Engagement as Out-door Visiting and Dispensing ASSISTANT, in town or its suburbs, or to Superintend a Branch Practice.—Address, A. M., 69, Warwick-street, Warwick-square, S.W.

Medical. — A Gentleman, between fifty and sixty (sine Diplomâ), of active habits, who has had much experience as Dispensing and occasionally Visiting Assistant, and who has attended a good deal of Midwifery Practice with Clubs, Unions, &c., wishes a RE-ENGAGEMENT with a Practitioner in town or country. He will be leaving the Gentleman with whom he is at present engaged in about ten days. Please address, with particulars, salary, &c., W. A. W., Post-office, Gravesend.

Wanted, an Assistant, about 21, to Visit, Dispense, attend Midwifery, and keep Books.—Address, stating age, reference, and salary required, Medicus, Post-office, Halifax.

Wanted an Engagement, as Medical ASSISTANT (in or about London); accustomed to Visit, Prescribe, &c.; is a Licentiate Accoucheur, aged thirty, married, no family. Salary, £90, Out-door.—Address, Medicus, 5, Osborn-place, Whitechapel.

Wanted immediately, an In-door ASSISTANT, to Visit, Dispense, and attend Midwifery. A liberal salary will be given to a competent person. None need apply without good references.—Address, stating age, &c., to Medicus, Post-office, Rochdale.

Wanted, by a country Practitioner, who has been thirty years established in Practice, a Visiting and Dispensing ASSISTANT, about thirty years of age, of working habits. A good prospect for anyone wishing to become Partner.—Address, Beta, Post-office, Brixham, Devonshire.

Wanted, by a Gentleman who has a good knowledge of dispensing and general practice, a Situation in London where he will be allowed about two hours daily for attending lectures, &c. Good references can be given.—Address, E. B. Allen and Co., Wholesale Druggists, Charterhouse-square, E.C.

Wanted immediately, by a Surgeon in the country, an In-door ASSISTANT, to Dispense, Visit, and attend Midwifery, and capable of taking sole Charge for a week or ten days. He should be able to ride and drive. Good references as to capability and moral character indispensable.—Address, stating age, references, and salary required, H. J., care of Messrs. Harvey and Quibell, Wholesale Druggists, Newark-upon-Trent.

Wanted, by a Gentleman aged 22 (who has attended some of his lectures, &c.), accustomed to Country, Union, Club, Colliery, and Private Practice, a Situation as ASSISTANT, to Visit, attend Midwifery, Dispense, &c. Can produce the highest testimonials. Would prefer an Engagement with a gentleman holding a Poor-law Appointment, or to relieve a Practitioner in extensive Country Practice of his night-work, Midwifery, &c. &c.—Address, S. A. H., Post-office, Leeds.

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Lecture VI. — Enteric Fever. (*With Engravings.*) ..... p. 263

On the Use of the Hypophosphites of Soda and of Lime in the Treatment of Phthisis. By Richard Quain, M.D. 267

Notes on Atrophy and Degeneration of the Arteries, &c. By Edwin Canton, Esq., F.R.C.S. Part IV. 269

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Guy's Hospital: Strumous Ulceration of the Larynx, with Destruction of the Right Half of the Epiglottis, Thyroid and Cricoid Cartilages; Tracheotomy; Death on the eleventh day 271

St. Bartholomew's Hospital: Chronic Syphilitic Laryngitis; Tracheotomy twelve months ago; Loss of the Uvula and Epiglottis; Aphonia and Dysphagia; Relief by Treatment 272

St. George's Hospital: Impaction of a Flint Stone into the Larynx of a Child; Successful Removal after Tracheotomy; Death on the second day 272

MEDICAL SOCIETIES.

Medical Society of London: Anniversary Meeting: Oration . 273

Obstetrical Society of London: On a Case of Fallopian Pregnancy. — Concealed Accidental Hæmorrhage during the Latter Months of Pregnancy.—On Special Position and the Obstetric Binder as Aids in the Treatment of Impeded Parturition 273

REVIEWS AND NOTICES OF BOOKS.

The Action and Sounds of the Heart. A Physiological Essay. By Geo. Britton Halford, M.D. . 275

Foundation for a New Theory and Practice of Medicine. By Thos. Inman, M.D. Lond., M.R.C.P.L. 275

Ure's Dictionary of Arts, Manufactures, and Mines. New Edition. Edited by Robert Hunt, F.R.S., F.S.S. 276

Gustaf von Düben's Treatise on Microscopical Diagnosis. Translated by Professor Louis Bauer, M.D., M.R.C.S. Eng. 276

The Licensing Power of the Dublin Apothecaries' Company 276

LEADING ARTICLES.

Inadequate Representation of Science in Parliament 277

The Case of Alfred Godfrey, an alleged Lunatic 277

The Poor-law Surgeons before Parliament 278

MEDICAL ANNOTATIONS.

Dr. Gibson, C.B., Director-General of the Army Medical Department. — A Medical Figment. — An Unwarrantable Delay in India. — The Glasgow Faculty and Registration Fees. — Medicine in Melbourne. — Medico-Parliamentary 278

CORRESPONDENCE.

On a Case of Bronchocele 276

The College of Dentists and the Royal College of Surgeons: Letters from Mr. E. Sercombe and Mr. Cartwright, jun. 280

Quarantine in the Dardanelles: Letter from Dr. Gavin Milroy ... 281

Poor-law Medical Reform Association 282

On a New Method of Effecting a Radical Cure of Hernia: Note from Mr. Wood 283

Poor-law Medical Reform 283

MEDICAL NEWS.

Royal Orthopædic Hospital 267

A Physician's Seat 276

Approaching Meeting of the British Association for the Advancement of Science 283

Pass-lists of the Royal College of Surgeons, Apothecaries' Hall, and Royal College of Physicians, Edinburgh. — Appointments.— University College Hospital.— The College Lectures. — Lock Hospital.—New Military Hospital.—Memorial to the late Sir J. M'Grigor.—Social Statistics in Marylebone.—Duty's Power; Mercy's Function. — Soirée at the Royal Society.—Quackery. —The Scientific Departments of the British Museum. — Indian Medical News. — Greenwich Union.—Accouchements in the Streets.—Sanitary Condition of the City.—The Wounded from China.—Diseases of the Bakers. —Health of the Metropolis 283

Books, &c., Received 284

Births, Marriages, and Deaths ... 284

Medical Diary of the Week 285

Notices to Correspondents 285

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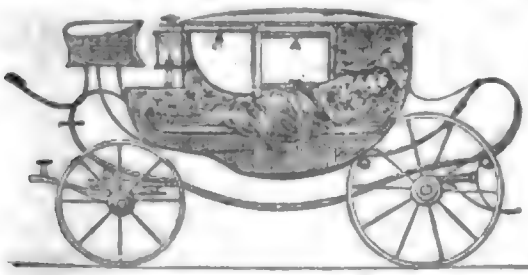

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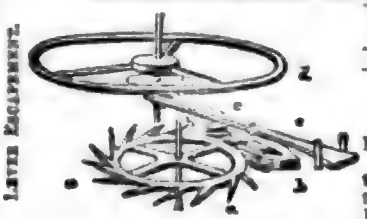

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

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ETC. ETC.

LECTURE VI.

ENTERIC FEVER.

Pathological anatomy of enteric fever (continued). 4. Alimentary canal and abdominal organs—pharynx—œsophagus—stomach — duodenum — ileum — agminated glands, or Peyer's patches—intestinal perforation—colon—mesenteric glands—mesocolic glands—spleen—liver—kidneys—salivary glands—submaxillary and sublingual glands. Pathological conclusions.

4. *The Alimentary Canal and Abdominal Organs.*

The Pharynx.—We have seen that in the progress of this form of fever the delicate structure of the larynx becomes implicated. It would seem that the same diseased action generally involves the larynx and pharynx simultaneously, as might naturally be expected from the identity as to structure of the membrane by which the whole of the posterior fauces is covered.

We may find the ordinary results of congestion or of inflammation of this membrane in redness more or less deep, and swelling more or less diffused, with patches of fibrin here and there spread over the posterior pharynx, velum, uvula, and epiglottis. Sometimes an ulcer, superficial or deep, is found in the posterior wall of the pharynx; or there may be two or three smaller ulcers around one larger. In other cases we find an ulcer on one or both tonsils, or the mucous membrane of the epiglottis destroyed, exposing a superficial ulceration, with effusion of muco-purulent fluid in the sacculi of the larynx.

Œsophagus.—The only alteration met with in this portion of the digestive tube is ulceration, and this is not frequently observed. The ulcers are small—from two to twelve lines in the longest diameter, oval-shaped, generally superficial, rarely deep. When few in number, they are found near the cardiac, or towards the middle portion of the œsophagus; if they are numerous, they are scattered over its whole length, but in greater numbers near the cardiac end, in which situation they are also of larger size. It has been observed, too, that in the majority of cases in which these ulcers are found, there is also some lesion in the stomach.

In one case reported by Dr. Jenner, the œsophagus was extensively ulcerated. The ulcerations, several in number, extended five and a half inches upwards from just above the cardiac orifice of the stomach. The circular muscular fibres of the œsophagus were at places exposed. One of the ulcers was three inches in length, and half an inch in breadth. All were longer than they were broad. The edges of the majority were slightly elevated. The mucous membrane between was here and there finely injected. This was the only case, out of seventeen examined, in which the œsophagus was diseased.

Stomach.—In rather more than half the cases examined after death, the stomach is found to have undergone some alteration, chiefly, if not exclusively, in the mucous lining. The most common alterations, according to Dr. Bartlett, may be arranged under changes in colour, consistence, thickness, mamellonation, and ulceration, which may exist separately, or, as happens more frequently, two or more of them are found together.

As to colour, the natural pale colour of the membrane is sometimes changed into a deep pink or even red tint, most apparent towards its great curvature; but whether the various degrees or shades of redness be connected with previous inflammatory action has not been determined.

Softening of the mucous membrane, either alone or combined with diminished thickness, is occasionally observed near the cardiac extremity, the mucous membrane being found in some cases entirely destroyed, and the other coats thin and lacerable. Chomel found softening near the cardiac extremity in ten out of fourteen cases. Louis observed softening with diminished thickness in nine out of forty-six cases he examined, and states that it may be expected in all cases which are fatal before the twenty-fifth day of the fever.

Mamellonation, as described by Dr. Bartlett, consists of small elevations of the mucous membrane, pretty regularly circular or oval, scattered thickly over different portions of the stomach, but more commonly near the pylorus. This peculiar condition generally exists in connexion with other alterations, especially with softening and increased redness. Like most of the gastric lesions, it is more often present in cases which terminate early, than in those which are prolonged. Louis found it, in thirteen, or two-sevenths of his cases, occupying nearly the whole surface of the stomach; and, as it was much more frequent amongst those who died between the eighth and the twentieth days of the fever than at a later period, it may, like all the morbid changes of this membrane, be considered to be more frequent and more severe according to the more or less rapid course of the fever.

Ulceration of the mucous membrane of the stomach, distinguished from destruction of the membrane from softening by the small size, exact limitation, and sharp, clean edge of the ulcers, is occasionally, though rarely, met with in enteric fever. When observed, these ulcers are superficial and vary in number, but as many as twenty have sometimes been noticed. To show their infrequency, it may be stated that Louis found them in only four out of forty-six cases; and Chomel relates, that out of forty-two cases examined by him, he did not meet with one example. Ulceration of the stomach may therefore be regarded as a comparatively rare lesion in enteric fever.

Louis has drawn up a valuable *résumé* of these lesions of the stomach, and by comparing the condition of the mucous membrane in persons who have died from other acute diseases, he found that the same changes occurred in this membrane in them as in enteric fever, the proportions being very nearly equal in both classes. For instance, softening with diminution in thickness was found in a fifth part of the cases of the typhoid affection (enteric fever), and in a sixth part of those of other equally acute diseases; ulcerations in the twelfth part of the former, and in the twenty-fourth part of the latter; simple softening in a little less than a third of the cases of the typhoid affection, and in a quarter of those of other diseases. The mamellonated state was very nearly in the same proportion, but inversely as the last. Finally, the mucous membrane of the stomach was perfectly healthy in two-sevenths of the patients who died of fever, and in about a fifth of those who died of other acute diseases. "Since the mucous membrane of the stomach," he adds, "is not altered in all the cases of this affection; since it is found in a normal state in patients who die very quickly, and in whom we cannot admit that the disease, had it existed, could have disappeared completely; since, also, in cases where one of these lesions exists, it commences, as I have shown, at a somewhat distant period from the origin of the typhoid affection, it follows that the typhus, ataxic, or putrid fever is no more a gastro-enterite than a pneumonia is a gastro-pneumonia, although we find the mucous membrane of the stomach changed in a more or less important manner in a great number of patients who die of inflammation of the pulmonary tissue. So that all we can deduce from the facts I have given—and this conclusion is very important—is this, viz., that in every case in which an acute affection of any kind gives rise to a febrile excitement lasting some time, the mucous membrane of the stomach becomes, at a period which

varies according to the nature of the disease, the seat of a lesion, which lesion becomes more or less important, according to the predisposition of the patient, while at times it accelerates the death, and is, in fact, in certain cases, the sole cause of it."

Louis has noticed another important point in connexion with this subject—viz., the relation which exists between the morbid states of the mucous membrane of the stomach and the symptoms observed during life. The conclusions he has deduced are—1. That in a considerable number of cases these various lesions, singly or combined, are found on examination after death, where there are no symptoms during life to indicate their existence. 2. That various gastric symptoms—epigastric uneasiness, either alone or accompanied with sickness—are not unfrequently observed in cases in which, on dissection, the mucous membrane of the stomach exhibits no appreciable deviation from its normal state. But 3. In all cases in which there was epigastric disturbance, accompanied by bilious vomiting, more or less extensive change in the mucous membrane of the stomach is discovered after death. These conclusions have been confirmed by the observation of M. Chomel, in so far as relates to the indications afforded by symptoms, during life, of the lesions of the stomach; or, I should rather say, of the absence of characteristic symptoms.

Small intestines.—The small intestines are generally more or less distended with air, and contain a moderate quantity of thin fluid tinged with bile, or, when there has been previous intestinal hæmorrhage, with blood.

Duodenum.—This portion of the intestinal tube is generally unaltered, or, at all events, the changes are unimportant. Sometimes its mucous lining is of a deep-red colour and more or less softened. In very rare cases the duodenal glands have been found swollen and superficially ulcerated.

Ileum.—It is almost unnecessary to repeat, that in certain lesions of this portion of the alimentary canal—more especially of its lower third—the true anatomical characters of enteric fever are found. The diseased patches are readily recognised externally by the grey or brownish discoloration, or stains, perceptible through the coats of the intestine, and by some degree of hardness when the diseased parts are pinched up with the finger and thumb.

With the view of making a minute inspection, the whole of the small intestine should be removed, and after carefully examining its outer or peritoneal surface, it should be slit open with the *gastrotome*—an instrument indispensably requisite for such investigations.

The first point to be noted is the colour of the mucous membrane. When the disease has been mild, or the patient has been destroyed by some accidental acute affection in its early stage, this membrane retains its natural pale pink-white colour. In cases in which the fever has been more severe, or further advanced, the membrane appears injected, or of a more or less deep-red tint, in patches of varying extent, but generally limited to the lower third of the ileum, and becoming more intense towards the cæcum. When the fever has been of still longer duration, (twenty to thirty days,) the colour is red-grey, or approaching to ash-grey, or sometimes it is yellow from bilious staining.

The membrane undergoes another change in a considerable proportion of cases—viz., in consistence. Louis found it softened in nine out of forty-three cases. The softening varies from a moderate to that extreme degree in which the membrane has little more than the consistence of mucus, so that it can be scraped off by the slightest application of the scalpel or nail. It may be partial or extensive, without any other alteration, or it may be combined with redness, or with thickening of the membrane, or with both. It is probable, and so thinks Louis, that this lesion may be the consequence of commencing decomposition. In some cases, again, the membrane is found infiltrated with blood.

Agminated glands, or Peyer's patches.—The changes these patches undergo vary according to two circumstances—first, their proximity to the ileo-cæcal valve, and secondly, the duration of the fever. They are always most marked in the patches nearest this valve, and least so in those farthest from it; so that it appears that the alterations do not take place simultaneously, but gradually or successively, first in those nearest to the cæcum, and then in those above, in the direction of the jejunum.

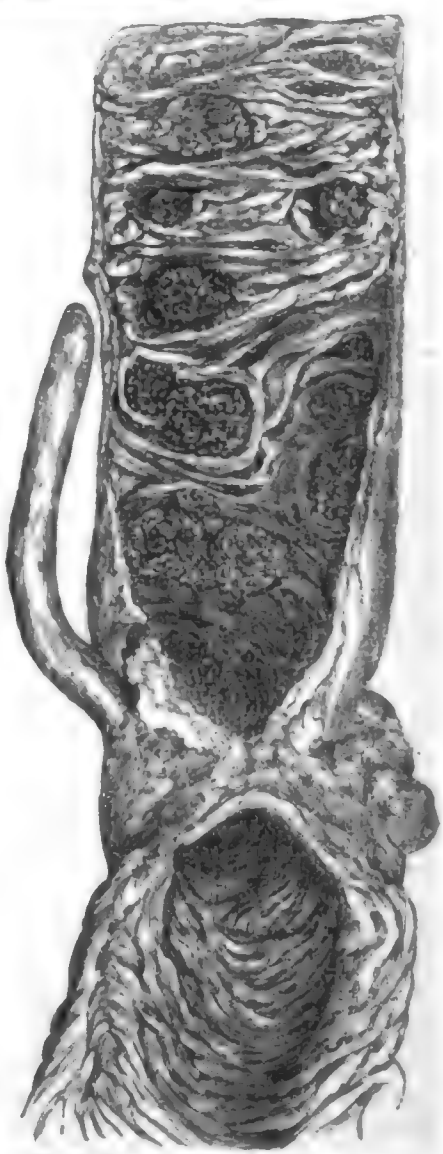
The earliest change consists in slight elevation or swelling (hypertrophy) of the mucous membrane covering the diseased patch, which appears also to affect, more or less, a large track of the lower portion of the ileum. This is the probable condition of the intestine when the fever is mild and of short duration.

The next stage is that in which the deposit peculiar to this fever is effused into the tissue of Peyer's patches, the solitary glands, or into both, including the submucous cellular tissue covering them. This typhous process may affect one or more of the follicles only, or an entire patch, and, according to the amount of the deposit, the mucous membrane becomes intimately blended with it, and more or less tense.

The swollen or infiltrated patches which are placed opposite to the insertion of the mesentery, vary in size from an eighth or quarter of an inch to an inch and a half in diameter. Towards the lower end of the ileum, they occasionally occupy a space of several inches, and terminate on the border or margin of the cæcal valve.

Louis has described under the term *plagues dures* a peculiar appearance in the patches which he found in about one-third of his cases, (thirteen out of forty-six.) He calls it hard in contradistinction to the soft kind of typhous infiltration, the difference arising from the transformation of the submucous cellular tissue into a hard, homogeneous substance, having no organization, but friable when cut into. He met with this appearance in cases that had run a rapidly fatal course, (from the eighth to the fifteenth day.)

Ulceration.—The patches undergo a still further change, that of ulceration—the pathological appearance most frequently observed in examinations after death.



Ulcerated Peyer's patches in the lower portion of the ileum.

The typhous deposit in this stage becomes transformed into a deep-yellow or brown slough, which in process of time is partially or completely detached from the patch and ultimately thrown off, leaving a cavity or ulcer on the inner surface of the intestine, known by the name of typhous ulcer. Sometimes the entire deposit is cast off at once; in other cases, only partially. In the former event, the shape and size of the ulcer

correspond with those of the patch from which it has become detached. The ulcers may be either round or elliptical, their long diameter corresponding with the longitudinal axis of the intestine. When the slough has been only partially thrown off, the ulcer is smaller, and of an irregular shape. Several patches of ulceration may occasionally be seen grouped together.

In some cases the typhous product has apparently degenerated into a loose, vascular, fungous growth, traversed by streaks of extravasated blood, or entirely saturated with blood—a condition which is the frequent source of intestinal hæmorrhage.

A similar ulcerative process occurs in the solitary glands, but the changes take place somewhat later, and probably advance less rapidly than in Peyer's patches. The form of the ulcer, however, is round, not oval or elliptical. It has been observed, too, that when the typhous matter has been entirely removed from the diseased patches, there is no fresh deposit; so that if the excavation left extend in depth, it is due to ulcerative absorption alone.

The following summary by Rokitansky gives a clear view of the progressive changes of this intestinal lesion:—

1. We find the lower third of the small intestine to be the seat of the lesion, the number and size of the ulcers increasing as they advance towards the cæcal valve.

2. The form of the typhous ulcer, when it corresponds to the infiltration and detachment of a larger Peyerian patch, is elliptical; it is round when it corresponds to a solitary follicle, or a rounded patch, or to the partial detachment of a glandular plexus; it may also be irregular or sinuous, when corresponding to a partial detachment.

3. The size or circumference of the ulcer varies from that of a hempseed or pea to that of a half-crown.

4. The patches are placed opposite to the insertion of the mesentery, their long diameter being always parallel to the longitudinal axis of the intestine. The typhous ulcer never forms a zone; at least Rokitansky has only seen this occur once in many hundred cases.

5. The base of the ulcer is formed by a delicate layer of submucous tissue, which covers the muscular coat, a well-defined fringe of mucous membrane forming the margin.

In regard to the progress of typhous ulcers, there can be no question that the typhous deposit or infiltration affecting Peyer's patches may undergo the process of resolution. This happens in very mild cases in which the duration of the fever is short. There can be as little question that when ulceration has taken place, the ulcers cicatrize or heal.

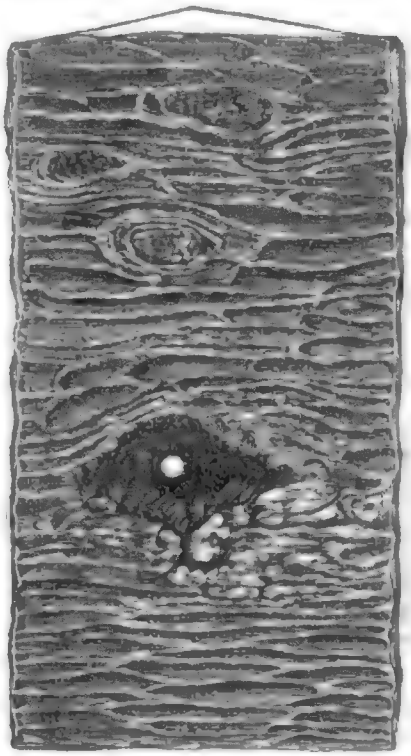
This reparative process may be seen, in its different stages, in examining the intestine in cases in which death has unexpectedly occurred, either from some intercurrent local affection in the advanced stage of the fever, or during convalescence. When such an opportunity offers, some ulcers are observed to be superficial and not extensive, others are deep and spreading, while in one or more patches (generally near the cæcum) the ulcers appear smooth and polished, and covered with a thin transparent pellicle, continuous with the submucous tissue around the ulceration—an indication that the process of healing, or cicatrization, is going on.

For this important result, however, two conditions are essential: the one, the termination of the local process—that is, of the deposition of typhous matter, and the complete extinction of the typhous dyscrasia; the other, that the powers of the patient are adequate to withstand such a formidable local affection.

When such favourable circumstances concur, the following, according to Rokitansky, is the mode by which the process of cicatrization is effected. The fringe of mucous membrane which lies upon the base of the ulcer gradually connects itself, from without inwards, with the cellular tissue that invests the base, and, uniting with it, becomes paler and thinner. At the same time, the cellular layer becomes whiter and more dense, and finally converted into a serous lamina, the circumference of which is dovetailed between the muscular and mucous coats. The margin of mucous membrane is beveled off in such a manner that the union is imperceptible, while the line of union, as well as the mucous membrane, is so thinned down, that, at last, their villi appear to have been transferred to the serous lamina. The edges finally unite at one or more spots, and coalesce. Instead of the typhous ulcer, we find, in proportion as the above process is effected, a slight depression on the inner surface of the intestine, due to the thinning of the mucous membrane, and the connexion with a thin cellular layer of denser structure; or we find a spot at which the mucous membrane is more firmly attached and less movable, in the middle of which, by oblique light, we may often discover a smooth remainder of the serous lamina, of the size of a millet-seed; or we may discover a spot at which the mucous membrane is more tense, void of plicæ or folds, smooth, less vascular than the surrounding portion, and particularly less villous. Such cicatrices have occasionally been observed thirty years after the attack of fever. It is singular, and characteristic of the typhous ulcer and its cicatrix, that it never induces diminution of the calibre of the intestine.

In examining these ulcers from the cæcum upwards, we find the healing process in different stages. In some, it has just begun; in others, it is going on partially; in others, again, it has been completed: so that the same course is apparently followed in the healing as in the development of this lesion, the cicatrization being either farthest advanced or completed in the patches nearest the cæcum, and in a proportionally less advanced state as we trace the patches upwards towards the jejunum.

Perforation.—In the destructive progress of the typhous ulcer, the mucous, areolar, and muscular coats may be successively laid bare, so that the floor of the ulcer is formed by the thin transparent peritoneum alone. In some cases this membrane is perforated, so that the intestinal contents escape into the peritoneal cavity, giving rise to acute peritonitis.



Perforation in the centre of an ulcerated Peyer's patch.

The perforation is always found in the centre of an ulcerated patch, and most commonly in the lower third of the ileum; generally it is very small, not larger, perhaps, than a pin's head, unless there be a sloughing ulcer, in which case the aperture is large. There may be a single perforation, or there may be two or more.

These perforations happen, as I have already remarked, not in the most severe cases of typhoid fever, but more commonly when the disease is of moderate severity—when the ulceration is proceeding slowly, but surely, as in the cases of atonic ulcers described by Rokitansky.

As to the period of the fever when this lesion usually takes place, it seldom happens before the middle period—towards the end of the second week; but it may occur at any time between the second and the eighth or ninth week.

I have known it to take place, more than once, when the patient was supposed to be well advanced in convalescence, walking about and enjoying food. The possibility of such an accident renders it imperative on the medical attendant—fearless of the imputation of sordid motives—to watch with anxious care the period of convalescence in this dangerous disease.

When the convalescence is protracted, indicated by the general and popular phrase, that the patient does not get on—does not mend—does not gain strength—be assured that Nature has not yet finished her work of cicatrization, and that an

atonic ulcer has not healed, and is consequently pursuing a non-reparative course, which may end in erosion or perforation of the bowel, and the almost certain death of the patient. There may be even appearances of such improvement in the patient's general condition as to throw the most cautious and experienced practitioner off his guard. The nutritive powers may be fairly active, the patient may be gaining flesh, the alvine evacuations natural, and even formed. But with all these advantageous circumstances, I have known intestinal perforation take place, and destroy life in a few hours.

These, I admit, are exceptional cases, the perforation, in the great majority, happening in the earlier or more acute stage of the fever.

It is not easy to come to a certain conclusion as to the comparative frequency of this lesion. Louis met with it in eight out of fifty-five cases. In the last ten years there have been in the Fever Hospital, as far as I can trace, twenty examples of perforation out of the total admissions (1820). Out of these, *fifteen* were males, and *five* females. The age of the youngest was eleven; of the oldest, forty-five. The preponderance in males is striking. In my private practice, extending over more than thirty years, I have met with it eight times.

In some instances, again, the perforated portion forms an adhesion to a contiguous fold of intestine, or to some of the abdominal or pelvic viscera, and thus the escape of the contents of the bowel is prevented. I met with an instance of this kind which, however, ultimately proved fatal. The perforation was closed by a plug of omentum. I succeeded in obtaining a drawing of the parts by my late friend, Sir Robert Carswell.

Large intestine.—The *colon* is generally distended with air. Its mucous surface is sometimes unaltered throughout; sometimes it is red, or of a grey colour, softened, and not unfrequently thickened in texture.

The solitary glands, which in the colon are small, are occasionally enlarged, and sometimes ulcerated, the ulcers, which are few in number, being small, with flattened edges, and the intervening mucous surface thickened. These ulcers are chiefly met with in the cæcum, to which they are often limited, though now and then they are scattered over the colon. They are rarely found in the rectum.

The ulcerative process in the colon is not, however, always confined to the follicles or crypts, but may extend also to the intervening spaces where there are no follicles. It therefore appears that these ulcers in the colon are developed in two distinct tissues—in the solitary glands or crypts, and also in the intervening mucous membrane; but whether they occur in one or the other, they cicatrize or heal in the same manner as the ulcers in the small intestines, perhaps even more readily. I may observe, moreover, that these morbid appearances in the colon are generally marked according to the length of time the fever has existed.

The *mesenteric glands* corresponding to the elliptical patches, undergo changes in enteric fever as to size, consistence, and colour, in proportion to the extent of disease in the follicles, their proximity to the cæcal valve, and the duration of the fever.

In patients who die between the eighth and fourteenth day, they are simply increased in size, sometimes acquiring that of a bean or hazle-nut, and in those near the cæcum they are even larger, the tissue of the gland itself being elastic, soft, and of a pale-rose colour. The larger glands are sometimes so much softened as to be easily crushed by squeezing. If death occur between the fifteenth and twentieth days, they are swollen and soft, of a red-brown colour, and on being cut into the typhous deposit may be seen in scattered points. In patients dying between the twentieth and thirtieth days, they are as large as pigeons' eggs, and form a chain extending from the mesentery attached to the ileum to the lumbar plexus.

The structure of the gland is converted into a reddish-grey medullary sort of matter, in which there are occasionally deposits or extravasations of blood; sometimes distinct fluctuation is perceptible, denoting collections of pus, either disseminated or in distinct cavities. In one case of abscess of the mesenteric gland recorded by Louis, in which death took place on the forty-ninth day, one of the mesenteric glands was found converted almost entirely into pus; and the walls of the cavity in which it was contained were so thin, that had the patient lived a few days longer it must inevitably have opened into the abdominal cavity.

In regard to the progress of the mesenteric affection, Rokitansky states that as soon as the detachment of the typhous deposit in the intestine has commenced, the swollen glands undergo a gradual reduction in size, until they are restored to their natural state; and Louis is inclined to think that when they are found of a grey-blue or purple colour, not much enlarged or softened, a process of reparation had been progressing, analogous to what takes place when Peyer's patches are undergoing a healing or restorative action.

In some rare instances enlargement and redness of the mesenteric glands have been found when Peyer's patches and the intervening mucous membrane are quite healthy, rendering it probable that the changes in these glands do not depend on antecedent intestinal lesions, but are due to the deposit or infiltration of typhous matter in their tissue. This, however, I have never met with.

The *mesocolic glands* undergo somewhat similar changes as to size, consistence, and colour, as the mesenteric, but to a much less extent, especially as to size. They are never found to contain pus.

Spleen.—This organ in its normal condition is of small size, so small comparatively that percussion over the region it occupies fails to indicate its precise position, and it is only when it is considerably increased in volume, as in periodic fevers, and not unfrequently in enteric fever, that its outline can be ascertained.

It undergoes, with few exceptions, marked changes in enteric fever; for in almost every case reported by Louis it was more or less altered. He found it normal in four cases only out of the forty-six he examined. The examinations made at the Fever Hospital confirm this statement.

The changes the spleen undergoes are—1, in volume; 2, consistence; 3, colour.

As to volume or size, it may be only slightly increased, or two, three, or four times larger than natural.

Its change as to consistence is less constant than its enlargement. In a certain proportion, a third perhaps, its consistence is unchanged; in about a sixth, it is moderately softened; and in about an equal number, the softening is considerable, so that it is easily torn. In some cases the organ is little more than a pulpy or diffluent mass.

Louis found the size and consistence of the spleen much more frequently natural in patients who died after the thirtieth day of the fever than in those who died earlier. He also infers that, as he never met with a case in which death occurred between the eighth and twentieth days of the disease, in which the spleen was not enlarged and softened, the changes commence probably at a very early period of the fever, and apparently exist in all patients; while in those cases in which no deviation from the natural condition of this organ (the spleen) is observed, it is possible that it had recovered its healthy state, in common with the other parts specially affected in the course of the fever.

The spleen is less frequently altered in colour than in volume or consistence; but it would appear that there is no constant relation between the alteration in colour and the size and consistence of the organ, as the same colour is found associated with every degree of both.

Liver.—This organ appears to escape almost entirely amongst the many organic lesions in enteric fever. It is seldom altered in size, the only change it has been observed occasionally to undergo being a degree of softening or friability, so that it is easily torn. This change, however, has been ascribed less to actual disease than to the tendency to decomposition of the tissues after death; but though this condition is more generally met with in persons who die in the hot months, it has also been found in bodies examined in the cold season. It is also, in some instances, more or less congested—loaded with dark blood; but this may be regarded as accidental.

Kidneys.—It does not appear that the kidneys undergo any changes that can be considered to be peculiar to enteric fever. In some bodies, they have been found slightly enlarged and softened, and somewhat darker in colour, than in the perfectly healthy state; but these conditions occur so frequently in persons who die of other acute diseases, that they cannot be considered as peculiar to this fever. Of course, in examining the bodies of persons who have died of enteric fever, various lesions of the kidneys are occasionally found; but these have been of long standing, the fever having supervened on the renal malady, just as we often observe it supervening on other chronic diseases.

Salivary glands.—Of these, the *parotid* is liable to inflammation and its consequences, the most common being the formation of matter in the cellular tissue surrounding the gland, which is enlarged and hard.

The submaxillary and sublingual glands become also occasionally enlarged from inflammation, either in their structure, or the areolar tissue in which they are embedded.

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The order of succession, says the late Dr. Bartlett, in which the several lesions commence and are developed is a matter not susceptible of very rigorous demonstration. Death almost never takes place in the disease before the termination of the first week, and not often so early as this. Still a careful study and comparison of the pathological appearances, which are presented in cases of differing durations, will enable us to arrive at a reasonably certain approximation to the truth. There can be little doubt, I think, that one of the first—probably *the* first, pathological alteration which takes place in the solids, consists in the tumefaction of the elliptical plate or plates nearest to the ileo-cæcal valve. This tumefaction is accompanied or followed by other changes—an afflux of fluids, softening of the mucous coat, the hard yellow transformation of the submucous tissue, and finally, by ulceration; and these several lesions, taking place first in the plates nearest to the ileo-cæcal valve, gradually and successively extend to those which are farther removed from it. Cotemporaneous, probably, or nearly so, with these alterations, are the reddening, enlargement, and softening of the mesenteric glands. The enlargement of the spleen, and the diminution of its consistence, occur also, there is good reason to think, in the early stages of the disease; and the same thing is also true, though less constantly, perhaps, of the softening of the other organs. The various pathological changes which are found in the gastro-intestinal mucous membrane begin, and are developed, it would seem, at uncertain and indefinite periods during the progress of the disease.

Pathological conclusions.—It is necessary to keep in mind, that the various lesions described are not all of them to be considered as the essential elements of enteric fever; indeed, a small portion only can be viewed in this light; but it is certainly important to determine, as far as possible, the bearing which, separately or combined, they have on the pathology of this fever. This question, however much has been lately accomplished in elucidating the changes that take place in the several organs in the progress of this disease, is one of great difficulty; so complex, indeed, that it cannot be said to be susceptible of adjustment in the present state of our knowledge. Still a great step has been gained in determining the true or essential pathological element of this fever; and it may be reasonably assumed, from the fact that two important lesions are invariably present—viz., the alterations in Peyer's patches, and in the corresponding glands of the mesentery—that these two lesions constitute its true anatomical character. In this almost everyone who has investigated the subject since it was first pointed out, and I may say settled, by the greatest living authority (Louis) unhesitatingly coincides.

The other lesions, when present, are to be regarded as secondary or accidental only. Some of them, however, which are of very frequent occurrence—the alterations in the mucous membrane of the stomach, in the spleen, and in the lung, for example—have certainly great influence, and often determine the issue of the disease. And it would appear that a favourable or unfavourable result is, in many cases, to be ascribed as much to their co-existence, as to the extent or severity of the primary or essential intestinal lesion.

Another point of unquestionable importance to a right understanding of the pathology of enteric fever, if it could be settled, is the relation which the abdominal lesions bear to the phenomena of the disease. What inferences, for example, are to be deduced from the alterations in Peyer's patches? Are we justified in considering this lesion as the cause of the whole febrile phenomena; in other words, is enteric fever merely a gastro-enteritis, or a dothin-enteritis, just as inflammation of the mucous membrane of the colon is regarded as the cause of the morbid phenomena included in the term dysentery? Modern pathologists have come to the conclusion that this is not a correct mode of viewing this question.

I have before stated that the intestinal lesion and changes in the mesenteric glands are not the cause of the febrile phenomena, but only a part of the pathological elements of the fever, the whole being the result of some morbific agent, of the nature, sources, and *modus operandi* of which we are as yet entirely ignorant. The lesion of the patches certainly bears to enteric fever the same relation as the eruption of small-pox, of measles, or of scarlet fever bears to the eruptive fevers, in which diseases no one regards the cutaneous rash to be the cause or source of the febrile affection.

ROYAL ORTHOPÆDIC HOSPITAL.—At the annual Court of Governors, it was stated in the report that the number of patients admitted during the past year was 1461. The receipts of the year were £2716; the expenditure had exceeded this by £132 15*s.*

ON THE

USE OF THE HYPOPHOSPHITES OF SODA AND OF LIME IN THE TREATMENT OF PHTHISIS.

BY RICHARD QUAIN, M.D.

THE treatment of phthisis by the hypophosphites of soda and of lime was brought into notice by Dr. J. Francis Churchill, of Paris, in a communication read before the French Academy of Medicine in July, 1857. I was at that time induced, by the representations made as to the value of these agents to administer them to some of the cases under my care in the Hospital for Consumption at Brompton; but as the results were not encouraging, and as the drugs were then obtainable in limited quantities, I did not continue the experiments. One of my colleagues, Dr. Cotton, about the same time, or soon after, made some observations on the subject, and published the results, which were unsatisfactory.

Dr. Churchill subsequently brought his memoir, with additions, before the profession. A perusal of this treatise,* and inquiries addressed to me from time to time by professional friends as to my opinion of the value of the hypophosphites in the treatment of phthisis, have led me to re-examine fully into their asserted efficacy, and in this communication I propose to give briefly the results of the inquiry.

It will, perhaps, be fair to say, in the first instance, that Dr. Churchill states that he was led to adopt the use of the hypophosphites in consequence of his belief that the tuberculous diathesis depended on some disturbance in the process of sanguification; that this disturbance, which affected the inorganic and not the organic elements, was due to a deficiency and not to an excess of some one or other of these elements. He argued with himself, that it could not be the sulphur, the iron, the chlorides, or the alkalies, for these substances were daily used as remedies, without any real effect on the disease. Eliminating, then, the elements first-named, he concluded that the failure was in phosphorus as a constituent of the body.

It should here be noticed that these propositions of the author can only be regarded as theoretical speculations, inasmuch as they are unsupported by either chemical or physiological observations.

By a similar course of reasoning, but one more in accordance with physiological facts, Dr. Churchill arrived at the conclusion, that phosphorus, the missing element, could be best supplied by the administration of this body in its lowest state of oxidation, as it was thereby given in a form more capable of assimilation. With that view, he administered the hypophosphites of soda and of lime, which he declared to be prophylactic, and to be curative in every stage of the disease. He says: "I *know* that they will prove, not only as sure a remedy in consumption as quinine is in intermittent fever, but also as effectual a preservative as vaccination in small-pox."

Encouraged by statements like this, and by a lengthened catalogue of the phenomena of improved health which it was said resulted from the use of these remedies in Dr. Churchill's hands, I determined on giving them a fair trial in a certain number of cases. They were therefore administered in twenty-two cases, taken without selection from amongst the ordinary in-patients of the Brompton Hospital. Of this number (twenty-two), twelve were males, and ten were females.

The Stage of the Disease.—Two cases were in the first, ten in the second, and ten in the third stage of phthisis.

The Dose of the Remedy.—Dr. Churchill recommends ten to thirty grains as the dose, of either the hypophosphite of soda or of lime, daily, in any simple fluid. The dose to be increased, until the general symptoms disappear. In some cases, he prefers the one salt to the other. For example, he thinks that the salt of lime checks the expectoration, and thereby increases the cough; whilst the salt of soda is less energetic in its action. I met with nothing confirmatory of this impression. The dose given to the patients at Brompton was, in the first instance, ten grains, three times a day, except in the case of a child, when only five were given. The disease progressing, or being stationary, or the effects of the remedy being *nil*, the dose was gradually increased. Thus, in four cases, it was

* De la Cause Immédiate et du Traitement Spécifique de la Phthisie Pulmonaire. Par J. F. Churchill, D.M.P. Paris: Masson.

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increased to a drachm three times a day; in ten cases, the dose reached two scruples or more; in eight, the dose remained under half a drachm. It will thus be seen that the remedy was given freely. In no case, let me add, was there any appearance of the troublesome symptoms indicated by Dr. Churchill as following large doses.

The Duration of the Treatment.—One case was under treatment for six months, one for four months, six for three months, nine for two months, five for one month. During this lengthened course of treatment, I looked anxiously, but in vain, for those marked physiological effects described by Dr. Churchill. There were no evidences of the "improved powers of innervation;" "the hair and nails did not grow more rapidly;" there was no "appearance of plethora or of fulness;" the patients did not describe "an unaccustomed sensation of feeling better and stronger after a few doses of the remedy." Nay, I would say that there was nothing more felt by the patient nor noticeable by the physician than if so many grains of carbonate of soda or prepared chalk had been taken.

The Results.—To return, then, to the more immediate object for which these agents were administered—viz., to ascertain their value in the cure of consumption—I have to state, that of the twenty-two cases, six were more or less improved while under treatment. Of these six, three were improved in but a slight degree, and only for a short time; in three the improvement was marked, but in one only of the latter has the improvement been permanent; of the two other cases, one continued using the hypophosphite for three months after leaving the hospital, during which time she grew gradually weaker, and finally died; the other, a man, after leaving the hospital, continued the treatment for some time, but gradually grew worse, and is now dying. All the other sixteen cases steadily lost ground whilst using the hypophosphites in the hospital. Happily, in six of these cases, the treatment by hypophosphite was suspended, and the usual treatment by cod-liver oil, tonics, &c., being substituted, a decided improvement in each was the result.

The following cases, including the three in which alone any useful result *seemed* to follow the treatment, are a few of the cases in which the hypophosphites were administered. They have been selected as being illustrative of the chief features of this treatment.

Phthisis in the first and second stages of the disease; temporary improvement whilst taking hypophosphite of soda; final result fatal.

CASE 1.—A. B——, aged twenty-two, a dressmaker, admitted on Nov. 17th, 1858: height, 5 ft. 2½ in.; weight, 8st. 7½ lb. Being predisposed on her mother's side, she had had cough for three months, with very slight expectoration; no hæmoptysis; no night sweats; and had had no other illness. The catamenia, absent since the commencement of her illness, were previously regular. Digestive organs healthy; pulse 112.

The *physical signs* were dulness and crepitation at the right apex of the chest anteriorly, with dulness and loud harsh expiration at the left apex posteriorly.

Treatment.—Hypophosphite of soda dissolved in gum mucilage was given three times a day, commencing with doses of ten grains, and gradually increased to half a drachm by the 17th December.

Result.—After twelve weeks' treatment in the hospital, there was evident improvement in health and strength; she had gained half a stone in weight, coughed less, and the crepitation at the right apex was heard only after coughing; no expectoration. The catamenia had not returned, and the pulse was still above 100.

The like treatment was subsequently continued, as an out-patient, until April; at which time she was stated to be very ill, and she died soon afterwards.

Phthisis in the first stage; improvement whilst taking hypophosphite of lime.

CASE 2.—R. C——, aged twenty-one, a shipwright, admitted Nov. 23rd, 1858: height, 5 ft. 8½ in.; weight, 8st. 10½ lb. Being predisposed to consumption on his mother's side, his illness commenced with an attack of hæmoptysis to the amount of half a pint whilst he was at work. This continued for three or four days to a slight extent. He has been losing weight and strength ever since. He stated that he had had no cough till ten days before admission, and his expectoration, which was muco-purulent in character, was in very small quantity. He had had no hæmoptysis since the first attack, and suffered no pain in the chest. His appetite was not good, and his bowels were costive; pulse 96.

The *physical signs* were dulness and bronchial breathing at the right apex.

Treatment.—For ten weeks he took the hypophosphite of lime, in doses of ten grains, gradually increased to a drachm, three times a day, dissolved in infusion of gentian; after which he had cod-liver oil alone, for two weeks, in place of the mixture.

Result.—Under the hypophosphite he improved in health and strength, and gained eleven pounds and a half. His condition then became stationary. Whilst taking the oil, he did not increase further in weight, though he felt equally well. His cough was trifling, with only slight expectoration in the morning, but he still experienced some dyspnœa on exertion. His appetite was very good, and pulse 92. The physical signs were much the same as on admission, the dulness being, perhaps, less marked, and the respiration less bronchial in character.

Dec. 1859.—This patient has not taken any medicine since he left the hospital. He has retained his improved condition, and now continues in much the same state as when he left.

Phthisis in the second stage; temporary improvement whilst taking hypophosphite of soda.

CASE 3.—M. B——, aged thirty-one, a labourer, was admitted on the 31st of January, 1859: height, 5 ft. 1½ in.; weight, 7 st. 3½ lb. With no hereditary predisposition to consumption, he had coughed for two or three winters, and had had hæmoptysis to the amount of half a pint three months previously to admission, and to a less amount nine months before that. His expectoration was very purulent, and in considerable quantity; his appetite was bad; and his pulse about 100.

The *physical signs* were dulness and crepitation at the right apex, extending low down.

Treatment.—For three months he took the hypophosphite of soda dissolved in infusion of gentian, commencing with doses of ten grains, three times a day, and gradually increased in five weeks to *forty* grains, three times a day.

Result.—He improved during the whole time he was in hospital, steadily gaining strength; his appetite was good, cough became much less, with scarcely any expectoration, except a little greenish mucus latterly; his pulse was about 80; and, in the first two months and a half he gained nine pounds and a half, and lost two pounds in the subsequent fortnight. The crepitation at the apex of the lung disappeared altogether in front; it was still audible at the apex posteriorly; the inspiration in front was weak, and the expiration harsh.

He left the hospital with the means at his disposal of continuing the remedies. He gradually, however (after two months), began to decline, and when seen on Dec. 10th, 1859, he presented the signs of cavities in the right lung, and of progressing disease in the left.

Phthisis in the second and third stages; little or no improvement whilst taking hypophosphite of soda.

CASE 4.—C. W——, aged thirty-two, a needlewoman, was admitted on December 10th, 1858: height, 5 ft. 4 in.; weight, 7st. 8lb. She had been out of health for five years, and was without hereditary predisposition to phthisis; but had had slight cough for a year, which became much worse six weeks before admission. Her expectoration was very purulent, rather nummulated, and very copious, and it had been occasionally streaked with blood. She had dyspnœa and pains in the chest. The catamenia were irregular, and had not appeared for six weeks. Her appetite was bad, and pulse above 100.

The *physical signs* were dulness, bronchial breathing, and crepitation on the right, with greater dulness, cavernous respiration, and crepitation on the left.

Treatment.—She had the hypophosphite of soda in doses of ten grains, gradually increased to forty grains, three times a day, dissolved in infusion of gentian and gum mucilage, and continued for twelve weeks.

Result.—Her cough became less troublesome, and the amount of sputum diminished considerably. Her appetite also improved, but she did not gain strength. Her pulse remained above 100; the catamenia did not reappear, and she lost a pound and a half in weight.

Phthisis in the first and second stages; no improvement from hypophosphite of lime; marked improvement subsequently from cod-liver oil.

CASE 5.—W. J——, aged forty-three, a blacksmith, was admitted on the 23rd November, 1858: height, 5 ft. 5½ in.; weight, 9 st. 11 lb. He had no hereditary predisposition to

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phthisis, but had coughed for five months after taking cold. His expectoration was purulent, but he had never had hæmoptysis. He had had no night sweats; his appetite was good; pulse 92.

The *physical signs* were dulness, bronchial respiration, and crepitation at the right apex; with dulness, deficient inspiration, and loud expiration on the left.

Treatment.—For six weeks he had the hypophosphite of lime, ten grains, which was then increased to fifty, three times a day, dissolved in gum mucilage and infusion of gentian; after which the treatment was changed to cod-liver oil, which he took for seven weeks.

Result.—Under the hypophosphite he did not progress satisfactorily—felt weaker, coughed more, and lost two pounds in weight; while the disease rather advanced in the lungs, the crepitation being still heard at the right apex, and some coarse crepitation also at the left. Soon after commencing the oil he began to improve, gaining strength and weight—five pounds and a half in all; his appetite improved; and he coughed and expectorated less.

Phthisis in the second stage; no improvement from hypophosphite of soda; subsequent improvement under other treatment.

CASE 6.—A. M. S——, aged twenty-seven, a ladies'-maid, was admitted on Feb. 3rd, 1859: height, 5 ft. 4 in.; weight, 7st. 7lb. With predisposition on her mother's side, she had had cough for three years, brought on by sleeping in a damp bed. Her expectoration was muco-purulent, but not in very great quantity. She never had hæmoptysis, pains in the chest, nor much dyspnœa. Her appetite was variable. She had lost very much in weight; and the catamenia had been absent for four months; pulse about 100.

The *physical signs* were dulness and extensive coarse crepitation on the right side. The left apex presented similar signs of disease, but with less dulness and less crepitation before and behind.

Treatment.—She had the hypophosphite of soda for three weeks, in doses of ten grains. It was then increased to forty, three times a day, dissolved in gum mucilage.

Result.—Under this treatment there was no sensible improvement. She did not gain strength, and she lost half a pound in weight. Her appetite was bad, and latterly she complained of epigastric pain, unrelieved by suspending the use of the remedy. The treatment was changed to a mixture of infusion of gentian, carbonate of soda, and diluted hydrocyanic acid, and continued for three weeks. She also took some purified cocoa-nut oil. Under this plan she certainly improved, especially during the last fortnight. Her cough was dry, but sometimes troublesome. No crepitation could be heard on the left, and only a little at the right apex. Her appetite was much better, and she gained strength and two pounds in weight. The catamenia also returned.

Phthisis in the first and third stages; no improvement from hypophosphite of soda.

CASE 7.—C. B——, aged twenty, a shopwoman, was admitted on Nov. 3rd, 1858: height, 5 ft. 1 in.; weight, 6 st. 10 lb. Without family predisposition to consumption, she had coughed for more than a year, with purulent expectoration, and had had hæmoptysis on three or four occasions; the catamenia were irregular; she had lost a good deal of flesh, and her appetite was bad.

The *physical signs* were dulness, with cavernous respiration and crepitation, on the right side, with loud, prolonged expiration on the left.

Treatment.—For the space of three weeks she took the hypophosphite of soda, in doses of ten grains, three times a day, in mucilage or infusion of gentian; for five weeks before this, and for three months and a half after, she had ordinary tonic treatment, with a little cod-liver oil.

Result.—She gained a little strength throughout, and the catamenia appeared regularly; but there was not much alteration in the cough. Whilst taking the hypophosphite, she lost three pounds in weight; whereas during the whole of the rest of the time she maintained her weight without loss.

Conclusions.—Reviewing the cases of which the preceding may be said to be types, we see that of twenty-two individuals labouring under phthisis, submitted to the hypophosphite treatment, sixteen derived no benefit whatever; in three the benefit was so slight and temporary as scarcely to deserve notice; in two the improvement, though marked, was temporary; and in one case the result has been satisfactory and permanent. Small as the therapeutical powers of the hypophosphites are shown to be by these facts, are we justified in assigning to them even thus much? I think not. For we cannot forget that our cases are hospital cases; that, oppressed by sickness, care, and anxiety, they come from close, unhealthy localities; that they were more or less destitute of good food and good air. When they enter the hospital, they begin to feel the influence of hope; they live in warm, airy, and well-ventilated wards, find agreeable occupations, and have plenty of good food. Under such circumstances, the patients frequently improve in health, without the application of any medicinal agents. It would therefore be as fair to attribute the slight or temporary improvement which took place in some of these cases to hygienic as to the therapeutical agencies. Nay, further: this opinion is confirmed by the fact that two of the three cases which did best in the hospital ceased to do well when they left it.

Desirous of otherwise testing the value of these substances, I thought it would be well to compare the results of my ordinary hospital practice with that of the hypophosphite treatment. With this view, I requested my friend and late clinical assistant, Dr. Hill, (to whom I am indebted for much assistance in this inquiry, and for the notes of the preceding cases,) to make abstracts of any 22 successive cases in the hospital books. He did so, and having ascertained the results of the treatment in these cases, I find that he has given me notes of 11 males and 11 females, of whom 3 were in the first stage of the disease, 5 were in the second, and 14 in the third. It will be remembered that 12 were in the first and second stage, and 10 in the third. Thus in the former cases, the advantage was in favour of the hypophosphite cases, so far as the stages of the disease were concerned; nevertheless we find that of the cases submitted to other treatment, 16 were more or less materially or permanently benefited, whilst in 6 only did the disease progress unfavourably. Exactly the converse was the case when the hypophosphites were given. Thus there were 16 of 22 cases unrelieved. This comparative evidence is further strengthened by bearing in mind that 6 of the cases in the former series, which were unrelieved by hypophosphite treatment, did well subsequently under other treatment.

A review of the preceding facts has led me to form a most unfavourable opinion of the value of hypophosphites in the treatment of phthisis. I believe them to be comparatively, if not absolutely, useless. I have been induced to take some little pains in investigating the subject, because of the unhesitating confidence with which their value is asserted and their use recommended in certain quarters, and I have also seen in the cases of some patients who have visited Paris how much time has been thrown away by substituting the use of these salts for remedies of undoubted efficacy in controlling the progress of phthisis.

March, 1860.

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

BY EDWIN CANTON, ESQ., F.R.C.S.,
SURGEON TO THE CHARING-CROSS HOSPITAL, AND LECTURER ON SURGICAL ANATOMY.

PART IV.

IN the cases I have related of atrophy and degeneration of the arteries arising from indulgence in intemperate habits, I have not mentioned the state of the arteries of the brain; but, though unexamined in the above instances, I have commonly found these vessels to be affected in the same manner as those of the trunk and limbs in examples of chronic inebriety. Dr. Huss (*loc. cit.* p. 11) has frequently observed, also, another important change in the cerebral vessels, "usually, but not always, in company with atheroma of the larger bloodvessels of other parts. There is a dilatation of the arteries, both large and small, which ramify in the cerebral substance, so that on slicing the brain they appear of larger size than natural, while the coats of the larger bloodvessels likewise become brittle." In a case described by Mr. Henry Lee* of an intemperate man, aged fifty-six, with a distinct arcus senilis in each eye, and who was admitted into King's College Hospital with gangrene of the left foot, from which he died, it was found at the autopsy—besides atheroma of the aorta in the thorax and abdomen,

* Brit. and For. Med.-Chir. Rev., July, 1857, p. 228.

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pelvis and lower extremities—that the arteries at the base of the brain showed some distinct patches of atheromatous deposit.*

It is well known that an atheromatous state of the arteries strongly predisposes to the occurrence of aneurism; and in regard to the frequency of this latter disease in intemperate persons I may quote the valuable testimony of Dr. Crisp,† who observes:—"Aneurism is, I believe, more frequent in England than in any other country. Temperature has but little influence in the production of the disease; but, when the habits of the people are considered—their great industry, the violent and continued exertion they are accustomed to use, as well as their greater addiction to the use of ardent spirits—the cause admits of a ready explanation. Soldiers and sailors, especially, are more liable to aneurism than any other class; and they are called upon, often, when the heart's action is increased by the use of alcohol, to make sudden and violent efforts. Amongst agricultural labourers, on the other hand, who (though subject to great bodily fatigue) generally lead a life of temperance and have their minds free from anxiety, the disease is comparatively rare."

When we remember the condition in which some of the important organs of the body are found after death in habitually intemperate persons; the general implication of the coats of the bloodvessels; the unhealthy condition of the blood itself; and, moreover, the change so frequently to be noticed of the fibres of the heart, can we wonder at the feeble chance of success presented to the surgeon who undertakes the treatment of an aneurism‡ under such untoward circumstances? And, in the abnormal state described of the circulatory apparatus and its contents, can we be surprised at the occurrence of hæmorrhage, arteritis, apoplexy, or sudden cessation of the heart's action? Can any condition be more subversive of all those processes whereby the nutritive functions should be duly exercised? The life of the drunkard hangs, indeed, on a thread, and his frail existence may be suddenly cut short by the last contractile effort of a fatty heart,§ or, where the nutritive and reparative powers are so greatly in abeyance, the slightest injury may be rapidly followed by an equally fatal result. Dr. C. Wilson‖ relates the case of a drunkard, in the prime of life, who had been engaged in his usual avocations till a few days previously, when he became indisposed, and was found lying extended on the floor of his apartment, cold and rigid, having evidently been dead for several hours. On assisting his medical man at the post-mortem examination, the liver was found so much enlarged, especially on its upper convexity, that it extended as high as the fourth rib, its whole substance being of a yellow-ochrey colour, and friable in consistence, or in other words, presenting the characteristics of what has been termed the fatty liver. The more immediate cause of death, however, was attributable to the state of the heart, which was *softened, easily lacerable*, and contained fibrinous concretions. Dr. Ormerod¶ has recorded the following instance:—A strong man, between thirty and forty years old, addicted to very hard drinking, received a slight injury of the head. He paid no attention to it, and continued his work for four days; then having headache, and feeling ill, he laid up, and left off all strong drink. In three days signs of delirium tremens came on, and he was brought to the hospital. In the course of the second day after the beginning of these symptoms, while they were pursuing an ordinary course, he took 140 drops of laudanum, but no beer or spirits until the evening, when, the opium seeming to be sufficiently administered, brandy was given him, and beef-tea. In about two hours he went to sleep, and he remained dozing and apparently improving in condition all night. But, in the morning, a new nurse came to him, who wished to change his bed-linen. For this purpose she took him out of bed and sat him in a chair; but he had hardly been removed when he seemed dying, and he died before he could be again placed in bed. In his body, the only changes were fatty degeneration of the heart and liver. Another case is detailed by Dr. Ormerod, where a man of only thirty-four years of age, of notoriously intemperate habits, and who laboured under anasarca and ascites, died suddenly from fatty degeneration of the heart.

Dr. Watson* says: "There is but one morbid condition which, since my attention was directed to it, I have found constant in persons dead of delirium tremens, and that is, a *remarkably soft, pale, and flabby state of the muscular tissue of the heart.*"

I have alluded to the unhealthy condition of the blood, in which Huss (*loc. cit.* p. 19) states oily particles to abound in that portion of it remaining in the heart and larger arteries in the bodies of drunkards; and this fluid, when rubbed between the fingers, gives the same feeling as though it were fat. This increased amount of fat in the blood (*pionæmia*) is said by Wedl† to confer on the serum a whitish, milky discoloration, and the floating fat-globules may be easily recognised under the microscope.

The blood, in addition to presenting these peculiarities in drunkards, is found to be defective in its usual amount of fibrine, and a lower than the normal grade of plasticity prevails: the corpuscles appear to be diminished in number, and the quantity of the aqueous parts is increased; there is less than the ordinary estimate of hæmatine present, and the carbon is superabundant. Scharlau has found as much as 30 per cent. more carbon in the blood of a drunkard that in that of a healthy man.

Beyond the fact of the direct passage into the blood of the alcoholic fluid received by the stomach, the accumulation of hydro-carbonaceous matter in it may be accounted for by the diminution of the amount of carbonic acid and water expelled from the lungs by those under the influence of this stimulus. "But," observes Dr. C. Wilson (*loc. cit.* p. 164), "physical, and even mental exertion, increases the degree of exhalation of carbonic acid by the lungs, and therefore operates also by increasing the power of resisting effects. Hence the drunkard, reduced to inaction, loses yet another of his grounds of vantage. Fasting, on the other hand, causes less carbonic acid to be exhaled, and fasting increases the proneness to intoxication and the mischief of its results."

The generally diseased state induced in persons addicted to intemperance has been so jealously cared for by those interested in life assurance, that statisticians have made the rate of mortality in regard to them an object of special attention; and Neison‡ has found that at the term of life from twenty-one to thirty, or in the first vigour of manhood, the mortality of drunkards was upwards of five times, and from thirty-one to fifty upwards of four times, that of the general community at like ages; and he remarks—"If there be anything in the usages of society calculated to destroy life, the most powerful is, certainly, the inordinate use of strong drinks."

"It cannot be too widely known through the length and breadth of the land," observes Mr. Smee,§ "that, though during the last few years the most severe competition has taken place between different life assurance companies for business, not one has dared to insure intemperate lives, or lives which have been intemperate, at any increased rate. No reasonable rate meets the case. It is in vain that the drunkard returns to propriety; he can never altogether erase the mischief; and although much may be done by great perseverance and skill, he never can altogether bring himself into a healthy state, or be regarded as a thoroughly healthy life. *The frame of the*

* "With the obvious exception of the arcus senilis, which, from being observed so readily during life, and especially where the irides are darkly coloured, is by far the most frequently noticed form of degeneration, the atheromatous destruction of arteries is the most generally discovered form of decay."—W. F. Barlow "On Fatty Degeneration," p. 70. Lond., 1853.

† A Treatise on the Structure, Diseases, and Injuries of the Bloodvessels, p. 116. Lond., 1847.

An interesting case is related by Mr. Haynes Walton in the Transactions of the Pathol. Soc. Lond. (vol. v. p. 109, 1854) of aneurisms existing simultaneously in the subclavian, femoral, and popliteal arteries, where the coats of the vessels were atheromatous and bony. The age of the patient (male) was sixty-six.

Mr. Barlow (loc. cit. p. 71) mentions the case of a female who died under the care of Mr. Phillips, in the Westminster Hospital, in whom three aneurisms were found.

‡ Dr. Baillie remarks, that "the arteries near an aneurism are diseased to a greater or less extent in different persons;" but he does not recollect a single instance in which they were totally free from disease.—Morbid Anatomy, 8th Edit., p. 16.

§ "Those states of the heart (fatty degeneration and fatty deposit)," observes Dr. Habershon, "arise, in many instances, from degeneration of the vessels (the coronary) which supply the organ with nutritive fluid, and frequently they are the concomitants of the ordinary changes of advanced life, but as often spring from other causes, as great mental anxiety, or *intemperance*."—On the Injurious Effects of Mercury in the Treatment of Disease, p. 35. Lond., 1860.

‖ The Pathology of Drunkenness, p. 75. Edin., 1855.

¶ London Medical Gazette, 1849.

* Lectures on the Principles and Practice of Physic, vol. i. p. 300. London, 1843.

† Rudiments of Path. Histol. p. 45 (Syd. Soc. Transl.)

‡ Journal of the Statistical Society, vol. xiv., p. 200.

§ General Debility and Defective Nutrition, p. 25. Lond., 1850.

‖ Human life is rarely abbreviated by the mere unassisted disorders of nature. Ignorance of our bodily constitution and thoughtlessness of the means of preserving it are the main causes of shortening our existence. And if either from ignorance or carelessness, or from the desire of present gratification, we will not take the little trouble that the preservation of health and the prolongation of life require, we are ourselves the authors of those abbreviations of existence under which we suffer, and a coroner's jury might bring in a verdict against us of slow suicide committed under the influence of habitual insanity."—J. Pinney, "The Duration of Human Life, and its three Eras," p. 43. Lond., 1860.

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drunkard is debilitated throughout, and he sinks by pneumonia, disease of the liver, or other malady depending upon debility, which cuts off his career prematurely. Insurance companies abhor the drunkard, as a risk far too great and uncertain to be estimated and safely considered. If the career of the drunkard be watched, it is astonishing how soon he passes away, as if the voice of Nature exclaimed, 'Cut it down! why cumbers it the ground!'"

In the cases I have related, where there was found after death marked degeneracy of the heart and arteries in the bodies of drunkards, and corresponding change in other organs, there existed in the cornea well-developed circles of fatty degeneration; and when we consider the great involvement of the other tissues in this alteration, and the degraded nutrition of all,* it might, not unreasonably, be anticipated that the eye would afford corroborative testimony to the general evidence of ravages so wide in extent and deadly in form—ravages which have rapidly reduced youth to age, and are hurriedly leading the "artificial old man" to premature decrepitude and the tomb. "The arcus, or circulus senilis of the eye," observes Dr. C. J. B. Williams,† "almost always indicates premature age, brought on by the wear and tear of excessive mental anxiety, or by *fast living*."

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

STRUMOUS ULCERATION OF THE LARYNX, WITH DESTRUCTION OF THE RIGHT HALF OF THE EPIGLOTTIS, THYROID AND CRICOID CARTILAGES; TRACHEOTOMY; DEATH ON THE ELEVENTH DAY.

(Under the care of Dr. OWEN REES.)

WHILST diseases of the heart and lungs have, from their importance, attracted a large share of the attention of physicians; and numerous works have been devoted to their consideration, and many of our most able medical practitioners have given much attention to their study and elucidation, another part of the economy, vitally connected with the functions of respiration and circulation, has hitherto received but a comparatively small amount of special study. Affections of the upper air-passages are certainly not of less interest and value than are diseases of the thoracic organs, and for the reason that they form, as it were, the keystone to the healthy functions of the latter, and the main channel for the entrance and passage of air, so essential to the life and well-being of the individual. Their integrity, therefore, is necessary to health, in the ordinary acceptation of that term. When disease invades the larynx, by extension from the throat, or idiopathically, it is liable to proceed downwards and attack the lungs; and experience shows the unfavourable nature of such a complication. Since diphtheria, however, has become one of our common maladies, it behoves us to be watchful of diseases affecting the larynx; and with a view of helping towards this desirable object, we purpose giving illustrations of most of these as they present themselves to our notice. To-day we record three instances, in the first of which strumous ulceration was present in the larynx; in the second, syphilitic disease; and in the third, a foreign body. In all, tracheotomy had to be performed, with favourable results only in the second. Each case offers many points of interest and instruction.

In the first patient we have an example of laryngitis, without any severely-acute symptoms at the commencement, which, in a strumous constitution, soon became chronic in character, ending in aphonia five months afterwards. This latter disease must have been improved to some extent, for when admitted into the hospital it was but partial. The amount of ulceration within the larynx, together with the state of the parts immediately contiguous to the glottis, were sufficient of themselves to produce complete aphonia. The right half of the epiglottis was destroyed, together with its subjacent parts, which were involved in a sloughing abscess. As dysphagia was a symptom which continued to persist since the occurrence of aphonia five months before admission, there can be no doubt that the epiglottidean folds of mucous membrane were at that time involved in the ulceration. Considering the great amount of chronic mischief present, and the certainty of its fatal termination, an earlier resort to operative relief might possibly have helped to prolong life.

In such cases as the following, it has been recently recommended by Dr. Gibb, in his work on "Diseases of the Throat and Windpipe," (after an early resort to tracheotomy, and all immediate danger has subsided, and when the seat of necrosis can be clearly made out,) to lay open the thyroid cartilage, and remove any of the pent-up or dead portions, possibly the cricoid, as in the present instance, one-half of which lay quite bare and loose in a sloughing cavity; as also did the right wing of the thyroid cartilage. By thus directing our efforts to get rid of dead cartilage, on the same principle as we would dead bone, we have a fair chance, in many instances, of effecting a complete and perfect cure.

It is very interesting to observe, in the details of the autopsy, how the disease was chiefly confined to the right side. There is no mention in the notes of the case, whether the expectoration was at any time mixed with blood, or if there were a difficulty in swallowing fluids—points of importance in relation to the epiglottis; or any fixed hyoid pain. The ulceration externally on the neck, immediately over the cricoid cartilage, was an indication, to a certain extent, taken with other symptoms, of the serious mischief going on within.

We make use of Mr. John Dollman's notes, as taken from the hospital register:—

Mary B——, aged thirty-six, married, was admitted on the 5th of October, 1859, under Dr. Rees, suffering from laryngeal disturbance. She was a pale and strumous-looking woman, much emaciated. Had never been attacked by any serious ailment, but subject to hysteria now and then. She attributed this illness to a cold contracted ten months ago, with hoarseness, which ended in loss of voice in the ensuing May. Since then dysphagia had been present to a great degree. She was an out-patient at St. Mary's Hospital some time, where they applied caustic internally, when ulceration showed itself externally. There is no history of syphilis; her children, four in number, are quite healthy.

Her symptoms on admission were cough, with an inspissated, fœtid expectoration, pain in swallowing, partial loss of voice, and disinclination for food. An ulcer was visible, running obliquely over the cricoid cartilage, about an inch on either side. Upon percussion over the chest, no dulness was evinced. The bowels, pulse, and tongue indicated nothing unusual. Dr. Rees ordered inhalations of decoction of poppies, and next day infusion of calumba, with soda, and ten minims of tincture of opium twice a day, and fish diet.

Oct. 11th.—Dysphagia, restlessness, and troublesome cough. To have grey and Dover's powder, five grains of each, at once.

14th.—No change of symptoms. Ordered sherry wine, four ounces. From this time to the 18th, she seemed gradually to sink, and no food to speak of was taken. Dyspnœa and restlessness increasing. Dr. Rees and Mr. Bryant saw her, and on the 18th tracheotomy was performed by the latter gentleman, when relief was at once manifest. During the night, expectoration decreased from the tube. She swallowed a little brandy-and-water and sherry, and slept comfortably for two or three hours. She was supported with nourishing diet, isinglass, eggs, &c., and improved for a short time only. She began to decline her food, dysphagia appeared, and she commenced to sink slowly. Beef-tea enemata were given. On the 29th she died.

Post-mortem examination, forty-eight hours afterwards.—The body was greatly emaciated. The disease in the larynx was great, commencing at the cartilages. The right side of the epiglottis to the trachea nearly destroyed, and involved in a sloughing abscess. Right ala of thyroid green-coloured, partly

* "Even in the bones the fat formation has gained ground at the expense of the bony texture."—Rokitansky, vol. i., p. 397.

† Principles of Medicine, 3rd edition, p. 47. Lond., 1856.

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ossified, necrosed, and loose. Right half of cricoid consisted of necrosed bone, and was quite loose in a sloughing cavity. Externally, the advanced suppuration extended between the thyroid body and cartilage. Above this was a hollow, green-coloured space. Opening in trachea healthy. Tubes below inflamed, and surface of a green colour, like upper part of the larynx. Smaller tubes filled with dirty, oily, purulent mucus. Lungs inflamed in parts. Consolidated tissue here and there. One large mass, of the size of an egg, had become gangrenous and fœtid.

ST. BARTHOLOMEW'S HOSPITAL.

CHRONIC SYPHILITIC LARYNGITIS; TRACHEOTOMY TWELVE MONTHS AGO; LOSS OF THE UVULA AND EPIGLOTTIS; APHONIA AND DYSPHAGIA; RELIEF BY TREATMENT.

(Under the care of Dr. FARRE.)

A CLASS of cases of throat disease very commonly met with in hospital practice is syphilitic ulceration of the larynx, extending generally to the vocal cords, lips of the glottis, and the epiglottis itself, oftentimes destroying the cartilages, and ending fatally. Some of the worst cases of laryngeal disease which have come under our notice were syphilitic; and we have seen the windpipe opened in apparently the most hopeless of cases, where, notwithstanding many unfavourable circumstances, a recovery has, nevertheless, ensued. We can call to mind one very severe example of the kind in the Royal Free Hospital, with œdema of the glottis and mercurio-syphilitic gangrene of the mouth, in a girl under Mr. de Méric's care. (THE LANCET, vol. i., 1859, p. 213.) The patient was absolutely dying, and, to the astonishment of everybody, she recovered slowly after the trachea had been opened, thereby giving time for the disease situated higher up to heal. A case, not less interesting, appears in a former "Mirror," (ibid., vol. ii., 1856, p. 48,) of syphilitic ulceration of the larynx, producing urgent dyspnœa and threatened suffocation in a patient at the full term of pregnancy, in St. George's Hospital, under Mr. Pollock's care. She completely recovered after tracheotomy, and was delivered of her child whilst wearing the tube in her neck. Some weeks later an unequivocal syphilitic eruption commenced on the child's body. In Dr. Farre's patient the ulceration was chronic, with destruction of a portion of the epiglottis, which caused painful dysphagia and partial aphonia; the structures of the throat generally were in a state of atrophy, with loss of the uvula. Most of these were the consequences of the original syphilitic laryngitis, which at one time had demanded relief by operation. The dysphagia was now a marked symptom, for although her appetite was good, she experienced great difficulty in swallowing her food, which is explained by the state of the epiglottis, and most probably of the folds of mucous membrane at its base. The dysphagia may be ameliorated, but it can never be wholly removed. There was no apparent disease of the lungs beyond an attack of bronchitis, but the lining membrane of the entire air-passages would seem to have been in a state of chronic irritation, as evidenced by the presence of the epistaxis, as well as the bronchitic affection.

For the notes of the case we are indebted to Mr. Schollick, Dr. Farre's clinical clerk.

Eliza P——, aged forty, was admitted into Mary ward on the 24th of Nov., 1859, under the care of Dr. Farre, for chronic syphilitic laryngitis. The patient is a very thin emaciated-looking woman, who states that she caught cold six months ago, when she had a slight cough, with difficulty in breathing, which has been getting gradually worse up to the present time. She had a similar attack twelve months ago, when tracheotomy was performed at the Metropolitan Free Hospital, with immediate relief. She was an out-patient at this hospital ten years ago, when she had the outside of her throat painted with iodine. She was subject to elongated uvula when a child, and has been a good deal troubled with it at different times. The uvula was burnt off ten years ago with caustic, and the epiglottis is partly destroyed. She has now great difficulty in swallowing, and also of breathing, and complains of pain in the left side of the neck at the edge of the trapezius muscle when she swallows. She feels well in other respects, were it not for the weakness caused by the state of her throat. The skin is cool and moist; pulse 84, feeble; tongue slightly furred; appetite good if she could but swallow; bowels relaxed. Ordered, almond mixture and syrup of poppies, thrice a day, and three ounces of wine, with nourishing diet.

Nov. 25th.—Slept a little last night. Does not generally sleep well from pains in the head. To have half a drachm of syrup of iodide of iron, and two grains of iodide of potassium in infusion of quassia, thrice a day. She states that her husband had a "bad disorder" some time ago, and she has had a sore herself. The catamenia have appeared only three times since the operation on her windpipe.

26th.—Her throat feels sorer than it did, but the difficulty in breathing is not increased; the pain in the left side of the neck relieved by a mustard plaster; skin cool and moist; pulse 96, feeble; tongue clean; appetite good; bowels relieved twice by some castor oil. She did not sleep last night. Sibilant râles under the right clavicle; expectoration scanty, thick, and viscid.

28th.—She feels worse; the cough was very troublesome last night; skin cool and moist; pulse 90, feeble; tongue clean; appetite pretty good; bowels confined. To take confection of senna every alternate night.

29th.—Cough still troublesome, but she can swallow her medicine much better; skin cool and moist; pulse 86, very feeble; tongue clean; appetite good; bowels not sufficiently relaxed yet; slept better last night; complains of pain in the left lower axillary region when she coughs.

Dec. 2nd.—Voice improved; she can talk and swallow much better; neck feels stiff; cough not so troublesome and expectoration less; pulse 74; cheeks and lips less livid than when she came in; appetite good. To have a chop.

5th.—Cough rather worse, and she feels a little tightness about the chest; complains of pain and tenderness about the nose and head. Skin cool and moist; pulse 92; bowels freely open.

9th.—Much better to-day. Yesterday she had pain all over her, but it is now confined to the right side of the head. Pulse 104. Wine increased.

12th.—Pain in the head not so bad, but there is no further improvement in swallowing. Pulse 100, feeble. Has not slept well for the last three nights, from pain in her nose; the cough is not so troublesome, but expectoration is difficult. To have decoction of bark, dilute nitric acid, and syrup of poppies, three times a day.

13th.—Nose still painful, and bled very much last night; clots of blood sometimes come up when she coughs.

15th.—Seems a little better to-day; the nose did not bleed so much last night as it did the night before. Has been taking three grains of acetate of lead every six hours since yesterday.

19th.—Epistaxis has ceased, but the difficulty in swallowing still continues. Pulse 86, feeble; appetite good; sleeps better at night. Ordered three grains of iodide of potassium three times a day in infusion of gentian.

On the 21st some hyoscyamus was added to her mixture, and she improved in every way, and was discharged on the 23rd, but was requested to attend the hospital as an out-patient.

ST. GEORGE'S HOSPITAL.

IMPACTION OF A FLINT STONE INTO THE LARYNX OF A CHILD; SUCCESSFUL REMOVAL AFTER TRACHEOTOMY; DEATH ON THE SECOND DAY.

(Under the care of Mr. TATUM.)

THE present is another example of impaction of a foreign body in the windpipe of a child, in whom the operation of tracheotomy proved unsuccessful, notwithstanding that the stone was effectually got rid of. Although our "Mirror" has afforded many illustrations similar to the present, this is the first time we have had to record the presence of a stone made up of silicious materials. Amongst the last cases which we reported were, a tamarind stone removed successfully from the larynx of a child, by Mr. Skey, at St. Bartholomew's Hospital, (THE LANCET, vol. ii., 1859, p. 160;) and a crumb of bread in the larynx of another at the Middlesex Hospital, in whom tracheotomy, performed by Mr. Mitchell Henry, proved unsuccessful, (ibid, vol. ii., 1858, p. 374.)

The notes of the following case were furnished by Mr. G. F. Cooper, the late surgical registrar to the hospital:—

H. S——, aged six years, admitted May 2nd, 1859. Shortly before admission the child swallowed a stone. On being

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brought to the hospital he was in a partially asphyxiated state; but quite suddenly his face became black, and he was almost suffocated. As Mr. Hooper (assistant-obstetrician to the hospital) was the only medical officer present, he took up a knife which was on the table, and opened the trachea directly, which immediately relieved the child. The wound was kept open with a pair of forceps till a canula could be got, which was then introduced, and the patient breathed quietly.

May 3rd.—Ten A.M.: Dozed a little in the night; pulse 180, strong; breathes easily.—One P.M.: Considerable dyspnœa has come on rather suddenly. Mr. Tatum was sent for, and he directly took the canula from the trachea, when the child had some convulsive coughing, bringing up a few flakes of lymph. The canula was again put into its place, as the patient was in a threatening state of suffocation, and it again brought up (through the canula) something more, which was supposed to be lymph and mucus. This much relieved the child. Mr. Tatum then with his finger examined the fauces, &c., trying to feel the stone, but was unsuccessful. The whole of the parts were much thickened by inflammation. During this examination, which was repeated two or three times, the child became much convulsed. Mr. Tatum then called for a consultation, to ascertain the propriety of dividing the thyroid cartilage, in order to remove the stone; but in a few minutes, whilst waiting for the surgeons, the nurse found the stone (it being about the size of two peas joined together, and almost round) on the bed. It was supposed that when the canula was removed, during a convulsive inspiration, the stone must have been brought down into the trachea, and that upon the renewed insertion of the canula it was by a convulsive cough ejected. On examining the throat when tracheotomy was performed, the stone could be felt, and seemed to be impacted between the cordæ vocales. Ordered two ounces of wine and two grains of calomel every four hours.—Nine P.M.: Pulse weak, 170; respiration quick and laboured; face pale; sensible. In the night, dyspnœa became more severe. Mustard poultices were applied, and the canula removed several times to displace any lymph that could be seen; but early next morning the child died from suffocation. No autopsy was allowed.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

ANNIVERSARY MEETING, THURSDAY, MARCH 8TH, 1860.

MR. HILTON, F.R.S., PRESIDENT.

THE eighty-seventh anniversary meeting of this Society was held at the Albion Tavern, Aldersgate-street.

THE ANNUAL ORATION.

Mr. GAY commenced by speaking of the flourishing condition of the Society, and of the important influence which the science and practice of medicine exerted over both the external and internal circumstances of man. He then entered into an elaborate statement of the connexion of medicine with the collateral sciences, of which he adduced various instances in proof. He next went into an inquiry as to the effects of modern discoveries on medicine. The proceedings of the Society, during the past session, were then reviewed, and an allusion made to the valuable work of Dr. Waters, of Liverpool, "On the Human Lung," for which that gentleman justly obtained the Fothergillian medal. A well-deserved compliment was then paid to the President, Mr. Hilton. In conclusion, the speaker drew the attention of the Fellows of the Society, as well as of the members of the profession generally, to the fact that, notwithstanding all the advance that medical science had made, there were discoveries, just in advance of its present attainments, for which the world were in eager expectancy. In the House of Commons, Sir Cornewall Lewis had recently alluded, in strong terms, to the uncertain state of the medical profession with regard to poisons, adding, that the same imperfection and uncertainty are necessarily communicated to those legal questions with which they are connected. Should there have been an occasion for this rebuke? The question is not asked disparagingly in reference to the labours of those who are engaged in toxicological inquiries, but to show the just expectancy of society when it seeks enlightenment on subjects within the province of medical art, but as yet not so understood as to make them practically available. Sanitary science also, whilst it is busily engaged in combating fever and pestilence, is it not overlooking the serious fact that thousands of children are constantly dying of starvation in this land of unparalleled luxury and abundance? With regard to the great and fundamental doctrines of medical science, is there not room for inquiry? Have the profession an accurate idea of the *nature* of disease? And is it not too much regarded as a hap-hazard innovation, rather than that of a readjustment of the morphological and constituent elements of the organism, in conformity with a *new* type, necessitated by a deviation, more or less wide, from its original and healthy condition? If it were possible to substitute a healthy for a morbidly-changed heart, or a slow for a rapid beat, should we, leaving its associated disorders uncorrected in all probability, mend the condition and improve the general powers of the system? Is no light thrown upon this question by the recurrence of cancer, or of bone disease, again and again after their removal by a surgical operation? In alluding to the Medical Society of London, the speaker said that societies have ever been established to effect more than individual enterprise, or even the dissociated efforts of its members, could accomplish; and if the seventeenth century stood in need of such as the "Royal" and analogous societies to dispel the gloom with which superstition and ignorance had invested it, surely the nineteenth needs such helps too. If Sir John Floyer sent the infant lexicographer to be "touched for the evil" a century and a half ago, the present day witnesses the sadder spectacle of men trained in the highest seats of learning, and devoted to the service of religion, inculcating a belief in demoniacal agencies, in "spirit rapping and table turning," in "coming tribulation," and in the vulgar conceits of the disciples of Mesmer and Hahnemann. And as the great men of the profession are removed, is the system of medical education by which their places are to be filled such as can best promote that end? Is it not the case that the circle from which the future Coopers and Brodies are to spring has been gradually lessening, so that now it might be said to be represented by a small division in the schedule of the Income-tax assessor? Is it not the reverse of that which furnished Lord Campbell with glowing materials for the "Lives of the Chancellors," and the Bench and the Bar with such men as a Tenterden and a St. Leonards? Should not the profession, its posts and emoluments, be open to all, without, comparatively, any "prohibitory dues" but those of intelligence, learning, and integrity? The speaker concluded by a reference to the reinterment of the remains of John Hunter.

Election of Officers and Council.—The following gentlemen were declared to be elected the officers and Council for the ensuing year:—*President:* A. B. Garrod, M.D., F.R.S. *Vice-Presidents:* G. O. Rees, M.D., F.R.S.; F. Sibson, M.D., F.R.S.; C. H. Rogers-Harrison, Esq.; R. Wade, Esq. *Treasurer:* James Bird, M.D. *Librarian:* John Cockle, M.D. *Secretaries in Ordinary:* T. Bryant, Esq.; Hyde Salter, M.D., F.R.S. *Secretary for Foreign Correspondence:* T. Davidson, M.D. *Councillors:* W. Adams, Esq.; J. Birkett, Esq.; J. F. Clarke, Esq.; R. Druitt, M.R.C.P.; W. T. Dyer, M.D.; J. Erichsen, Esq.; A. Fisher, Esq.; H. W. Fuller, M.D.; C. J. Hare, M.D.; W. Harvey, Esq.; T. Hawkesley, M.D.; J. Hilton, Esq., F.R.S.; T. Hunt, Esq.; E. Lankester, M.D., F.R.S.; J. Love, Esq.; P. Marshall, Esq.; J. F. Marson, Esq.; S. W. J. Merriman, M.D.; F. W. Pavy, M.D.; W. R. Rogers, M.D. *Orator for* 1861: A. Clark, M.D.

The silver medal for services to the Society was granted to the President, Mr. Hilton.

The Fellows of the Society afterwards dined together.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 7TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

LETTERS were read from Professor Scanzoni and Dr. Meigs, acknowledging the gratification which they felt at being elected honorary fellows.

A CASE OF FALLOPIAN PREGNANCY.

BY HENRY GRACE, ESQ., M.R.C.S.E., ETC.

(*Communicated by* DR. GRAILY HEWITT.)

The patient was six or seven weeks advanced in pregnancy, and died from rupture of the tube. At the post-mortem examination, about three pints of blood, partly coagulated, were found within the peritoneal sac. The source of this was a rupture of the left Fallopian tube, which was enlarged about its

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middle to the size of a walnut. On cutting into this enlargement, a layer, resembling the decidua, presented itself within the tube connected with the chorion; and on a deeper incision being made through the amnion, about a drachm of liquor amnii escaped, and an ovum of about six weeks was seen. The uterus was neither enlarged nor congested, and had no decidua. A corpus luteum was present in the left ovary.

ON CONCEALED ACCIDENTAL HÆMORRHAGE DURING THE LATTER MONTHS OF PREGNANCY AND LABOUR.

BY J. BRAXTON HICKS, M.D.,
ASSISTANT PHYSICIAN-ACCOUCHEUR TO GUY'S HOSPITAL.

Although this class of accidents had been alluded to by various writers, it seems that few had witnessed it, for after an extended search only eight cases were found recorded—viz., by Albinus, one; Mr. Saumerez, one; Mr. Coley, one; Dr. Johnson (Dublin), two; Dr. Oldham, three (one private case, two of Guy's Hospital Charity). These were quoted nearly in full, and to them the ninth was added by the author.

The details of all were analyzed, from which it appeared only two recovered, and in them the condition occurred at seven months and a half of pregnancy. The remaining seven, which died, were at full term, or in labour. The children were still-born in all, where mention was made. The symptoms were very similar in each. Severe pain was noticed in one case. If, at the period above mentioned, syncope supervene, the uterus very tense and enlarging, the outline of the fœtus indistinct, and the more especially if the liquor amnii have escaped, it may justly be concluded that this form of hæmorrhage is going on within the uterus. The reason that this accident is more appalling at this time than in the earlier months, was shown to be—1st, from the more easy separation of the placenta at full term; 2ndly, the capability of the uterus forming a larger bag, from its larger area, and the larger calibre of the bloodvessels; and, 3rdly, from the uterus being more expanded, the falciform pseudo-valves act less readily. The early recognition of this condition was urged as all important with regard to the treatment, to which the modern plan for "accidental hæmorrhage" was applicable, should there be sufficient power. In the cases where the patient was *in extremis* when first seen, it was held advisable that the emptying of the uterus should rather be deferred till some slight improvement appeared, as was recommended by some authors in placenta prævia; in the meanwhile supporting the system, employing firm pressure and cold on the fundus uteri, endeavouring to excite the uterus to action by secale and galvanism, and being ready on a slight rally to extract the fœtus.

In the case detailed by the author, the peritoneal coat of the uterus was rent in many places, some lines in depth, without any hæmorrhage; and references to some other cases were given of this form of ruptured uterus; the peculiarity in the above case being, that not a drop of blood had been effused into the peritoneum. This was accounted for by an alteration in the tissue of the whole anterior wall of the uterus.

Some discussion took place as to the proper treatment to adopt in similar cases, in which Drs. Rigby, Priestley, Tanner, Barnes, Tyler Smith, and Elkington (of Birmingham), joined. Dr. Barnes and the latter gentleman related interesting cases which had occurred in their own practices, and which were very similar to that recorded by the author.

ON SPECIAL POSITION AND THE OBSTETRIC BINDER AS AIDS IN THE TREATMENT OF IMPEDED PARTURITION.

BY ROBERT HARDEY, ESQ., M.R.C.S.E.,
LATE SENIOR SURGEON TO THE HULL LYING-IN CHARITY, ETC.

The position advocated in this paper was the sedentary on chairs, to which the author's attention had been first directed in 1827, under the direction of the late R. M. Craven, Esq., sen., of Hull. From that period to the present he had adopted this mode of management (and had recommended the same to his obstetric class at the Hull and East Riding School of Medicine) in all cases where the difficulties to be overcome demanded more than ordinary efforts for the accomplishment of the delivery. The author observed that in our treatment of labour generally we were apt to ignore the important fact, that the activities of parturition were dependent altogether on muscular power—*ergo*, all agents which sustained and increased motor force were real benefits to the parturient female, and *vice versâ*. Of these excitors of motor power, two of the most valuable were the sedentary posture and obstetric binder.

Mr. Hardey next pointed out the advantages and disadvantages resulting from a variety of parturient positions—viz., standing, reclining on the back, prone, and horizontal postures, and concluded this part of his subject by a strong recommendation of the sedentary posture on or between two chairs. The plan adopted was to secure the fronts of two chairs to each other, and then separate their back parts from one and a half to two feet; to place the patient well over or between these, with her knees firmly pressed against the side of the bed, her chest fixed by holding on to the foot-post of the bed, and her feet placed firmly on the floor. The accoucheur sat or knelt behind his patient, who remained on the chairs till the difficulties in the case had been overcome, which was evidenced by the emerging of the parietal bones from behind the perinæum. The woman was to be then removed to bed, and finally delivered in the ordinary position. Before seating the patient, her abdomen was to be carefully sustained by a broad binder, to which Mr. Hardey attaches far greater importance than is conceded to it generally. The views advanced were illustrated by diagrams and drawings. In every case before adopting the sedentary posture, the part presenting should be somewhat within the pelvis, and the os uteri half dilated. The practice was contra-indicated by—1st, impending systemic exhaustion; 2ndly, inflammation in any vital organ or part more immediately associated with parturition, serious uterine hæmorrhage, previous puerperal convulsions, version presentations, a pulsating funis, and extreme pelvic obliquity. The agents named, the author maintained, secured to the parturient female in impeded labours—*a*, the very important aid derived from gravitation in the uterine ovum; *b*, the putting forth under the most favourable circumstances the highest amount of motor energy of which nature is capable; *c*, the bringing the abdominal and pelvic axes into the same obstetric plane; and *d*, the imparting great support to the fundus uteri in its contractions by the obstetric binder. He strongly recommended the use of the binder before delivery in a variety of cases, independent of its connexion with the chairs, as an agent which usually accelerated the birth of the infant in a remarkable manner. The parturient conditions demanding the use of the chairs and binder were those arising from both mother and infant, in which unusual delay or difficulty presented themselves. The treatment of these was illustrated by cases, illustrative of the efficacy of the plans advocated. The period required for the delivery varied with the obstacles to be overcome, from one to two hours being ordinarily sufficient, with an interval of repose on the bed.

In conclusion, Mr. Hardey commended the practice to his professional brethren from the following considerations:—1st, its great simplicity; 2ndly, its entire freedom from danger *per se*; 3rdly, its very great potency; 4thly, its testing the ability of nature to accomplish the delivery at a period sufficiently early to enable the accoucheur to decide on the use of instruments before material damage had been sustained by the maternal tissues; 5thly, the conscious satisfaction experienced by the woman at feeling her labour is progressing towards completion; and lastly, its being a great economist of professional time, which to medical men is property of the most valuable description.

Dr. GRANVILLE said that he was not a sufficient adept in mathematics to understand clearly the diagrams which had been handed round. But the author by his description of cases had shown that a practice which it was the fashion to laugh at throughout a part of Europe, might be very usefully adopted. He believed that it was a most common custom for women to be delivered in a sedentary posture in Russia, Greece, Algeria, and some portion of Switzerland; and also in Germany when midwives were in attendance. Had, therefore, this practice, which was that adopted by the ancient Greeks and Romans, been found otherwise than useful, it would long since have been abandoned.

Dr. DRUITT thought the paper was a valuable one; for although it advocated nothing new, yet it was advisable to remind the fellows of the advantages to be derived from adopting the practice recommended by Mr. Hardey. The publication of the paper might also be useful in removing much of the pedantry by which the practice of midwifery was at present surrounded, as well as by showing that the British school was not altogether faultless. He believed that the instincts of most women would lead them voluntarily to adopt the sedentary position if they were allowed to do so; and certainly this would very often be the case in difficult labours.

Mr. POLLOCK said that he could speak from an experience of thirty years; and he believed that the occasional adoption of the sedentary posture often rendered the use of instruments unnecessary.

Dr. GRAILY HEWITT wished to know the number of cases in which the author had adopted the method now recommended.

Mr. HARDEY was not prepared to give an exact answer.

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Dr. RIGBY remarked that the adoption of the sitting posture in labour was of the greatest antiquity. He need only remind the fellows of the words of the king of Egypt as recorded in Exodus—"When ye do the office of a midwife to the Hebrew women, and see them upon the stools." In the present day he believed it was not an uncommon custom amongst the Irish poor for the husband to be called in to the lying-in room, so that the woman might sit upon his knees.

After some farther observations by Dr. TANNER and Dr. TYLER SMITH,

The Author replied to the various remarks which had been made; and at the same time impressed upon the meeting that he only recommended the sedentary posture in certain cases attended with difficulty, inasmuch as the ordinary position on the left side was admirably suited for the greater number of natural labours.

Reviews and Notices of Books.

The Action and Sounds of the Heart. A Physiological Essay. By GEORGE BRITTON HALFORD, M.D., Lecturer on Anatomy at the Grosvenor-place School of Medicine. London: Churchill.

FEW subjects in physiological science have been more thoroughly and patiently investigated than the action of the heart, and the causes of the sounds of this organ. English investigators have occupied the field with honour, and the more important contributions to the physiology of the heart are mainly due to our countrymen. It cannot be said, however, notwithstanding the labours of Harvey, Hope, Billing, Stokes, Bellingham, Sibson, and others who have especially studied this subject, that any definite conclusions have been attained as to the movements of the heart during its action, or the causes of its sounds.

The author of this present Essay has devoted years to the study of the heart in men and animals. His views are well known to all our English physiologists, and command the assent of a large majority. Dr. Halford's experiments have been repeatedly exhibited in the metropolis, and if legitimate deduction from carefully-devised observations on living animals be admitted to be the best basis of physiological theory, there remains little room to doubt the accuracy of his conclusions.

The subject is so subtle and intricately connected in all its parts, that it is difficult to express the argument in brief; and we earnestly recommend the perusal of Dr. Halford's Essay to all physicians and physiologists. But it is possible to present some of the salient facts made out, apart from the rest.

1st. "The pericardium regulates the heart's movement;" immediately that is removed, the heart's action becomes tumultuous, the contractions more forcible, and the sounds louder.

2nd. "When the ventricles contract, (and this is an important observation,) their bases descend towards the apex, and the latter is not tilted forward so as to give any blow to the thoracic walls, but is pressed downwards, its extremity being directed backwards, and from right to left."

3rd. "The apex is the most fixed part of the heart."

The impulse of the heart is not, then, due to any blow against the walls of the chest, but is the result of muscular contraction; it may be imitated with the masseter, if the finger be pressed against that muscle, when made to contract strongly. A remarkable evidence of this vertical movement of the base of the ventricles was afforded in a case which occurred since the publication of this Essay, at St. Bartholomew's Hospital, under the care of Mr. Skey, and was recorded at the time in our "Mirror." A girl was admitted in some alarm, a needle having been accidentally thrust into the second intercostal space, and buried in the flesh. She showed no very alarming symptoms. The needle was cut down upon, and drawn out, and the girl, with some difficulty, persuaded to remain in the hospital. In a quarter of an hour the house-surgeon was summoned to her, and found the heart beating tumultuously, and the sounds confused. She soon died. The autopsy showed that the needle had traversed the pericardium, piercing the aort at the base of the ventricle. The pericardium was full of blood, and the aorta exhibited a small vertical rent. The needle was firmly fixed in the flesh, and catching the aorta in its upward and downward movements with the ventricle, produced this rent. The preparation may now be seen in the museum of St. Bartholomew's Hospital, and is, we think, of great interest, as affording a pathological illustration of a movement of the heart which Dr. Halford has established on physiological grounds. We would refer to page 19 for an excellent "analysis of the complete action of the heart;" it is the most satisfactory explanation yet afforded.

It is curious that, in the matter of the heart's action, Dr. Halford finds in a paper of Mr. Bryan, of Stowmarket, in THE LANCET of 1834, an anticipation of many of his results, arrived at by a purely mechanical and mathematical argument; and on the question of heart sounds, he points to a similarly able paper in THE LANCET of Nov. 24th, 1849, by Mr. Brakyn, of Dublin, experimentally proving that *tension* of the auriculo-ventricular valve is sufficient to produce the first sound of the heart. Dr. Halford ascribes the sounds of the heart to the tension of the valves. This opinion he confirms by experiment and by legitimate induction. Mr. Brakyn's experiment renders it certain that *tension* of the valves alone suffices to produce a powerful succession of heart sounds, without the admission of blood or other fluid; and Dr. Halford does not admit that the flow of the blood either into or out of the heart can produce sound; for if such were the fact, sound should be developed during the filling of the auricles and subsequent injection and distension of the ventricles—that is, during the whole pause, which is not the case.

These views are singularly strengthened by zoological analogies—a mode of inquiry which Dr. Halford appears to have been the first to institute. Animals with valvular hearts constructed like our own possess heart sounds similar to our own; animals with hearts differently constructed give out heart sounds proportionately different. In the heart of the eagle and of the fowl the tendinous tricuspid of the right side is wanting, its place being supplied by a layer of *muscular* fibres. As a consequence, the heart possesses only half the intensity of the first sound, as compared with that of a dog or of a human child, and the first and second sounds are so similar as to appear "like one continuously intermitting sound;" while in the apteryx, whose heart is nearly identical in structure with that of a child, the sounds are entirely of the human character. This is a thoroughly legitimate mode of investigation, and the results which Dr. Halford details are highly interesting, and apparently conclusive. No doubt other physiologists and physicians will follow him in the field of comparative observation, and verify his conclusions.

Foundation for a New Theory and Practice of Medicine. By THOMAS INMAN, M.D. Lond., M.R.C.P.L., Physician to the Liverpool Royal Infirmary, &c. pp. 374. London: Churchill.

DR. INMAN is a shrewd-thinking and pains-taking man; but, withal, somewhat failing in humility. There is much information in his new book, as well as plenty of refurbished platitudes. With his main dogma, however, *we* have much less fault to find than the majority of the "histological" school will no doubt accuse him of. This dogma is—

"That the theory and practice of medicine ought to be based upon alteration in power or vital *force* rather than on changes of *structure*."—p. 352.

Other important axioms are—first, that such alteration is always of a deteriorated, reduced, or depressed kind; secondly and consequently, that remedial measures should always be of a restorative, tonic, and stimulating character. But there is one question we are disposed to put to Dr. Inman before parting. It is this—Why is he so fond of talking about homœopathy? He first pets it, and then abuses it; pets it again, and again casts it from him. "To the pure all things are pure;" and

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no doubt Dr. Inman does all this from the mere love of science, and the desire to exhibit the absurdities of charlatanry. But we are bound to tell him that pitch is sticky—very, and we would therefore advise him for the future to cease to meddle with it.

Ure's Dictionary of Arts, Manufactures, and Mines. New Edition, chiefly rewritten, and greatly enlarged. Edited by ROBERT HUNT, F.R.S., F.S.S., Keeper of Mining Records, &c. Illustrated with nearly 2000 Engravings on Wood. Parts I. to V. pp. 909. London: Longmans.

THE first volume of this new issue of a very important work is now concluded, and embraces subjects as far on as "Cymophane." It would be mere supererogation to praise a book so well known and able as "Ure's Dictionary of Arts." It is a standard work, and should be in the library of every scientific man. We need but to add that the fresh contributors are men of the first position. We wish the new edition all success.

Gustaf von Düben's Treatise on Microscopical Diagnosis. With 71 Engravings. Translated, with additions, by Prof. LOUIS BAUER, M.D., M.R.C.S. Eng., &c. pp. 82. New York: Wiley. 1859.

FEW Swedish professional publications have got into such general repute in so short a time as this excellent little tractate of Von Düben. There is such a union of simplicity and fulness about it as no doubt makes it an attractive book to the student. It is as useful as it is attractive, and, what is more, would be increased materially in both respects if, in future editions and translations, the woodcuts were of a superior and more delicate kind. Their coarseness in this American version is greatly to be regretted. Upon one or two points, additional information and illustration are yet desirable, as on "Catarrh of the Uriniferous Tubules" and "Bright's Disease." We recommend the work, however, as containing much information in a small compass.

THE LICENSING POWER OF THE DUBLIN APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—The Court of Examiners of the Apothecaries' Hall, Dublin, will feel much obliged by your giving the accompanying opinion of the Attorney-General a place in your journal.

I have the honour to be, Sir,
Your very obedient servant,
WM. MADDEN, M.D., Governor.

Apothecaries' Hall, Dublin, March 12th, 1860.

(COPY.)

The Legal Opinion of the Right Hon. Sir Richard Bethell, Attorney-General of England, relative to the Right of the Company of the Apothecaries' Hall of Dublin to Grant Licences to Practise Medicine.

"By the Act, 31 Geo. 3rd, ch. 34, certificates are to be granted to persons who have been duly examined, entitling them 'to follow the art and mystery of an apothecary in the kingdom of Ireland.' What was meant or denoted by these words, 'art or mystery of an apothecary,' must be ascertained from the usage existing at and before the time of passing the Statute, and thenceforth uninterruptedly to the present time. If we refer to that usage, it is clear that from time immemorial before the Act, and at the time of its passing, the apothecary in Ireland was a medical practitioner, attending the sick, and prescribing as well as supplying medicines for their relief. This status of the apothecary is recognised by many Statutes anterior to the Act of 31 Geo. 3rd, ch. 34; and it is therefore proved, beyond a doubt, that the Irish apothecary was, at the passing of the Act, *de facto et de jure* a medical practitioner. This universal habit and course of practice of the apothecary is what the Statute denotes by the words, 'art or mystery of an apothecary;' and ever since the passing of the Act such has been the admitted recognised interpretation of these words. The title of the licentiate of the Apothecaries' Hall in Dublin to practise physic has been uniformly treated as a clearly existing right. It has been acknowledged by the Legislature in several subsequent Acts, and recognised in courts of law.

"It is most satisfactory to add, that the rules adopted by the Apothecaries' Hall respecting the examination both of apprentices and licentiates are such as to entitle the apothecaries of Ireland, in an eminent degree, to the confidence of the public, as a well-educated body of practitioners.

"I have not the least doubt, therefore, of the Company of Apothecaries in Ireland being a body legally qualified and empowered to grant licences to practise medicine, or of its licentiates being regularly qualified medical practitioners, within the true meaning and intent of the 'Medical Registration Act.'

"These considerations would, in my opinion, be sufficient for the maintenance of the right of licentiates of Apothecaries' Hall, Dublin, as duly qualified medical practitioners, independently of the Medical Act (21 and 22 Vic., ch. 90), but after the enactment of that Statute there can be no doubt of the right of existing and future licentiates of Apothecaries' Hall, Dublin, to be registered under that Act, and when registered as such licentiates, to practise medicine; this is plainly enacted by the 15th Sec. and 31st Sec. of that Act. These provisions entirely supersede the necessity of any inquiry into the constitution or rights of the Company of Apothecaries' Hall, Dublin, or its licentiates; for they (the licentiates) are by the 15th Sec. expressly entitled to be registered on producing their certificates from Apothecaries' Hall, Dublin, which are, by force of the Act, a statutory qualification for registration as medical practitioners. Should the Registrar refuse to register any licentiate, a mandamus would lie to compel him to do so, and probably the applicant would be entitled to an action for damages.

"It is only necessary to observe, in addition, that the fact of being registered under the Medical Act as a medical practitioner is 'such a certificate as qualifies a civilian to practise medicine,' and that 'every person so registered has a good title to present himself at the competitive examination.'

"Lincoln's-inn, Feb. 15th, 1860." "RICHARD BETHELL.

NOTE.—In reference to the words (as they occur in the 31st Clause of the Medical Act), "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, in any part of her Majesty's dominions," the Attorney-General observes that "they do not in any way qualify the right: they mean only that the licentiate of an Apothecaries' Company shall practise medicine; the member of the College of Surgeons shall as such practise surgery."

ON A CASE OF BRONCHOCELE.

To the Editor of THE LANCET.

SIR,—Under the head of "Clinical Records," in your impression of January 21st, you have noticed some cases of bronchocele in metropolitan hospitals. The malady in question is very common in this locality, and I have seen cases of it in which the thyroid gland had attained the size of the half of a quartern loaf.

About six years ago, a poor woman sought my advice, who was suffering from this disease, in whom the enlarged gland had reached the size of the clenched double fists of a ploughman, producing much disfigurement as well as inconvenience by its pressure upon the larynx and trachea. I directed her to take twenty drops of compound tincture of iodine each day in two doses, with occasional intermissions of a week, and to lubricate the tumour with a drachm of compound iodine ointment every night. She obeyed these directions very strictly. At the end of six months, but not earlier, the enlarged gland began to diminish in size, and at the end of a year the disease had disappeared entirely, nor has there been any return of the malady.

I believe this simple treatment will be found a *curative* one in the majority of cases of bronchocele, if sufferers from it will *patiently* persist in the use of the remedies, which rarely happens, as the length of time required for the employment of the means of cure before amendment occurs generally induces patients to resign the treatment in despair.

I am, Sir, your obedient servant,
March, 1860. RICHARD EAGER, M.R.C.S.

A PHYSICIAN'S SEAT.—An enterprising physician at Warrington has originated a new system of accommodation for pedestrians, in the shape of stone seats placed at intervals along the highways.

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THE LANCET.

LONDON: SATURDAY, MARCH 17, 1860.

WE have not much to say in this place about the political merits of the ministerial Reform Bill. But there is one aspect of it which claims a passing remark in a scientific journal. There are certain seats for disposal. One of these is, in execution of repeated pledges, to be given to the University of London. The plea put forward by Lord JOHN RUSSELL was not so much the propriety of acting on the principle—long recognised in our Constitution—of securing a due representation to literature, science, and cultivated intelligence, as the implied right of giving to, what we may call without offence, the Dissenters' University, the privilege enjoyed by the older Universities. Another seat is to be taken over the border and given to the Scottish Universities. In this instance, again, the principle we have pointed out was not much insisted upon. It is well known that the northern Universities were roused to make their demand by the activity of the London Graduates' Committee. The Scotch interest is powerful. There is, perhaps, more sympathy there in favour of educational representation than in the southern part of the island, which is overshadowed by Manchester. The northern Universities are to have a member just because the London University is to have one. We rejoice at the result, if not at the motives which have actuated the Minister. Had the Queen's University in Ireland been in a more healthy condition, that too would have had a seat. But in an institution supported almost wholly by the State, where exhibitions are lavished in about the proportion of two to every student, and which still lacks students, it was difficult to discover anything to represent. Not finding an appropriate application here, a second seat might fairly have been bestowed upon the London or Scottish Universities, which possess abundant vitality, and whose graduates are numerous. Beyond this slight extension of university representation, there is no recognition of the claims of education. Lord JOHN RUSSELL thinks it just or discreet to sneer at what are called "fancy franchises." Whilst lowering the franchise, so as to give a freer voice to the hand-labourers, as perhaps is right, he has taken no pains to elevate it by enfranchising the brain-labourers, which is both unjust and unwise. Why should not the possession of a scientific diploma, or enrolment in a professional register, confer the right to vote? It is quite as good a claim as the occupancy of a six-pound house. Indeed, the principle with which Cottonocracy is so delighted attaches more representative weight to the tenement than to the inhabitant. We have but to look across the Channel to see what a nation comes to when intellect is utterly swamped by brute numbers. Whilst extending the franchise amongst the comparatively uninformed masses, it is a matter of vital importance not to disfranchise men of education. It cannot justly be said that Manufactures, Commerce, Law, the Military and Naval professions, Geocracy and Plutocracy, are imperfectly represented in Parliament. But Science, which has contributed more than it is possible to estimate to the prosperity and power of the country, is almost utterly unrepresented. This defect is becoming more and more felt in our legislative assemblies. There is not enough of Knowledge to inform, guide, and control the impulse of Commerce and Physical Power.

WE have received a statement respecting the case of ALFRED GODFREY from his brother, drawn up with the view of vindicating the conduct of his relatives, and of removing "the false assumptions arrived at" in the remarks made by us upon the case in our number for the 3rd of March. We should have been glad to insert the letter entire, but its length would certainly prevent our doing so this week, and, perhaps, for the next. We will, therefore, at once, place before our readers such circumstances as Mr. EDWARD GODFREY relies upon in justification of his father and himself. He appears to think that the article complained of reflects upon their conduct. If he will read it attentively, he will see that the whole tenour of our observations went to expose the fact that the Lunacy Laws might be so administered as to inflict great injustice and unnecessary hardship upon persons alleged to be insane. The real justification of the course adopted by the father and brother consists in the belief, which we expressly stated "we were willing to suppose they honestly entertained," that ALFRED GODFREY was actually insane. They had the history of the unhappy patient painfully in their minds, and medical certificates to that effect. And it is just to them to reproduce their history of the case. In November, 1858, the family learned that ALFRED GODFREY was in the Queen's Hospital, Birmingham. On visiting him there, it was learned from the house-surgeon "that his senses were affected, and that his bodily ailments were purely imaginary." He was taken to London, and received into his father's house, where he kept his bed for several months, "suffering part of the time from carbuncles and boils of a very painful description." This bodily ailment, of course, was not "imaginary," and may raise a conjecture that there was some constitutional disorder when in Birmingham. But at this stage, also, "several medical men thought it highly necessary that he should be placed in an asylum." He was, however, with great consideration, taken to Margate, in March, 1859, where he could not be induced to stay, but soon returned to London. It was then his habit to get up at all hours of the night, labouring under the idea that he was dying and famishing, and constantly demanding food. He would get up and leave the house at night, wander about, and propagate reports that he was starved. It was under these circumstances that his removal, first to Bethlehem, then to the Clerkenwell Lunatic Ward, and finally to Colney Hatch, was determined upon. The handcuffs were put on because of his violent resistance to being taken to the madhouse, and "to protect the keeper." We have seen that ALFRED GODFREY was discharged from Colney Hatch at the end of six weeks: Mr. EDWARD GODFREY remarks—"if his "humble judgment is correct, without any curative measures "having been adopted." We are glad to learn that on his discharge he was provided with a comfortable apartment, and a weekly allowance made to him. Thus the case stands very much as we put it. The father and brother, on evidence which they were quite justified in acting upon, treated ALFRED GODFREY as a lunatic; they acted, we do not doubt, conscientiously and legally, and, from the statement before us, we may add, with long-continued kindness. But still there remain the facts

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to which we drew attention. ALFRED GODFREY has been taken handcuffed to Bethlehem, rejected there on the ground that his lunacy was of more than twelve months' duration, thrown amongst lunatics and idiots in the Clerkenwell Workhouse, and then confined at Colney Hatch. All this on the allegation of insanity: and yet he was discharged "recovered" in six weeks. He is now at large. That he requires medical treatment is very probable. But the presumption is, that he is not more insane now than he was when first confined; and certainly the treatment he has been subjected to cannot be said to have cured him or to have done him any good. Although the keeper did not consider "handcuffing" to constitute restraint, yet handcuffs are not calculated to allay cerebral irritation. Although the Clerkenwell guardians may think their workhouse a very comfortable place for lunatics, yet a jury recently found of a patient who died in Colney Hatch, "that the marks of "bruises on the arms, chest, and back of the deceased arose "from the necessary (?) restraint which deceased underwent at "Clerkenwell Workhouse." At this stage, then, the treatment, it is to be presumed, was not very soothing or beneficial; and we can hardly conclude that six weeks' residence at Colney Hatch was sufficient to cure a lunacy of more than twelve months' standing. We conclude, then, as we concluded before —without blaming his relatives,—that ALFRED GODFREY has been subjected to much cruel and unnecessary suffering, and trust that the case will yet receive some further sifting.

MR. GRIFFIN continues his unwearied and unrequited labours in the cause of Poor-law Medical Reform. A man of less singleness of purpose, of less indomitable courage, or of less physical and mental endurance, would have either succumbed, or retired in disgust from a cause in which he has been so miserably supported by those immediately interested. There are upwards of three thousand poor-law surgeons in England and Wales. With few exceptions, these gentlemen are ever ready to murmur at the unjust position in which they are placed. "Words flow space when they complain," but when an agitation is commenced, which has for its object an improvement in their position, how small are the efforts they make to further the object! A Bill is shortly to be presented to Parliament, which, if carried, will add upwards of £200,000 a year to their income. Would it be believed that only two hundred gentlemen have as yet sent in their yearly subscriptions to Mr. GRIFFIN? Yet such is the fact. One of two conclusions is inevitable from this circumstance. Either the complaints of union surgeons are ill-founded, and the result of a habit of grumbling, or they have not sufficient spirit to turn upon their oppressors. We are weary of remonstrating with these gentlemen. Over and over again we have demonstrated to them, that the success of their cause depends upon themselves. They occupy as a body a most important position. Their services to the public are of a most onerous character. It is acknowledged on all hands, that those services are ill requited; that union medical officers are often the subjects of the tyranny of boards of guardians, and that their cause has the sympathy of the profession and the public. Yet at a crisis like the present, how do they act? With an apathy which is disgraceful to them as a body, they allow a man who has devoted many of the best years of his life to their service, to be comparatively unsupported. This is indeed discreditable. It puts one altogether out of heart in advocating their cause. If they fail in obtaining redress for the grievances under which they suffer, then for the future let us hear no complaints from them. By instant energetic action, petitions to Parliament, by communication with their representatives, by subscriptions, they may effect all they can require. If they do not choose to take a little, a very little trouble, and subscribe a small and insignificant sum annually, let them rest satisfied with the position which they occupy, "and for ever after hold their peace." We have no patience with those who never lose an opportunity of making their grievances known, and yet take no steps to remedy them. Such a reflection could never be cast upon the members of any other profession or any other calling. They act unitedly and with decision when they have a wrong to redress. Why, we ask, are the union surgeons of England to be pointed at as an exception to this rule?

It is satisfactory to observe that the rising members of the profession are not indifferent to the struggle which is going on. It is creditable to the gentlemen who are students at Guy's Hospital that they should have inaugurated a movement in the Medical Schools of the metropolis, which, if carried out with energy and judgment, cannot fail to have its weight with the Legislature. We quite agree with the policy of one of the resolutions proposed at Guy's Hospital, that petitions from the different schools should be adopted. An aggregate meeting of students is also advisable. Such a meeting, when held in support of the claims of assistant-surgeons in the navy, was successful. Are the Poor-law surgeons of England willing that the honour of redressing their wrongs should be awarded to the medical students of London? These young gentlemen meet, agitate, and subscribe, in support of a cause in which, at best, they have but a prospective interest. Let those more immediately concerned reflect on this fact. It is not necessary to indicate what their conduct should be.

Medical Annotations.

"Ne quid nimis."

DR. GIBSON, C.B., DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.

THE choice of the Government has fallen upon Dr. Gibson in succession to Mr. Alexander—a choice of which we lately expressed our anticipation, and which will be ratified by the common consent of the officers of the Medical Department. Dr. Gibson was the senior Inspector-General of Military Hospitals—officers who were expressly elected on the ground of merit as well as of long service. As senior officer in charge of the troops at Aldershott camp, he had shown administrative capacity. We hope that this quality may now be equal to the severer tests which will be applied.

The Medical Department of the Army has recently entered upon a course of progressive reform, which has raised its popularity and increased its efficiency to a very great degree. To continue in this course, the Director-General needs to display an intelligent sympathy with the medical officers, a determination to maintain a high standard of capacity, and an untiring energy in the support of the new measures destined to increase the practical utility of his department, and to record its scientific progress. Amongst the latter will be the energetic working of the new military schools, the completion of the sanitary and statistical departments, the improvement of the hospital system, and the organization of periodical public returns of health and disease amongst the various home and foreign corps.

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These will admit of comparison with the civil returns issued by the Registrar-General, and will thus at once indicate the proportion and define the causes of military mortality. We regard this last measure as one of immense importance. A trial return was issued some time since, and all persons were agreed as to its high interest and value. The obstacles to its continuance are stated to be trouble and expense. Such difficulties are the touchstone of capacity, and furnish occasions for merit.

The past career of Dr. Gibson has given earnest of a faithful and diligent performance of duty, while it has placed him in contact with all the various requirements of his service. He has risen from the position of hospital assistant through all the grades, and has been engaged in all parts of the world for thirty-four years of full-pay service. The first nine years of his career were passed in the agreeable climates of Sierra Leone, Demarara, and the Guinea Coast. His last campaign was in the Crimea, where Dr. Gibson was in charge of the 1st Division, and acted as personal surgeon to the Duke of Cambridge.

Dr. Gibson's evidence before the Royal Commission of Inquiry into the Health of the Army was frankly and ably given. Before the Parliamentary Militia Committee, he expressed opinions highly favourable to the body of militia surgeons with whom he had been much in contact at Aldershott, and advocated their appointment on the permanent staff. The adverse decision of the Government has not discouraged the militia surgeons; on the contrary, they are still anxiously looking for reconsideration of their claims. To them, therefore, the appointment of Dr. Gibson will be peculiarly agreeable.

A MEDICAL FIGMENT.

A RESPECTABLE contemporary has fallen into the error, lately too common, of giving publicity to something recommended by a Mr. Anderson as a cure for cancer. This cure is nothing more nor less than fig-poultices made with milk. It is needless to say how trite and useless is such a remedy, although a well-known and sometimes a soothing medicament. In the eyes of the writer, it is recommended by its simplicity and ease of application. "Many purported cures of this terrible disease," says the innocent journalist, "have been sent forth to the world, of the real efficacy of which only those can properly decide who have tried them." Is this really so? Then is the medical function useless. Only the sick can judge of the fittest remedies, and that only after having tried them. For such reasoners medical science has no existence. The patient is his own physician, and the most limited and fallible empiricism the only guide to health. This complaint, says this writer, is so dreadful that nothing which holds out even a chance of relief should be omitted by a journalist. To us it seems that there is another side to the question, which is not sufficiently considered by political journalists. In a complaint so dreadful they should beware of misleading the sufferer: they should be very tender of his hopes and fears; careful not to abet the ignorant in increasing his pain, and the designing in trafficking in his agonies. But this they do most frequently. Those diseases which truthful Science asserts to be beyond her healing power, presumptuous and fraudulent men find it their interest to proclaim curable; for it is in these that they may most easily arrest attention. But the daily journalist, who is ignorant of all that relates to medical science, cannot decide whether such a statement is founded upon any honest basis or has a real meaning. Experience has shown how lamentably successive generations of cancer-curers and consumption-curers have traded in the miseries of their victims, while they enhanced their sufferings. In this they have been aided freely by the conductors of the independent press. These gentlemen should no longer delude themselves as to the part which they have played in this tissue of deceit. The presumption which affects to rise superior to class-prejudices, and which not only helps the work of knaves and fools, but sneers at the opinions of well-informed professional critics, cannot deserve the title of philanthropy by its works, however blameless in its motives. The general press can never, without danger, propagate any new and untried theory of medicine, or give place to any recommendation proceeding from an individual which has not been submitted to the test of competent professional scrutiny. This rule has in several instances lately been violated, and in each case at the cost of great suffering and disappointment to the victims of the quacks popularized by technically and medically ignorant but well-meaning journalists. Diphtheria, electro-magnetic anæsthesia, and cancer-curing, have each been the subject of communications fraught with error and fruitful in disappointments. The patients of the cancer-curer are dying after much suffering and extortionate expenditure; the anæsthetic bubble is blown; the diphtheric panaceas have failed. It is time that the general press ceased to meddle with questions on which it is without information. It would, also, then cease to delude the public, and to abet the frauds of pretenders and the follies of the ignorant.

AN UNWARRANTABLE DELAY IN INDIA.

GREAT indignation is justly felt by the medical officers of the army in India that the benefits of the Medical Warrant have not yet been extended to them. The Indian papers teem with remonstrances and complaints. A memorial, stating the grievances now endured, is in course of signature by the medical officers. These gentlemen appear really to fear that the advantages of the Warrant are to be withheld from them. It is not possible that so gross an injustice is intended. We believe, indeed, that the intention of extending the action of the Warrant to the Indian Medical Department is fully decided, and that the present period of inferiority and consequent discontent is solely due to the procrastination of the Indian Government. It will probably appear incredible to many of the medical officers of the Indian service that the Medical Warrant was sent to Lord Canning for promulgation on the 15th December, 1858, and that it was communicated to his Government in August, 1859. The great delays which take place on the part of Lord Canning's Government in deciding upon important State papers and questions have been frequently the subject of remark. It is intolerable that the privileges of so large and important a body of men should thus be withheld for the space of more than a year, and that they should be mulcted in all their just increase of pay and privilege for so long a period at the caprice of a procrastinating administration. The injustice of this continued and most unjustifiable delay is not less striking than the indifference to the remonstrances and complaints with which the Indian papers have been filled, in the fear that this long-deferred hope may never be realized. Surely the Home Government should interfere to procure the execution of the Warrant. Serious discontent prevails throughout the Indian medical service.

THE GLASGOW FACULTY AND REGISTRATION FEES.

MANY times have the surgeons of Scotland fought to "turn the course of justice," and petitioned against the penalties of the 17th and 18th Vict., cap. 48, which compelled them, under serious penalties, to transmit to the Registrar a certificate setting forth the cause of death, and many other particulars relating to such as die while under their care. They have protested very urgently against this coercion to gratuitous labour for the common weal. Apparently the powers that be are far from sympathizing with their complaint, for in the new Registration Bill introduced into Parliament to remedy the defects of the Act of 1854 above cited, the only amendment proposed is that, instead of the fourteen days at present allowed to fill up and transmit the certificate, five are all that in future will be granted, on the expiration of which the criminal officer may at once be set on the track of the luckless offender.

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The Glasgow Faculty of Medicine have appealed to the profession to repel this, which, at first sight, they consider to be a cooler and more studied insult than any other that could have been devised. Second thoughts suggest that the noxious clause may have been inserted without any such intention. "Sir William Dunbar," say they, "is not a mere soulless Edinburgh lawyer; he is a gentleman, a Scottish baronet, and report speaks favourably of him as a man of spirit—not likely to stand tamely by while any section of his countrymen were being unnecessarily humbled. He sits in Parliament for the Wigton Burghs, and was lately appointed a Lord of the Treasury and Keeper of the Privy Seal of the Duchy of Cornwall." It is impossible not to admire this climax. We hope that Sir William Dunbar will feel sufficiently flattered to stand by his countrymen. We wish the Faculty success in their impetuous pursuit o' siller, and their indignant counteraction of Edinburgh notions on the question which they denounce as being by far too liberal to be truly Scottish or national.

MEDICINE IN MELBOURNE.

WE should like our friends in Australia to understand that "squabbles" are fast becoming an obsolete element in the medical economy. We have not yet reached that golden era of concord in which differences may be abolished, but we are trying to learn here to agree with a difference. Individual quarrels are left to be fought out in obscurity; or, when public reprobation is called for, it is understood that mere party fighting is treason to the common professional cause.

We see with pain that in the infant medical community of Melbourne the most extreme developments are found of party bitterness. The *Australian Medical Journal*, a young periodical which has only now reached its seventeenth number, gave early promise of merit. It is obvious that, to redeem that promise, it was necessary that the whole of the medical talent available in Melbourne should be represented. Unfortunately, it has pursued a different course. We find the present number mediocre in merit and malignant in criticism. We learn, in explanation, that the medical profession in Melbourne is divided into two sections,—described by the *Age*, an Australian daily journal, as "a small, though not a very brilliant one, which styles itself the 'Medical Society Proper;' and a larger and certainly more able one, that constitutes the 'outside' professionals." We do not by any means affirm the propriety of this description of the parties. We rather infer from it that the writer in the *Age* represents "the larger and more able party." But we can assert the division which exists, and the bitterness of the *Australian Medical Journal;* and we adjure these belligerent colonists to hood the snakes which coil around their Æsculapian staff. These unseemly differences degrade their reputation, and affect injuriously their scientific progress and political influence. The medical genius cannot with impunity be devoted to party; it has a wider scope, and cannot flourish in the ungenial atmosphere of personal controversy.

MEDICO-PARLIAMENTARY.

LORDS.—*Monday, March 12th.*—The House went into committee on the Administration of Poisons Bill.

The Lord Chancellor moved an amendment to include, in addition to "destructive," "noxious" substances.

The motion was agreed to, and the Bill passed through committee.

The Dwellings for Labouring Classes (Ireland) Bill passed through committee.

The Medical Acts Amendment Bill was read a second time.

COMMONS.—The second reading of the Registration of Births, &c., (Scotland) Bill, was deferred till Monday next.—A petition from St. Cuthbert, for amendment of this Bill, was presented: to lie upon the table.

LORDS.—*Tuesday, March 13th.*—The Administration of Poisons Bill was read a third time and passed.

The Medical Acts Amendment Bill passed through committee.

COMMONS.—Mr. Alderman Salomons asked the President of the Board of Trade if he had received from the Consul at Pernambuco any account that could be laid before the House of the lamentable occurrences which had taken place on board the *Accrington* transport ship, and if he could state the total number of deaths, according to the latest advices, amongst the women and children who were embarked in that unfortunate vessel?

Mr. M. Gibson said an account of the lamentable occurrences on board the *Accrington* had been received from the Consul at Pernambuco. The papers had been sent to the Home-office, and there would be no objection to lay them on the table. Sixty-seven persons died on the voyage out, of which number sixty were children under three years of age, and one adult. After the passengers had been landed, twenty more died, of which six were adults. The cause of death was mainly scarlatina and measles.

A petition from the Aberdeen Infirmary was presented for rendering vaccination compulsory in Scotland: to lie upon the table.

Wednesday, March 14th.—The Adulteration of Food or Drink Bill went into committee, and after some alterations in several of the clauses, a quarter to six having arrived, the chairman reported progress, and asked permission to sit again on Wednesday next. At this point the mutilated Bill sticks at present. On a division, the majority decided the Bill should not apply to Ireland. [We sincerely hope this unwise decision may be reversed.]

Petitions for inquiry into the condition of Poor-law Medical Officers were presented from Norwich, Launceston Union, and Middleton (three): to lie upon the table.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF DENTISTS AND THE ROYAL COLLEGE OF SURGEONS.

(LETTER FROM MR. E. SERCOMBE.)

To the Editor of THE LANCET.

SIR,—I am tempted by your motto, "Audi alteram partem," to request space to reply to a letter from Mr. S. L. Rymer, which appeared in your journal of last week, under the above heading.

The dental profession has been divided since 1856, as to the best means for improving the educational condition of the body. One section, led by Mr. Rymer, has advocated and worked for a position altogether *severed from* the general medical profession; the other, at the head of which I might place all the men of eminence and age in the profession, with but two or three exceptions, and of these a satisfactory account can be given, has worked for an independent position, but *associated with* the Royal College of Surgeons.

Previous to the year 1856, but one opinion had ever been expressed, and that was in favour of union with the Royal College of Surgeons. In your own journal, Sir, is to be found a letter from Mr. Rymer himself, drawing attention to the increasing importance of the dental profession, and the growing necessity for the College of Surgeons to organize a special board of examiners for dental surgeons. In the year 1841, Mr. Waite, the present President of the College of Dentists, published a pamphlet, "An Appeal to Parliament," &c., from which I would fain make an extract or two, but for the space it would occupy, in which he calls upon the College of Surgeons to do that which they recently have done—viz., establish a board of examiners of dentists, members of their College, to examine candidates, and grant diplomas to dentists. What the year 1856 unfolded to cause these gentlemen to alter their minds and to condemn the plan they had so earnestly advocated before, I have never been able to discover. One would suppose, from Mr. Rymer's letter of last week, that about that time he

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made the very important discovery, that "dentists were capable of imparting instruction to pupils, and of superintending examinations as to proficiency, independently of any other institution." I am most reluctant to draw uncharitable conclusions, but the sequel almost convinces me, that Mr. Rymer saw that by giving himself energetically to the organization of a new institution, he would be rewarded by some post of honour in the same—a distinction he could not possibly hope to attain in the College of Surgeons, as he is not a member of it. I am driven to this conclusion by the following fact:—The College moulded by Mr. Rymer's hands, into whose nostrils he has breathed the breath of its life, and by whose ceaseless inspirations it moves, has failed to find amongst its own members, or even amongst those dentists not opposed to its existence who have not joined it, teachers for the pupils who go there for instruction. Strange as it may appear, the lecturers at their school are men who have never professed to be dentists, and who do not practise as such. The following are the gentlemen who teach dentistry to the pupils of the Dentists' College: Dr. Richardson, the Astley Cooper Prize essayist for 1846; Mr. Spencer Wells, Mr. Hulme, (both surgeons,) and one mechanical dentist.

But, again, who are the gentlemen appointed by the College of Dentists as examiners of the candidates for their diploma? The three above-named medical men, together with some dentists. I would ask how the appointment of these gentlemen as lecturers and examiners agrees with Mr. Rymer's discovery made in 1856, that "*dentists* were capable of imparting instruction to pupils, and of superintending examinations as to their proficiency, &c."? and how these appointments justify the opposition he has organized to that section of the dental body which has sought for many years, and at last obtained, the recognition of the College of Surgeons of their specialty?

The cause must be bad indeed which seeks support from misrepresentation. I am sorry to say it is not the first time that statements which I consider to be at variance with the truth have been put forth by the supporters of the College of Dentists. Mr. Rymer's recent letter contains such statements as I now proceed to show. Mr. Rymer states that in 1856, public meetings were held, open to all dentists alike, at which, without a dissentient voice, the College of Dentists was established. I attended the first meeting, which was held at the London Tavern in September, 1856, sincerely desiring to lend a helping hand to raise the status of the dental profession; but I soon saw that the men who had called the meeting, and who were taking an active part in it, were men unknown to fame, and wholly unfit to take the lead in an educational movement. I therefore declined, though pressed, to allow my name to be put on the first committee. Around me on that occasion stood men, strangers to me, who expressed their surprise at not finding any of the old and well-known practitioners of dentistry present, and who were as much as myself dissentients from the objects of the meeting. But it is to the inaccuracy of the next paragraph of Mr. Rymer's letter that I wish to draw especial attention. He states—"*While these proceedings* were being thus openly conducted, eighteen dentists, who were of opinion that a dental certificate from the College of Surgeons would meet the requirements of the profession, *hastily prepared* and signed, and at once forwarded, a memorial to the Council of the College of Surgeons, from which the determination of the Council of the College to grant dental certificates has been arrived at."

The memorial to which Mr. Rymer refers, the only memorial, in fact, signed by *eighteen* dentists, was addressed to the Council and forwarded Dec. 11th, 1855; the first public meeting, which was held at the London Tavern, called at Mr. Rymer's instigation, was held in Sept. 1856. How, knowing "these facts"—and pains were taken to make them known by circulating printed reports in the month of March, 1858, which reports were sent freely to members of the College of Dentists,—Mr. Rymer could venture to state in his letter of last week that *while* the public meetings were being held the eighteen dentists got the memorial hastily signed and presented to the Council of the College of Surgeons, I leave him to explain. Such a statement does not accord with my notions of honour or veracity.

Further on, Mr. Rymer complains of *The Times* being used, instead of a legitimate medium, for making the controversy known to the public. "Those who live in glass houses should not throw stones." Not only were the early movements of the College of Dentists duly or unduly advertised in the *Observer*, but leading articles were published in that paper in favour of the College of Dentists movement; some, also, of the penny daily papers lent their powerful aid in the same direction.

With reference to the protest which has recently been put forth by the College of Dentists, I may add that, though imposing in numbers, the signatures are, in my opinion, by no means equally remarkable for respectability; twenty are advertising dentists, and many mechanical assistants.

I am, Sir, your obedient servant,

Brook-street, March, 1860. EDWIN SERCOMBE, M.R.C.S.,
Surgeon-Dentist to St. Mary's Hospital.

(LETTER FROM MR. CARTWRIGHT, JUN.)

To the Editor of THE LANCET.

SIR,—Mr. Rymer, in his letter inserted in the last number of THE LANCET, has committed an error, and through the medium of your columns has circulated a misstatement, which, as one of the gentlemen who signed the memorial which it pleases Mr. Rymer to designate as "hastily prepared," I cannot allow to pass without remark.

At the time (Dec. 1855) that the memorial was drawn up and addressed to the Council of the College of Surgeons, the College of Dentists was not in existence, nor had any public meeting of dentists taken place, nor was it known to any one of the memorialists that the scheme was in contemplation. I remember receiving a circular, some months after the memorial had been signed and forwarded to the College of Surgeons, signed by Mr. Rymer and I think by Mr. Oxley, inviting me to attend a meeting of dentists; and I remember replying to that invitation, stating that I could not entertain the views propounded in the circular and intended to be proposed at the meeting referred to, because I had already subscribed my name to a memorial urging the College of Surgeons to consider the expediency of instituting a special examination in dental surgery and of granting a dental diploma. I know that what happened to me, happened also to others.

I think it would be well if Mr. Rymer would show us why the memorial was "hastily prepared;" and if he be equally unfortunate in his show-up, I shall be happy to correct him.

With regard to the protest, all I need say is, that it meets with the cordial approval of a large number of dental practitioners of acknowledged position and respectability, each individual of which is quite equal to form an opinion, and quite capable of judging how, when, and where it should be expressed. The object of those whose signatures are appended to the protest is, to express their disapprobation of the proceedings of the College of Dentists, past and present; and to show that the position it affects as the College of Dentists of England, and the issuing of an unauthorized diploma, are not in accordance with their views or inclinations, and that they do not desire it should be thought that they sanction either the one or the other, honestly believing as they do that the interests of their profession cannot be advanced by such measures.

I am, Sir, your o b ent servant,

Old Burlington-street, March, 1860. S. CARTWRIGHT, Jun.,
Surgeon-Dentist to King's College Hospital.

QUARANTINE IN THE DARDANELLES.

(LETTER FROM DR. GAVIN MILROY.)

To the Editor of THE LANCET.

SIR,—You gave insertion, in THE LANCET for the 28th of January, to a report from Dr. Foote, of Constantinople, the secretary of the Levant Quarantine Association, of the proceedings of a large and influential meeting of British residents in that city, on the subject of the oppressive restrictions imposed by the regulations of the Board of Health there on commerce and freedom of intercourse, and which were obviously quite unjustifiable, on the score, at all events, of public health considerations.

Your readers will, I think, be interested to learn that, through the exertions of Dr. Foote and the other gentlemen who have associated themselves together to bring and keep before the public, both in Turkey and in this country, the working of the system in the Levant, some good has already been done, and an earnest of still more good pretty certainly assured, and that at no distant period.

Upon laying the subject before Sir H. Bulwer, the British ambassador to the Porte, his Excellency immediately took steps to have it pressed on the attention of the Ottoman Government, and the result has been an all but complete abrogation of the quarantine detentions described in Dr. Foote's paper in THE LANCET of the above date, by the substitution of the payment of a fine or due on passing up and down the

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Dardanelles. This is but one of the many proofs of the mode in which quarantine is often observed, and of the perverted and mischievous uses to which it is liable to be applied. It ceases to be regarded as a protection of public health, and comes to be a mere means of fiscal exaction.

At a meeting of the Levant Quarantine Association, held in Pera on the 17th ult., after the letter of Sir H. Bulwer, addressed to their honorary secretary, and conveying the above intelligence, was read, it was very properly resolved that, while returning their cordial thanks to her Majesty's ambassador for the attention he has paid to the representations of the deputation (which had waited upon him on the 16th of January), and also for the concession which he has obtained from the Turkish Government, "they, nevertheless, cannot agree to the principle contained in the proposed fine, and request their secretary to draw up a formal reply to the ambassador, embodying their views."

Another resolution, bearing directly on the practical improvement of sanitary measures in general throughout the Turkish dominions, and therefore of no small interest to our profession, was passed at the same time, to the following effect:—

"That as other European nations have their own 'Medical Officer of Health' at the chief ports of the Levant, representing the interests of their respective Governments, this Committee feel that the British Government ought to be similarly represented, and they therefore request the ambassador to at once refer the subject to the Government at home."

I am, Sir, yours obediently,

London, March, 1860. GAVIN MILROY, M.D.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me, through the medium of your journal, to inform the Poor-law medical officers, what I am sure will be a source of much regret to them, that domestic affliction has caused Mr. Pigott to apply for leave of absence from the House of Commons till the 23rd inst. The introduction of the Poor-law Medical Bill must therefore necessarily remain in abeyance for a short period; but I hope medical men will not relax in their efforts to obtain the support of the individual members of the House.

I am, Sir, yours &c.,

12, Royal-terrace, Weymouth, March 10th, 1860. RICHARD GRIFFIN.

ON A NEW METHOD OF EFFECTING A RADICAL CURE OF HERNIA.

[NOTE FROM MR. WOOD.]

To the Editor of THE LANCET.

SIR,—In the excellent report in your impression of last week of my paper on the above subject, read on Feb. 28th at the meeting of the Medico-Chirurgical Society, occurs an inadvertent interpolation of the preposition "in," which has the effect of altering materially the sense of the sentence. In reference to the six cases of cure of hernia exhibited to the Society, the sentence in which the mistake occurs reads thus:—"One had been cured *in* a year, three *in* nine months, and one *in* eight months." By leaving out the three "ins," it will read as it ought to do:—"One had been cured, a year; three, nine months; and one, eight months." The real time *occupied* by the cure in these cases is mentioned in a preceding paragraph.

The difference of meaning thus produced is obvious and important, and might mislead the reader to the prejudice of the operation, unless careful observation of the context were made.

As this may not be done by all the numerous readers of your journal, may I beg the favour of the insertion of these remarks in your next number.

I remain, Sir, yours most sincerely,

JOHN WOOD, F.R.C.S.

Montague-street, Russell-square, March, 1860.

APPROACHING MEETING OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The thirtieth annual meeting of this Association will take place at Oxford. The first general meeting will be held in the Sheldonian theatre, at three o'clock, on Wednesday, June 27th, when it is expected that his Royal Highness the Prince Consort will resign the presidency, and Lord Wrottesley, M.A., of All Souls College, V.P.R.S., F.R.A.S., the president elect, will take the chair and deliver an address.

POOR-LAW MEDICAL REFORM.

A MEETING of the Committee of Delegates of the Students' Branch of the Poor-law Medical Reform Association, was held at the Freemasons' Tavern, on Tuesday evening last, Ernest Hart, Esq., in the chair. There were present, Messrs. S. Felce, Greenwell, representing St. Mary's Hospital Medical School; W. F. Routtledge, London Hospital ditto; C. P. Collins, C. F. Sutton, Middlesex ditto; B. Hill, H. C. Bastian, University College ditto; M. Ward, St. George's ditto; T. E. Clark, W. Brett, Westminster ditto; W. C. Worley, Charing-cross ditto; C. H. Fagge, W. Galton, Guy's ditto; C. Fryer, B. M. Walton, King's College ditto; and J. Hooper, S. Lloyd, St. Thomas's ditto.

Mr. Ernest Hart having explained what had been done by the former Committee, of which he was chairman, resigned that position, committing the movement to the hands of the present delegates, but was requested to continue to act as chairman for the present.

Dr. Price Jones' resignation as treasurer was accepted, and the following gentlemen appointed jointly as treasurers:—Messrs. S. Felce, (St. Mary's,) and J. W. Galton, (Guy's.)

The following resolutions were proposed and carried:—

Proposed by H. C. BASTIAN, Esq.; seconded by W. F. ROUTTLEDGE, Esq.,—"That a petition be prepared, signed by the students at each Medical School, and presented to Parliament immediately."

Proposed by S. LLOYD, Esq.; seconded by M. WARD, Esq.,—"That the consideration of an aggregate meeting of students be deferred for a time."

Proposed by M. WARD, Esq.; seconded by W. BRETT, Esq.,—"That Mr. Griffin be communicated with in reference to petitioning the various examining boards to assist in the matter of Poor-law Medical Reform."

After much further discussion and arrangement of details, a vote of thanks was unanimously given to the Chairman, and the Committee adjourned.

W. TILBURY FOX, M.D. (Lond.,) Hon. Sec.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners on the 9th inst.:—

Castle, William Henry Baldwin, Islington.
Coathupe, Charles, Clifton, near Bristol.
Lundy, Louis Francis, Feltham, Middlesex.
Miller, James, Edinburgh.
O'Herlehy, Daniel Power, Southampton-street, Strand.
Skoulding, Charles Hackett, Wymondham, Norfolk.

The first meeting of the Examiners in Dental Surgery, under the provisions of the Charter recently granted by her Majesty, was held on Tuesday, the 13th inst., when the following gentlemen, having undergone the necessary examinations, received the diploma in Dental Surgery:—Messrs. Thomas Bell, New Broad-street, City; Arnold Rogers, Hanover-square; John Tomes, Cavendish-square; John Herring Parkinson, Sackville-street, Piccadilly; Samuel Cartwright, Old Burlington-street; James Parkinson, King-street, St. James's; Thomas Arnold Rogers, Hanover-square; William Anthony Harrison, Keppel-street; Henry Rogers, Hanover-square; Alfred George Canton, Great Marlborough-street; John Bowman Fletcher, New Burlington-street; Edwin Sercombe, Brook-street; John Rigden Mummery, Cavendish-square; Geo. Augustus Ibbetson, Brook-street; and Wm. Alfred Newman Cattlin, Highbury-place, Islington. The following gentlemen were also admitted on the 14th inst.:—Messrs. Joseph Rogers, Hanover-square; George Thomas Parkinson, Bath; Thomas Gill Palmer, Cheltenham; Richard White, Norwich; Thomas Underwood, Gower-street; Samuel James Augustus Salter, New Broad-street; Edward Albert Ollive, Chelsea; Chas. Spence Bate, Plymouth; Josiah Saunders, Albemarle-street; Alfred Hill, Euston-square; John Martin, Portsmouth; Charles Duncan Roberts, Ramsgate; John Shortt, Madras Army; and Charles Deeble Rogers, Newbury.

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APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 8th, 1860.

Broadwater, William James, New-road, St. George's East.
Jones, Robert, Conway, North Wales.
Lemon, Henry Morris, Welsh Pool, Montgomeryshire.

The following gentlemen also on the same day passed their first examination:—

Baker, William Morrant, St. Bartholomew's Hospital.
Evans, Thomas Melancthon, St. Bartholomew's Hospital.
Hartill, William Henry, Willenhall, Staffordshire.
Hollister, George William, Newent, Gloucestershire.
Morgan, John Albert, Clifton, near Bristol.
Shorto, James Reeve, Southampton.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following is a list of Licentiates elected at the meeting of the 28th of February, 1860:—

Candy, John, Littlehampton.
Cheesman, George, Southampton.
Davis, Henry Robert, London.
Evans, William, Treherbert.
Francis, Thomas, Acton.
Goldsmith, Francis Edwd., R.M.S.P.Co.
Graham, Robert Thomas, London.
Grime, Henry Ainsworth, Blackburn.
Grosvenor, William, Hanley.
Hogg, Charles, London.
Kershaw, William, Royton.
Maxwell, Charles Robins, Worcester.
Murphy, Joseph Beauval, West Ella.
Nicholson, John Robinson, Redditch.
Randall, John, London.
Richardson, Thomas Charlton, West Auckland.
Saville, George Townsend, Beeford.
Smith, George Nicholson, Wolverhampton.
Steel, Richard James Pye, Blairaven.
Stevenson, Henry Richmond, Chester-le-street.
Taylor, Richard, Gateshead.
Thomson, Alfred Boyle, Coleraine.
Trull, John, New Brighton.
Turton, Joseph, Liverpool.
World, Robert Richard, London.

APPOINTMENTS.—At a special board of the West-of-London Hospital and Dispensary, Hammersmith, held on the 6th instant, Mr. George Cowell was appointed House-Surgeon, and Mr. Croker Apothecary and Assistant-Secretary, to that institution.

Mr. T. A. Handsley has been appointed to the Alford District of the Spilsby Union.

UNIVERSITY COLLEGE HOSPITAL.—At a meeting of the Committee on Wednesday last, a letter was read from Mr. W. Walton, secretary to the Imperial Continental Gas Association, enclosing, by direction of Sir Francis H. Goldsmid, M.P., a check for 100 guineas, as a donation to the hospital, being Sir Francis Goldsmid's share of a testimonial voted by the proprietors of the Association to a committee of the directors.

THE COLLEGE LECTURES.—Professor Savory's lectures at the College of Surgeons on "General Physiology" attract good audiences, and are highly interesting. The lecturer has completed the general view of his subject, including the relations of the organic to the inorganic kingdom, and the vegetable to the animal kingdom, in structure, composition, and function. He will in the succeeding lectures illustrate the principles which he has discussed at large by a survey of the principal functions of the animal system.

LOCK HOSPITAL.—The 112th anniversary of this institution was celebrated on Wednesday last at Willis's Rooms, St. James's, when a large number of the friends of the Charity sat down to an excellent dinner, which was presided over by his Royal Highness the Duke of Cambridge. The total number of patients admitted into the hospital from January, 1747, to December, 1859, was 83,690; and the number admitted into the asylum during that period was 1590, of whom 314 were restored to their friends, 409 were placed in respectable service, and 24 died; 397 patients—218 males and 179 females—had been received into the hospital during the year. Before the company retired, upwards of £700 was contributed to the funds of the institution.

NEW MILITARY HOSPITAL.—In addition to the extensive Government works now in progress at Woolwich, it has been finally resolved by the War Department to construct a new military hospital in lieu of the present Ordnance Hospital, at a cost of upwards of £100,000. The site for the building is now under consideration, and the contracts will be taken at the end of the financial year, which terminates on the 31st inst. A new practice range for experiments is also to be constructed at Plumstead, and at the Royal Arsenal several buildings of a miscellaneous character are to be erected. The Royal Marine Hospital, situated on a most eligible site, near the Marine Barracks, is fast approaching completion in its interior arrangements, and will be occupied during the summer.

THE ladies and gentlemen who presented £200 to the Scutari Hospitals under Miss Nightingale, the proceeds of a concert, are about to repeat that performance in behalf of the new Hospital for the Paralysed and Epileptic.

MEMORIAL TO THE LATE SIR J. M'GRIGOR.—An obelisk to the memory of the late Sir James M'Grigor has just been erected at Aberdeen, in the quadrangle of Marischal College, within the venerable walls of which building the deceased baronet was educated. This testimony of respect to his memory is one of a local nature, having no connexion whatever with the memorial which owes its origin and much of its success to Sir James M'Grigor's admirers south of the Tweed, and which we have introduced to our readers' notice. The Aberdeen obelisk is 72 feet high, and is composed of highly-polished red granite, with the exception of a slab of grey, which has been introduced in the pedestal for the purpose of containing the following inscription:—"This obelisk is erected to the memory of Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S., &c., for thirty-six years Director-General of the Army Medical Department, and several times Lord Rector of Marischal College, Aberdeen. He was born in Strathspey, N.B., on the 9th of April, 1771. He entered the army as surgeon of the Connaught Rangers in 1793, and served the two following years in the campaign of Holland. He was afterwards medical chief in the expedition against the Island of Grenada; in the expedition under Sir David Baird, from Bombay through the deserts of Thebes and Suez to Alexandria; and also in the Walcheren expedition. He was chief of the Medical Department of the Army under the Duke of Wellington in the Peninsular War, from the siege of Ciudad Rodrigo in the year 1811 to the final battle of Toulouse in 1814. He was favourably mentioned in the despatches of all the generals under whom he held these responsible posts, and was repeatedly noticed in those of the Duke of Wellington, who, on the July 26th, 1814, referring to the manner in which Mr. M'Grigor had conducted his department under his direction, wrote thus:—'I consider him one of the most industrious, able, and successful public servants I have ever met with.' In the course of fifty-seven years of active service he was exposed to the vicissitudes of war and climate, besides encountering shipwreck and other dangers at sea; yet he lived to attain a tranquil and happy old age. He died in London on the 2nd of April, 1858. This memorial is erected near the place of his education and the scenes of his youth."—The base of the obelisk is surrounded by a platform of grey-coloured granite from the neighbourhood of Aberdeen.

SOCIAL STATISTICS IN MARYLEBONE.—At a meeting last week of the Marylebone Board of Guardians, a return was presented by Dr. Randall, the medical officer, showing the extent of illegitimacy amongst the poor of the parish. It stated that during the last year there had been 221 females confined in the workhouse, of whom 61 were married and 160 single: from seventeen to twenty years of age, 52; from twenty-one to thirty, 98; from thirty-one to forty, 70; and 1 at the age of forty-four. In 1858 there were 212 confinements; and in the increase of 9 last year, 6 were married and 3 single. In 1858 there were 9 below the age of eighteen; but last year there were 5 who were seventeen years of age. Amongst the reputed fathers, the largest number were servants, labourers, carpenters, and sailors. A return for three years was ordered to be printed and distributed amongst the members of the Board.

DUTY'S POWER: MERCY'S FUNCTION.—We have before alluded to the peculiar claims of Mrs. Power, the widowed mother of the late Mr. Richard B. Power, Surgeon R.N., who sacrificed all to fit her son for the performance of public duties, to which he fell a sacrifice, and who is ineligible for the Government pension because her case does not come under the Admiralty regulations. We see with pleasure that a committee has been formed to purchase her a small annuity, of which the Rev. A. G. Thelwall, 43, Torrington-square, is treasurer.

SOIREE AT THE ROYAL SOCIETY.—On Saturday, the 3rd instant, the President of the Royal Society gave his first soirée for the season at Burlington House. The attendance was numerous and distinguished. The Prince Consort was present. Many of the most eminent of our profession were also in attendance; amongst them were Sir James Clark, Prof. Owen, Dr. Roget, Dr. Arnott, Dr. Lankester, and others.

QUACKERY.—An inquest was opened on Monday, the 5th inst., at Eskdale, in Cumberland, before Henry Bell, Esq., coroner, on view of the body of Joseph Gregg, bobbin-turner, of Eskdale. It appears from the evidence adduced at the inquest, that Gregg had been suffering for some months past from a pulsating tumour over the sternum. He had been to the Infirmary at Liverpool in search of relief from his malady, and whilst there was told by the surgeons that nothing could be done for him, and at the same time was warned that any

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interference with the tumour might cost him his life. After returning home, he was seen by a man named William Kendall, a cow-doctor from Ulverstone. Kendall, who does not confine himself to practising on the lower animals, was requested by the deceased to open the tumour, and on the 25th of February, with a full knowledge of the caution given by the Liverpool surgeons, did so, by making an incision into it with a lancet. A large flow of blood immediately took place, and notwithstanding the means used to arrest it, continued until the 3rd inst., when he died. The inquest was adjourned to allow of Dr. Thompson, of Gosforth, making a post-mortem examination. On resuming the inquiry on the 8th inst., Dr. Thompson stated that the tumour was an aneurism of the ascending aorta, which had caused parts of the ribs and sternum to be absorbed, and thus protruded externally, and also that the loss of blood resulting from the incision made into it was the cause of Gregg's death. After hearing the evidence and summing up of the Coroner, the jury returned a verdict of "Manslaughter" against William Kendall, who was then bound over by the Coroner to appear at the next assizes at Carlisle.

THE SCIENTIFIC DEPARTMENTS OF THE BRITISH MUSEUM.—The removal of the zoological and scientific collections of the British Museum from their present position is by no means so nearly decided as some persons have stated and the public have been led to believe. Although, at the January meeting of the trustees, a resolution declaring the expediency of removing the collections in natural history was affirmed, yet that resolution was carried by the narrow majority of one only. Much further correspondence and discussion have followed, and strong opinions are expressed as to the inconvenience to veritable students of the distant separation of the objects of study from the works in which they are illustrated and described. It is probable that a Parliamentary Commission may be appointed to decide the question.

INDIAN MEDICAL NEWS.—We extract the following from the *Indian Lancet*:—"It is rumoured, but we do not believe the rumour, that head money will be done away with; and that to make up the loss to individuals, every surgeon will receive a major's pay, and each assistant-surgeon that of a captain. This news is much too good to be true.

"The subordinates of the Telegraph Department being strictly Government servants, it has been ruled that they are entitled to medical attendance.

"Some time since, the home authorities decided that the amount paid to Government medical officers for attending on the families of Government servants should be optional.

"In Bengal, fever and cholera have been making frightful havoc. In the district around Buxar alone, 5000 have died during the past two months.

"According to the *Cochin Courier*, cholera has broken out in the jail at Calicut, and in five days carried off 100 out of 400 prisoners.

"The *New Times* asserts that all H.M.'s staff surgeons and staff assistant-surgeons in India will be sent to China."

The *Rangoon Times* speaks of an attempt made by one Captain Jones, of the Artillery, while in a state of delirium tremens, to shoot Dr. Simmons, of the same corps, for which he has been placed under arrest.

An effort has been made in Calcutta to provide European nurses for the European hospitals. It seems that, although these institutions are admirably organized as far as medical aid and comforts are concerned, there is still a great deficiency of attendance. The sick are, of necessity, left too much to the attendance of natives, who, though they understand the language of the patients, can render them no service beyond the letter of their functions. There is no one to read to them, no one to talk to them, no one who understands them. The feeling of intense depression which always accompanies sickness in India is thus increased by the sense of desolation. We heartily sympathize with the movement.

GREENWICH UNION.—The board of guardians of this union have been occupied in considering complaints against one of their medical officers for the town of Deptford. It was shown that in two of the cases the duties had been delegated to an unqualified person, and the board resolved to suggest resignation.

ACCOUCHEMENTS IN THE STREETS.—The Paris "Presse" mentions the following singular fact:—Three women were on Tuesday week taken in labour and delivered in the public streets; one at the foot of a tree in the Rue d'Allemagne, the second in the Rue de Meaux, and the third on the Boulevard de Magenta. All three were conveyed to the Hôpital de Lariboisière, and with their children are doing well.

SANITARY CONDITION OF THE CITY.—At the meeting of the Commissioners of Sewers on Tuesday, Mr. Deputy Christie presiding, Dr. Letheby, medical officer of health, reported that 196 houses had been inspected during the week, including 62 common lodging-houses; and he submitted a list of 55 places requiring sanitary improvement in various particulars. The mortality returns for the week were represented as being below the average for the corresponding period of the last four years, the total number of deaths being 61, against an average of 65. Of these deaths 20 were amongst children of less than five years of age, and 17 amongst old persons of sixty and upwards. The chief causes of death were of a chronic character, and there were but five deaths from diseases of a zymotic class—namely, two from scarlet fever, two from small-pox, and one from diphtheria. The births registered were 60—namely, 28 boys and 32 girls.

THE WOUNDED FROM CHINA.—The sick and wounded men from the unsuccessful attack on the Takee Forts at the mouth of the Peiho River, on the 25th of June, 1859, by Admiral Hope's squadron, have arrived at Spithead in the *Canaan*, Capt. Wilson, under charge of Dr. A. Watson, R.N. There are sixteen cases were amputation has been performed, and many on board who were severely wounded. Dr. Watson states that all the wounded have progressed most favourably, and that only four deaths have occurred during the passage home.

DISEASES OF THE BAKERS.—"I have met," says a Manchester surgeon, "with more than twice as many cases of disease amongst the bakers as amongst all the other artizans put together, the number of men in each case being equal." A journeyman baker is considered to be used up at the age of forty.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 10TH.—The health of the people of London is better than it was recently. The mortality has declined, and the deaths have fallen in three weeks from 1500 to 1397. The deaths of the consumptive do not appear to be accelerated by cold; last week the number (143) was below the average. The diseases of the organs of breathing were rife, and were fatal in 387 instances. Small-pox was fatal; many children are still deprived of the protection of vaccination. 16 persons died of measles; 51 of scarlatina; 9 of diphtheria; 42 of whooping-cough; 33 of typhus, typhia, or typhine; 15 of diarrhœa; 1 adult of cholera; 8 persons were killed by mechanical violence; 4 by drowning; 13 by suffocation; and 8 by burns.

BOOKS, ETC., RECEIVED.

Mr. Ashton on Diseases of the Rectum.
Mr. Hall's Two Months in Arrah.
Dr. Spurgin on the Cure of the Sick.
Mr. H. Smith on Hæmorrhoids.
Dr. John Hogg on the Prevention of Consumption.
Dr. Leared on Imperfect Digestion.
Dr. Roth on the Treatment of Paralysis.
Mr. S. Wells on Cancer Cures and Cancer Curers.
Australian Medical Journal.
Journal of the Society of Arts.
Encyclopædia Britannica, Vol. VII.
Mr. Richard Owen on Palæontology.
Mr. Beaney's Conservative Surgery.
Microscopic Dictionary.

Births, Marriages, and Deaths.

BIRTHS.

On the 11th inst., at Slough, Bucks, the wife of H. Montagu Champneys, Esq., F.R.C.S., of a son.

On the 12th inst., at Brightwalton, Berks, the wife of W. J. Wood, Esq., M.R.C.S., of a daughter.

MARRIAGE.

On the 8th inst., at the parish church of St. Mary's, Nottingham, John Holmes, M.D., of St. Helen's, Lancashire, to Maria Sarah, second daughter of J. F. Bottom, Esq., Standard-hill, Nottingham.

DEATHS.

On the 4th inst., of apoplexy, Gabriel Reedal, Esq., L.A.C., of Wood Bank, Sheffield.

On the 10th inst., at Vicarage-terrace, Stratford, in her 77th year, Mrs. Elizabeth Latham, mother of C. W. Latham, Esq., M.R.C.S., Hackney-road.

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MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 19 ...
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 3 P.M.
- LONDON INSTITUTION. — 7 P.M. Dr. F. W. Pavy, "On Experimental Physiology: Digestion."
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Henry Smith, "On the Pathology and Treatment of the Painful Ulcer of the Rectum."

TUESDAY, MARCH 20 ...
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Owen, "On Fossil Reptiles."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.— 4 P.M. Prof. Savory, "On General Physiology."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 21
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 3 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Lumleian Lectures: Dr. Barker, "Observations on some Diseases of the Heart."
- ETHNOLOGICAL SOCIETY. — 8½ P.M. "Observations on some of the Distant Tribes of British America." Communicated through Sir William Hooker to Dr. Hodgkin. — "Notes of Incidents characteristic of some of the Tribes of Central Asia." By Mr. T. W. Atkinson.

THURSDAY, MARCH 22
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.— Operations, 2½ P.M.
- ROYAL INSTITUTION. — 3 P.M. Prof. Tyndall, "On Light."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.— 4 P.M. Prof. Savory, "On General Physiology."

FRIDAY, MARCH 23.....
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Mr. N. S. Maskelyne, M.A., "On Diamonds."

SATURDAY, MARCH 24
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. Lankester, "On the Relations of the Animal Kingdom to the Industry of Man."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.— 4 P.M. Prof. Savory, "On General Physiology."

TERMS FOR ADVERTISING IN THE LANCET.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

Examiner will find all the information he requires in the Students' Number of THE LANCET.

WE are compelled to postpone the insertion of our Paris correspondent's communication.

Militia Surgeon.—Attention shall be paid to the request.

Mr. T. W. Jones.—1. The beadle had only power to decide whether or not he would send notice to the coroner. He had no power to determine whether there should or should not be an inquest.—2. As the death did not become the subject of an inquest, we cannot state who certified. Unfortunately, deaths are sometimes registered without any medical certificates.—3. If there had been an inquest, the post-mortem order would have been sent to Mr. Jones.

Mr. H. L. Stuart.—The paper is too long for insertion in its present shape.

THE MERCURIAL TREATMENT OF CROUP.

To the Editor of THE LANCET.

SIR,—As Dr. Handfield Jones courts the experience of "country practitioners" with regard to the treatment of croup, will you allow me to say that I have for many years followed the mercurial treatment of that disease with marked success. My practice has been to give an ipecacuanha emetic as the most convenient form for young children; then three grains of calomel every three hours (say to a child of two years old) "till," as Mr. Ferguson says, "the bowels are well acted on," and continued until there is a marked difference in the croupy breathing; an antimonial mixture every two hours; and a flannel bag with hot salt applied continually to the throat, which soon brings out a general perspiration; a blister to the sternum for the relief of the lungs as well as the larynx. If the child is much weakened by the use of remedies, I employ stimulants. I have never used general bleeding, and seldom leeches. I should add that I combine compound antimonial powder with the calomel.

I have had two cases within the last fortnight, in which this treatment has answered admirably.

One word as to the patients amongst whom it usually prevails. The district about here is principally agricultural; and although the labourers are said to be "well off" at present, (and they are certainly well employed,) the majority do not eat meat more than once a week, if so often. Mothers nurse their children too long to be of any service to the mother or child, consequently the supply to the latter is not good enough in quality to make the children "strong and robust," and there is a very asthenic type of disease.

I am, Sir, your obedient servant,

Heytesbury, Wilts, March, 1860. WILLIAM G. DAVIS, M.R.C.S.

Justitia.—If the agreement be correctly stated, he can only leave at the expiration of his year, and then no notice will be necessary.

Delta.—Yes.

Dr. Corfe's paper shall be published in an early number.

Suspense.—The examination is modified in such cases, and is quite of a practical character.

HARVEIAN SOCIETY.

To the Editor of THE LANCET.

SIR,—Your journal of March 3rd contains a short report of the proceedings of a meeting of the Harveian Society, at which Dr. Levison read a paper "On some Phenomena of the Nervous Life of Animalcules." In the instance quoted, the "Proteus (amœba) diffluens," as well as generally, Dr. Levison adopted the old and now exploded views of Ehrenberg; and as my attention has been especially drawn to the matter, I shall be obliged if you will allow me to explain that the remarks I made on this as well as other parts of the paper were directly opposed to the views and assumptions of the author.

I am, Sir, your obedient servant,

ED. HART VINEN, M.D., F.L.S.,
Late President of the Harveian Society.

Chepstow-villas West, Bayswater, March, 1860.

Dr. Henry Ashton.—The paper has reached us; but the photographic glasses were broken into fragments.

A Reader of THE LANCET, (Ashford.)—He will have to pass the preliminary examination.

Dr. Hassall's communication is unavoidably postponed.

POOR BIRMINGHAM!—IS IT A HOAX?

To the Editor of THE LANCET.

SIR,—Many of my clerical neighbours, living in parishes where the wants of the poor are greater than can be provided for, have received what I can only designate a begging letter. It is signed W. Sands Cox, F.R.S., (*cum multis aliis,*) begging to have one million stamps made up to promote the completion of a chapel, various wards, &c. &c., for the Queen's Hospital, Birmingham! I think, Sir, the penny-stamp dodge is become a nuisance; but this transcends ordinary importunity. Birmingham is one of the richest towns in the world, said to be one of the most enlightened, and at the head of liberalism and liberality; and is it known to its inhabitants that they are beggars for pence in distant counties, and from those who, with very scanty means, are struggling to obtain a modicum of help to procure a few hundred weight of coal and a few dozen blankets for their own poor? We support several hospitals in our own county, besides local dispensaries, and it would be much more consistent for us to ask assistance from the wealthy traders and merchants of Birmingham, and their well-paid operatives, than that they should endeavour to squeeze a paltry pittance from those who have scanty means, and but little to spare for their own ill-paid and poorer neighbours.

I beg to enclose the circular letter, for your own inspection, and my own card, and, as this is a medical matter, I hope you will not object to receive this communication, although it is signed, CLERUS.

Gloucestershire, March, 1860.

A Subscriber, (Paris.)—A paper by Dr. Quain appears in the present number of THE LANCET. It is, therefore, unnecessary to publish "the remarks" upon the subject.

M.D.—The Medical Council will probably admit him if he make application to them.

INTRA-CRANIAL ABSCESS.

To the Editor of THE LANCET.

SIR,—May I ask if any of your correspondents will favour me with references to any reported cases of intra-cranial abscess occurring in children after instrumental delivery?—having just lost such a case on the thirty-second day after birth, presenting many points of interest, upon which I am anxious to find corroboration. Yours obediently,

Yarmouth, Isle of Wight, March, 1860. HECTOR HELSHAM, M.D.

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THE sole reason for the delay in publishing *An Aggrieved Militia Surgeon's* letter is the difficulty we have in finding room for long communications. If our correspondent could imitate the admirable terseness and brevity of the letter of "A Militia Surgeon," published in our number for February 4th, we could promise immediate insertion. Brevity is the soul of despatch, and does not necessarily involve obscurity.

AMBULANCE CARS IN CONNEXION WITH OUR FACTORIES.

To the Editor of THE LANCET.

SIR—Permit me to ask if any of your readers can inform me whether there exists in use at any of our hospitals or manufactories a light spring ambulance car for the easy and speedy transit of accident cases? During a series of years I have had reason to deplore the want of such a vehicle in connexion with the various factories of this district, and have had on more than one occasion to state to coroner and jury that the fatality attending cases brought to the hospital was in a great measure due, not to the extent and severity of the injury, but to the delay in transit—hæmorrhage, and the suffering produced by the jolting of a clumsy cart, rendering the skill and appliances of the hospital staff of no avail.

A light hand or pony car on springs would be of the greatest service, and I am persuaded that manufacturing firms would at once avail themselves of its advantages.

Trusting that some of our military *confrères* will aid with their experience in suggesting a modification of the flying ambulance adapted to factory use,

I remain, Sir, your obedient servant,

Infirmary, Newcastle-on-Tyne, March, 1860. A. BOLTON, M.R.C.S., House-Surgeon.

THE first part of *Dr. Barnes'* "Clinical Examination of the Value of Turning in Contracted Pelvis" will be published next week.

W. F. R.—If there be no specific agreement, one month, to be given at any time.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—I beg to enclose you the following advertisement, which appeared in the *Worcester Herald* of the 3rd instant:—

"SUBSCRIPTION MEDICAL AND SURGICAL INSTITUTION, 23, Foregate-street, Worcester. Designed for the benefit of a highly respectable and rapidly increasing class of persons in this town and county, who, on account of the appearances they have to maintain, education, &c., of their children, are really less able to meet medical expenses than the poor, who, moreover, as proper objects of charity, are attended to at dispensaries, &c. &c.

"Physician—Dr. Maxwell, Licentiate of the Royal Colleges of Physicians of Edinburgh and London.

"Surgeon—Mr. J. D. Jeffery, Member of the Royal College of Surgeons of England, Licentiate of the Apothecaries' Society.

"Cards are issued daily, from ten till twelve A.M., entitling the holder to receive advice and medicines twice a week, at the Institution, for four weeks. Price of card, 12s.

"Free advice to the poor on Tuesdays and Thursdays, at ten o'clock."

The conduct of Dr. MAXWELL and Mr. JEFFERY is considered highly unprofessional, and entirely discountenanced by the whole profession in Worcester. Dr. MAXWELL is a man of independent property; yet he condescends to analyse urine for a shilling! Mr. JEFFERY has a fair practice, and at present belongs to the Medical Book Club.

Yours obediently,

Worcester, March, 1860. CHIRURGUS.

*** A copy of the above ought to be forwarded to the Registrar of the London College of Physicians.

Dr. M.—The work has not been received. All books intended for review should be sent directed to the Editor, THE LANCET Office.

A Member.—Our space is so occupied, that we have not room for the report in question.

QUALIFIED AND UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—From the answer of the Royal College of Surgeons to the protest of the surgeons of Margate, it would appear that there have been and are quacks, whom it is the duty of the profession to encourage and assist.

Will you be so kind as to allow me to ask the following questions—viz.: Was it correct before the passing of the Medical Act for men to practise the profession without undergoing a proper medical education? Or are the efforts which are now being made to increase the competency, usefulness, and status of our profession unnecessary to the public and ourselves, and injurious to some very honest and useful men? And, lastly, if it should be incorrect for men to practise without education, in what way does the impropriety become changed by length of time? The long continuance in crime is generally considered to be an aggravation.

I am very anxious properly to understand the matter, as I have recently qualified by means of some labour and the expenditure of a considerable amount of money.

Your obedient servant,

March, 1860. ANXIOUS.

Justitia, (Norwich.)—He is not "qualified" to practise both, and could not recover at law; but, with such "qualifications," he would not be interfered with.

A CASE IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—The case recorded by Dr. W. Thomas, in your impression of the 3rd instant, induces me to send you the following, which, though not exactly like his, resembles it in some particulars:—

On December 2nd, 1856, at three A.M., I was sent for to Mrs. D——, who was then in labour with her third child (she had not previously had twins), and had been so for about three hours. The os uteri was freely dilated; the pains regular and efficient; the vertex was presenting; and in about half an hour the liquor amnii escaped, and almost directly a fine boy was born. I tied the funis, and found a second child in utero, which in about twenty minutes was brought into the world; but it and the placenta were enveloped in a complete impervious sac, which I had to rupture before tying the funis. The placenta of the first child I removed subsequently to the expulsion of the second. This woman and both the children did very well indeed.

I remain, Sir, yours, &c.,

Framlingham, March, 1860. GEO. H. JEFFERSON, M.R.C.S.

A. B.—The lectures (?) are only given by the impostor for the purpose of frightening his audience into patients. A police court is the place to which our correspondent should make application.

C. C. C.—Yes, if he sue for work and labour done.

THE letters of *Lachrymans* and *F.R.C.S. Ed.* arrived too late for insertion this week.

A NON-RESIDENT PHYSICIAN.

To the Editor of THE LANCET.

SIR,—Dr. Langden Haydon Down is one of the assistant-physicians to the London Hospital. The same gentleman is resident physician of the Asylum for Idiots, Earlswood, Reigate, Surrey. Is it an equitable arrangement that a highly-salaried officer of an asylum in the country should receive an appointment at a metropolitan hospital, such appointment being usually considered to be a means of relieving the sick, developing the scientific abilities, and of introducing a young physician into practice, he at the same time taking an active part in the education conducted at the School of Medicine attached?

I understand a short time since the house committee pursued the unusual practice of making a retrospective rule, requiring assistant-surgeons to live within two miles of the hospital. Alas for the consistency of a body without a soul!

I remain, Sir, yours, &c.,

London, March, 1860. JUSTITIA.

Dr. R. MacLimont.—The lectures referred to no longer possess sufficient originality to justify their reproduction in THE LANCET.

Mr. R. P. G. Percy.—Next week.

Medicus, (Stoke Newington.)—Tomes's Manual.

CANCER CURES.

To the Editor of THE LANCET.

SIR,—On the 7th instant, I saw a poor fellow dying, who refused two years ago to allow me to remove a small epithelial cancer from his lower lip, and has since devoted his disease and his scanty purse to the attentions of various quack practitioners, male and female, the last being the now notorious Reed, who six or seven weeks ago undertook the case for £50, of which he has actually received £13. The benign influence of the remedies employed was manifested in salivation and diarrhœa. Are our Medical and other Acts all powerless to stop the career of these impostors?—and would the £13 fee be tolerably safe of recovery in a county court?

I am, Sir, yours faithfully,

Ealing, March, 1860. JOHN GOODCHILD, M.R.C.S.

CARBONATE OF BISMUTH.

To the Editor of THE LANCET.

SIR,—I beg to inform Mr. Phillips that I have prescribed the carbonate of bismuth in several cases of painful disorder of the stomach, and also in cases of that peculiar sinking and craving for food so frequently met with in women, with great success. I generally give it in combination with carbonate of potass and carbonate of ammonia, occasionally with ammonio-citrate of iron. The dose I give is from five to ten grains. I think it superior to the old bismuth resins, in being more soluble, and therefore acting more energetically.

I am, Sir, your obedient servant,

Clare, Suffolk, March, 1860. H. NAKER, M.R.C.S.

NON-REGISTERED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I have seen in your publication reports of one or two cases, in which persons who were legally qualified before the passing of the Medical Act have been non-suited, either for not being registered, or for not producing the Register in court. Any of your correspondents who will furnish information of other cases in which the Act has been held to be retrospective, will oblige,

Yours obediently,

March, 1860. DELTA.

PROFESSIONAL QUACKERY.

To the Editor of THE LANCET.

SIR—You labour hard and well to put down quackery. But what will you do with that class of practitioners, who keep one foot within the boundary of the profession (having a University diploma), and the other amongst the quacks? What say you to an underhand puff and advertisement running thus?—

"Mr. —— is rapidly recovering, being under the skilful management of Dr. ——."

This is surely both puffing and advertising. It is a good trap, and a very successful method of getting money.

Yours truly,

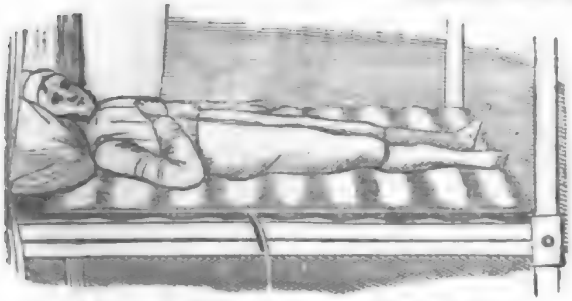
March, 1860. Q.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. W. Davis; Mr. W. Dale; Dr. Eben Watson; Dr. Tweedie; Mr. E. Canton; Dr. Quain; Mr. Marshall; Dr. Dudgeon, Cockermouth; Mr. J. Wood; Mr. R. Griffin; Mr. H. de Laspée; Mr. Skey; Mr. Hitchman; Mr. S. A. Parker; Mr. Craig; Mr. J. Johnstone, Sheerness, (with enclosure;) Mr. J. Marshall, Berwick-on-Tweed, (with enclosure;) Mr. W. Whitelaw, Glasgow, (with enclosure;) Mr. Loughlin, Ballynamona; Mr. Drew, (with enclosure;) Messrs. Salt and Son, Birmingham; Mr. Cross, Birmingham; Dr. Francis, Acton, (with enclosure;) Mr. Allanson, Sheffield; Messrs. Argles and Co., (with enclosure;) Mr. J. Jones, Brighton, (with enclosure;) Mr. S. Heald, Leeds, (with enclosure;) Mr. Steele, Abergavenny, (with enclosure;) Dr. Plowman, Cornwall; Mr. Kendall, King's Lynn; Mr. Davidson, Elgin, (with enclosure;) Mr. Coupe, Brentwood; Mr. Belgrave, Bourton-on-the-Water; Mr. Jacob, Winchester; Mr. Lloyd, (with enclosure;) Mr. Greenup, Warrington, (with enclosure;) Mr. Woodman, Armesby; Mr. Hawkes, Stoke-on-Trent, (with enclosure;) Mr. Russell, Liverpool; Mr. B. Evans, Carmarthen, (with enclosure;) Mr. Maybury, Richmond; Mr. Cartwright, jun.; Messrs. Gilbey; Dr. George Corfe; Dr. Henry Ashton, Walton-le-Dale, Preston; Dr. Hassall; Faculty of Physicians and Surgeons, Glasgow; M. A. B.; Physician; Delta; Medicus; Secretary, Kensington Museum; An Union Medical Officer; F.R.C.S. Ed.; J. S.; A Subscriber, Paris; Justitia; Harveian Society; W. F. R.; &c. &c.

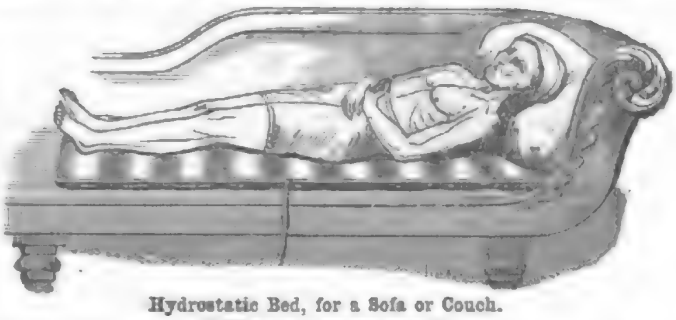
HOOPER'S HYDROSTATIC BEDS, OR MATTRESSES & CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



Hydrostatic Bed, for an ordinary Bedstead.



Hydrostatic Bed, for a Sofa or Couch.

FOR BED-SORES, CONSUMPTIVE CASES, DISEASED JOINTS, DROPSY, FEVERS, FRACTURES, GUN-SHOT WOUNDS, LASSITUDE, PARALYSIS, SPINAL AFFECTIONS, SLOUGHING SORES, ULCERATED CARTILAGES, AND ALL INVALIDS AND BED-RIDDEN PATIENTS.

HOOPER'S PATENT INVALID BED-LIFT.

THE OBJECT of this INVENTION is to enable the patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.

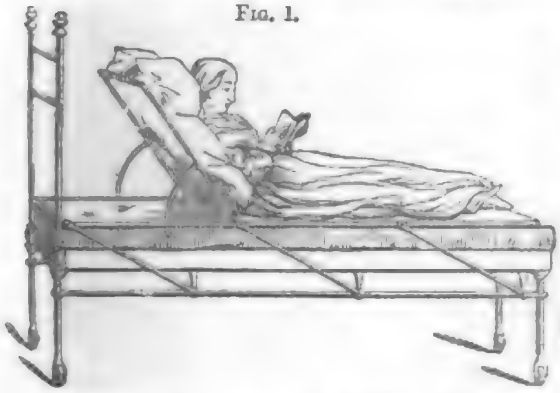
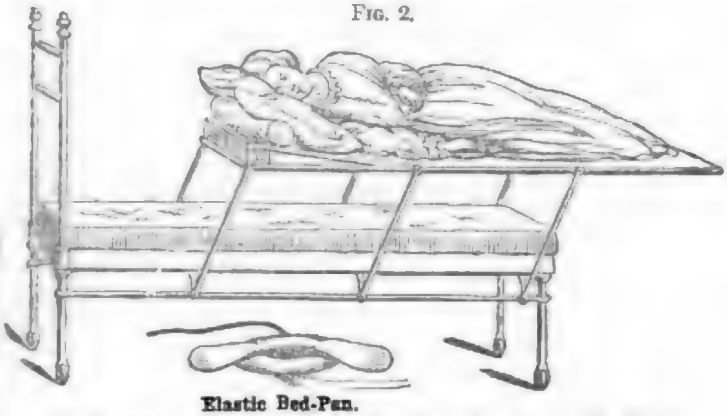


FIG. 1 represents a patient on the Patent Lift Bedstead, the back portion only of the Lift being in use, so as to enable the head and shoulders to be supported at any required inclination.

FIG. 2.

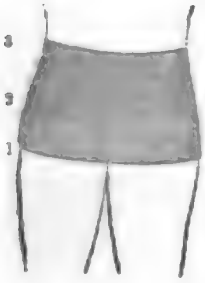


Elastic Bed-Pan.

FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.



ABDOMINAL SUPPORTER.

STOCKING ABOVE THE KNEE.

ABDOMINAL SUPPORTER AND THIGH-PIECE.

Constructed of a light, porous material, unique in giving continuous and permanent pressure, can be accurately adjusted, and readily drawn over the parts requiring their use.

HOOPER'S URINALS.

WITH VALVE TO PREVENT LEAKAGE.

For Invalids or Railway Travellers.

WATERPROOF SHEETING, FOR PROTECTING BEDDING,

At a great Reduction in price, soft and inodorous, and not acted on by Urine, Acids or Alkalies, and may be washed as Family Linen

EXTRACT OF REPORTS from the Medical Department of the three Presidencies of the Hon. East India Company; also Reports and Letters from numerous Members of the Medical Profession, sent free by post.

WM. HOOPER, Operative Chemist, 7, Pall-Mall East; and 55, Grosvenor-street, London.

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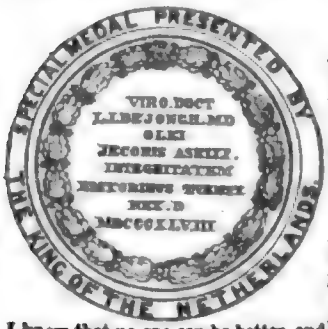
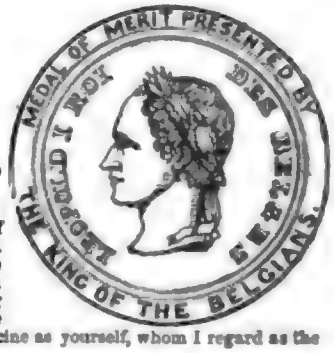


DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Coned., 5s. 6d. and 10s. 6d. Liq. Taraz., 6s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES. "The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by incressing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: Sligo, Oct. 24th, 1844.—Sir: I beg that you will be so good as to send me, for the use of Sligo Infirmary, twenty yards each of the four kinds you sent to me. I look upon your Plaster as being cleanly and nice, as well as being more applicable to most parts than any oily or resinous plasters can possibly be.—THOMAS LITTLE, M.D., LL.D., F.R.C.S.I., Surgeon to the Sligo Infirmary.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 6s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

CAUTION.

Chlorodyne. — Any Preparation

advertised or sold under the name of Chlorodyne, other than Dr. J. COLLIS BROWNE'S, is not that recognised and prescribed by the profession, for which so great and valuable testimony is accorded, as published in the Medical Journals.

Dr. J. COLLIS BROWNE'S Chlorodyne is the *only* genuine, he having *alone discovered* and *named* this *new agent*, and confided its manufacture *absolutely, solely*, and *entirely* to

J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury, London.

N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June* 11th, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMSTED, of the University College Hospital, writes thus:—

"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. (*Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

72 nauseous Drugs (Copaiba, Cod-liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Liquor Potassæ Permanganatis (CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: Savory and Sons, Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin; John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row.—Chemical Works, Battersea.

Health, Fresh Air, and Pure Water. By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents: Savory and Moore, New Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin; John Bell and Co., Chemists, 338, Oxford-street, London; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; Whinfield Horn and Co., Shipping Druggists, 58, Minories.

Chemical Works, Battersea, S.W.

Aërated Lithia Water. — The continually increasing demand for this water, originally made by Messrs. BLAKE, SANDFORD, & BLAKE at the request of Dr. GARROD, and the search in all quarters for the rare alkali it contains, afford abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS.

Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 3 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pulina, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Quinine Wine, guaranteed to contain in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilised world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.

Sold by Chemists, Grocers, &c., throughout the world.

Wholesale Agents, Lewis Watkins and Co., Worcester.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Sir J. Murray's Pure Fluid Magnesia is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

Albespeyres' Blisters. — These Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:

WARRICK BROTHERS, 3, Garlick-hill, London, E.C.

Plaster of Paris.—Stevens and Son's superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

J. C. PART, 186, Drury-lane, London.

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Bond's Genuine Indelible Marking

INK,

One Shilling size, 6s. per dozen; Sixpence, 3s. per dozen.
Queen's Pedestal Pen, with Stretcher, &c., 7s. 6d. per dozen. Also, the Queen's Requisite, elegantly finished, 7s. 6d. per dozen.

Manufactured by H. BOND, Pharmaceutical Chemist, Cross-street, top of Plumber-street, City-road, London.—Established 1815.—Can be forwarded by enclosure, or obtained at any Wholesale London Establishment.

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle, Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Laconicum, or Air-Bath Heater.—

PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 253, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 16, Bishopsgate-street Within; and that, should it meet with approval, cakes in tins sufficient for Two Baths will be supplied at 1s. each.

Belmont, Vauxhall, London.

See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by

PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine

SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated		Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz.	ditto	ditto	7s. 6d. ,,
½ oz. White Moulded Phials		Of a very superior quality.	4s. 6d. ,,
1 oz.	ditto		5s. 6d. ,,
1½ oz.	ditto		6s. 0d. ,,
2 oz.	ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of
NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *allobarge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London*.—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated		Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz.	ditto	ditto	7s. 6d. ,,
½ oz. Moulded Phials		Of a very superior quality... ...	4s. 6d. ,,
1 oz.	ditto		5s. 6d. ,,
1½ oz.	ditto		6s. 0d. ,,
2 oz.	ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

IMPORTANT NOTICE.

Glenfield Patent Starch is the only

STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the

GLENFIELD STARCH,

we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

WOTHERSPOON & CO., Glasgow and London.

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.
Surgical Instruments for Surgeons to Ships.

F. G. MOORE, M.R.C.S., 34, Terrace, Tower-hill, London, E.C.

The Surgeon's Portable Medicine

CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th*, 1859.

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

S. MAW & SON, 11, Aldersgate-street, London, E.C.

Brentwood School.—An Exhibition

of £40 a year, for Three Years, tenable at Oxford or Cambridge, which has been kindly offered by a friend, will be competed for by Pupils of this School at Midsummer, 1861. All Candidates must have been at least one year in the School prior to the date of Examination.

W. D. WEST, M.A., Head Master.

University of London.—A Gentleman

who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 6, Eccleston-terrace, Belgrave-road, S.W.

Royal College of Surgeons of England.

A Vacancy having occurred in the Office of SECOND ASSISTANT in the MUSEUM of this College, candidates for the appointment are required to transmit a statement of their professional qualifications, addressed to the Secretary, on or before the 17th of March instant. Particulars relating to the appointment may be obtained upon application at the College.

March 1st, 1860. EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England.

Notice is hereby given, that a Primary or Anatomical Examination for the Diploma of Member of this College will be held on Tuesday, the 27th inst., and following days; to which will be admitted those Candidates who have entered their names for the Anatomical Examination on the 3rd of April next, as already advertised, on application at the College for cards of admission.

March 14th, 1860. EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England.

Notice is hereby given that Primary or Anatomical Examinations for the Diploma of Member of this College will be held on Tuesday, the 3rd day of April, and following days; and on Tuesday, the 24th day of April, and following days.

And that Surgical or Pass Examinations for the Diploma of Member will be held on Wednesday, the 11th day of April, and subsequent days: and on Tuesday, the 1st day of May, and subsequent days.

Particulars relating to these Examinations may be obtained on application at the College.

March 7th, 1860. EDMUND BELFOUR, Secretary.

University of St. Andrews.—Notice

is hereby given, that the EXAMINATIONS for the Degree of DOCTOR of MEDICINE this year will commence on Monday, the 7th of May, on Monday, the 24th of September, and on Thursday, the 27th of December.

Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for examination.

Every candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of examination, and to present himself to the Secretary for Registration on Saturday, the 5th of May, on Saturday, the 22nd of September, and on Wednesday, the 26th of December

By order of the Senatus Academicus,

St. Andrews, March 10th, 1860. JAMES M'BEAN, M.A., Sec.

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Society for Relief of Widows and

ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788. 53, Berners-street, W.

The Seventy-second ANNIVERSARY DINNER of this Society will be held at the Albion Tavern, Aldersgate-street, on Wednesday, the 11th April, 1860.

THOMAS ARTHUR STONE, Esq., President, in the Chair.

Dinner to be on the table at Half-past Six o'clock. Tickets, one Guinea each, to be obtained of the Stewards, of the Secretary, and at the Tavern.

For the small sum of Two Guineas annually every member of this Society of two years' standing may prevent his widow or children from being in want. £1888 10s. were given in relief last year by this Society. Thirty-eight widows received from £35 to £40 each; twenty-four orphans from £12 to £25 each. Also three orphans had grants "towards self-maintenance," and a widow immediate relief.

S. W. J. MERRIMAN, M.D., Secretary.

INDIA OFFICE, March 12th, 1860.

Notice is hereby given, that the next

EXAMINATION of CANDIDATES for the appointment of ASSIST.-SURGEON in her Majesty's Indian Military Forces will be held in this Office on Monday, the 9th of July, 1860; and that the probable number of Vacancies to be then filled up will be 35.

W. E. BAKER, Colonel, Military Secretary.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

Vacation Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during April. The Demonstrations will be given daily, from 3 to 5 P.M., at the Westminster Hospital, commencing on Monday, the 2nd of April, and will comprise the Anatomy of the entire body. Fee, Five Guineas.

Education. — Brighton. — Inclusive

terms, 35 and 40 Guineas, according to age. Pupils prepared for the Army, Civil Service, Oxford and Cambridge Examinations, Professional and Mercantile pursuits. Resident Foreign and other Masters. References to friends of late and present Pupils, many of whom have taken high places at the above Examinations.—Address, Brighton, 7, Charterhouse-square, London.

Wanted, a fully-qualified Medical

Man as HOUSE-SURGEON to the DOUGLAS GENERAL HOSPITAL and DISPENSARY. He must be a single man, and ready to take office on the 5th of May next. Qualifications and testimonials to be sent to the Secretary, Mr. John Moore, Douglas, on or before the 26th of April. The Election to take place on Thursday, the 3rd of May. Salary, £75, and coal, candles, and attendance found.

Douglas, Isle of Man, March 10th, 1860.

Hants County Lunatic Asylum.—

Wanted, a MATRON and HOUSEKEEPER.—Persons desirous of filling the joint Situation of Matron and Housekeeper at the above Institution are requested to send in their applications and testimonials on or before Saturday, the 7th day of April next, addressed to the Chairman of the Committee of Visitors, County Asylum, Knowle, Fareham.

A preference will be given to applicants whose ages are between 30 and 45 years, and all candidates must be single or widows without incumbrances.

Salary £50 per annum, with board, washing, and furnished apartments.

Particulars of duties to be obtained by application to Dr. Manley, at the Asylum, Fareham.

WM. HANS S. STANLEY, Chairman.

Hants County Hospital.—The joint-

office of HOUSE-SURGEON and SECRETARY to this Hospital is now Vacant. The salary is £80 per annum, with board, lodging, and a gratuity of £20 per annum. Every candidate for the office must produce unexceptionable testimonials to his moral character, and possess the diploma of the Royal College of Surgeons of England, or the surgical diploma of a Royal College or University in Scotland or Ireland, and a licence from the Apothecaries' Company. Applications, with testimonials, to be addressed to the Committee, under cover to the Secretary, before the 28th instant. These applications and testimonials will on that day be laid before a special committee, who will recommend to the Court of Governors the candidate whom they consider the most eligible. The gentleman elected will be required to enter upon his duties immediately.

Winchester, March 14th, 1860. E. L. JACOB, Secretary.

Dartford Union.—Medical Officer.—

The Guardians of this Union will, on the 31st day of March instant, receive applications from, and if necessary then proceed to the Election of, a person duly qualified, according to the General Orders of the Poor-law Board, to become the MEDICAL OFFICER of District No. 1, comprising the Union Workhouse at Dartford, and the several parishes of Dartford, Darenth, Stone, Sutton-at-Hone, and Wilmington.

The salary of the Medical Officer will be £155 per annum, in addition to the sums specified in the Order of the Poor-law Board, as extra medical fees, and ~~as fees for cases of successful vaccination.~~

The Medical Officer will be required to reside at Dartford. The engagement to be subject to the approval of the Poor-law Board, and to any variation which may hereafter be made with reference to the duties of a Medical Officer.

Applications, with testimonials, to be forwarded to the Clerk's Office in Dartford on or before Friday, the 30th day of March instant, and personal attendance of the candidates is requested at the Board-room of the Union Workhouse on Saturday, the 31st day of March instant, at eleven o'clock in the forenoon.

JOHN HAYWARD,
Clerk to the Union, Dartford.

Dartford, 13th March, 1860.

To Medical Men.—Arundel, Sussex.

The Parish Officers of Arundel are about to appoint a MEDICAL OFFICER, duly qualified, to provide medicine and medical attendance to poor persons in the parish, for one year, from the 25th day of March next. The salary will be £80 per annum, exclusive of cases of Fracture and Dislocation, and Midwifery cases, and for Vaccination.

Applications to be made to Mr. GEORGE LEAR, Visitor, or to Mr. DEAS, Assistant-Overseer, Arundel, on or before the 20th of March instant.

The population of the parish, according to the last census, is 2748; area, 1968 acres.

Bristol Royal Infirmary.—A Vacancy

has occurred in the office of ASSISTANT HOUSE-SURGEON of this Institution.

Any Gentleman offering himself for the appointment must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, and also a Licentiate of the Apothecaries' Company. He must not practise out of the House, nor be engaged in any other business.

The rules direct that he shall engage himself for not less than two years, in case the Committee should so long require his services.

Salary £100 per annum, with furnished apartments, board, and washing.

Candidates are requested to send in their testimonials, addressed to the Secretary, Royal Infirmary, Bristol, on or before the 9th day of April next, to be examined and reported upon by the Committee and Faculty of the House.

By order of the Committee,
WILLIAM TRENERRY, Secretary.

Royal Infirmary, Bristol, March 14th, 1860.

Wimborne and Cranborne Union.—

Appointment of MEDICAL OFFICER.—The Board of Guardians of the Wimborne and Cranborne Union will, at their Meeting, to be held at the Board-room, in Wimborne, on Friday, the 27th day of April next, proceed to the Appointment of a MEDICAL OFFICER for the third District of the said Union, comprising the parishes of Cranborne, Edmondshaw, Horton, Pentridge, Wimborne, St. Giles, and Woodlands, containing an area of 27,710 acres and a population of 4690. Salary, £75 per annum, with all extras allowed by the Consolidated Order and other Orders of the Poor-law Board. The person appointed will be required to reside within the District, and to enter into a contract for the due performance of Vaccination in such District. Applications and testimonials, with certificates of qualification, to be sent under cover to me on or before the 26th day of April next. The person elected will have to enter on the duties of the office at Midsummer next.

By order of the Board,
Wimborne, March 2nd, 1860. GEO. LANGER, Clerk to the Guardians.

Clun Union.—Medical Officers.—The

Board of Guardians of the Clun Union will, at a Special Meeting, to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 23rd day of March next, proceed to the Election of MEDICAL OFFICERS for the undermentioned Districts of this Union.

The District of Lydbury North, comprising the parishes of Lydbury North and Mainstone, at the annual salary of £20.

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Shelve, Snead, and Wentnor, at the annual salary of £35.

Bishop's Castle, No. 2 District, comprising the out-liberties of Bishop's Castle, and the parish of Mindtown, at the annual salary of £12 10s.

The District of Hopesay, comprising the parishes of Clungunford, Edgton, and Hopesay, at the annual salary of £25.

The Medical Officer of each District, in addition to the above salary, will be entitled to extra fees for Vaccination, Midwifery, and Surgical cases, and such other fees as are allowed by the General Orders of the Poor-law Board. (Cod-liver Oil to be supplied at the cost of the Union.)

Applications, accompanied by testimonials, and such evidence of qualification as is required by the Order of the Poor-law Commissioners, dated the 10th December, 1859, must be sent to the Board of Guardians, at the Workhouse, in Bishop's Castle, before 11 o'clock in the forenoon of the 23rd March next, at which time and place candidates are requested to attend.

By order of the Board,
Bishop's Castle, March 9th, 1860. FREDERICK PARDOE, Clerk.

To the Medical Profession.—Dunmow

UNION.—Notice is hereby given, that the Board of Guardians of this Union will, at their Meeting to be holden on the 20th March instant, proceed to the Election of a MEDICAL OFFICER to the undermentioned District, at the following rate of salary, namely:—

District.	Parishes.	Area.	Population.	Salary per Annum.
Bardfield ...	Great Bardfield ..... / Little Bardfield ..... / Bardfield Saling ..... / Lindsell	8289	2244	£47 2 0

In addition to the above salary, the following extras will be paid, namely:—

Surgical operations as per General Consolidated Order of the Poor-law Commissioners of 24th July, 1847.

Midwifery cases at 10s. per case.

All medicines, leeches, and medical and surgical appliances (trusses excepted) to be provided by, and at the expense of, the Medical Officer.

Vaccination cases at 1s. 6d. per head for each successful case, if performed at any distance not exceeding two miles from the residence of the Medical Officer; and 2s. 6d. for each successful case, if performed beyond the distance of two miles from the residence of the Medical Officer.

Candidates must send their applications in writing, with testimonials as to qualifications and fitness, (under cover directed to me,) to the Board-room at the Union Workhouse, Great Dunmow, by 11 o'clock A.M. on the day of Election.

The successful candidate must be prepared to enter upon his duties forthwith, or as soon as required by the Guardians, and he must reside at some place within the district.

By order of the Board,
Dunmow, March 6th, 1860. WILLIAM JOHNSON, Clerk.

King's College, London.—The Council are ready to receive Applications from candidates for Two Appointments of ASSISTANT-PHYSICIAN at KING'S COLLEGE HOSPITAL.—For particulars, apply to

J. W. CUNNINGHAM, Secretary.

To Dispensers.—Wanted, an Assis-TANT DISPENSER for the St. George's and St. James's Dispensary, to attend about four hours daily. Applicants for the Appointment are requested to attend, with their testimonials, at the Dispensary House, 60, King-street, Regent-street, on Tuesday next, the 20th instant, at 4 o'clock P.M., punctually.

February 13th, 1860. J. H. YORK, Secretary.

Middlesex Lunatic Asylum at HANWELL.—Wanted, an ASSISTANT MEDICAL OFFICER, to act under the direction and superintendence of the principal Medical Officer of the Male Department of the Asylum. Candidates must be duly registered as a Surgeon and Apothecary, according to the Act of the 21st and 22nd Vic., cap. 90, intituled, "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery," and unmarried. The salary will be £150 per annum, with board and residence in the Asylum. Testimonials, accompanied by a printed form, which will be forwarded on application, must be sent under cover to me, at the County Offices, 6, John-street, Bedford-row, W.C., on or before Wednesday, the 21st of March instant, after which day the Candidates will receive a communication, and such as the Committee of Visitors may desire to see personally will receive notice to that effect.—Dated this 5th day of March, 1860.

CHARLES WRIGHT, Clerk to the Visitors.

Westminster Hospital, Broad Sanc-TUARY.—Notice is hereby given to Gentlemen who have completed their Education at the Westminster Hospital, that, in accordance with a law recently passed, the Committee are prepared to Elect, on the 7th of June next, Two Resident Medical Officers—a HOUSE-PHYSICIAN and a HOUSE-SURGEON—without salary, but who will have board and lodging free of expense. Candidates for these appointments, which are to be held for one year, must be qualified to practise under the Medical Registration Act of 1858, and must produce certificates, as to the House-Physician, of his having served the office of Clinical Clerk for a period of not less than six months; and, as to the House-Surgeon, that of Surgeon-Dresser for a like period, at some recognised Hospital. Both will be selected after a Competitive Examination, which will take place at the Hospital on Monday, the 16th of April, at One o'clock P.M. Candidates must send in their names to the Secretary of the Hospital not less than seven days before the date of the Examination.

Further particulars may be obtained on application to the undersigned,

F. J. WILSON, Secretary to the Westminster Hospital.

Parish of Lambeth.—Medical Officer Wanted for District No. 8 of the Parish of Lambeth, bounded as follows: from the Vitriol Works, Kennington-park, along the boundaries of the Parishes of Newington and Camberwell, to the corner of Cold-harbour-lane, along the north side thereof and Camberwell-lane to the corner of Canterbury-road, along the north side thereof to Brixton-road, the east side of Brixton-road to Kennington-park. The person to be appointed must undertake to reside within the District, and must possess the qualifications required by the Orders of the Poor-law Board, which may be seen, and further information obtained, at this Office, any day between the hours of 10 and 4. The salary (to include medicine and appliances) will be £75 per annum. Applications, accompanied by certificates of qualification and testimonials, are to be forwarded to me on or before Monday, the 19th instant. The Appointment will be made at a Meeting of the Guardians, to be held at the Board-room of the Workhouse, on Tuesday, the 20th instant, at 10 o'clock in the forenoon, when the candidates are required to attend.

By order,

Clerk's Office, Lambeth Workhouse, W. T. LOGAN, Clerk.

March 8th, 1860.

Suffolk General Hospital.—Wanted, a HOUSE-SURGEON at the above Institution. No person is eligible unless he be legally qualified to practise as a Surgeon and Apothecary, and unless he undertake to reside in the Hospital.

Testimonials of moral conduct and general qualifications are to be sent to the Hospital, addressed to the Chairman of the Committee, on or before Monday, the 9th April next.

The salary is £75, exclusive of board and lodging.

The personal attendance of the candidates is, if practicable, very desirable.

The Committee particularly request that the Governors will not engage their votes till the names and qualifications of the respective candidates are made known.

By order of the Committee,

13th March, 1860. WILLIAM GROSS, Secretary.

A Medical Man, retiring from Prac-tice from ill-health, wishes to LET his HOUSE (which has been occupied by Medical Practitioners continuously during the last ten years) to a Successor. The house has fifteen rooms, the upper part of which could be advantageously let. Rent £70. As the present occupier would not give any introduction, only a small sum (£50) would be required for surgery, gas, and house fittings. The premises are situated near Portman-square.—Address, H. M., at Mr. Hickman's, 46, George-street, Portman-square.

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Lecture I., (continued.) *With Engravings* ..... p. 287

A Clinical Examination of the Value of the Operation of Turning in Labour Obstructed through Coarctation of the Pelvic Brim. By Robert Barnes, M.D., F.R.C.P., &c. 291

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
Pleuro-Pneumonia and Pericarditis. (*With Engravings.*) 292

Phlegmonous Erysipelas of the Left Upper and Lower Extremities in a Child three weeks old. By G. M. Beale, Esq., Hammersmith 293

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Charing-cross Hospital:
Congenital Dislocation Outwards of the Left Patella in a Knock-kneed Leg. (*With an Engraving.*) 293

Guy's Hospital:
Fibrous Tumours of the Lobule of the Ear, over the site of Puncture for Rings; Removal. (*With an Engraving.*) 294

Clinical Records. — Hæmorrhagic Purpura in a Boy. — Medullary Disease springing from the Deltoid. — Death from Rupture of a Varicocele. — Excision of Scirrhus of the Breast in a Woman aged seventy; Recovery 294

MEDICAL SOCIETIES.

Pathological Society of London:
Resection of the Knee. — Exostosis of the Orbit. — Hypertrophy of the Heart. — Spinal Meningitis. — Disease of Bile Ducts. — Acute Laryngitis and Œdema of Glottis. — Tubercular Peritonitis. — Cretaceous Deposit in the Peritoneum. — Exhibition of an Œsophagus and Stomach after Swallowing Sulphuric Acid. — Disease of the Uterus. — Amputation at the Hip-joint. — Ovarian Tumour. — Calculus from the Tonsil 295

REVIEWS AND NOTICES OF BOOKS.

On Consumption, its True Nature and Successful Treatment. By Godwin Timms, M.D. Lond., M.R.C.P. 297

Contributions to the Hygienic Treatment of Paralysis and of Paralytic Deformities. By M. Roth, M.D. 297

Cure of the Sick, not Homœopathy, not Allopathy, but Judgment. By J. Spurgin, M.D., F.R.C.P. 297

LEADING ARTICLES.

The Joint Diplomas of the Colleges of Physicians and Surgeons 298

Militia Surgeons 298

The Injurious Effects of Dust 299

The Transport Service 300

Bedford General Infirmary ... 300

MEDICAL ANNOTATIONS.

The New Dental Diploma. — Medical Degrees and Medical Titles. — Printing on Tinted Paper. — Medico-Parliamentary . 301

CORRESPONDENCE.

Poor-law Medical Reform 297

The Dublin and Edinburgh Colleges of Surgeons 303

Army Surgeons in India 304

The College of Dentists and the Royal College of Surgeons: Letter from Mr. S. L. Rymer ... 304

Navy Surgeons 305

Ammonia in Scarlatina 305

Typhus and Typhoid 305

The Medical Service of the Royal and Indian Armies 306

The London Medical Registration Association 307

Parisian Medical Intelligence 307

Poor-law Medical Reform Association 308

MEDICAL NEWS.

Revivals 309

Pass-lists of the Royal Colleges of Physicians and Surgeons, Apothecaries' Hall, and Royal Colleges of Physicians and Surgeons, Edinburgh. — University College. — Oxford Medical Degrees. — The *Accrington*. — The Disinterred Bodies at the Camden-town Cemetery. — Libel on Prof. Brodie. — Appointments. — The College of Surgeons and the College of Dentists. — Italian Revenge. — Syphilization. — Death from Inhalation of Chloroform in Lisbon. — The Medical Men of Genoa and the Municipal Council. — Health of the Metropolis 309

Obituary. — T. W. G. Stone, Esq., M. R. C. S. — Joseph Hewer, Esq., M.R.C.S. 310

Medical Diary of the Week 310

Notices to Correspondents 311

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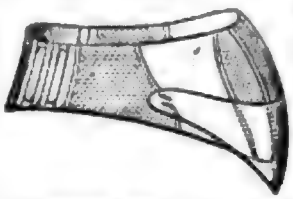

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A full Descriptive Circular, post free, from the Manufacturer,

MARK JOHN LINDSEY,
5, Chiswell-street, Finsbury-square, London.

Wholesale Agents—S. Maw and Son, London; J. & W. Wood, Manchester

Tompson's Hydro-Pneumatic Inhaler,

for the Local Treatment of Affections of the Larynx, and other Mucous Passages of the Throat, &c., with Solution of Caustic or other medicated Liquids, is easily applied by the operator, and occasions no inconvenience to the patient; vide THE LANCET, 28th Jan. 1860, p. 95. It may be had of MILLIKIN & LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London. Price 3½ Guineas.

A liberal discount to the profession.

H. Breidenbach, Perfumer to the

Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

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WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

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SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Whicker and Blaize (late Savigny),

Surgical Instrument Makers, 67, St. James's-street, S.W., beg to inform the Medical profession, &c., that they are the appointed Manufacturers of Surgeon L'ESTRANGE'S PATENT TRUSS, and also of the Patented Invention of Mons. Féron. Their best attention will be given to any commands that they may be favoured with.

At Pratt's, Army, Navy

Surgeons, and others, can be supplied with the best

SURGICAL INSTRUMENTS.

Travelling Urinals	from 12s.
Brass Enema Syringe, in Case ...	7s. 6d.
Elastic Stockings...	5s.
Case of Amputating Instruments	£3 15s.
Pocket Case	30s. & 42s.
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Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a new Truss; all of which have been approved and ordered by the Army Medical Board.

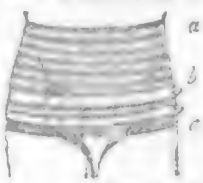
PRATT, SURGICAL INSTRUMENT MAKER, 420, Oxford-street.

Patent Self-Adjusting Trusses.—

SALMON, ODY, and CO. most respectfully inform the public that their TRUSSES have been in use upwards of 50 years, and are found to answer the purpose with more ease and security than any other invention. They will answer for right or left side, requiring no understrap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.—N.B. A female attends from ten till two o'clock. Ladies are requested to apply at Mr. Ody's private door.—Manufactory, 292, Strand.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at a, b, c; depth, from a to c.



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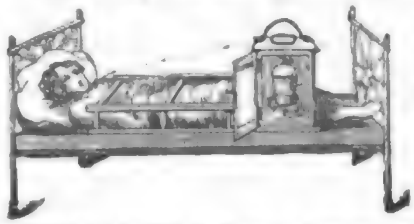
Noedl's Patent Vapour Bath—

a very simple and useful Apparatus for Private Use or for Public Institutions.



Price reduced to Four Guineas, including japanned outer case.

A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

Manufactured and sold by

BENHAMS & FROUD, 40, 41, and 42, Chandos-street, Charing-cross, W.C.

For Varicose Veins and Weak-

NESS.—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

POPE and PLANTE, 4, Waterloo-place, Pall-mall, London.

The Profession, Trade, and Hospitals supplied.

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Flour, warranted free from adulteration, to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s.; Households, recommended for bread-making, 8s. 4d.; Seconds, 7s. 8d.; Meal for brown bread, 7s. 8d.—Address, HORSNAIL & CATCHPOOL, Bailford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

Pure Granulated Cocoa, 1s. 4d. per lb., in 1 lb. & ½ lb. packets. Manufactured precisely in the same manner as when analyzed by the Sanitary Commissioners of this Journal in the year 1851, and declared by them to be not only genuine, but of superior quality and manufacture.

Homœopathic Cocoa, a most nutritious and convenient article, in 1 lb. and ½ lb. canisters. This suits some constitutions better than the pure Granulated. It is made in the cup by the addition of boiling water in one minute. It is well adapted for use at sea, and in chambers. 1s. 4d. per lb.

Stomachic Chocolate, from the formula of a Physician, to be eaten in cold, foggy weather; very nourishing and warming to the system.

HANDFORD & DAVIES, 61, High Holborn, W.C.

Lichen Islandicus; or, Iceland Moss COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Gluten Bread, Biscuits, Cakes, SEMOLA, and CHOCOLATE, for Diabetes, Consumption, Dyspepsia, Asthma, all Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; and Wholesale only of

G. VAN ABBOTT, 13, Basinghall-street, E.C.

Asses' Milk.—For Invalids and INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Kinahan's LL Whisky *v.* Cognac BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL. Whisky."

THE OCTOBER BREWINGS ARE ARRIVING.

Bass's East India Pale Ale.

BARCLAY'S PORTER AND STOUT.

In 18-gallon casks, bottles, half-bottles, and imperial pints.

Also, DEVONSHIRE CIDER.

BERRY BROS. & CO., 3, ST. JAMES'S-STREET, S.W.

Allsopp's Pale or Bitter Ale.—Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

REDUCTION OF THE WINE DUTIES.

Invalids, especially those suffering from liver complaints, and all admirers of pure Dry Sherry, are strongly recommended to try the N.S. WINE at 32s., and Manzanilla, at 38s. per dozen, bottles included. Carriage Free to any part of England or Wales, and detailed price-lists gratis by post on application.—CADIZ WINE COMPANY, 66, St. James's-street, London. Established 1847.

The New Tariff.—Marshall and Son beg to invite attention to their large and varied Stock of FRENCH, GERMAN, SPANISH, and other WINES, which they are selling at unprecedented low prices, having made the full reduction in accordance with the reduced duty. Carriage paid to any part by rail. Price Lists on application.

MARSHALL and SON, Purveyors to the Queen, 20, Strand, London, W.C.

Reduction of Duty.—Hedges and BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ¼-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

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WINES AND SPIRITS OF ALL SHIPPERS.

Her Majesty's Wine Merchant— (Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-, and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto, Yquem, 80s; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liqueurs. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers: Sir Claude Scott, Bart.

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TO INDUCE A TRIAL OF

South African Wines.

AT 20s. AND 24s. PER DOZ., BOTTLES INCLUDED,

The consumption of which has now reached 420,000 doz. per annum (*Vide* Board of Trade Returns),

A CASE containing four samples, sealed and labelled, will be forwarded on receipt of 30 POSTAGE STAMPS, viz.:—

Half-pint bottle of best South African Sherry.
Half-pint bottle of best South African Port.
Half-pint bottle of best South African Madeira.
Half-pint bottle of best South African Amontillado.
Bottles and Case included.

COLONIAL BRANDY, very superior, 15s. per gallon.
BEST GIN, full strength, 11s. 3d. per gallon.
Price lists free on application.

Address—Mr. ANTHONY BROUGH, Wine and Spirit Importer, 29, Strand, London, W.C.

Salt and Co., East India Pale Ale and BURTON ALE Brewers, Burton-on-Trent.

STORES.

LONDON	Hungerford Wharf.
LIVERPOOL	72, Henry-street.
MANCHESTER	37, Brown-street.
BIRMINGHAM	Old Court House, High-street.
SHEFFIELD	12, George-street.
BRISTOL	10, Stephen-street.
NEWCASTLE-ON-TYNE ...	Manor Chare.
DUBLIN	11, Temple-lane.

N.B.—SALT and CO.'s Ales may be obtained in glass from the principal Bottlers in the kingdom, a list of whom will be supplied by their Agents, on application.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. ,,
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. ,,
SPLENDID OLD PORT (ten years in the wood)... 37s. ,,
SPARKLING EPERNAY CHAMPAGNE..... 34s. ,,
ST. JULIAN CLARET, pure and without acidity... 24s. ,,

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Pure Country Milk and Cream,

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

T. Kingsford and Son's Oswego

PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

DU BARRY'S DELICIOUS HEALTH RESTORING

Revalenta Arabica Food is invaluable

to the dyspeptic, habitually constipated, the hectic or nervously delicate, as it absorbs all irritating acidity, and restores the faculty of digestion, functional regularity, sound refreshing sleep, and nervous and muscular energy to the most enfeebled.

Sold in canisters, 1lb., 2s. 9d.; 2lb., 4s. 6d.; 12lb., 22s.; 24lb., 40s. The 12lb. and 24lb. canisters carriage free on receipt of post-office order by Barry Du Barry and Co., 77, Regent-street, London; Fortnum, Mason, and Co., 182, Piccadilly, London; and all Grocers and Chemists.

Spiced Breakfast Tongues, from 3s. 6d.

per dozen, to 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE,
30, Ludgate-hill, near St. Paul's, E.C.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155 Cheapside, E.C.—Illustrated Prospectus free.

Money. — All Persons requiring

ADVANCES should apply to Messrs. JOHNSON and CO., 2, Surrey-street, Strand, who obtain cash to any amount upon all kinds of securities, making no charge unless business is transacted.

The Mutual Life Assurance Society,

39, King-street, Cheapside, E.C.—A.D. 1834.—The TWENTY-SIXTH ANNUAL REPORT, Cash Account, Balance Sheet, &c., are now ready, and may be had on written or personal application.

CHARLES INGALL, Actuary.

"NEMO SIBI VIVAT."

New Equitable Life Assurance

COMPANY.

Offices—No. 440, Strand, Charing-cross.

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The attention of the medical profession is called to the following scale of fees payable by the Company on business introduced by the medical attendant:—

Fee of £2 2s. for every assurance of £250 and upwards;
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and, in addition, a commission of 10 per cent. on the premium of the first year, and 5 per cent. on subsequent payments.

Loans granted on approved personal securities.

Prospectuses and proposal forms may be obtained on application to

FREDERICK BIGG,
440, Strand, Charing-cross. Actuary and Secretary.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

Preferred to the best Arrowroot. Delicious in puddings, custards, blancmange, cake, &c.; and especially suited to the delicacy of Children and Invalids. THE LANCET states, "This is superior to anything of the kind known." Trade Mark and Recipes, on each Packet, 4, 8, and 16 oz. Obtain it from Family Grocers, Chemists, &c.—Paisley, Manchester, and London.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,)
Operative Chemists, 22, Conduit-street, London W.

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OF

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ESPECIALLY OF

EPILEPSY.

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LECTURE I.—(*Continued.*)

II. IT is very far from certain that muscular contraction is produced by any stimulation derived from the nervous system. On the contrary, there are certain facts which seem to be altogether fatal to such an opinion.

One of these facts is to be found in the extraordinary increase of muscular power in the hind legs of a frog *after* the division of the spinal cord. In illustrating this fact, Dr. Brown-Séquard attaches a small hook to one of the hind legs a little above the ankle, and tests the muscular power of the limb by hanging weights upon this hook. First of all, he finds a weight which is just a little heavier than that which the muscles of the limb are able to lift, when they are thrown into contraction by pinching one of the toes. This being done, he then divides the spinal cord immediately behind the second pair of nerves, and goes on testing the muscular power of the paralysed legs by changing the weight upon the hook. The results are very strange. Immediately after the division of the cord, the muscular power put forth by the weighted leg when its toe is pinched is sometimes *nil*, but generally it is about a third or fourth of what it was before the operation. Fifteen minutes later this power is evidently rallying. In twenty or twenty-five minutes it has recovered all it had lost. At the end of an hour it is greater than it was before the operation—perhaps doubled. An hour or two later still, it is certainly doubled, possibly trebled; and from this time up to the twenty-fourth hour, when the increase generally attains its maximum, it goes on slowly augmenting. The particulars of two experiments with very fine frogs (A and B) were as follows, the weights raised being expressed in grammes:—

Frogs experimented upon		A.	B.
Grammes raised *before* the division of the spinal cord		60	60
Grammes raised *after* the division of the spinal cord	Immediately afterwards	20	10
	In five minutes	45	30
	In fifteen minutes	60	40
	In twenty-five minutes	80	60
	In one hour	130	100
	In two hours	140	120
	In four hours	140	130
	In twenty-four hours	150	140
	In forty-eight hours	150	140

At this latter point the muscular power may remain nearly stationary for six, ten, fifteen, or twenty days. In a month, if the animal lives, the power in question will, in all probability, have fallen to its original value before the operation. In six, seven, or eight months, it may not be more than a third or a fourth of this value. It is possible, however, that some part of this failure might have been prevented if care had been taken to exercise the paralysed limbs by galvanism.

There are other experiments moreover which [illegible] plainly that the muscular power is similarly augmented when the muscle has been altogether cut off from the spinal cord, and which thus contradict Dr. Marshall Hall's notion that this increase of muscular power, after division of the spinal cord, is due to increased stimulation on the part of the cord, which increased stimulation has come into play because the controlling influence of the brain has been cut off.

In one experiment, for example, Professor Engel clips out the whole of the cerebro-spinal system of a frog, bones and all, and, after five or ten minutes, he finds that the muscles have become so irritable as to be thrown into a state of contraction by a blow upon the table. He finds, indeed, that the muscles under these circumstances are quite as irritable as they are in the case of a narcotized frog.

In another experiment, Dr. Brown-Séquard divides the spinal cord immediately behind the roots of the brachial nerves, and after this he cuts through the nerves proceeding to *one* of the hind legs. Two hours afterwards, he separates both hind limbs from the body, and on comparing their irritability by pinching and galvanizing the nerves, he finds that the "*irritability is augmented*" in both limbs, and *mostly in that which had been previously cut off from the spinal cord by the division of its nerves.*

But what of this augmented irritability? There is, no doubt, undue readiness to contract on the part of the muscles, and undue readiness to bring about contraction on the part of the nerves; but there are sundry difficulties, of a very grave character, which must be removed before it can be allowed that this change is owing to augmented irritability. Two such difficulties are presented by the two following experiments in Dr. Harley's very valuable investigations upon the physiological action of strychnia and brucia.*

In one of these experiments the hearts of two frogs are cut out and placed, one in distilled water, the other in a weak solution of strychnia or brucia. Placed in distilled water, the heart is found to go on pulsating for some time, and to be capable of resuming its pulsations for a longer time still, even for hours; placed in the poisoned solution, the heart is found to cease beating almost immediately, and to be in a state of rigor mortis before the other heart has lost any of its power of contracting rhythmically.

In the other experiment, instead of the hearts of two frogs, the two hind limbs of the same frog are placed, one in distilled water, and the other in a solution of strychnia or brucia of tolerable strength, and arrangements are made for testing the irritability of the two limbs by galvanism. This is the experiment. The result, which is not less marked than in the case where the hearts are concerned, is that the limb immersed in plain water contracts strongly for some time after the limb immersed in the solution of strychnia or brucia has passed into the state of rigor mortis.

It would seem, indeed, as if the poisons acted upon the irritable tissues in the same way as that in which they have been seen to act upon the blood; for, as Dr. Harley points out, "the destruction of the irritability of the muscle may be supposed to imply the suspension of that process of absorbing oxygen and giving off carbonic acid—the so-called respiration of muscle—which is certainly most energetic when the irritability is most marked." But be the explanation what it may, the fact remains, that the so-called *irritability dies out most rapidly* when the irritability is said to be most augmented—for in no case is the irritability more augmented than in cases of strychnine poisoning; and thus, instead of ascribing the undue disposition to contract to augmented irritability, it would seem more in accordance with the fact to suppose that this undue disposition to contract is due to a change which is the very opposite of augmentation. At any rate, after what has been said, it is impossible to refer the phenomena of a so-called *augmented irritability* to *augmented innervation.*

Nor does the permanent contraction, which comes on sooner or later in paralysed parts, appear to be in any way dependent on the stimulus of nervous influence. This permanent contraction comes on sooner or later in all paralysed parts, and the fact may easily be verified experimentally. Thus, after destroying the spinal cord in the lumbar region of a pigeon, the muscles of the paralysed parts are at first soft; in a few days they become somewhat hard; after a few days they pass into a state of permanent contraction—contraction by which the legs are kept extended and divergent. The muscles, indeed, would seem to become contracted, because the action of the nervous system upon them was suspended, and to remain contracted because this state of things was permanent.

It would seem, also, as if the facts which still remain in the

background are equally unfavourable to the idea that muscular contraction is produced by any stimulation derived from the nervous system. It is impossible, for instance, to look upon the convulsions produced by hæmorrhage, and find a reason for believing that they are connected with undue stimulation on the part of the nervous system. For if it be a law in physiology, as it undoubtedly is, that the functional activity of an organ is proportionate to the activity of the circulation in that organ, then it follows that the action of the nervous system must be at zero during the convulsions of hæmorrhage, seeing that at this time the vessels are almost empty of blood, and the heart is well-nigh still. The inference, also, which may be drawn from the general fact of convulsion in hæmorrhage is confirmed and rendered more circumstantial by some recent experimental investigations of Drs. Kussmaul and Tenner,* of which the importance cannot well be overrated.

In one of the experiments performed by these physiologists, threads are passed behind the common innominate and left subclavian arteries of a rabbit,† and arrangements made by which these threads may be tied and untied in a moment. On tying the ligatures, the animal was violently convulsed; on untying the ligatures about sixty seconds later, the convulsions, which were then raging at their height, were instantly brought to an end. Convulsion is brought on, that is to say, by preventing the flow of blood to the brain, the medulla oblongata, the upper part of the spinal cord, and the cervical ganglia of the sympathetic nerve; and these convulsions are instantly suspended by allowing the blood to return to those organs. In other words, the convulsions would seem to be connected with a state of inaction of one or more of the nervous centres named; for how can there be any action where blood is wanting? Nor can it be said that there may be over-action in the rest of the spinal cord and in the thoracic and abdominal ganglia of the sympathetic system—over-action in consequence of part of the blood which cannot find its way to the head and neck being added to the blood which under ordinary circumstances finds its way to these organs,—for there is another experiment which furnishes conclusive evidence upon this point.

In this experiment the subclavian arteries of a rabbit are tied at their origin, and a ligature is also placed around the arch of the aorta, a little beyond the opening of the left subclavian artery. The ligatures, that is to say, are so placed as to bring about a result which is the very opposite of that which was secured in the last experiment. In that case the blood was cut off from the head and neck, and the circulation confined to the trunk and limbs; in this case the blood is cut off from the body and limbs, and the circulation confined to the head. In this case, that is to say, the vessels of the brain, medulla oblongata, upper part of the spinal cord, and the cervical ganglia of the sympathetic nerve, receive more than their proper share of blood, for all the blood of the body is diverted in this direction; while the rest of the spinal cord and the thoracic and abdominal ganglia of the sympathetic nerve receive no blood at all. And what is the result? The result is paralysis of the parts behind the ligatures, without convulsion. In one or two instances the paralysis was preceded by trembling; but in no instance was there convulsion, or anything approaching to convulsion. It was ascertained also, that this absence of convulsion was not due to paralysis of the spinal cord from want of blood, for on compressing the carotids so as to prevent the flow of blood through these vessels the animal was instantly seized with violent convulsion.

Here, then, are two experiments the significance of which cannot well be misunderstood. In the first, we see that convulsion is instantly arrested by allowing the blood to return into the great vessels of the neck; in the second, we see that convulsion is *not* caused by cutting off the blood from the body and limbs, and in that way increasing the rush of blood to the head and neck. In the first we see, further, that convulsion is instantly brought about by tying the great vessels of the neck; in the second, we see that the same result is brought about by compressing these vessels. In other words, we see that convulsion is absent when the presence of an undue quantity of blood may be supposed to imply an over-active state of the cranial and cervical nervous centres, and that convulsion is present, when, from complete want of blood, these centres must be supposed to be in the very lowest degree of activity compatible with life.

In the second of these experiments, we may also find proof that the convulsion is equally unconnected with an over-active state of the spinal cord, and of the thoracic and abdominal ganglia of the sympathetic system; for after the circulation has been for some time at an end in these nervous centres, and when, therefore, the functional activity of these centres must be *nil*, convulsion is brought about by compressing the carotids.

And lastly, an indirect argument in support of the inference arising out of these experiments,—that it is the absence, and not the presence, of blood in the cranio-cervical nervous centres which has to do with the convulsion,—may be derived from the fact that drowsiness, and not convulsion, is the consequence of that capillary injection of these centres arising from the division of the sympathetic nerve in the neck, or of that venous engorgement brought about by tying the jugulars, or of that double arterio-venous congestion which happens when the sympathetic nerves are divided in the neck and the jugular veins tied in the same animal.

As with the blood, then, so with "nervous influence," the evidence throughout would seem to be altogether opposed to the idea that the action upon muscle is that of a stimulus to contraction; but upon this point it may be well to refrain from forming an opinion until we have had an opportunity of considering some facts which find a place more conveniently in the following sections.

III. In the able hands of Prof. du Bois-Reymond,* the galvanometer has recently brought to light certain facts which appear to be essential to the full interpretation of the mode in which muscle is affected by electricity.

Of these facts, those which require to be mentioned first in the present inquiry are these:—that there are electrical currents in living muscle and nerve; that these currents die out *pari passu* with the irritability of the nerve and muscle; and *that they have finally disappeared before the occurrence of rigor mortis.*

The next fact to which I would prominently direct attention is this, that *the electrical currents of muscle and nerve are weakened during ordinary muscular contraction.*

In the beautiful experiment by which this weakening of the muscular current during contraction is demonstrated by Prof. du Bois-Reymond, use is made of the gastrocnemius of a frog, with a long portion of the sciatic nerve attached to it. The muscle is placed upon the cushions of the galvanometer, and the nerve is laid across the poles of an induction coil, which coil is not then in action. On placing the relaxed muscle upon the cushions of the galvanometer, the muscular current traverses the coil, and the needle is deflected to a considerable distance from zero. Passing a series of alternating induction currents through the nerve, and so producing a state of tetanus in the muscle, the needle swings back, and for a moment or two passes to the other side of zero. Under the current of the relaxed muscle, that is to say, the needle passes from zero; when contraction is produced, the needle passes towards zero. How, then, is this? Is the needle acted upon by a reverse current during contraction, or is it left free to oscillate back to its point of rest in consequence of the cessation of the current which had previously kept it away from this point? To answer this question, the experiment just described is modified in the following manner:—Having first ascertained the point to which the needle is deflected by the current of the relaxed muscle, the circuit of the coil is broken, and the needle allowed to return to rest at zero. Then, throwing the muscle into a state of tetanus, the circuit of the coil is closed. In other words, the experiment is so conducted as to test the current of the contracted muscle. And what is the result? It is this: that the needle moves in the *same* direction as that in which it moved under the current of the relaxed muscle, *but not to the same distance from zero.* That is to say, the current of the gastrocnemius is found to be *weakened* during contraction, not reversed. I have often verified this fact, and I shall be happy to show the experiment after the lecture to any who may be sufficiently interested in the subject to remain.

In showing the corresponding *weakening of the nerve-current*, the ischiatic nerve of a frog is divided in the ham, and dissected out for a sufficient length towards the spine. This being done, the divided end of the nerve is bridged over the cushions of the galvanometer, so as to touch one cushion with its end and the other with its side, and a note is taken of the degree to which the needle is deflected by the nerve-current. The frog is then poisoned by placing a little strychnia under the skin, and when the tetanus occurs, *the needle is seen to recede three or four degrees nearer to zero;* and this not only during the principal attacks, but also during the more transitory shocks which are

* Untersuch. z. Naturlehre der Menschen, u. d. Thiere, von J. Moleschott, vol. ii. Frankfort, 1857.

† In a rabbit, the right subclavian and both carotids usually commence in a common innominate artery, while the left subclavian springs independently from the arch of the aorta.

* Untersuchungen über Thierische Electricität. 8vo. Berlin, 1848.

produced on touching the animal. It is seen, further, that the needle again diverges from zero when the spasms pass off. For this fact also we are indebted to Prof. du Bois-Reymond.

And thus in *ordinary muscular contraction*, as well as in rigor mortis, the phenomenon of contraction would seem to be coincident with the absence rather than with the presence of the natural electrical currents of muscle and nerve.

The influence of artificial electricity in muscular action is a difficult problem; but even here there are facts which show that the full solution may be hoped for before long.

When the hind limb of a frog is attached by means of its sciatic nerve to the conductor of an ordinary electrical machine, and the conductor is in turn charged and discharged, the limb is seen to be at rest in the former period and to be convulsed in the latter. Now, in this experiment, the limb, as part of the conductor, must participate in all the changes of charge or discharge which pass over the conductor; and in this case, therefore, *the muscular contraction would seem to be related to the disappearance of ordinary electricity from the muscle, and not to the presence of ordinary electricity in the muscle.*

The muscular movements resulting from the action of a galvanic current are not a little complicated, and their full interpretation is proportionately difficult.

The muscular movements resulting from the action of a galvanic current upon a motor or mixed nerve, *provided the nerve be divided and its end lifted up*, (as in Fig. 2) are divisible into periods of double, alternate, and single contraction. In the first period—that of double contraction—there is contraction at the beginning and end of the current, and the only point to be noticed is, that the contraction at the beginning of the "direct" current* is the strongest. In the second period—that of alternate contraction—the contraction occurs alternately at the beginning of the "direct" and at the end of the "inverse" current. In the third period—that of single contraction—there is, first of all, contraction at the beginning of the direct current, and at this time only; and, later still, there is apparent irregularity. Later still, that is to say, contraction may attend upon the beginning of the inverse current, after it has ceased to attend upon the beginning of the direct current; and not only so, but it may return to the beginning of the direct current after it has ceased to attend upon the beginning of the inverse current. Nay, these alternate revivals of contraction, which are known as "voltaic alternatives," may occur several times in succession upon thus reversing the current.

THE NERVE DIVIDED AND ITS END LIFTED UP.	DIRECT CURRENT.		INVERSE CURRENT.	
	Beginning.	End.	Beginning.	End.
Period of double contraction	Strong Contraction	Contraction	Contraction	Contraction
Period of alternate contraction	Contraction	...	...	Contraction
Period of single contraction	Contraction	...	...	...
	Apparent irregularity—"Voltaic alternatives."			

The muscular movements resulting from the action of a galvanic current *upon a loop of nerve* (as in Fig. 1) are found to be divisible into the same three periods of double, alternate, and single contraction; but the movements themselves occur in very different order within these periods. In the period of double contraction, the contraction, first of all, is strong at the beginning of both currents, direct and inverse; and then, a moment or two later, it is strong only at the beginning of the inverse current. In the period of alternate contraction, the time of the contraction is at the end of the direct and at the beginning of the inverse current. In the period of single contraction, the contraction, first of all, is at the beginning of the inverse current; and afterwards, without any apparent regularity, now at the beginning of the direct, and now at the beginning of the inverse current. It is only, indeed, in this final stage of apparent irregularity, or "voltaic alternatives," that the movements correspond with those which result from the action of a current upon a nerve which has been divided and lifted up at its end. All this may be seen at a glance by comparing the following table with the preceding table:†—

THE NERVE IN A LOOP.	DIRECT CURRENT.		INVERSE CURRENT.	
	Beginning.	End.	Beginning.	End.
Period of double contraction	Strong Contraction Contraction	Contraction Contraction	Strong Contraction Strong Contraction	Contraction Contraction
Period of alternate contraction	...	Contraction	Contraction	...
Period of single contraction	...	...	Contraction	...
	Apparent irregularity—"Voltaic alternatives."			

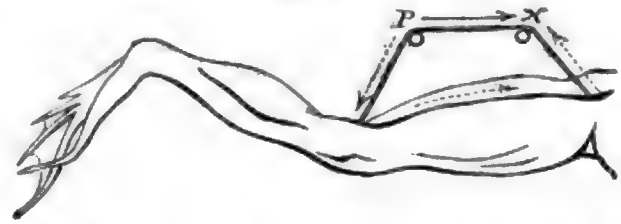
In commenting upon these phenomena, it is convenient to consider them as belonging to the three groups in which they have been arranged. And, first, of the movements belonging to the first period—that of double contraction.

(*a*) In looking at the movements belonging to the first period, it is not difficult to find a reason which will in some degree explain how it is that contraction is confined to the beginning and end of the current, and to these times only. It is not difficult to see that the beginning and ending of the galvanic current in the nerve may involve certain changes in the strength of the nerve-current, and that these changes may in their turn give rise to momentary induced currents in the nerve and in its neighbourhood; for such momentary currents are induced, not only when a current begins to pass and when it ceases to pass, but also at the moments when it undergoes any change of strength. It is not difficult to see, also, that the muscular fibres to which the nerve is distributed may be the seat of some of the secondary currents thus induced, and that these fibres may on this account be made to contract. Nor is it difficult to see—if the contraction be thus connected with the induced current—that there will be no contraction in the interval between the beginning and ending of the inducing galvanic current; for if this latter current passes steadily, there is no induced current in this interval. It does not follow, however, that the contractions are caused by the presence of the induced currents which are thus developed. On the contrary, these currents are no sooner communicated to the muscle than they are withdrawn from the muscle, and it may be that the contractions are really due to this *withdrawal*. At any rate, it is in connexion with the induced currents of which mention has been made that we seem to have a reason which will in some degree explain why it is that contraction is confined to the beginning and end of the galvanic current, and to these times only.

(*b*) In considering the movements belonging to the second period—that of alternate contraction,—the first thing to be done is to ascertain how it is that the order of contraction as set down in the first table is reversed in the second table, and this, thanks to Dr. Rousseau, of Vezy, is no very difficult matter.*

When the current acts upon a *loop of nerve*, as in the accompanying figure (Fig. 1), it is not enough to suppose that

FIG. 1.



the only current is that which passes directly between the positive pole (*P*) and the negative pole (*N*), and which is indicated by the black arrow. On the contrary, there is a more roundabout way from *P* to *N*—a way which is made up partly by the portions of nerve beyond the poles, and partly by the intervening muscles of the thigh; and along this more roundabout way another current will (seeing that the course is always

* The current is spoken of as "direct" when it passes towards the muscle, as "inverse" when it passes from the muscle. In other words, the current is "direct" when the positive pole is furthest from the muscle, and "inverse" when nearest to the muscle.

† Professor Claude Bernard has recently stated that a period of single contraction precedes the three periods of which mention is here made—a period which is distinctive of the undisturbed and perfectly unexhausted nerve, and of which the characteristic feature is contraction at the beginning of the two currents, inverse as well as direct. On further inquiry, however, I think Professor Bernard will perceive that these phenomena are not entitled to this precedence and significance; for, as stated in a recent communication to the Royal Society, I find that they are producible at will in the period of double contraction by using a feeble current under particular circumstances.

* Leçons sur la Physiologie et Pathologie du Système Nerveux. Par Prof. Claude Bernard. Tome i. Leçon 10. Paris, 1858.

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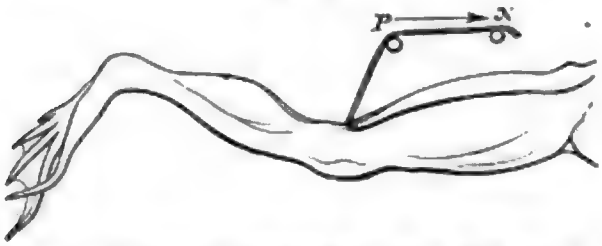
from the positive to the negative pole) pass in a contrary direction to that of the other current. In this case, that is to say, in addition to the first current, which is distinguished by the name of *primitive current*, and indicated by the black arrow, there is a second current, which is known as the *derived current*, and represented by the dotted arrows.

Where, on the contrary, the galvanic current acts *upon a nerve which has been divided and lifted up at its end*, the only current acting upon the nerve is that which is indicated by the black arrow—the *primitive current*. In this case, indeed, as will appear in the accompanying figure, the circuit of the de-

FIG. 2.



rived current is broken, and for that reason there can be *no derived current*.

Now it is in the action of the derived current that Dr. Rousseau has found an explanation for that reversal in the order of alternate contraction which takes place in the case where the galvanic current is made to act upon a loop of nerve through ordinary poles.

One proof of this is afforded by an experiment in which the galvanic current is passed through a *rheophore bifurqué*—a rheophore, that is to say, in which one of the poles (say the negative) is forked and so arranged as to receive the other pole (the positive) between its prongs. In the accompanying figure

FIG. 3.

Fig. 3), a loop of nerve rests upon the rheophore bifurqué, *P* being the end of the central positive pole, *N N* the two ends of the outlying prongs of the negative pole, and the arrows the currents. It is seen, in the first place, that the portion of nerve which lies across the poles is acted upon by *two primitive currents*, and that these currents, as is indicated by the arrows, pass in opposite directions from the central positive pole to the outlying negative poles. It is seen, also, that there is no outer or derived current, and that there can be no such current in this case, inasmuch as the two outer poles are both of the same character—both negative. It is obvious, moreover, that there will be no difference in the result where, as in the next figure (Fig. 4), a nerve which has been divided and lifted up at its

FIG. 4.

end is laid across the rheophore bifurqué; for where there is no derived current it cannot matter whether the circuit of this current is interrupted or not. What, then, it may be asked, is the result of using this arrangement of poles? Will the two primitive currents neutralize each other, and produce no action in the muscle? Theoretically, such a conclusion is not improbable; for it is a well-known fact that opposite currents of equal value do neutralize each other. Practically, however, the muscle is found to contract; and not only so, but the order of contraction is found to be one and the same in the case where a loop of nerve is acted upon, and in the case where the nerve acted upon is divided and lifted up at its end. It is found, also, that the muscle responds to the current which passes in the portion of nerve nearest to the muscle to which the nerve is distributed—the current of which the representative arrow is marked *a* in the two following figures. In other words, it is found that the reversal of the order of alternate contraction which occurs where a loop of nerve is acted upon by the ordinary poles of a galvanic apparatus is due to the action of a derived current; for on excluding this derived current by means of the rheophore bifurqué, this order of alternation is made to merge in that which occurs where a nerve which is divided and lifted up at its end is acted upon, and where consequently there can be no derived current.

Nor does Dr. Rousseau content himself with this negative proof. On the contrary, he shows very clearly that the action of the derived current will reverse the order of alternate contraction in the case where a loop of nerve is acted upon by ordinary poles.

Passing through ordinary poles, the *inverse primitive current* gives rise to contraction at the moment when the circuit is closed. It acts, that is to say, as the *direct* current acts when there is no derived current to complicate its action. Now, if the order of alternate contraction is reversed by the action of a derived current, and if of two opposite currents (as is seen in the experiment with the rheophore bifurqué), it is that which passes through the portion of nerve nearest to the muscles which acts upon the muscles, then the accompanying figure (Fig. 5)

FIG. 5.

may help us to the wanting explanation. It may also do this because the figure will show that the current acting upon the muscles, by acting upon the portion of nerve nearest to the muscles, is not the *primitive inverse current* (here indicated by a black arrow), but a portion of derived current (of which the sign is the dotted arrow marked *a*), the course of which is diametrically opposite—that is, direct. In other words, the acting current, under these circumstances, is one which ought to be attended by contraction at the closure of the circuit, for it is a direct current.

A similar figure (Fig. 6) will also enable us to see why the

FIG. 6.

direct primitive current acts like an *inverse* current, when this current is made to act upon a loop of nerve through ordinary poles; and this it may do because it will show that the current acting upon the muscles, by acting upon the portion of nerve nearest to the muscles, is, not *the direct primitive current*, but *an inverse portion of derived current*, of which the sign is the dotted arrow, marked *a*. In a word, the acting current is inverse, not direct; and therefore we should expect to have the result of the action of the inverse current—contraction at the end of the current.

In this period of alternate contraction, then, there would seem to be one and the same law for the muscular movements resulting from the action of the galvanic current upon nerve—a law by which the *muscle is made to contract at the beginning of the direct and at the end of the inverse current.*

REVIVALS.—Two Manchester gentlemen have offered a first prize of £100, and a second prize of £50, for the best two essays "On Revivals." Both the judges are clergymen.

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A CLINICAL EXAMINATION OF THE VALUE OF THE OPERATION OF TURNING IN LABOUR OBSTRUCTED THROUGH COARCTATION OF THE PELVIC BRIM.

By ROBERT BARNES, M.D.,
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
VICE-PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON,
PHYSICIAN TO THE ROYAL MATERNITY CHARITY, ASSISTANT OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL, ETC.

DR. FLEETWOOD CHURCHILL has forcibly but truly expressed, in the following words, what must be the feeling of every obstetric practitioner on the subject of craniotomy: "It ought to be deeply impressed ..... that he who destroys the child, without due evidence that it cannot be saved, and that this is his only resource for saving the mother, is guilty of murder."

Without venturing so far, at present, as Dr. Tyler Smith, who even now maintains the possibility of abolishing craniotomy as an operation to be performed on living children, I have no hesitation in declaring my belief that there are resources in the obstetric art, safe to both mother and child, the relative merits of which, as compared with craniotomy, are as yet by no means sufficiently appreciated.

I need not say, that the chief competitive resources with Craniotomy are the Forceps and Delivery by Turning. I exclude the Induction of Premature Labour as not within the scope of the present argument. It is not my purpose to contrast the advantages of the Forceps over Craniotomy. It is presumed that no one now disputes the propriety of delivering by the forceps, short or long, if he can, rather than resort to lessening the head. But the question I propose to examine is this:—

Ought we to acquiesce in the dogma, that where the forceps fails, craniotomy is our only and last resource?

The affirmative answer involves two objections of serious moment. First, it condemns a multitude of children yet unborn to certain destruction. Secondly, it arrests, *in limine*, all improvement, all progress in the obstetric art, as bearing upon labour obstructed through contraction of the pelvis.

Humanity and science, then, conspire in urging us to hesitate long, and to examine patiently, before yielding our assent to a decision so revolting.

If there is one way in which I am conscious that observation and reflection have wrought a more wholesome, a more chastening, influence upon my mind than another, it is in convincing me of the error of deciding upon great medical questions by *à priori* reasoning, instead of appealing to experience. It must be obvious that such a course interposes a formidable barrier against the advancement of knowledge. He who is strong in the self-sufficiency of actual knowledge will be apt to discourage the spirit of new inquiry in others. We are not yet arrived at that stage in the history of Medicine where we can rest content in the sterile contemplation of present acquirements, and can afford to abandon the fertile paths of experiment and inquiry.

I believe that in no case more than in the one before us do we run more danger of falling into error, by substituting bare reasoning for that method by which reasoning and experience combined are constantly made to guide and check each other. What is wanted is an experience *ad rem*. To seek illustrations from practice conducted upon diametrically opposite principles, is to seek for light where it has been purposely extinguished. Yet it is from this darkened source that all the arguments against delivery by turning in contracted pelvis are drawn. It is scarcely, then, a matter for surprise that these arguments assume an aspect so logical and consistent, enforced as they are by men of such deserved authority that they almost command assent.

The case against turning and in favour of craniotomy in contracted pelvis may be stated briefly in this way. It is estimated that rather more than one-third of the children are lost under turning where the pelvis is of the ordinary size. It is urged that a living child may pass through a pelvis, the conjugate diameter of which is 3·25", with or without the forceps. Now, it must be conceded that the main object of delivering by turning is to save the child's life. But in the case of a pelvis having a conjugate diameter of 3·25", the operation is unnecessary. Its application must therefore be limited to cases in which the pelvis measures less than 3·25". And, it is asked, what is the chance of the birth of a living child when the violence of compression is added to the ordinary risk of turning? Are we justified, for the sake of the very slender hope of saving the child under such circumstances, in subjecting the mother to the dangers of contusion, of laceration, of inflammation, which it is but natural to anticipate will follow upon dragging the child by sheer force through a narrow pelvis?

Such is the argument, endorsed by great names, that has to be encountered. It required no ordinary sagacity, and no common courage, to detect the fallacy of the argument, and to rebel against the authority that supported it. It required moral courage to dispute what seemed a well-settled rule of practice; it called for the courage of clinical enterprise to carry out a plan of treatment, the success of which was doubtful, the result of which might be disastrous. Under all this discouragement Professor Simpson revived the operation. If it be destined to resume a place in obstetric art, this result will be mainly due to his sagacity and enterprise. But in according due praise to Dr. Simpson, the merit of the practitioners of former times must not be forgotten. The operation is not new, but revived. Dr. Simpson, presenting his papers on this subject in 1850 in a collected form, prefaced them with the following remark:* "Four additional sections or chapters were intended to be added—namely, one on the mechanism of the proposed mode of delivery as influencing the steps of the practice itself; a second, on the cases of obstructed labour chiefly adapted for delivery by turning; a third, on the best mode of conducting the operation in these special cases; and a fourth, or last, upon the history of the practice in ancient and in modern times."

I am not aware that Dr. Simpson has yet realized his intention of writing the last or historical section. But the deficiency has been ably supplied by Dr. Charles West and Dr. Ramsbotham. Since obstetric doctrines, like other things, sometimes revolve in cycles, it is interesting to examine the circumstances under which the operation we are now considering arose, and the phases it has undergone. For some time after the value of turning in order to deliver in cases of transverse presentation had been demonstrated by Ambroise Paré, the operation grew into favour, and was resorted to under a great variety of circumstances. It would appear to have been the general resource where artificial delivery was indicated on account of obstruction or urgent complications. The reason was simply that, the forceps being unknown, and the other instruments in use being so rude and inefficient, the hand was, and perhaps still is, really the obstetrician's best instrument. To it he therefore trusted. Many acquired great skill in turning. The operation was resorted to in cases of obstructed labour. It was only after the introduction and vulgarization of the forceps that turning fell into disuse. And when the craniotomy instruments were perfected, for the purposes of lessening the head and extracting it by crotchet or forceps, craniotomy presented a solution of the difficulty so tempting by its facility that turning came to be nearly, if not altogether, discarded. The practice, however, was partially maintained in this country by Dr. Denman; in France by Baudelocque and Lachapelle; in Germany by Stein and Osiander the elder. But although it was still distinctly advocated in 1833 by Osiander the younger, it may be said that the application of turning as a method of delivery in contracted pelvis is either emphatically condemned in the schools, or holds at best a very doubtful place. Now we are "trying back." And it is time. I cannot help declaring that craniotomy is carried to a frightful excess. As holding out a hope, at least, of lessening that excess, it has become a matter of urgent moment to direct our most anxious and candid attention to the applications of turning.

What are these applications? I believe we are not yet in a position to give a definite answer to this question. I postpone all attempt to answer it. I propose to subject it to the test of clinical experience. With this view I shall publish from time to time cases observed by myself, which illustrate the uses of the operation, and the conditions under which it may be applied. The reader will thus accompany me, as it were, to the bedside; he will be made an assistant in my experience; he will have the same materials presented to his reflection. We shall interrogate Nature together. Her replies, aided by mutual consultation and the exchange of knowledge, will perhaps guide us to conclusions useful, if not new.

* Obstetric Memoirs, 1850. Vol. i., p. 506.

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CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

PLEURO-PNEUMONIA AND PERICARDITIS.

THE case of this patient, who is now far advanced towards convalescence, suggests a few words respecting that connexion between pleurisy and pericarditis, of which it illustrates the least frequent alternative.

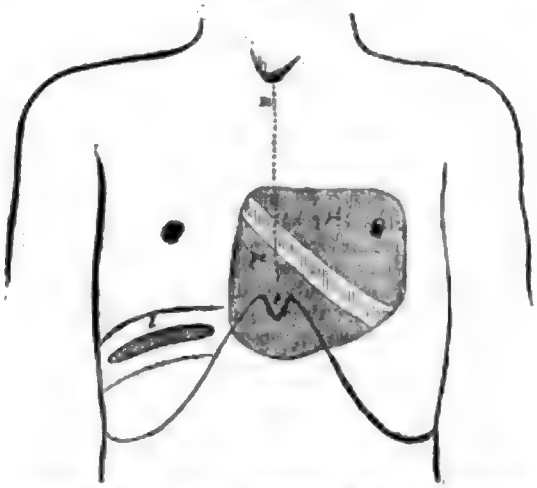
After suffering during several months from symptoms which, taken in connexion with his family history, afford a strong suspicion of a scanty deposit of tubercle in the lungs, he was admitted into this Hospital, on the 4th of January, with an ordinary attack of rheumatic fever, perhaps rather subacute than acute in severity.

In the course of a few days, the characteristic stitch, and a dry rubbing sound, together with a rise in the frequency of his pulse and breathing, announced the occurrence of pleurisy occupying the left side, immediately within and below the left mamma. A little pneumonia accompanied it.

Predicted and carefully watched for, the pericarditis which followed this pleurisy could only be detected as a faint to-and-fro sound, increased during expiration, some two days after the peculiar excitability of the organ had left no doubt what was coming. About forty-eight hours more distended the pericardium to the degree represented in the subjoined diagram, without, however, modifying the pericardial rubbing sound, save to render it more distinct, and to limit it chiefly to the end of the expiratory act.

At that time very careful and delicate percussion allowed us to map out on his chest the annexed pen-and-ink outlines.

FIG. 1.



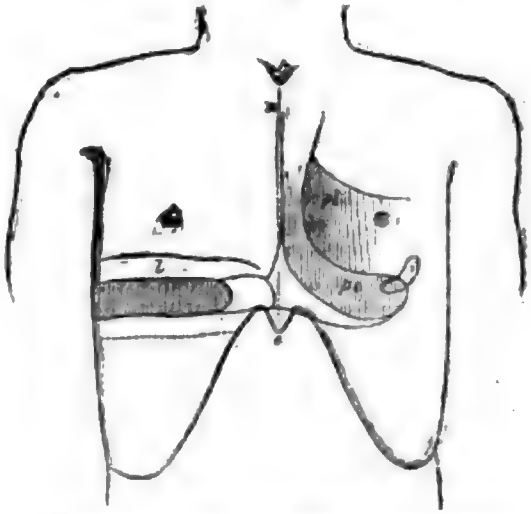
m, Median line. *l*, Liver. *e*, Ensiform appendix. *pl*, Region of dulness corresponding to the inflamed pleura. *pe*, Region similarly corresponding to the inflamed pericardium.

An irregular, but almost quadrilateral figure, formed a region of dulness to percussion, divisible into two parts by an oblique curved riband (so to speak) of an intermediate character. Above, and to the left, (*pl*, Fig. 1,) the dull sound had a sharp and tense character, something like the blow on an Indian tom-tom or on a child's drum. Below, and to the right, (*pe*, Fig. 1,) or over the lower end of the sternum and upper part of the epigastrium, it was of a much more indistinct and muffled character. The liver, overlapped above by lung, overlapping below the intestines, only touched the wall of the belly by a surface of very moderate dimensions—indeed almost linear.

The treatment has required considerable variation to suit the fluctuations (and even emergencies) which have occurred from time to time. Repeated blisterings, aperients, diaphoretics, lemon-juice, and suitable nourishment in very small and frequent doses, with occasionally a little wine or brandy, are the orders you will find on the patient's card.

Gradually, however, he has gone on mending; and now, after one or two relapses of pain, chiefly pleuritic, has so far recovered as to be able to dress and go about the ward. And as a few days more will probably make him an out-patient, it is worth while to take this opportunity of going thoroughly over his chest with pen and ink as before, to gain an exact idea of the change which has occurred since our first diagram was made.

FIG. 2.



m, *l*, *e*, *pl*, *pe*, as in Fig. 1. *i*, Region of cardiac impulse.

Glancing at the diagram thus given us as a contrast, we are at once struck by the great change in the size and site of the pericardial segment. (*pe*, Fig. 2.) Instead of a large triangle, with its base looking towards the left axilla, we find a narrow ellipse, curved like the stock of an old-fashioned duelling pistol. The left end of this ellipse projects beyond the left mamma, and forms less than half of another and much smaller ellipse, where the impulse of the heart rolls and tumbles with a thrill which can be both seen and felt, even though the upper part of this region of impulse (*i*, Fig. 2) is plainly covered over by an edge of pulmonary substance. The pleuritic dulness (*pl*, Fig. 2) is equally diminished and displaced. To the right, its abrupt edge is bounded by what seems to be a vertical strip of the right lung, overlapping the contents of the anterior mediastinum; to the left, it soon shades off into healthy lung tissue.

The liver, you will observe, is much larger than before: an enlargement due, I hope and believe, more to the bedridden condition of our patient during the last few weeks, than to any specific congestion dependent on the heart. Its dulness, again, and that of the pericardium, meet just above the ensiform appendix, the apposed parts being perfectly distinguishable, though both seem to be thrust away from the thoracic surface here by a thin edge of the lower lobe of the right lung.

The point to which I would specially ask your attention is the connexion of the two inflammations: that of the pleura with that of the pericardium.

It is, I believe, generally understood that pericarditis often lights up pleurisy on the adjacent lung; much oftener than, *vice versâ*, pleurisy here provokes pericarditis. As a matter of mere statistics, the statement is, I think, correct. But if I am not mistaken, this barren average may be fructified by a "why and wherefore," explaining not only the rule, but the exceptions, amongst which latter I should rank this case.

It can hardly be doubted, I think, that the tubercles in our patient's lung provoked his pleurisy; and that this pleurisy, which distinctly preceded the pericarditis, called up the latter lesion. And it is well known—as, indeed, a necropsy only a few days ago illustrated here—that a very severe pleurisy, involving all the surface of one lung, rarely fails to damage the pericardium immediately adjacent, at least to the degree of exciting adhesive inflammation.

On the other hand, pericarditis provoking some adhesive pleurisy—oftenest, I think, on the left lung—is a far more common relation between the two. The cause of this connexion, and of the disparity with which the two inflammations provoke each other, I should find in two simple facts respectively: the anatomy of the membranes concerned, on the one hand; the physiology of the heart, on the other.

A single sheet of white fibrous tissue, with two serous membranes on its opposite sides—pleura externally, pericardium internally—such is the histology of what is termed (but, as you see, with doubtful propriety) the *pericardial* sac at part of each of its lateral aspects.

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Now the vessels of these two serous membranes have quite sufficient communication with each other, through those of the intervening fibrous tissue, to render it likely that any lesion severe enough—wide enough and deep enough—to involve a large proportion of one network, will be pretty sure to derange the subjacent (and dependent) vessels of the fibrous tunic, and so to affect the other. It is, indeed, almost the old story of the one spur which the butcher found sufficient to extort speed from his horse. One side is almost certain to keep pace with the other.

That the pericardium affects the pleura oftener than the pleura affects the pericardium depends, I think, partly on considerations, anatomical as well as pathological, with which I shall not trouble you now. Much more, however, on the way in which the violent and incessant pressure of the excited heart acts on the physical circumstances of the deposit; squeezing it, as it were, into, and through, the very interstices of the fibrous tissue; and especially making its rapid alterations of consistence a means of exerting a still more powerful pressure on the deeper strata of the inflamed fibres, and on the serous membrane beyond them. The secondary inflammation thus lit up, is rarely, whether pleural or pericardial, accompanied by much effusion of liquid. In other words, the inflammation is generally dry and adhesive.

With many exceptions and fluctuations, the rubbing sound of the inflamed pericardium is usually audible in two stages of the disease: before the visceral and parietal surfaces of the membrane are separated by much liquid; and, again, after that liquid has been absorbed. But the slower changes of pleural lymph, and the wider and more powerful movement of the lung as contrasted with that of the heart, constantly pull out the softer substance of the adherent pleuritic mass—spin it into downright threads. The tugging and twitching of the inflamed pleural surface thus implied, is often a very painful process to the patient; and, indeed, unless appreciated and remedied, the apparent relapses it implies are (as they would have been in this case) a serious embarrassment. Our patient was terribly frightened by them; and almost refused to be relieved of apprehensions, the grounds for which were so painful and urgent.

Lastly, he illustrates an uncertainty which I do not hesitate to confess. His whole life hangs on the answer to the question —"What is the state of the cardiac valves?" Really I do not know. Comparing the pulse and the sounds, I am sure that the semilunar valves have got off substantially unhurt. I believe that the mitral are also little affected. Indeed I should conjecture that they are essentially untouched. But after watching and listening at large numbers of such cases, and often following them up many months and years after they have ceased to require any medical relief, I much doubt whether it is always possible to distinguish a pericardial from an endocardial murmur, especially when of recent origin. Here the bulk of the soft bellows-sound is undoubtedly outside the heart. More than this, however, it is impossible to assert.

PHLEGMONOUS ERYSIPELAS OF THE LEFT UPPER AND LOWER EXTREMITIES IN A CHILD THREE WEEKS OLD.

By G. M. BEALE, Esq.

On the 9th instant I received a message that Mrs. P——'s child was ill, with an injunction to attend immediately. On seeing the little patient, the countenance indicated great suffering, and the pulse was rapid. From the history, it appeared that the child, previously healthy, had been cross for a few days, but nothing was apprehended until the mother accidentally discovered the swelling in the arm just prior to her sending for me. On examination, the swelling and œdema of the extremities were very apparent, and the temperature was considerably increased; but the most careful examination failed to give evidence of fluctuation. The viscera were healthy. Warm applications were ordered to be applied locally, a mixture of hyoscyamus and nitric ether to be taken every two or three hours, and a little grey-powder and rhubarb immediately, the bowels being confined.

March 10th.—Face more blanched and anxious; the pulse weaker and more rapid; in short, all the symptoms aggravated. The presence of matter both in the arm and leg was now clearly indicated. I at once decided upon freely laying open the affected parts, but on second consideration thought it better to make a number of small incisions, rather than the long ones I at first intended, both on account of the age of the patient and the hæmorrhage that might ensue from the more heroic treatment. The friends having consented, the punctures were made with an ordinary lancet, and a considerable quantity of pus and serum escaped from the various openings; but notwithstanding the free administration of wine, chloric ether, and ammonia, the child died twelve hours after the operation, and less than forty-eight hours after the swelling was first observed.

Avenue-terrace, New-road, Hammersmith, March, 1860.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam alierum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

CONGENITAL DISLOCATION OUTWARDS OF THE LEFT PATELLA IN A KNOCK-KNEED LEG.

(Under the care of Mr. CANTON.)

In knock-kneed, flabby people, the surgeon has occasionally to reduce a dislocated patella, which may have been displaced outwards owing to the natural weakness and laxity of the parts around the knee-joint. Sudden muscular contraction in the same class of individuals is pronounced to be the most common cause of the outward dislocation, and direct violence has been known to drive the bone out of its natural position. A displaced patella is not observed in our hospitals as a permanent deformity nor as a congenital vice, except in very rare instances. One of these we lately had the opportunity of carefully examining, at the above hospital, under Mr. Canton's care, the particulars of which are given below. The deformity seems to have been congenital, but in the history there is nothing to show the presence of any cerebral or spinal disease, although the shape of the boy's head is somewhat peculiar. We mention this fact, as it is one of some significance in relation to congenital defects of the patella. On searching many of the standard works on Surgery for examples similar to Mr. Canton's, we find the subject noticed only in Mr. Brodhurst's book on "Clubfoot," and his remarks are of some importance in relation to the present case. It appears that in severe forms of congenital varus, in which there is malformation of the tarsal bones, there is generally found to co-exist some abnormality of the brain or spinal cord. Mr. Brodhurst observes that, "In these cases, and also when distortion is less complicated, the patella is not unfrequently retracted above its usual position: it may be drawn up on the outer side of the thigh to the extent of from two to three inches." (p. 32.) Besides the dislocation, the same writer has occasionally observed the bone to be scarcely more than elementary in its development. Now, in Mr. Canton's patient, there was no malformation of the foot, but slight knock-knee of the left leg; and it is just possible that slight nervous defects in early uterine life may have produced the deformity—an opinion which is suggested by the abnormal shape of the head, although in all other respects (beyond a strumous diathesis) the boy was quite well. There was not any retraction of the patella upwards, but solely displacement outwards, as represented in the drawing. The dislocation of the bone was noticed at birth, but was not believed to be of any importance; and now the external condyle has become so worn away that a cure is beyond the reach of surgical art. However, the case is well worthy, from its extreme rarity, of being placed on record.

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Richard W——, aged twelve years; he is of scrofulous diathesis, and has always enjoyed good health; he has a peculiarly shaped head, the forehead being large and broad, the face lengthy, and the chin somewhat pointed and projecting; the incisive teeth of the upper jaw, instead of projecting beyond those of the lower ones, bite upon, or almost behind the latter. The boy is sharp and intelligent, and has never suffered from convulsions when a child, or fits subsequently. He has five brothers and five sisters, all of whom are healthy and free from any malformation. His father and mother are alive, and in all respects well formed. During gestation the mother had sustained no injury, no "fancy" had occupied her mind, nor had a "fright" disturbed it. On examination it was found that the boy's left leg was only a little *knock-kneed*, but the opposite limb was tolerably straight. During extension of the left leg, the patella (which appeared to be of natural size) was seen to be placed a little external to its normal position, resting somewhat more than it should do on the external femoral condyle, which did not project anteriorly to its wonted degree. During flexion the patella became dislocated outwards, carrying with it the rectus tendon and ligamentum patellæ, whilst the bone occupied a position external to the knee-joint, and overlay the line of interval between the femur and tibia in that situation. In progression the knee was kept stiffened, but at the same time, to a slight degree, bent, and the foot was everted. If the ordinary walking pace were much quickened, the patella was very apt to become dislocated, as described, and when running was attempted displacement was sure to occur, and the boy fell; but, on straightening the leg again, the patella at once resumed its place in front of the articulation. The limbs were of equal length, the boy stood erect, and all the other joints of the body were correctly formed. He was admitted into the hospital for some trivial contusion of the foot, and the dislocation of the patella was only discovered by chance. An immovable apparatus was applied around the knee to keep it in such a position that, though straight, some slight degree of natural flexion might be permitted. After a while he seemed very comfortable from this appliance, and improved to a slight extent.

GUY'S HOSPITAL.

FIBROUS TUMOURS OF THE LOBULE OF THE EAR, OVER THE SITE OF PUNCTURE FOR RINGS; REMOVAL.

(Under the care of Mr. HILTON.)

THE auricle is subject to a variety of diseases, which occasion much trouble to get rid of; indeed, writers upon the ear speak of many of them as incurable. This part of the organ of hearing is also the seat of various kinds of tumours, and Mr. Harvey mentions, in his work "On the Ear," that they may contain hydatids or masses of fatty matter, or they may be steatomatous, sebaceous, encysted, or fibrous. They are best treated by early excision. We learn from the same authority that elephantiasis attacks the auricle, and sometimes the lobe swells enormously; also, in gouty constitutions, the lobe is subject to hypertrophy. We have occasionally seen gouty tubercles around the margin of the auricle. Now, although the heterologous growths affecting the ear are considerable in number and of varying consistence, their true nature can be pretty readily made out. If left alone, irritation is liable to be set up, and they may assume a malignant form. Indeed, we recollect a case, under the care of Mr. Weeden Cooke, at the Cancer Hospital, in which this resulted in a man who had primarily three distinct tumours on the left auricle; ultimately the ear was destroyed, and the disease extended to the head.

A few weeks back a female patient presented herself at Guy's Hospital with a tumour in front of, and another behind, the lobe of the left ear, corresponding to the spot where it was punctured some years before. They were apparently fibrous; and as these growths are known to recur after removal, the lobe itself was cut off above their point of origin, thus preventing the possibility of their return. Such growths have been described by Paget, Bruck, and Panzetta, as occasionally arising from the irritation produced by piercing the lobule, and as "one of the penalties attached to the barbarism of earrings." They have been pronounced to be semi-malignant, like the warty growths of cicatrices. The cause of their appearance in the present instance was no doubt chronic irritation from the piercing, which must have remained quiescent until the earrings were dispensed with. The accompanying drawing, made by Mr. Hurst, artist to the hospital, is a good illustration of the disease; and for the notes of the case we are indebted to Mr. E. Becket Truman, Mr. Hilton's dresser:—

M. Y——, a married woman, aged twenty-nine, was admitted into Charity ward, under Mr. Hilton's care, on Feb. 22nd, 1860. Several years ago she had her ears pierced for the introduction of earrings, which she wore for some time; but four or five years since she discontinued them. From the edges of the aperture in the left ear a tumour began to grow, its commencement dating two years, and its more rapid growth twelve months ago.

On admission, she had on either side of the lobule of the left ear a tumour, of the size of a large hazel-nut, of an elastic feel, and of a medium degree of hardness. Each little tumour was attached by a narrow pedicle to the lobule, and the two were situated exactly opposite to each other. There was no pain experienced in the part, and the patient objected to the growth merely as detracting from her personal appearance. On the right ear there were also two small growths, of the size of a millet-seed, exactly corresponding in situation to those on the left ear.

Feb. 28th.—Mr. Hilton removed the lobule, including the growths. There was considerable arterial hæmorrhage as a sequent, which was arrested by ligatures and a very firm compress. The wound healed rather slowly, and the woman was discharged on the 8th of March.

On a section of the tumours being made, they were found to consist of white fibrous tissue, and were directly continuous with each other through what was originally the aperture produced by the ear-piercer, but now closed by the growth.

CLINICAL RECORDS.

HÆMORRHAGIC PURPURA IN A BOY.

THERE is most usually some derangement of the general health preceding an attack of purpura hæmorrhagica, with perhaps a set of very mild symptoms, such as anorexia, listless-

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ness, languor, debility, &c. These are what might be expected in a disease which no doubt is due to some altered condition of the blood, and one which is regarded by some authors as a cutaneous malady. A few weeks back, an example of it, in a boy aged thirteen years, was admitted into the Charing-cross Hospital, under Dr. Willshire's care. He was well supported and nourished with proper diet, complained of no particular symptoms, had no uneasiness nor pain about any of his joints, and was brought to the hospital with a number of hæmorrhagic spots about his legs. These spots had been noticed about a month, and they increased after his admission, for which reason it was considered prudent to keep him in bed, which the boy seemed reluctant to submit to. He was put upon quinine and dilute sulphuric acid at first, and afterwards a drop of creosote in the form of a pill three times a day, which was washed down by a mixture of the tincture of the sesquichloride of iron and henbane. Besides this, he was put on good diet, including meat and beer. He rapidly got better, and left the hospital quite well. This patient was younger than those we are in the habit of meeting in hospital practice with this disease, and there did not seem to be any well-recognised cause for it. There can be no doubt that in such cases there is an alteration in the supporting condition of the minute blood-vessels, as well as in the blood itself. Children, women, and old men are not unfrequently attacked in a single family, when the special causes exist which are likely to produce it.

MEDULLARY DISEASE SPRINGING FROM THE DELTOID.

IT would seem that the muscular structures, when their integrity to some extent is destroyed, are not uncommonly the source of tumours which take on malignant action. It is very probable, however, that in the majority of instances the system is already contaminated by the morbid element, and deposits itself on the first occasion of lesion of structure. A case that may be pronounced an example of this kind was submitted to operative measures by Mr. Hilton, at Guy's Hospital, on the 7th ult. A strong-built, stout, and apparently healthy man, aged forty-one, was admitted on the 1st of February, with a prominent, round, firmly-adherent tumour, of the size of a haddock, projecting outwardly from the upper part of the left deltoid muscle; the skin was red, covered with a number of minute vessels, and several veins ran from it towards the chest and neck. It first appeared nine months ago, commenced to grow, and then to increase pretty rapidly. This is the old story with most malignant tumours. It was attributed to a severe blow on the site of it two years before, which may have ruptured some of the fibres of the muscle; and these in their subsequent union may have laid the foundation for the tumour. It was not movable, but seemed to be rather firmly attached to the arm. Its sensation was semi-fluctuating, but no fluid escaped on the introduction of a trocar and canula. Under the influence of chloroform, an elliptical incision was made, and the growth carefully dissected away, with some superficial portions of the deltoid muscle, from which it had evidently sprung. On section, it showed the true elements of medullary sarcoma. The wound is healing up by suppuration; but there is an untoward feature in the case—namely, that the patient has been wasting away for the last few months without any apparent cause; this points to the possibility of the existence of the same disease in some other part of the system.

DEATH FROM RUPTURE OF A VARICOCELE.

A SHORT time ago we related a case of death from the bursting of a varicose vein of the leg in a patient brought into the Charing-cross Hospital under Mr. Canton's care. (THE LANCET, vol. ii. 1859, p. 633.) Since then, a similar instance of the bursting of a vein, but in another situation, has come under our notice, ending fatally from the same cause,—namely, loss of blood. The patient was the subject of varicocele of the left side, and received a blow on the scrotum, which immediately began to swell. He was shortly afterwards admitted into University College Hospital with the scrotum distended to the size of an adult's head; with this was œdema of the penis and also of the scrotal integuments. The scrotal œdema appeared to be increasing, with discoloration, and altogether it seemed to be a very bad case. The case had been sent in as one of strangulated hernia, but its true nature soon became obvious. Incisions were freely made by Mr. Hill, the house-surgeon, into the posterior part of the tumour, to relieve the tension and to let out the extravasation, which had produced ecchymosis and livid discoloration. A quantity of coagulated blood was thus removed, which was followed by a discharge of fresh blood, and the latter continued till the man suddenly expired. Previous to a post-mortem examination the next day, the body was injected with red size, and a large varicocele was discovered in the left side, with large, thin, distended veins, one of which had become ruptured by the blow and thus produced the hæmorrhage. The case was, therefore, similar to the bursting of a varicose vein in the leg, death ensuing from loss of blood. Now whilst the latter is comparatively of common occurrence, the former is very rare. This case, as Mr. Erichsen observed to his pupils, was like what was described by Percival Pott, many years ago, as hæmatocele of the cord, and no doubt was very similar to an example that had occurred in the same hospital a few days before, only that the swelling was much greater; the tunica vaginalis and testes were, however, quite sound, and a large quantity of blood (two pints) was extravasated in a few hours, threatening gangrene.

True hæmatocele of the cord is an equally rare disease, and a ises after a strain or some violent exertion. As mentioned in Mr. Erichsen's work on Surgery, "It commences in the inguinal canal, and thence extends downwards along the course of the cord, through the abdominal ring into the scrotum; but it does not surround or implicate the testis, which can be felt free and movable at its lowest part." Mr. Curling, Mr. Bowman, and others have described examples of it.

EXCISION OF SCIRRHUS OF THE BREAST IN A WOMAN AGED SEVENTY; RECOVERY.

FOR the notes of the following case, we are indebted to Mr. Francis Mason, house-surgeon at King's College Hospital:—

F. W——, aged seventy, was admitted into this hospital on the 27th of January, with a tumour in the breast. The patient is a healthy-looking but nervous woman, and states that she has enjoyed good health up to about two years ago, when she noticed a small lump in her right breast. This gradually increased in size up to the above date, and was attended with considerable shooting pain, causing her sleepless nights, and more or less inconvenience. On examining the right breast, a tumour about the size of a large walnut was found, the skin being adherent over the swelling, and the nipple considerably retracted. The glands in the axilla were not affected. There was some family history of malignant disease, the patient's aunt having died of cancer.

Jan. 28th.—The patient having been narcotized, Mr. Fergusson, by the usual elliptic incision, removed the disease, four vessels requiring ligature.

29th.—Patient going on well; sleeps tolerably; makes little complaint of pain, but seems somewhat apathetic; pulse 108.

Feb. 6th.—Much improved; wound looks healthy, and is gradually but slowly healing.

13th.—Going on favourably; no bad symptoms; gets up every day; complains only of weakness.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 6TH, 1860.

MR. FERGUSSON, PRESIDENT.

THE minutes of the last meeting were read and confirmed.

RESECTION OF THE KNEE.

Mr. FERGUSSON exhibited the parts removed in the resection of a knee-joint for chronic disease. Much distortion of the joint had existed; and some necrosis was found in the lower end of the femur. But one of the two articular surfaces was affected, that of the tibia being almost if not quite free from disease; nevertheless it was thought desirable to remove a thin slice from that bone, for the sake of facilitating the healing process.

Mr. COULSON thought it unnecessary to remove the thin surface of cartilage referred to.

Dr. ANSTIE gave a further description of an Anencephalous Fœtus shown at last meeting. The viscera of the chest and abdomen were as usual; it was impossible to make a minute examination of the nervous system.

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EXOSTOSIS OF THE ORBIT.

Mr. WALTERS showed a large specimen removed by Mr. Bowman. It was remarkable that it was attached by a very narrow pedicle. The result of the operation was satisfactory.

Mr. FERGUSSON remarked on the hardness of the growth, the common character of such specimens.

Mr. HUTCHINSON related a case corroborating the remark in relation to this circumstance.

HYPERTROPHY OF THE HEART.

Mr. CALLENDER exhibited, for Mr. Edgar Barker, a dilated and hypertrophied heart, weighing thirty-two ounces; the mitral valve nevertheless acted efficiently. The aorta was much affected by atheromatous deposit.

Dr. PEACOCK inquired respecting the competency of the aortic valves to close the opening; if they were imperfect, the size of the ventricle was not remarkable.

SPINAL MENINGITIS.

Dr. LITTLE described the case of a man who was under his care twenty years ago for a peculiar form of paralysis. Recently the man died, and Dr. Little was requested to examine the body. It was rather a case of spastic contraction of the muscles of the lower extremities; and the extensor muscles predominated over the flexors. There were marks of extensive inflammation of the arachnoid membrane of the cord, with atrophy of the cord itself. Dr. A. Clark had closely examined the cord also, and would give the result in detail. The condition referred to had gradually extended from the lower to the upper extremities, and involved the sphincter. Its progress had been extremely slow.

Dr. QUAIN inquired as to the state of nutrition of the muscle, and the general condition of the patient.

Dr. LITTLE said the patient was emaciated, and that when he saw him, sixteen years ago, the muscles were fairly developed.

Dr. A. CLARK had chiefly negative evidence to offer respecting this case. The cord was diminished in size from the cervical region downwards; it was softened towards the upper part named. Throughout the dorsal region there was a strip of adventitious membrane adhering to the meninges, and embracing the roots of the nerves given off. Microscopical examination showed that the posterior columns were infiltrated with some new organized matter effused there.

Dr. CAMPS asked what the new matter effused was.

Dr. A. CLARK stated, that the matter referred to was not new matter in the sense of hitherto unobserved; he meant matter foreign to the normal elements of the cord.

Dr. LITTLE suggested an inquiry as to whether special parts of the brain and spinal cord were concerned in the actions of extension and flexion.

DISEASE OF TARSUS; AMPUTATION.

Mr. T. C. JACKSON related the case of a gentleman, aged fifty, who had been the subject of chronic disease of the tarsus and metatarsus, and for which he had ultimately removed the foot at the ankle-joint, according to Mr. Syme's method. He exhibited the parts removed, which were extensively diseased. The case had been a most successful one.

DISEASE OF BILE DUCTS.

Mr. T. HOLMES exhibited a specimen from an old man who died recently in St. George's Hospital. There was stricture of the cystic and hepatic ducts, giving rise to immense dilatation of the biliary ducts. He was an old soldier of Napoleon's army, who had experienced much hardship; but never had jaundice until six weeks before death. The gall-bladder was gorged with dark bile; no gall-stones were found, though the escape of one probably gave rise to the condition in question.

ACUTE LARYNGITIS AND ŒDEMA OF GLOTTIS.

Mr. HOLMES also showed an example of this disease, ending fatally. It had not been caused by syphilis. The advent of œdema was remarkably sudden. Laryngotomy was performed at St. George's Hospital, with great relief; but next day the patient was weaker, and died in the afternoon. There was no disease beyond that of the larynx, in the air-passages. No diphtheria. Renal disease existed.

A conversation ensued as to the precise cause of death.

Dr. E. CRISP exhibited a specimen of

TUBERCULAR PERITONITIS.

The patient, a young girl, was first seen in December last; the abdomen was much enlarged. The case progressed favourably, and treatment was discontinued. In February last, Dr. Crisp was called again to see her. Pain in the head was present, and other marked symptoms. She became comatose, from which, however, she temporarily rallied. She died suddenly a day or two after, while eating a hearty dinner. Very extensive tubercular disease of the peritoneum was found. A spot of softening was also found in one of the posterior lobes of the brain.

CRETACEOUS DEPOSIT IN THE PERITONEUM.

Dr. CRISP also showed a specimen of cretaceous deposit from the peritoneum of a man, probably arising from tubercular deposit. Such a formation is very rare.

ŒSOPHAGUS AND STOMACH AFTER SWALLOWING SULPHURIC ACID.

Dr. OGLE exhibited the œsophagus and stomach of a man who had lost his life by swallowing sulphuric acid. He died in eight hours in a state of collapse. The effects were well seen in the black marks resulting from extravasated blood in the mucous membrane.

Dr. OGLE showed a curious example of Malformation of the Peritoneum.

DISEASE OF THE UTERUS.

Dr. OGLE also exhibited a uterus from a woman, aged thirty-two, who died after strangulated femoral hernia, containing a mass attached to the upper part of the cavity. It resembled a polypus. There was a cavity in the mass, which was supposed to be a portion of retained placenta.

AMPUTATION AT THE HIP-JOINT.

Mr. BARWELL produced the bone removed in an amputation at the hip-joint, performed by Mr. Hancock at the Charing-cross Hospital. The specimen was a portion of the femur; all that was left of that bone after two consecutive amputations performed at St. Bartholomew's Hospital—the former by Mr. Lawrence in Dec. 1858, the latter by Mr. Coote in Aug. 1859. The patient went into Charing-cross Hospital, under Mr. Hancock's care, on the 19th of February last, in a very emaciated and worn condition, with the hope that something might be done to save his life. The stump of the thigh had never healed after either amputation; the skin and muscles were much wasted; the stump was conical, and from its end projected a swollen-looking bone covered by granulations; two ragged ulcerations at the outside of the limb, and one on the inside just below the groin, kept up a constant discharge of dark-coloured pus. It was deemed advisable to give him a chance by amputation at the hip-joint, which was accordingly performed on the 25th ultimo. No unusual circumstance occurred at the operation; the femoral artery was obliterated, and the other vessels were so enlarged as to necessitate their ligature as soon as the anterior flap was formed. After the operation the man rallied considerably; but about two o'clock on the following morning faintness came on, from which he rapidly sank. The bone was considerably inflamed, particularly around the medullary canal, but there was neither necrosis nor caries. At the end where the bone had been sawn through in the last amputation there was a large formation of bony matter, which not only filled the central canal for rather more than an inch, but also covered over the whole external portion for nearly two inches, and at the inner and posterior aspect of the femur was an inch and a half thick. It appeared that it was a similar excessive formation of bone at the end of the stump in both amputations already referred to which prevented the healing of the wound. Such over-action of the bone, Mr. Barwell observed, was an exceedingly rare cause of non-success in amputations, and he was not aware of any similar case having been recorded.

Mr. WELLS showed a specimen of

OVARIAN TUMOUR.

It was removed by that gentleman a fortnight ago, and it was capable of holding six or seven gallons of fluid. A few adhesions existed. The pedicle was tied an inch and a half from the uterus. She died forty-seven hours after operation; and it was discovered that a small piece of intestine had been strangulated by its having slipped in between the pedicle and the wound; and this circumstance occasioned death by causing strangulation of the intestine.

Dr. GIBB exhibited, for Dr. BAKER, of Dawlish,

A CALCULUS FROM THE TONSIL,

which had been ejected from a highly-scrofulous, married woman, forty three years of age. Her history went to show the presence of sore-throat, great pain in the ear with discharge

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of fœtid matter, then a gathering in the tonsil, with shivering, great swelling of the throat, dysphagia, and a choking sensation. During a violent fit of coughing the tonsillar abscess burst, with the ejection from the mouth of the calculus, followed by a great flow of matter mixed with blood. Immediate relief ensued. Next morning a distinct cavity was visible in the inflamed tonsil from which the calculus had escaped, and still discharging pus. A good recovery was made, with the exception of an eczematous eruption on the side of the face and ear, to which the patient was subject. Dr. Gibb had analyzed the specimen, which resembled a small mulberry calculus in colour and form, and it consisted chiefly of carbonate of lime, with a little of the oxalate, and some animal matter. He believed that this calculus was the resolution of old tuberculous deposit in the tonsil originally, and subsequently became the nidus of inflammation and abscess, ending in its expulsion.

Reviews and Notices of Books.

On Consumption, its True Nature and Successful Treatment. By GODWIN TIMMS, M.D. Lond., M.R.C.P., &c. pp. 412. London: Churchill.

WHAT! more than four hundred pages again upon "Consumption"! we mentally exclaimed, as we glanced through this book. Surely the author must have something wonderful to tell us, or he would never have taken refuge in this very ancient asylum for professional *littérateurs*. And sure enough he has—nothing short, indeed, of the *true* nature and *successful* treatment of a very cruel scourge. We will not ask the reader to accompany us in a critical foray through the hundreds of pages here presented to us. We will content ourselves simply with asking him to ponder over the following propositions laid down by the author:—

"The morbid condition which constitutes consumption, and which results in the deposit of tubercle, is an exaggerated activity of that part of nutrition called destructive assimilation, by which more atoms of tissue are broken down, dissolved, and absorbed into the blood than can be expelled by the excreting organs, until the blood becomes so laden with the *débris* or *detritus* of the textures as to precipitate and deposit it in the form of tubercle in favourable situations."—p. 12.

Next, as to treatment:—

"In a case determined to be sthenic phthisis, which resists what we have called the 'combined treatment' (opiates and purgatives, animal oils and emetics), aided and stimulated by change of air, or a short sea voyage, our only resources, we repeat, is bloodletting; or, if the course of the disease is evidently too rapid to permit of success by the ordinary means, which require time, some more active measure, such as bloodletting, must be ventured upon; or, thirdly, in a case in which spontaneous hæmoptysis has preceded the manifestation of the local disease, ...its omission is inexcusable.....Venesection must cease to be a bugbear in the treatment of phthisis before general success will attend the treatment of consumption."—p. 302.

"Hence the need in asthenic phthisis of little besides the restoration of the vital energy of the tissues."—p. 373.

"The treatment of the mixed form of phthisis—of hereditary tuberculosis, excited or hastened by debilitating causes, ...consists, as might be expected, of a combination of tonics with the special remedies—cod-liver oil, opiate purgatives [*sic*], and, in advanced stages, emetics."—p. 376.

The work luxuriates in an "Appendix," but wants an index.

Contributions to the Hygienic Treatment of Paralysis and of Paralytic Deformities. Illustrated by numerous Cases. With a short Sketch of Rational Medical Gymnastics, or the Movement Cure. With 38 Engravings. By M. ROTH, M.D. pp. 98. London: Groombridge.

DR. ROTH herein makes many complaints of "orthodox and common routine practitioners, who condemn what is unknown to them, without taking the trouble to investigate it." If Dr. Roth chooses to ally himself with homœopaths and hydropaths, and to recommend *hypericum*, *ignatia*, *pulsatilla*,—to find fault, as a matter of course, with Duchesne and Raymond, sneer at respectable practitioners in orthopædy, and vaunt his own exaggerated fancies as superior to the ideas of everybody else, he must take the consequences. Because the profession have refused to accept without inquiry the theories and practice of Ling, the Swedish phantasist, it was quite unnecessary that one of his ardent disciples, Dr. Roth, should abandon common sense and lose his temper, throw himself into the arms of the "globulists" and "wet-sheet packers," and abuse the English profession of medicine.

Cure of the Sick, not Homœopathy, not Allopathy, but Judgment. By JOHN SPURGIN, M.D., F.R.C.P., &c., Senior Physician to the Foundling Hospital, and Honorary Physician to St. Mark's Hospital. pp. 91. London: Churchill.

THE perusal of this offering has not been altogether without profit, as affording us a trumpet to sound in the ears of the recalcitrant maternity of the British islands—e. g.:

"As a 'physician for all,' I can assert that disorders of a destructively inflammatory type have actually set in. Let mothers of families, therefore, take heed to their quacking ways, for they are at the dangerous turn of their precipitous journey of life; the steps of death are at their quicker march, and the earth is opening in many places at once in reply to their heavy fall. Let mothers know that judgment is not committed to names, nor theories, nor specific practices, but holds all appliances ready for all necessities."—p. 69.

Take heed in time, then, mothers of the rising generation.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—As an encouragement to those who are willing to assist Mr. Griffin, will you allow me to state that I have found no difficulty in obtaining signatures from ratepayers to the second form of petition recommended by Mr. Griffin: one each from three parishes in the union. Two incumbents signed, and one guardian (the only one asked), and he signed with "guardian" after his name. I had very little time to go about with the petition, and many were from home at the time I called upon them. A petition was sent from the chaplain of the workhouse to which I am surgeon; another was sent from a solicitor of this place; some friends also, at two distant places, kindly obtained signatures of ratepayers, and sent off the petitions to the House of Commons. I have also forwarded my own petition; and last, though not least, I have sent my subscription to Mr. Griffin. Being the only medical practitioner in the place, I had no near professional neighbours whose subscriptions or signatures I could solicit.

I am sorry to hear there is so much apathy amongst the profession on the subject. In one town a dozen medical men signed a petition, but not one offered a sixpence towards the expenses. Surely some of our brethren cannot be fully aware of the great injustice many of the Poor-law medical officers are subjected to. I will instance my own case, as surgeon to the workhouse. The result of my inquiries rather startled me. I give them below:—

—— *Union Workhouse. The average number of inmates in the year ending Dec. 31st, 1859, was* 61.

The workhouse—containing on an average 25·25 on the sick list—was visited 212 times, twice at midnight, equal to 5406 personal visits. Each patient is estimated to have taken at least one dose daily; consequently upwards of 9216 doses (and probably about 500 external applications) were supplied; 52 weekly and lengthy reports written out. One case of dislocation of the arm, and one of fracture of the arm, were treated. 152 examinations of persons on their admission were made. Several minor cases, as toothdrawing, not recorded.

The payment for the above was	£15	0	0
Extras: Nine midwifery cases at 10s. each; the majority at extra time—midnight	4	10	0
Yearly salary, &c.	£19	10	0

I am, Sir, your obedient servant,

March, 1860. A POOR-LAW MEDICAL OFFICER.

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THE LANCET.

LONDON: SATURDAY, MARCH 24, 1860.

SOME time ago we informed our readers that the Colleges of Physicians and Surgeons had each appointed six delegates, who were instructed to confer and report upon a scheme for instituting joint examinations, and granting joint or double diplomas in Medicine and Surgery. Considering that the Colleges of Edinburgh and Glasgow had already effected a combination for this purpose, it was satisfactory to find that the London Colleges had at last arrived at the stage of conference. This decision has been looked for with some anxiety. The Medical Act had brought a fair opportunity of obliterating a most unseemly and injurious blot from the medical escutcheon. The hitherto compulsory association of the general practitioner with a trading Company might be got rid of. It was hoped that the Apothecaries' Hall might speedily devote its whole energies to the manufacture and sale of drugs, and close the licensing department of its establishment. It was hoped that the time had come when the general practitioner possessing the "imprimatur" of the two Colleges might no longer be subjected to the mortification of laying before the magistrates and boards of guardians a licence to practise medicine of which he was ashamed. It was hoped that the necessity, or the motive, might no longer exist for the holder of the single licence of Blackfriars to suppress or conceal his real qualification under the assumed title of "surgeon." Unless the style and title of Apothecary—which is an anomaly and an anachronism—were erased, it was felt that the Medical Act had failed in a most important function. And now, we ask, Why should it fail in this respect? We must leave it to the Council of the College of Surgeons to reply. This august body will be called upon by its members, and by the entire profession, to explain what are the difficulties that oppose the accomplishment in London of that object which it has been found so easy to effect in Scotland. The existence of an Apothecaries' Company in London is not the difficulty. The College is under no contract to compel its members who are entering upon general practice to seek a licence in medicine at Blackfriars. It is perfectly open to the College to enter into an arrangement with the College of Physicians. All analogy, all good policy, and convenience dictate the consummation of this union. Why is it not carried out? It is said that the negotiation between the two Colleges has terminated in a conclusion in which nothing is concluded.

The scheme for the issuing of a double qualification which would liberate the general practitioner from the Apothecaries' Hall, and identify him with the two Colleges, seems further from realization than ever. Each College has appointed its Committee of Delegates; the Committees have conferred; they have reported; and the work is still to do. The College of Surgeons is impracticable; it learns nothing—it forgets nothing, excepting its duty to the public, the profession, and its own members. The College of Surgeons puts forward the preposterous pretension that it cannot delegate to any other body, or even share with any other body, the privilege of examining in anatomy and physiology. It affects to believe that anatomy and physiology are the peculiar domain of the surgeon, and that the physician has no business with them. In accordance with this absurd assumption, it stipulates that the entire examination in anatomy shall be conducted by the College of Surgeons, graciously permitting the College of Physicians to put, incidentally, in the course of its examination in medicine, stray questions on the anatomy of the parts concerned in medical diseases. All this means that the College of Physicians is to take upon absolute trust whatever the College of Surgeons may please to affirm as to the anatomical knowledge of a candidate. The College of Physicians is to be contented with supplementing the examination of the College of Surgeons by a formal examination in internal pathology and materia medica—to enact the auxiliary part of completing just what the latter College is pleased to leave to it.

The College of Physicians has evinced the utmost desire to facilitate the arrangement; no obstacle has been raised by it: but it very properly demurs to the terms presented by the College of Surgeons. Believing that anatomy is equally the basis of medicine as of surgery, it claims the right to satisfy itself that the candidate for its diploma shall be versed in the knowledge of the structure and functions of the human body. It has as good a right to claim the exclusive and absolute privilege of examining in anatomy as has the College of Surgeons. It would be dereliction of its duty—an unbecoming submission to an insolent pretension—if it did not insist upon an equal share in the anatomical examination. The licentious conduct of the College of Surgeons in the distribution of diplomas amongst uneducated persons is not calculated to inspire confidence in other bodies. The infinitesimal knowledge of anatomy which can be acquired by selling drugs over a counter for twenty years may suffice for Lincoln's-inn, but Pall-mall requires something more. And so the projected alliance has gone off. The College of Surgeons, which has so often outraged the feelings of its members by admitting amongst them men unworthy of the association, is again bent upon inflicting the further injury of continuing the degrading connexion with the Apothecaries' Company.

By this course, the College of Surgeons is further responsible for the serious discouragement that will result to the prosecution of medical studies in this metropolis. This result cannot fail to operate as a great impediment to the progress of medical science. Thus the College of Surgeons is guilty of a twofold fault: it obstructs the advancement of knowledge; it injures and degrades the medical profession.

IN THE LANCET of February the 18th, we placed the case of the Militia Surgeons before the notice of the profession. We denounced it as a bad one, and as urgently requiring some consideration upon the part of Government. We showed that our professional brethren did the State good and honourable service, and were justified in requiring that they should be considered as worthy of a fair reward. At the time we wrote we were ignorant of what a correspondent has since informed us—viz., that there has been formed "A Militia Surgeons' Society of Great Britain and Ireland," to take the part of the officers in question. This Society has already been the means of presenting numerous memorials, petitions, and deputations to successive Prime Ministers and Secretaries for War, and is at the present moment exerting itself to obtain the signatures

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of members of Parliament and colonels of regiments to an important memorial. The grievances the Society has to complain of are clearly so bad, and its method of exposition is so well chosen and definite, as to have given rise to some unfair attempts to stifle all remonstrance upon the part of the Militia surgeons. We are told that a circular has been issued by the Secretary for War to commanding officers of regiments, informing them that he highly disapproved of the system of memorializing adopted by the officers in question, adjutants, and others, and adding that it was contrary to *military* discipline. The result of this circular has been to prevent certain M.P.s and colonels of regiments from signing the memorial. But it turns out, even upon the Government's own showing, that it was not truly any breach of *military* discipline upon the part of surgeons in thus memorializing, because the "odious document" was prepared, signed, and delivered to the Earl of DERBY and General PEEL by the Militia surgeons when *disembodied*, and when they were not under *military* discipline. At least this is how Government regards these gentlemen at such times when questions arise touching their pay and position. When the regiment is disbanded, the surgeon is dismissed with a small gratuity, and his rank and status taken from him. He is refused a place on the permanent staff of his regiment, and told to go back to private practice at head-quarters. He is told he is now a *civilian*. If so, how then can he as a civilian commit a breach of *military* discipline, in saying—"You have "hitherto not treated me well. Will you not make a favourable "change in the future?" The Secretary for War is horror-struck at this assumed breach of respectful obedience. And, indeed, what secretaries for anything are prone towards memorials? Nevertheless, let the Government take at least a definite view of the surgeon's position—let him be either an officer or a civilian, and have done with it; but not one day the former, and the next day the latter, or just as it suits them.

But even supposing, for the sake of the argument, that the letter of military law was infringed, we would reply that it may be so sometimes with advantage. This is evident from the facts alluded to by our correspondent,—namely:

"That all the advantages the Army and Navy surgeons now derive from the new Warrant were obtained, not by memorializing Secretaries for War or Prime Ministers, but by going directly to our gracious and considerate Queen, to whom Dr. Andrew Smith, when Director-General, presented the petition of upwards of nine hundred Army surgeons, praying for increased pay, rank, &c. Instead of being told that it was contrary to military discipline, their prayer was granted. Attention was likewise paid to a memorial from the paymasters and quartermasters of the line, and no rebuke administered to them. Indeed, only very lately a reply was given in the House of Commons by Lord Paget, one of the Lords of the Admiralty, to Lord James Browne, who asked what was to be done for the lieutenants of the Royal Navy who had presented a petition so recently as last December; and instead of being told 'Oh! it could not be entertained, as it was contrary to naval discipline,' he was politely informed that it had been received, and was under consideration."

These instances, then, sufficiently prove that, when convenient, the Government can make a different rule for the different services. But, however that may be, if the Militia surgeons have erred, they have done so by following the examples set them by their brethren of the Army and Navy. If the latter have not been rebuked for their prayers, why should the former be scowled at? If the latter have received some recompense for their pains, why are the former to be less fortunate? But whether, in the immediate instance before us, successful or not, surely the Society is worthy the support of every Militia surgeon in the kingdom. The whole body must lend their help; no single officer must shirk his responsibility. It cannot be expected that one half only of the body is to fight the battle for the whole. We regret, however, to say, upon what we believe to be reliable testimony, that considerable apathy has been shown by many Militia surgeons to whom the Society in question has sent its rules, reports, and invitations to become members. To many of these communications not any reply has been returned. Some gentlemen have transmitted their thanks to the Society for its exertions, but have declined to join it, or to subscribe the trifling sum required annually,—namely, ten shillings. Others, apparently actuated by a peculiar dread that, being a nondescript kind of persons—neither soldiers nor civilians—they would be guilty of a breach of military discipline in so combining to effect their much-desired amelioration, have withheld from fellowship; another class, again, seem willing to let others bear "the burden and heat of the day," whilst they remain ready and willing to take advantage of any pecuniary or other benefit their more energetic brethren may obtain for them. Now this is not as it should be. All must put their shoulders to the wheel. Those who have not yet joined the Society should join it at once; let us hope that such as belonged to it for a year or so, and then declined their membership because *immediate* success did not attend their efforts, will unite with it again. Union is strength, it must be remembered, both in word and deed. We trust that there will be no further shilly-shallying. We say to all and every Militia surgeon, Go at once and join the Society. Your active brethren are endeavouring to obtain this boon—that you be placed upon the permanent staff of your regiments, and with a definite rate of pay. Surely you will endeavour to obtain the prize.

IN some former numbers of THE LANCET we noticed the fact, not generally known, that emanations from animal and vegetable deposits in our streets, mixed with granite dust—impeding the drainage of our sewers and contaminating the waters of the Thames,—are sources of disease, and highly prejudicial to the health of the inhabitants of this metropolis. The injury to the lungs and air-passages by inhaling granite dust, we also observed, is an additional evil to which the public of London are exposed. We now find, by the evidence adduced before a committee of the House of Commons as to the causes of the noxious exhalations from the Serpentine, that the macadamized roads all round the metropolis, as well as the granite in the streets of London, have contributed, for a series of years past, to the augmentation of these evils. The accumulations of mud in that ornamental piece of water have reached in certain parts a depth of eight feet; and when this sediment becomes exposed to the solar heat in sultry seasons, decomposition and noisome emanations follow as matters of course.

Another important fact, which appears to have been also overlooked, is, that a great obstacle to utilizing for agricultural purposes the sewage of the metropolis and other large towns is the quantity of mud washed into the common sewers from macadamized roads. This evil can only be effectually provided against by the universal adoption of the

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improved system of road-making, termed the "Composite System," by which the broken granite is permanently embedded in a bituminous cement, so as to prevent this constant grinding into dust. The blocks are of a large size, and are brought into the streets ready made; and, being impervious, they are free from noxious exhalations. The economy of this mode of paving is undeniable.

Mr. GIBSON, President of the Board of Trade, Mr. M'KENNON, M.P., and other inhabitants of Hyde-park-place, have, we understand, in conjunction with Sir JAMES DUKE, the Rev. M. BEARD, and other inhabitants of Portland-place, made various representations to the Vestry of Marylebone to substitute this system for the Macadam; but it is as difficult to get some vestrymen to travel out of the antiquated rut of routine as it was in days of yore to induce them to admit that gas was superior to oil for street illumination, or to get stage-coach and post-horse proprietors to acknowledge the superiority of steam power on railways over animal power on common roads.

We are glad to find that Lord FERMOY is taking an active part in removing the evils of the Serpentine, and we should like to see him take the lead in the formation of an association for providing a remedy for these evils, by the adoption of this improved system of covering roads. All the metropolitan members might take a part in such a movement, as the health and comfort of their constituents must always be matters of importance to them; and nothing could contribute more to such results than the removal of mud, dust, and deafening noises from our streets. It may be very true, as it always has been, that there are certain vested interests in the maintenance of abuses, and that contractors and scavengers, with dust-carts, mud-carts, &c., would lose something of their enormous profits by the adoption of a system of cleanliness which would not require their aid; but the public is not likely to submit to nuisances, the subject of such general complaint; nor can the ratepayers be expected to submit much longer to the far greater outlay for the maintenance of such evils than will henceforth be required for their removal. Facts are stubborn things, and truth must prevail sooner or later.

To offer advice is always a delicate matter. To reject advice is sometimes a crime. We have again to advise, and complain too. Why did not those whose business is connected with the Transport Service of this country study—as, six months ago, we recommended they should—Assistant-Surgeon KIRWAN'S "Notes on the Despatch of Troops by Sea," and our leading article upon this subject? Surely we then said enough to prove that the important subject of the transport of troops safely, comfortably, and with economy, was one that had been quite ignored by the administrative department; that the whole working of the Transport Service must be simplified and accelerated; that the Government must for the future be well provided with ships of a proper class, well found in provisions and sea stores, and ready to go to sea on very short notice. As the duty of transporting soldiers by sea has hitherto formed a matter which belonged to anybody, and to nobody in particular,—was one tacked on, if we recollect right, to not less than three different departments,—we went along with Mr. KIRWAN in suggesting that a new branch of the public service should be established, having for its duties the superintendence of all details connected with the embarking and disembarking of troops, to whatever part of the globe they may be about to proceed. We opposed *in toto* the practice both of hiring merchant ships to convey troops, and of converting "men-of-war" into temporary transports. Why these methods of effecting the desired object are unadvisable, even positively bad, we need not state here: we have already discussed that part of the subject. Suffice it to say, Government must have a distinct set of transport ships of its own, having a single and definite duty. That our advice was necessary, and, unfortunately, disregarded, will be apparent from the following quotation from a recent number of the *Army and Navy Gazette:*—

"The *Berenice*, which was to have carried the 14th Dragoons from Bombay to Suez, had never apparently the least intention of doing anything of the kind, and had no notion of doing duty as a troop-ship. On being inspected, it was found she had no cooking coppers for the men's food, no tubs, no plates, dishes, or buckets, no bedding for the sick; and the artillery officers were actually obliged to fit her out with these articles as well as they could, and to furnish her even with quarter-galleries at Suez. The officer in command had received no instructions to provide anything of the sort; and, as he knew the playful coyness which the authorities evince in regard to any advances made by officers on their own responsibility, he wisely declined to incur the risk. But the ship is at sea at last, and we wish her and her cargo a pleasant—and if it were not mockery we would say a speedy—voyage. Her Majesty's 14th Light Dragoons were, by the latest accounts, not waiting at Suez, where they were expected to be; on the contrary, they were at Bombay, and it was said that tenders had just been issued for their transport round the Cape. Meanwhile, Milward's battery is passing its time very agreeably, no doubt, in the harbour of Alexandria, on board the floating hotel which the authorities have found for them on board her Majesty's ship *Himalaya*—a mode of lodging them which is, however, not very economical. But with a liberal Parliament, and the ungrudging liberality of the estimates, what signifies a few pounds? One may ask if this delay could not have been avoided, and if Great Britain, with her enormous resources in shipping, could not find better accommodation for her troops, and make more judicious endeavours to alleviate some of the horrid discomforts of the Red Sea passage in February."

So it has turned out again that "what is everybody's is nobody's business;" and we are just as far from knowing how to properly transport our soldiers to China as we were from divining how to get them to the Crimea in a quick, comfortable, and economical manner. Government may depend upon it that until there exists a distinct and proper transport service the thing will never be satisfactorily attained. Let it look to France.

As we believed, further disasters would inevitably ensue; and now, as we write, the catastrophe of the *Great Tasmania* starts up before us. We shall revert to this melancholy history next week.

ON a former occasion we commented upon the exclusion of the medical officers of the Bedford Infirmary from the committee; and we expressed a strong hope that the differences between the committee and the surgeons might be settled in a friendly spirit. The surgeons had resented their exclusion by resigning their professional appointments. A special meeting of the governors has been held to consider the subject. An almost unanimous feeling being expressed in favour of restoring the surgeons to the right of sitting on the committee, the following resolution was adopted:—

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"That this Board deems it expedient that the medical staff, being eligible as governors, should be represented in the committees; that as this arrangement will render the institution conformable to the practice of most of the infirmaries in the kingdom in relation to the medical officers, and remove the objections raised to the constitution of the committee, the Board trusts that the adoption of it will induce the medical officers who have resigned to withdraw their resignation."

This resolution has been communicated to the medical officers, who, we understand, have the subject still under their consideration.

Medical Annotations.

"Ne quid nimis."

THE NEW DENTAL DIPLOMA.

WE have rarely seen an important public question so unfairly handled as is the present organization of the dental profession by the advocates of the institution self-styled the College of Dentists of England. For several years it has been felt by dentists, by medical practitioners, and by the public, that the extortion and deception practised by uneducated quacks calling themselves dentists disgraced the more respectable practitioners in dentistry,—from whom they were in no way outwardly distinguished,—and affected injuriously the public interests.

More than once the question has been agitated of providing an organization, and instituting tests of capacity. For various reasons, these movements have failed; in one instance, because the promoters sought to impose the membership of the College of Surgeons as a test of capacity, and this shut out a majority of practising dentists. The general resettlement of professional questions brought about by the passing of the Medical Act of 1858 afforded a favourable opportunity for bringing the dental profession under State recognition, and for providing educational tests as in other professions. It mattered not very much, we think, whether this were done by the organization of a recognised College of Dentists, modeled after the type of the Veterinary Surgeons' College, and duly representative of the talent and respectability of the profession; or whether the same object were effected by the annexation of the dentists to the general "body medical," under suitable conditions. Looking to the facts, that a large number of the most noted practitioners in dentistry are members of the College of Surgeons, and that dental surgery is a branch of human surgery, it may be well understood that these gentlemen showed a preference for union with the College of Surgeons. Certainly the dentists have everything to gain by drawing more closely the bonds of union with the medical profession; and it would have been long before this purely dental College, although constituted under Governmental sanction, could give to its diplomas the *prestige* which must attach to the dental licences of the Royal College of Surgeons of England.

The College of Surgeons having acceded to the request of the eminent memorialists, and a Royal Charter having authorized the creation of a class of dental licentiates, and upwards of ninety of the most distinguished practitioners in dentistry having entered for the prescribed examinations for the diploma, the question might be considered settled. The dentists might be congratulated on the honourable position assigned to them, and the facility with which the educated members of their body may now distinguish themselves from the mere quacks, who infest their ranks most numerously. But the section which advocated the establishment of a separate College are by no means disposed to accept a negative result, which must be regarded as a *fait accompli*. Notwithstanding the formation of the body of examiners authorized by Government to furnish diplomas, they have prepared to issue rival diplomas after the following fashion:—

"THE COLLEGE OF DENTISTS OF ENGLAND.—By virtue of the powers vested in us by the Council of this College, we, the Court of Examiners, have diligently examined ——, and have found him competent to exercise the art and science of a Dental Surgeon. We have therefore this day admitted him a member of the College.

President.

Examiners.

Secretary.

Registrar.

Dated this — day of ——, 18—."

We love too much the freedom of individual action to be disposed to reprehend the simple institution of a society of malcontents, who have, or think they have, any cause of complaint. But these gentlemen do not limit themselves to a certificate of membership, but, in violation of all legal right and custom, this self-constituted body, "in virtue of the powers [self-] vested in them," pretend to give a diploma for practice as a dental surgeon. They have sought to enlist the sympathies of the profession and the public. For this purpose they have resorted to means which are unworthy of a good cause. They have put forth a statement numerously signed, and purporting to represent the opinions of the majority of the profession. To this protest they have not hesitated to append the names of the most obscure and incompetent persons. Thus we find on the list upwards of thirty advertising dentists; we find a number of apprentices and mechanical assistants; we find chemists, and amongst them a homœopathic chemist. These are not the expedients to which the representatives of an honourable profession are compelled to resort.

These gentlemen endeavour also to arouse the sympathies of the medical profession by appealing to our fears. They intimate the possibility of the dental licentiates of the College of Surgeons assuming legally the right of practising surgery in its general departments. This is simply a misstatement. They will have no such power. On the other hand, in pretending to issue to their members diplomas of competence to practise as dental surgeons the Dental College does very gravely infringe on our rights, and assumes a medical title which has already been sadly abused by some bad members of the dental body.

We find the names of a few well-known practitioners appended to the statement emanating from the College of Dentists. We can readily imagine that they did not know in what company they would find themselves, or what proceedings would be taken. It is curious, indeed, to find in the President of this pseudo-College the author of a pamphlet in which union with the Royal College of Surgeons was very earnestly advocated, and of which the purpose was to show "the necessity of the Legislature and the medical profession recognising this (dental surgery) as a legitimate branch of science, and that no person be hereafter permitted to practise without undergoing examination by one or more censors of the Royal College of Surgeons."

MEDICAL DEGREES AND MEDICAL TITLES.

THE present condition of medical degrees, and of the bodies by which they are conferred, is a subject which must ere long come before the profession at large, and that unfortunately small section of the public which can be persuaded to take an interest in it. It is a subject, moreover, of no ordinary complication and difficulty, and one which the Medical Act of 1858 has tended to involve more hopelessly than ever. While the degrees of M.B. and M.D. are given by the different univer-

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sities of the United Kingdom after very different courses of education, both general and professional, the Act in question has classed them altogether; and unfortunate M.B.s are reproached for assuming the title of Doctor, when it is obvious that the so called lower degree in some of these universities represents a good deal more than the higher one in others.

These are by no means all the difficulties of the question, but certainly the most pressing point is how to solve the supposed difficulty that exists in arranging satisfactorily the vexed question of "title," without injuring in any respect the real value of the "degree." It was on this rock that the medical statute introduced into the Senate at Oxford appears to have split. The custom of granting the licence to practise with the first or Bachelor's degree is far more ancient than many persons believe. At Oxford it dates at any rate from the beginning of the seventeenth century—before the statutes were remodeled by Laud; and we believe the usage, now so frequently objected to, of styling the M.B. "Doctor" is almost as old. We remember to have read somewhere of the celebrated John Locke being mentioned as Dr. Locke during his lifetime, although he took the B.M. in 1675, and never proceeded to the D.M. at all. It is not surprising, then, that a custom so time-honoured should have been adopted by the comparatively new University of London, and virtually recognised by the Medical Act of 1858. It is nevertheless not free from practical inconvenience; for while, on the one hand, a perhaps over-scrupulous sense of honour and delicacy causes some men to shrink from the assumption of a title to which they have no formal right, on the other, the practical exigencies of modern professional life indispose more to submit to a system which encumbers them with additional exercises and fees, in return for which it has no corresponding professional advantages to bestow.

The only perfect remedy that could be devised is one which was suggested some years ago by an eminent authority at Oxford, but which the Medical Act, as it now stands, renders for the present impossible. It is as follows:—That two examinations should be undergone by all candidates for a medical degree. On passing the first of these, which should correspond nearly with the first M.B. of the London University, he should obtain the degree of M.B. *without* the licence to practise, and the Doctor's degree and the licence should be conferred together on his passing the second examination.

The adoption of this, or some very similar plan, by all such of our universities as desire to retain the two ancient degrees, would, we think, completely remedy the anomalies at present existing. It would do away, not only with the necessity which now exists for Bachelors of Medicine, if practising as physicians, to style themselves Doctors, but also with the unfair disadvantages under which members of the English universities are now placed in comparison with those who obtain the degree of M.D. at once in a Scotch or German university.

The Medical Council might, we think, profitably turn its attention to this subject; and should it recommend some such plan as the above to the universities, they would, no doubt, adopt it. It would then only remain to procure the amendment of the Medical Act, so far as is necessary to admit of these changes being made, and this much-vexed question would be finally set at rest.

PRINTING ON TINTED PAPER.

MR. STREATFIELD, the editor of the "Ophthalmic Hospital Reports," gives the following reasons for printing that work on tinted paper. Mr. Babbage made the observation that coloured paper is more favourable to distinctness than white. He subjected the matter to experiment by printing a page on paper of various shades and colours. Almost all those consulted agreed in giving the preference to the coloured papers; but the particular tint was not so unanimously fixed upon. Yellow appeared to have the preference. Several editions of Mr. Babbage's "Table of the Logarithms" have been printed on the *same* yellow paper; some have also been issued on white paper, but the former are always most in demand. A gentleman much in the habit of using logarithms, ordered of his bookseller Mr. Babbage's work, and unexpectedly finding it printed on coloured paper, he was much disappointed; but afterwards he was so much pleased with it, that he wrote to Mr. Babbage, saying, that whereas he had only been able to use his eyes at night with books printed on white paper for an hour without resting them, he could, with the new book, continue for three hours without exertion. Mr. Streatfield believes that as the yellow paper of Mr. Babbage's book is so pleasant for candlelight use, so that now used for the "Ophthalmic Reports" is better for ordinary daylight. He believes that the colour should be deeper in proportion to the size of the type, for he has observed that large placards on paper of a darker shade than could be used for any printed book, are very easily to be read. There appears, therefore, to be more philosophy in advertising posters than was dreamt of. Mr. Streatfield does not know why it is thought desirable to obviate the yellow colour of some artificial light, and yet that the yellow-coloured paper is most agreeable for reading; if it is so,—and Dr. Wilson says, "Yellow is unquestionably the colour most *visible* to all eyes,"—the reason remains to be proved; but it has occurred to him, that the organ of vision only requires for its use the luminous rays of the spectrum, not the heating or the chemical rays, which, no doubt required for our health in other ways, are not necessary for seeing. Yellow occurs near the centre of the spectrum —i. e., away from the heating and chemical rays (farthest from the latter); and green, which, next to yellow, seems to be pleasantest to read with, is next to it in the spectrum, and *equally* remote from its heating and chemical extremities, where, moreover, it appears that the colours most fatiguing to the eye are found. The printers remark that the new paper "takes the ink" particularly well—a fact of some importance where woodcuts are concerned. The subject is evidently one of great practical interest, and deserves careful scientific and experimental study. The curious phenomena of snow-blindness are interesting in relation to this subject.

MEDICO-PARLIAMENTARY.

COMMONS.—*Thursday, March 15th.*—Petitions for inquiry into the condition of Poor-law Medical Officers were presented from Hook-Norton, Banbury Union, Sutton Coldfield, Barrow-upon-Soar Union, Clifton Union, and Reynsham Union: to lie upon the table.

The Serpentine inquiry drags its slow length along.

MEDICAL ACT (1858).

Mr. O'Brien moved for a Return of the number of qualifications to practise either Medicine or Surgery, under the Medical Act of 1858, granted, since the passing of the said Act, without examination by any University or Body authorized to confer qualifications entitled to be registered under the said Act, setting out the names of the University or Body granting such qualifications, and the amount of fees received for such grants.

ADULTERATION OF FOOD.

Friday, March 16th.—Mr. Steuart gave notice that on the committal of the Bill for the Prevention of Adulteration in Food and Drink, he should move for its application to Scotland and Ireland.

Subsequently, Mr. Serjeant Deasy said that, in the event of the House deciding that the measure should be extended to Ireland, he should prepare a series of clauses relating to that subject.

CORONERS AND MAGISTRATES.

Mr. T. Duncombe asked the Secretary of State for the Home Department if his attention had been called to the fact that the body of a man, named Thomas Edward Kean, recently found dead in the woods near Seal, in Kent, was interred without any inquest being held upon it, and what steps had been taken in consequence?

Sir C. Lewis replied that the circumstance arose from the misunderstanding between the Coroner and the Magistrates, and the determination of the Magistrates only to allow fees

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where a suspicion of crime existed. The amendment of the law was now under the consideration of a committee.

INDIAN MEDICAL SERVICE.

Mr. Bazley asked the Secretary of State for India whether the medical officers of her Majesty's Indian Army had had all the privileges conceded to them which the Royal Warrant of October, 1858, entitled them to receive.

Sir C. Wood said the Warrant of 1858 could not apply in all respects to the medical officers of the Indian Army, inasmuch as the pay and pensions of the Queen's service differed from those of the Indian service; but the rank, pay, and position of the Indian medical officers and those of the medical officers in India of her Majesty's general army were on a footing of perfect equality.

A petition was presented from three medical practitioners for alterations of the Law relating to Poor-law Medical Relief: to lie upon the table.

Petitions for inquiry into the condition of Poor-law Medical Officers were presented from Long Melford, Dorking, and Dorking Union Medical Officers: to lie upon the table.

Registration of Births, &c. (Scotland) Bill: Petitions were presented for relief of medical practitioners in being called upon to give gratuitously certificates of the cause of death, from James Livingstone, Thomas Collins, and John Simpson: to lie upon the table.

THE "GREAT TASMANIA."

Tuesday, March 20th.—Colonel Herbert asked the Secretary of State for India whether his attention had been drawn to a very painful account of the state of the soldiers, or discharged soldiers, on board the hired transport, the *Great Tasmania*, lately arrived from India?

Mr. J. Ewart hoped that the right hon. gentleman would also state whether the stores had been supplied by the Government or by the owners of the vessel.

Sir C. Wood said his attention had been called to the circumstances to which the hon. and gallant gentleman opposite had alluded, and that the moment the telegram reached London, late on Saturday afternoon, the Under Secretary for India immediately went down to Liverpool himself to inquire into the case on the spot. On the Sunday morning he visited a great number of the men, and they were also visited by the local authorities, by whom every possible attention had been paid to the sick, and nothing had been omitted which could possibly contribute to their comfort. The hon. gentleman also visited the vessel next day, in order to look at the stores himself, and he found them in such a state that he thought it necessary to direct a survey to be made. He also saw the officer who was in charge of the troops, and the Coroner, and directed that every possible facility should be given for the most complete and searching inquiry. That inquiry was now going on, and that being the case, it would be better at present to abstain from expressing any opinion on the conduct of the persons concerned. As to the other question, some of the provisions had been supplied by the Government, and some by the ship.

Wednesday, March 21st.—Petitions were presented for inquiry into the condition of Poor-law Medical Officers from Stockbridge Union and R. Graveley: to lie upon the table.

BLEACHING AND DYEING WORKS.

Thursday, March 22nd.—The second reading of Mr. Crook's Bill, in relation to this subject, was carried, after a sharp debate, by a majority of 187.

Correspondence.

"Audi alteram partem."

THE DUBLIN AND EDINBURGH COLLEGES OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In the discussions between the College of Surgeons and Trinity College, Dublin, brought on by the Medical Amendment Bill, it has been said in Parliament and elsewhere, that the difficulty lies in the College of Surgeons having a school of its own, and the system of the Edinburgh College has been recommended as preferable. Will you allow me space to explain shortly the system of our College in relation to education, and to point out the confusion of ideas which seems to exist as to what is meant by a College having "a school of its own."

A College, or University, may take three positions in relation to teachers:—1. It may appoint lecturers or professors, and give them a monopoly of teaching for its diploma. 2. It may recognise all qualified lecturers, who choose to lecture, giving a fair and equal field to all, no one having any title or privilege over the other. 3. It may, while recognising any lecturer, at the same time give the title of professor to one, but without any monopoly of teaching. The first is the system of Trinity College, Dublin, and, in Scotland, of the Glasgow University. The second is the system of the Edinburgh College of Surgeons. The fellowship is easily open to any respectable licentiate of a College of Surgeons, and any fellow may lecture who can pass the special examination which the College instituted some years ago to try a lecturer on the branch he proposes to teach. Practically, the field is open to all the competent, and the number of lecturers is regulated, like the number of practitioners, by the principle of demand and supply. There is an open field and fair play to all. The College at one time gave to one lecturer the title of professor of surgery, but without free rooms, or salary, or monopoly of teaching; but it is long since the College resolved to allow the chair to expire when it became vacant.

But the Edinburgh College does not refuse to recognise the University professors. It is the Dublin College doing so, not its having a school, which is blameable. Having lecturers or professors does not imply refusing the tickets of University professors. We might refuse the University tickets in Edinburgh (if we were wrong-headed enough to do so), and yet not have professors of our own; and we might have professors and yet not refuse the tickets of the University professors. The one does not in any way imply the other. Now, I think the Dublin College is much to blame for refusing the Trinity College tickets. No doubt Trinity College refuses theirs; but two blacks do not make a white. It may be hard to return good for evil, and Trinity College was the first to set the example of refusal; but the proper course for the College of Surgeons was, not to retaliate, but to do what was right, and then insist on Trinity College recognising their tickets. This is what we have done in Edinburgh; and, after a long battle, we succeeded in making the University receive the tickets of the lecturers. By its retaliation the Dublin College has brought the present grief upon itself. The double qualification being necessary, Trinity College had no choice but to use its power of giving a surgical licence, as its students could not be admitted to examination for the diploma of the College of Surgeons.

Nor, under these circumstances, can I sympathize with the opposition of the Dublin College of Surgeons to the Medical Amendment Bill. Contrary to what Dr. Macdonnell asserts, it was not intentional, but a mere clerical error, the omission of Licentiate in Surgery in No. 10 of Schedule A of the Medical Act; and the surgical licence of Trinity College was the only then existing surgical licence which the Act did not entitle to be registered. Had Trinity College been seeking a new power, or had the Queen's University been seeking such a power, the case would have been very different. Whatever be the result as to this Amendment Act, the Dublin College of Surgeons should at once resolve to recognise Trinity College tickets. Then let them go to the Medical Council and insist that their tickets shall be received by every University or College whose diplomas qualify for registration.

As to having a school of its own, if this means neither refusal of other professors' tickets nor monopoly to its own professors, it is not easy to see what just ground Trinity or any other College has for complaint. Trinity College professors would doubtless prefer that none but themselves should enjoy this title; but suppose the College of Surgeons were to demand the abolition of Trinity College professorships. If it is right or wrong in the one institution to have professors, is it not equally right or wrong in the other? "University" is a fine word to conjure with, no doubt; but a College of Surgeons is a more important body to the medical profession than any University; and some of the Universities are, after all, very trumpery institutions. If the Dublin College of Surgeons chooses to appoint professors (the third of the three methods mentioned at the beginning of this letter), and give them free rooms and even a salary besides, that, I presume, is for the fellows of the College to judge of; and it is a piece of impertinence for any other College to say "*You* ought not to have professors."

The account I have given of the Edinburgh system may be

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useful to the Dublin College, if it thinks of remodeling. I may add, that our College of Physicians follows exactly the same system as the College of Surgeons with reference to lecturers and schools.

I am, Sir, yours &c.,

Edinburgh, March, 1860. F.R.C.S. EDIN.

ARMY SURGEONS IN INDIA.

To the Editor of THE LANCET.

SIR,—I wish to express through your columns to the medical as well as general public how the Warrant, issued in October, 1858, for the improvement of the pay and status of medical officers in the British army, by our most gracious Sovereign, has been ignored in this her Majesty's Indian empire. It is not long since I volunteered for the service in India, believing that I should receive the same proportionate pay with the other officers. In this I with many others have been sadly mistaken. The authorities here pretended entire ignorance of the Warrant ameliorating our pay until the beginning of this month, when it is stated in General Orders that our Indian pay is to be increased to 149 rupees, or £14 18*s.* per month, but that the *Indian allowances proper* are to be stopped. Now, our former pay and Indian allowances proper amounted to £14 11*s.* 6*d.* per month, so that there is here only an increase of 6*s.* 6*d.* Moreover, we are not to gain even this trifle, as it is stated in the same Orders that the aggregate monthly pay and allowances are not to exceed the old scale of pay—namely, £25 12*s.*, (including tentage, house rent, and half batta.) This is the same as a lieutenant's pay, than whom in England we receive 3*s.* 6*d.* more per day, and on the staff 4*s.* 6*d.* The lieutenants are still to receive their *Indian allowances*, properly so called, while we, medical officers, are not. At home, lieutenants receive 6*s.* 6*d.* per day; young staff assistant-surgeons, 11*s.* per day. In India their pay is equalized, and her Majesty's staff assistant-surgeons find that instead of their pay being rendered proportionate with others, say a captain's, than whom they receive only 7*d.* a day less at home, feel sickened at heart, when too late they find that while the latter officer draws monthly between £40 and £50, they are *reduced* to live on what is in India a miserable pittance—viz., a bare lieutenant's pay. For us, who belong to the army that has subjugated the rebellious sepoys, there are none of the fruits and *delicia* of the country reserved. From numerous snug staff appointments, save about five, we are all debarred; the rest are reserved for the medical officers of the defunct sepoy army. It would be of no avail for any of our tried veteran medical officers to compete for official favour in the field with any of their younger scions, were any desired civil or staff employ vacant.

We are thus to be the only officers of her Majesty's army who are to be deprived of the so-called *Indian allowances proper*. To receive only about £5 or £6 a month over an assign in this country, where not only our labours are arduous, but the climate is so trying; where, more than in most countries, the conservancy and health of regiments depend upon the energy and talents of their medical officers, is a burning shame. Expenses in this country are heavy; and this limited pay, without any prospect of adding to it, (except, of course, on promotion,) is totally inadequate to one's position, or as a reward for the labour done. In England, on 11*s.* per day, one is affluent compared with our present pay in India. The *new* relative rank is ignored *in toto*, as well as the increased pay. An assistant-surgeon at home, after five years' service, receives 11*s.* 6*d.* a day in a regiment, and 12*s.* 6*d.* on the staff. In India the pay is not increased an iota. After six years' service, he ranks as captain. This is not allowed in India. A full surgeon is not allowed to rank as major, or have the many privileges of that rank, and so on with the higher grades.

The Home authorities, Sir, cannot be aware of this wilful ignorance of the Warrant of 1858 in this country. It is for you to let young military medical aspirants beware, unless possessed of a moderate private income, how they undertake service in India, while they have England and her colonies open to them, and where they will find their improved pay and rank allowed and understood.

The authorities, it is said, wish to retrench their expenditure; but let them not commence with us, who so dearly earn our few rupees. Let them, at any rate, respect our Queen's Warrant. Of what avail are the Royal Commission and new Medical Warrant if, after obtaining a flock of, I hope, superior and well-educated young medical officers, the same find, when too late, that in India, where the flower of our army is, the Warrant that had induced them to serve her Majesty, is so ignored? The surgeon that he respected at home under the relative rank of major, he finds in India *reduced* to the grade of captain, and so on. The assistant-surgeon of five years' service, who with him at home drew 1*s.* 6*d.* more per day than his young friend, is put here on the same pay as the youngest medical recruit.

Pray, Sir, by your pen, aid us; and if we of the British army in India are to be deprived of filling any lucrative staff berths, still help us to get our simple legal rights and dues granted to us; and you will, I feel confident, gain additional esteem from all the British medical officers. "Fiat justitia, ruat cœlum."

I am, Sir, your obedient servant,

Calcutta, Feb. 1860. ASSISTANT-SURGEON H.M. ARMY.

P.S.—To initiate Indian economy, first let the immense salaries of the civil servants, and other highly-paid but little-worked officials, be curtailed.

THE COLLEGE OF DENTISTS AND THE ROYAL COLLEGE OF SURGEONS.

(LETTER FROM MR. S. L. RYMER.)

To the Editor of THE LANCET.

SIR,—Some persons are remarkably clever at making a mountain out of a molehill, and amongst the number I think Mr. E. Sercombe and Mr. Cartwright, jun., may justly be classed. These gentlemen appear to consider that by correcting me in regard to the date of the presentation of the memorial of the eighteen dentists to the Council of the College of Surgeons, they have demolished the argument contained in my letter published in your impression of the 10th inst.,—namely, that it would have been a more straightforward course for the eighteen gentlemen, or some of them, to have attended the large public meetings of dentists held in 1856, and to have explained their views openly to their fellow-practitioners, instead of contemptuously ignoring the movement altogether. As regards the date of the presentation of the memorial, the fact of its having been presented some months before the public meeting in September, 1856, by no means excuses the presumptuous manner of its presentation. For eighteen gentlemen to attempt legislation on the part of some hundreds of their fellow-practitioners without consulting them, or even allowing it to be known that the attempt had been made at all, is apparently inexplicable, especially as, a few weeks before the presentation of the memorial, letters had been inserted in THE LANCET bearing on the question; showing that others besides the memorialists felt interested in the subject of a reform in the profession.

Mr. Cartwright ought to know, better than I can tell him, *why* the memorial was "hastily prepared." That it *was* hastily prepared there is sufficient proof. Mr. E. Saunders, one of the memorialists, in a communication dated October 11th, 1856, writes—"It is quite true that a movement was made to obtain a separate examination and diploma for dental surgery from the College of Surgeons, and a memorial to that effect was hastily prepared, and signed, and presented to the Council."

It does appear necessary that some explanation should be given by the memorialists for their precipitation in a matter of such grave moment as that contemplated in the hastily prepared document.

The memorial, having then been presented in December, 1855, appears to have elicited no reply from the Council of the College of Surgeons until more than a year had elapsed—until after the public meetings of the dental profession in 1856, when the memorialists, who had awaited so patiently the result of their hasty act, at once determined to exchange the active for the torpid state. To give greater effect to their representations, they resolved themselves into a Society, under the name of the Odontological, at a private meeting which sat late into the night, with the object of advertising their Society as extant in the public prints before the announcement of the establishment of the College of Dentists. This is Mr. Clendon's history of the origin of the Odontological Society—a history which has never been contradicted, although made known long ago.

I ask why did not the memorialists attend the public meetings, and tell us what they were about? If they could have shown their actions to be wise, most assuredly they would have received the unreserved support of those present.

Mr. Sercombe is correct in saying that previously to 1856 I entertained views similar to those embodied in the memorial. I believed that the issue of dental certificates by the College of Surgeons would be an advantage; but I was convinced from the discussions which took place at the meetings of the profes-

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sion in 1856 that an independent existence would be a far greater advantage if it could be secured; and the possibility of an independent existence has been indisputably proved in an institution which has withstood such shocks as would level any but a legitimate organization to the ground. Mr. Sercombe now knows why I prefer an independent organization to a dependent position.

I remain, Sir, your obedient servant,

Croydon, March, 1860. SAM. LEE RYMER.

P.S.—The Board of Examiners at the College of Dentists should be understood to consist, not of three medical men and some dentists (as represented by Mr. Sercombe), but of *six* dentists and *two* medical men.

NAVY SURGEONS.

To the Editor of THE LANCET.

SIR,—I am induced to send you the following remarks, believing that a very erroneous impression exists amongst students, and the medical profession generally, that the late Naval Medical Warrant of the 15th of May, 1859, places the naval medical officers in the same relative position as the medical officers of the army were placed by the Warrant granted to them on the 1st of October, 1858.

The rank of "surgeon major" in the army, equivalent to that of "staff surgeon" in the navy, is attained in the former service after twenty years' full-pay duty in all ranks; whilst in the latter service medical officers must serve ten years on full pay as a surgeon, which ignores all time as an assistant-surgeon over ten years. Very many of our medical officers in former times (and most probably the same thing will occur again) have served thirteen or fourteen years' full-pay time as assistant-surgeons, thereby losing three or four years' time, which in the naval service is a great loss. Again, the medical officers of the navy, as a general rule, spend about one-fourth of their time on half-pay; whereas, the medical officer of the army is in a position to serve his twenty years right off. Nor has a proper position in any one respect—even in the Navy List—been assigned to us, which is a great contrast to the army medical officer, and, trifling as it may appear, is of much more consequence than civilians can have any idea of.

The medical officers of the navy get their bare pay (even at our naval hospitals all allowances are done away with), no staff, or field allowances, or servants, being granted. The medical officers of the army (vide Warrant) have a right to retire after twenty-five years' service. If a great boon in the army, how much greater in the navy, where service has not half the comforts! In the navy, no medical officer can demand retirement until he is sixty years of age. Although in almost every article of the Warrant, if taken separately, there is a manifest practical difference in the manner in which they are carried out in the naval service, I shall, at the present moment, forbear making a more prominent allusion to them. I would, however, point out that we do not share prize money as in the army medical service, and that our proper uniform (a mark of great disrespect towards us) has, up to the present time, been withheld from us. Even the medical officers of the Royal Marine Light Infantry, although they belong to the navy, wear the military uniform of their rank; and the army medical officers assumed their proper uniform, as a matter of course, from the time of their Warrant. Our uniform, we are told (see Lord C. Paget's answer to Sir E. Grogan in the House), is under consideration. If there is any truth in man, our uniform was settled before Sir John Pakington went out of office; why, therefore, did not the present Board carry it out? It is a lamentable state of things; but so it is, that the Admiralty are most hostile to the medical profession. Everything we have got has been dragged out of them through the press or the intervention of Parliament, which is truly a great contrast to the Horse Guards, who, fully alive to the merits and efficiency of their medical officers, spontaneously introduced the Warrant of 1858. I would also remark that the general treatment of the medical officers of the two services bears no comparison. The assistant-surgeons in some of the large ships have no cabin accommodation, the cabins being occupied by the captain's stewards or servants in preference; and the consequence is, our brethren are leaving the navy for the army, where they are treated as gentlemen. One would think that, as the hardships of a sea life, as a general rule, must be far greater than a life on shore, superior inducements would be held out to attract first-class medical men into the service. The medical officers bring with them into the service a profession which costs the country nothing, and they have no desire to be mixed up with either this or that class of naval officers, but wish to stand entirely on their own merits, which cannot be denied even by the Admiralty. In conclusion, it may be asked—What do we want? Good faith on the part of the Admiralty, and that the terms of the army Warrant should be carried out in spirit and in substance, as was declared they should be, in his place in the House of Commons, by no less a person than the late First Lord of the Admiralty.

I remain, Sir, your most obedient servant,

March, 1860. A NAVAL MEDICAL OFFICER.

P.S.—Since writing the above, it has been suggested that if you recommended a meeting of the students of the London hospitals, as has been the case with the Dublin medical students,—who, I understand, have passed a resolution not to enter the medical service of the navy until the terms of the Warrant have been fully carried out,—it would have great effect.

AMMONIA IN SCARLATINA.

To the Editor of THE LANCET.

SIR,—I hope the following cases may prove sufficiently interesting to induce you to give them insertion, for which I shall feel obliged:—

On the 6th of December, 1858, I was summoned to attend Miss V——, aged seven years and a half, whom I found labouring under an attack of scarlatina. The velum pendulum palati, uvula, and pharynx, as far as discernible, were of a dark-red colour, and much inflamed; the tonsils much enlarged; complete incapacity of swallowing; the breath hot and burning to the lips. I immediately commenced the administration of the aromatic spirit of ammonia, one teaspoonful in an ounce of warm water to be thrown up the rectum every three hours. In forty-eight hours afterwards the throat became so much better, that the patient could easily swallow. The general symptoms continued improving for four days, when consecutive fever supervened, with slight hectic flush, which persisted until death took place, after a twelve days' ordinary crisis. I may here observe that during the latter period the tongue continued comparatively clean, with very little thirst.

Shortly after I was sent for to attend Miss P——, aged six years, whom I found in a similar condition to the above, the ammonia treatment, however, acting by producing immediate subsidence of all unfavourable symptoms, which was followed by a similar consecutive fever, and of the same duration, but terminating favourably.

Remarks.—The ammonia was continued until the capability of swallowing returned. In both cases, and as soon as the fever was appeased, small doses of quinine and wine were freely exhibited. Miss V——'s father is of opinion that had the treatment been continued without interruption, his daughter would have recovered; but, unfortunately, a teetotal friend of the patient's mother, calling one day, foolishly advised the mother to discontinue the wine as a thing highly dangerous and poisonous. Hence the result.

I am, Sir, yours truly,

Liverpool, March, 1860. EDW. F. G. PERCY, L.F.P.S.G.

TYPHUS AND TYPHOID.

To the Editor of THE LANCET.

SIR,—The following case seems to me so important—more particularly when taken in connexion with the valuable Lectures on Fevers now publishing by Dr. Tweedie in THE LANCET—that I would ask for its insertion in your pages:—

H——, a well-grown girl of eighteen, sanguineous temperament, and fine skin, was admitted into Sir P. Dun's Hospital on the 23rd of January last. She was nine days ill, nor did further inquiry show she had been previously ailing. She presented all the symptoms of typhoid fever; diarrhœa to the extent of seven or eight motions in the twenty-four hours; discharges thin, and of a light yellowish colour; some amount of tympany, gargouillement, and pain on pressing right iliac region, and it only. Her pulse was quick; skin hot; tongue furred and reddish; the eyes slightly injected; but the brain quite free.

The next day the characteristic spots, to the number of six or seven, were visible on the abdomen, and from this day they continued to spread to an extent rarely seen in this type of fever. They reached the chest, arms, and finally the face, and

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were visible on all these parts at the same time. Their number was much greater than is usual, quite beyond counting; but their character, as a whole, was well marked, being well defined, of a bright-red, and disappearing on pressure. I say as a whole; for at the end of the fourth day from their appearance, some few of them I could not distinguish from genuine petechiæ. These were of a much larger size, darker colour, and more irregular outline than the rest.

The details of the case need not be given daily, further than to state that five days after admission, being the fourteenth day of her fever, all the enteric symptoms seemed to have subsided. The diarrhœa had ceased gradually, and the tympany lessened. With this apparent improvement, however, there was not a corresponding state of the general symptoms. Her nights now became restless; she shortly lay on her back, with a tendency to sink in the bed; sordes of the darkest colour appeared about the nostrils, lips, and on the tongue. She got great tremor of the upper extremities, with picking of the bedclothes; the pulse rose, the eyes got injected, and finally the brain became engaged, though not to a marked degree, for she could put out her tongue to the last. In this way she lived to the twenty-first day of her illness. The last two days of life there were signs of crisis by sweating.

Post-mortem.—Abdomen only examined. Except in the ileum, nothing abnormal was found, and here the amount of disease was of the very slightest. Peyer's patches were more developed than natural, and the more so as they approached the cæcum. One in particular, of fourteen or fifteen lines long by six broad, was brought out in strong relief; but there was no ulceration whatever, nor could the state of the intestine be described otherwise than as one where some slight irritation had been going on during life.

Wishing on this occasion to give the mere details of this interesting case, I shall only add that it appears to me next to impossible to reconcile its features with the prevailing ideas of the day. I mean as to the differences which exist, or are thought to exist, between typhus and typhoid fevers.

I remain, Sir, your obedient servant,

Dublin, February 10th, 1860. HENRY KENNEDY, M.D.

THE MEDICAL SERVICE OF THE ROYAL AND INDIAN ARMIES.

To the Editor of THE LANCET.

SIR,—Having been moving about much of late, it is but a short time since that my attention was directed to the letters signed "An Assistant-Surgeon of the Royal Army," in THE LANCET for March 19th and April 2nd, 1859. In the first of these productions I am described as being "very ignorant or grossly careless of facts;" and I must, therefore, beg for a little space, not only to rebut this charge, but to clearly show that ignorance and carlessness are fitter attributes of the "Assistant-Surgeon of the Royal Army" himself.

I stated in my letter of the 12th of March, that the capital required by an assistant-surgeon proceeding to India would be about £320. My critic can scarcely see this. I speak from experience. Passage money overland is, without extra expenses in Egypt, from £93 to £103 (see p. 8 O. Circular); uniform and outfit will, at a most moderate rate, cost £100; and horse, tent, and marching kit, on arrival in India, at least another £100: total, about £320. Now, the critic advises to go round the Cape—cost, £60 or £70; but he forgets that by so doing the assistant-surgeon is two months longer on the journey, and so loses two months' Indian pay, and, what is of more importance, two months' time of service in India; thus more than equalizing matters. "R. A. S." also states the India House advance 120 days' pay for an assistant-surgeon, which is not the case; and if it were, it would only be getting in debt for that amount, and not to be recommended. "R. A. S." also advises to go round the Cape with troops. Good; but can everyone get charge of troops? No; not one in twenty!

The next assertion "R. A. S." makes in opposition to my statement is, that detachment duty is generally remunerative. Good gracious! I make bold to assert, that there is not a single assistant-surgeon in the whole Indian service who ever found it so. What between parting with his little furniture at the commencement of a march, and procuring more at the termination of it, the assistant-surgeon marching with a detachment can never, even with the most rigid economy, do more than cover his necessary expenses. Your correspondent's statement is too absurd, and shows that he at least has never had detachment duty to perform; which, indeed, the Royal officer for the most part is spared, and, therefore, knows little or nothing about it.

The pay of an assistant-surgeon in charge of a regiment is £474, if within 150 miles of the Presidency town, and a little increased if upwards of that distance. In my letter it was by mistake printed at a lower amount; and here my critic again displays his ignorance when he says, besides a regimental charge the assistant-surgeon gets appointed staff surgeon of the station, civil surgeon, &c. Except as a *locum tenens*, or as a temporary arrangement, this never does happen; and if the assistant-surgeon draws the pay as civil surgeon, &c., his charge pay as regimental medical officer is cut by the paymaster. Thus what he gains in one way he loses in another. Surely "R. A. S." ought to make himself acquainted with the "ins and outs" of the service before he ventures to write letters to THE LANCET.

His next paragraph (No. 5) is such a tirade of abuse, that I am sure on consideration its author must be sorry he penned it. To say that a medical officer who is in debt must be "without the pale of respectability, destitute of honour, reckless, and unprincipled," is, indeed, strong language. I again say, that a married medical man, with only his pay to depend upon, and without one of the few good staff appointments, cannot keep out of debt; and I also again repeat, that should sickness (which is sure to happen sooner or later) attack himself or family, what between journeying to England and back, and living in England on furlough pay (£130 per annum), marriage will be little better than beggary.

Paragraph 6 and the remainder of "R. A. S.'s" first letter refers to himself, and he details what he considers a grievance—namely, that he was ordered to march with a native corps! The charge of a native corps is what the Indian assistant-surgeon who has no staff employ most desires. "R. A. S." lost £3 per month by leaving his own duties to take those of an Indian assistant-surgeon! In the remainder of this letter, "R. A. S." displays continued ignorance of the regulations of the Indian service, and he refers to the fact of the civil surgeons at the large stations being Indian officers. Of course they are. Who would go to India for life unless he felt there was a chance for him to obtain one of these few good appointments? Better that a young surgeon should enter the Queen's home service, in which, if he chances to be sent to India, he receives the same pay as his Indian regimental brother officer, and when he gets charge of a Queen's European regiment, a great deal more. Really "R. A. S." can have no conscience even to hint at the idea that the surgeons of the Royal Army—sojourners in India—should, while they stay there, hold the staff and civil appointments, which have always hitherto been considered the prizes for distribution amongst those who make India their home for life.

Now the second letter of "R. A. S." contains quite as many misstatements as his first. In his first letter, he refers to the distasteful duty the Indian assistant-surgeon has to perform for two years in the Indian flotilla, by which I presume he means the Indian navy. In his second letter he calls it an agreeable cruise. How are we to account for these discrepancies? The worst harm I could wish "R. A. S." to experience would be one of the "agreeable cruises" in one of the small brigs—say the *Euphrates* or *Tigris*—in the hot weather.

I will now mention only a few more of "R. A. S.'s" glaring misstatements. 1st. "The social position of the Indian medical man is so unquestioned that it cannot be enhanced by any relative rank, however high, which he might enjoy." Yet this man of position is a subaltern! 2ndly. "The office of bazaar-master is open to the medical officer." I can only say I never heard of a medical officer being bazaar-master; the thing is absurd. 3rdly. "The emoluments of private practice." Where is the medical officer to get private practice? Two or three permanently stationed in the Presidency towns may do so, but what are they among so many?

"R. A. S." then proceeds to consider the pay of the Indian assistant-surgeon as compared with the Queen's man, and, in doing so, unfairly mentions only the junior grades. I would just ask him, Who is best paid when full surgeon—the one in charge of a Queen's European regiment, or the one holding charge of a native corps? In case he should not know, I may observe that the former draws nearly double the amount of the latter!

"R. A. S.," in conclusion, details other of his own personal grievances, one of which consists in his being refused charge of native troops—the very thing which, in his first letter, he grumbled about having! There was, however, doubtless, a reason why he was refused charge of these troops, and which reason he has omitted to inform you of. He had not passed in the native language, and no assistant-surgeon who has neglected to

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do so is entitled to the allowance for the charge of native troops.

These, Sir, are a few of the inaccuracies which are contained in your correspondent's letter, and why he should have troubled himself to write so lengthy an article, and to mislead the profession in the way he has attempted, is more than I can say. As regards his holding Indian appointments in India, as well may an Indian officer come home and expect to hold staff appointments in England; and with regard to other matters touched upon, I must advise him not again to write before he has marked and inwardly digested. "R. A. S.," in his first letter, imagines I shall change my opinions when an older resident in the tropics; but it strikes me I am an older man than "R. A. S.," for I do not see an assistant-surgeon in the English Army List who has not entered the service and obtained his promotion since I commenced my qualified professional career.

In this letter I have said nothing of rank; but I will just add, for the information of "R. A. S.," that it takes us sixteen or seventeen years to become full surgeon; while in the Queen's home service they have become so in seven, and of course they draw the increased pay of the rank. The ignorance of "R. A. S." on other points appears so great, that it is probable he was not aware even of this melancholy (as regards the Indian officers) fact.

I am, Sir, yours obediently,

Bombay, Dec. 1859. QUID PRO QUO.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

[WE have been requested by the Honorary Secretary of this Association to republish the list of the Medical Registration Associations in existence throughout the country, most of which are already in connexion with the parent society. It has further been requested, that we should ask the secretaries of those Associations to furnish, with the least possible delay, corrected lists of their members, addressed to Dr. Ladd, at No. 5, Charing-cross, London, in order that, at a fitting opportunity, the names of all the medical practitioners associated for registration purposes may be published in an aggregate list.—SUB-ED. L.]

A List of Medical Registration Associations already formed in the United Kingdom, with their Places of Meeting, and the Names of their Secretaries:—

ASSOCIATIONS.	PLACES OF MEETING.	SECRETARIES.
Bakewell and N. Derbyshire ...	Bakewell	Dr. R. Knox.
Bedfordshire ...	Bedford	Mr. R. S. Stedman (Sharnbrook).
Birmingham and Mid. Counties...	Birmingham ...	Mr. Samuel Spratly.
Bristol and Bath	Bath	Mr. R. S. Fowler.
Carlisle	Carlisle	Dr. R. Elliot.
Chichester	Chichester	Mr. C. S. Jones.
Colchester and East Essex ...	Colchester	Mr. D. P. Morris.
Cork	Cork	Dr. C. Armstrong.
Derbyshire	Derby	Mr. H. Goode.
Devonport	Devonport	Mr. De Larue.
East Sussex ...	Hastings	Mr. J. T. Penhall.
East Kent	Canterbury ...	Mr. J. Reed.
Gainsborough ...	Gainsborough ...	Dr. D. Mackinder.
Gloucestershire ...	Gloucester	Mr. J. P. Wilton.
Hartlepool	West Hartlepool	Mr. G. Kirk.
Herefordshire ...	Hereford	Mr. G. W. Hanbury.
Herts	Hertford	Mr. W. J. Bowden (Ware).
Hull	Hull	Dr. H. Carnley.
Isle of Wight ...	Newport	Dr. H. Castle.
Landport	Landport	Mr. F. Page.
Leeds	Leeds	Mr. J. S. Loe.
Lincoln and Lincolnshire	Lincoln	Mr. Septimus Lowe.
Liverpool	Liverpool	Mr. A. B. Steele.
London	5, Charing-cross, London	Dr. T. E. Ladd.
	Ulverstone, Lancashire,—Hon. Local Secretary,	Mr. J. Cranke.
Manchester ...	Manchester ...	Mr. J. Wilson.
Newport (Monmouthshire ...	Newport	Mr. W. James.
Norfolk and Norwich	Norwich	Mr. T. W. Crosse.
Northampton and Northamptonsh.	Northampton ...	Mr. J. F. Gray.
North Lancashire	Preston	Dr. J. B. Gilberton.
North Staffordshire	Stoke-on-Trent ...	Mr. J. Yates (Newcastle-under-Lyne).
Northumberland and Durham ...	Newcastle-on-Tyne	Dr. Donkin.
Nottinghamshire .	Nottingham ...	Mr. Thos. Wright.
Oldham	Oldham	Dr. S. H. Armitage.
Portsmouth, Portsea, and Gosport	Portsmouth ...	Mr. J. Greetham.
Reading	Reading	Mr. G. May.
Salopian Medico-Ethical	Shrewsbury ...	Mr. Jukes Styrap.
South Cheshire ...	Chester	Mr. Hugh Rees.
South Hants Med.-Chirurgical	Southampton ...	Dr. H. Palk.
South London do.	Southwark	Dr. E. P. Humble.
Southport and Ormskirk... ...	Southport	Mr. J. P. Scowcroft.
Stockport	Stockport	Mr. E. H. Pitman.
Suffolk	Ipswich	Dr. Chevallier.
Sunderland... ...	Sunderland... ...	Mr. G. B. Morgan.
Thorne and Goole	Goole	
Tunbridge Wells	Tunbridge Wells	
Ulster Medical Protective ...	Belfast...	Mr. S. Browne.
Uxbridge Medical Book Club ...	Uxbridge	Mr. G. H. Macnamara.
Woolwich	Woolwich	Mr. A. W. Allinson.
Wrexham	Wrexham	Mr. T. E. Jones.
Yeovil...	Yeovil...	Mr. R. Aldridge.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

WITHIN the last fortnight M. Bouverie, at the Infants' Hospital, has thrice performed the operation of tracheotomy for diphtheritis; and M. Barthez, of the Hôpital St. Eugénie, has operated upon two infants for the same affection.

At the last-mentioned hospital I witnessed last week an operation of resection of the right superior maxilla, by M. Marjolin. The patient was a boy, aged six years and a half, affected with fungus hæmatodes. Velpeau's method was employed, which consists in making the incisions from the angle of the mouth up to the malar bone. A saw chain was then introduced through the posterior nares, and the diseased bone sawn across below the inferior orbitar foramen: the other osseous attachments were resected by means of a small hand-saw. The operation lasted twenty minutes. There was not much hæmorrhage; but the poor child expired upon the operating table—I think from the shock. He cried very much before and struggled during the operation. No anæsthetic was employed.

In the Lying-in Hospital of Prof. Dubois we had lately about twelve cases of puerperal peritonitis of a suspicious type, which have, however, all been cured by local bleeding, cataplasms, and opium.

Prof. Nélaton exhibited lately, in his clinique, a very interesting pathological specimen. As the case has an important bearing upon practical surgery, I shall state it fully. In removing a large encephaloid tumour, situated at the internal and lower part of the arm, and surrounding the brachial artery, Prof. Nélaton, while dissecting all round the artery to liberate the vessel and the median nerve, cut a small muscular trunk, which supplies the brachialis anticus, about three millimeters after its origin from the brachial. He tied this vessel just by the main trunk, which made him apprehend consecutive hæmorrhage; hence he applied a "ligature d'attente" to the main trunk three centimeters above the tumour. He put the ends of the thread into a piece of adhesive plaster, and ordered the attendant, in case hæmorrhage should take place, to tighten the ligature. During the first four days after the operation all

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went on satisfactorily, the greater part of the wound healing by first intention; but on the fifth day hæmorrhage did take place: the ligature was tightened, and it was arrested. In dressing the wound daily, M. Nélaton was surprised to find that the ligature applied to the small muscular trunk kept on unusually long. He could not remove it till the thirteenth day, and there was then appended to it a gangrenous portion of the brachial artery. Thus all the portion of the artery contained between the two ligatures sloughed, and the patient recovered, with the loss of a portion of his brachial artery. The gangrene was caused by the denudation of the artery through its whole circumference, being deprived of its vasa vasorum. M. Nélaton searched in vain for any similar case on record; but in submitting the specimen to M. Robin for microscopic examination, that learned micrographer sent a description of the different disorganized tunics of the artery in question, along with the following statement:—In 1842, when M. Robin was dresser at the Charité, he saw M. Velpeau removing a large tuberculous ganglion from the axilla of a man aged thirty. The tumour having surrounded the axillary artery, he dissected it all round, and the vessel was laid bare for about four centimeters. On the fifth day the man died from hæmorrhage.—Autopsy: Transverse rupture of the artery about the half of its circumference at its denuded portion; cellular tunic grey, pulpy; elastic coat softened, easily torn, and of a reddish-grey colour; above and below the denuded portion the artery was normal. There can be no doubt, then, that the ligature d'attente saved M. Nélaton's patient.

The principal subject of interest at the last two meetings of the Académie de Médecine was the discussion occasioned by two memoirs on iodine. One of these was by M. Boinet, entitled "Alimentation Iodée." The writer considers iodine as a preventative as well as a curative agent in all diseases where that remedy is indicated. Taking his starting-point from the fact that iodine is found in the soil, in water, and in the air, he considers it as a principle necessary to animal and vegetable life; hence, it is not only a medicine, but also an aliment. Thus where that principle is largely found in the water and in the soil, vegetation is luxuriant, and animals are robust and well developed; but, on the contrary, where it is found only in small proportion, or where it is entirely absent, we meet those diseases which depend upon general debility—as goître, cretinism, scrofula, phthisis, &c. He therefore recommends iodide aliment (e.g., to mix it with the bread) as a curative agent, and preventative against goître, cretinism, constitutional syphilis, phthisis, and cancer (?). Its physiological action, when thus administered, is improvement of appetite, increase of vigour, &c. It never irritates the stomach or bowels. Its prolonged action, instead, as is generally believed, of producing atrophy of some organs, on the contrary, contributes to their development. The injurious effects of this agent must, according to M. Boinet, be attributed to the mode of its administration in a metalloid form, which, even in small doses, irritates the stomach and causes loss of appetite. These inconveniences can be avoided by exhibiting it in such a form as to prevent its precipitation, and to render it absolutely soluble.

The second memoir, on "Constitutional Iodism," is written by M. Rilliet, of Geneva. He admits three kinds of poisoning by iodine: 1st, *acute*, when administered in large doses; 2nd, chronic, producing atrophy of the mammary gland or testicles; 3rd, constitutional iodism, caused by small doses of one-fifth or half a grain internally, or in the form of ointment continued for some weeks, or even months, for the cure of goître. M. Rilliet thinks that idiosyncrasy, as well as the place, may modify its physiological action. Where there is a national deficiency of that principle, as in Geneva, the organism not being accustomed to it, the smallest quantity may produce poisonous symptoms. Thus he mentions also a case of residence at the sea coast producing constitutional iodism.

These two contradictory memoirs took the Academy by surprise. The principal statements as yet on the subject were made by MM. Ricord and Buchardat. M. Ricord is so much astonished at the effect of iodine at Geneva that he begins to doubt whether it is the same agent which renders such valuable services in France. He never administers it in larger quantities than a drachm and a half a day; but M. Puche, of the Midi, gives sometimes an ounce and a half daily, and during the last thirty years he has never witnessed any injurious effects. Constitutional iodism, which seems to be the rule in Geneva, occurs only once in a thousand in Paris. He never saw any atrophy of the mammæ. Some very rare cases of atrophy of the testicles may be accounted for in the following manner:—The patient suffers from syphilitic sarcocele, and the iodine is administered too late to check its progress; hence atrophy of the testes is the result. Patients suffering from tertiary syphilis grow fat by the prolonged administration of iodide of potassium. He weighed his patients before and after taking it, and he found them invariably gaining by the treatment. Goîtreous patients coming from Geneva to Paris are not affected by small quantities of iodine as they are in their own country. M. Buchardat does not see any contradiction in the two memoirs. From several experiments he made with Stuart Cooper upon the action of iodine, he thinks it a capricious agent. Its physiological action may be different in Geneva from what it is Paris. The conclusion he draws from the observations of M. Rilliet is that constitutional iodism is prevalent where goître is endemic. We shall hear something more about it at the next meeting.

Paris, March 6th, 1860.

POOR-LAW MEDICAL REFORM ASSOCIATION.

THE medical students of University College held a meeting on the 16th instant for the purpose of assisting the efforts of the above Association—Dr. Edwyn Andrew, resident medical officer to the hospital, in the chair.

The CHAIRMAN briefly explained the objects of the meeting, after which the following resolutions were unanimously carried:

1. Proposed by Mr. BASTIAN, seconded by Mr. HILL,—"That the medical students of University College, London, heartily approve of the efforts of the Poor-law Medical Reform Association, and determine to lend their aid in furthering its objects."

2. Proposed by Mr. HICKMAN, seconded by Mr. HILL,—"That the medical students of University College, London, petition Parliament in favour of the amendment of the laws relating to the administration of medical relief to the poor."

3. Proposed by Mr. DAWSON, seconded by Mr. CASE,—"That this meeting deeply sympathizes with Mr. Griffin in his unceasing efforts in behalf of Poor-law Medical Reform."

4. Proposed by Mr. WINTERBOTHAM, seconded by Mr. WILKINSON,—"That a subscription be raised in order to form a fund for defraying the expenses of the Students' Branch of the Association."

With a vote of thanks to the chairman the meeting dissolved.

Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Saturday, March 17th, the following gentlemen, having been previously elected, were admitted Members of the College:—

George A. Martin, M.D., Ventnor, Isle of Wight.
Samuel Parsons, Clarges-street.
Daniel Hack Tuke, M.D., Falmouth.
Thomas Hunter, M.D., Edinburgh.
John Scott, M.D., Boulogne.
Henry Mills Cannon, M.B., Cheltenham.
Thomas Leckie, M.D., Torquay.
William St. George Davies, M.D., Brighton.
John Stirling, M.D., Royal Navy.
William Mort, M.D., Southport.
William Larron, M.D., Coventry.
Henry John Lucas, M.D., Crickhowel, South Wales.
Julius Althaus, M.D., Manchester-street.
John Davidson, M.D., Royal Hospital, Haslar.
Richard Giles, M.D., Oxford.
John Dowson, M.D., Whitby.
Almeric Walter Seymour, M.D., Brighton.
David Duncan Logan, M.D., Leinster-square.
Henry Harry Goodeve, M.D., Stoke Bishop, near Bristol.
Darwin Chawner, M.D., Lincoln.
Henry G. Wright, M.D., Somerset-street.
Richard Lenck, M.D., Blackburn.
John Frederick Stevenson, M.D., Birkenhead.
Joseph Hutchinson Hammond, M.D., Preston.
Ravenhill Pearce, M.D., Brighton.
Robert Crothers, M.D., Moy, Co. Tyrone.
John Stewart Kilgour, M.D., Isle of Man.
Vans Christian Clarke, M.D., Royal Naval Rendezvous, Tower-hill.
Joseph Alfred Radcliffe Harvey, M.D., Southsea.
Edward Cator Seaton, M.D., Sloane-street.
Edward Shortland, Plymouth.
John M. C. Faircloth, M.D., Northampton.
John Bedoe, M.D., Clifton.
Robert Miller, M.D., Somers-place, Hyde-park.
Charles Sylvester, M.D., Bath.
Alonzo Henry Stocker, M.D., Bow.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the

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diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 16th inst.:—

Ashley, Jacob, Wick and Abson, near Bath; L.S.A. July 5, 1838.
Barham, Frederic, Maidstone; L.S.A. April 25, 1839.
Bryant, James, Northampton-street, Clerkenwell; L.S.A. Nov. 18, 1834.
Cochrane, George, Wickham-Market, Suffolk; L.S.A. Oct. 17, 1833.
Edmunds, John, Toddington, near Dunstable; L.S.A. May 2, 1816.
Fisher, William Paine, Dartford; L.S.A. March 5, 1846.
Griffith, James, Biddenden, Kent; L.S.A. Dec. 21, 1826.
Hill, William Byron, Carter-street, Walworth; L.S.A. July 5, 1849.
Howard, Francis Charles, Linton, Cambridgeshire; L.S.A. June 7, 1832.
Hurd, James, Frome, Somerset; L.S.A. June 3, 1830.
Hurd, John, Yatton, near Bristol; L.S.A. May 8, 1845.
Kirby, Christopher, Halifax, Yorkshire; L.S.A. May 6, 1852.
Knaggs, Henry, Kentish-town; L.S.A. Feb. 23, 1836.
Lambden, James, Grimsby, Lincolnshire; L.S.A. April 12, 1827.
Linton, Ralph, Chester-le-street; L.S.A. June 10, 1830.
Mais, John Ivy, Thorner, near Leeds; L.S.A. May 26, 1853.
Moger, Frederic Slade, Highgate.
Scotchburn, Alfred, Driffield, Yorkshire; L.S.A. Nov. 8, 1849.
Skegg, Robert, St. Martin's-place, Trafalgar-square; L.S.A. Dec. 22, 1825.
Stiles, Thomas, Pinchbeck, Spalding, Lincolnshire; L.S.A. Feb. 1, 1831.
Swales, Edward, Helmsley, Yorkshire; L.S.A. April 28, 1853.
Walters, Edward Smith, Leek, Staffordshire; L.S.A. Nov. 3, 1836.
Watkins, Chas. Stuart, Chandos-st., Covent-garden; L.S.A. April, 20, 1854.

The following gentlemen, having undergone the necessary examinations, received the diploma of Dentistry, at a meeting of the Board on the 20th inst.:—Robert Brookhouse, Manchester; William Deade Saunder, Lower Seymour-street; John David Charles Hampson, Dorset-square; Alfred James Woodhouse, Hanover-square; Joseph King, York; Edward Barton Bartlett, Cambridge-terrace; William Henry Scott, Wimpole-street; Charles James Fox, Mortimer-street; Frederick Normansell, Gloucester-street, Portman-square; Henry Woolfiggs, Gloucester-street, Portman-square; William Henry Lintott, Wimpole-street; Robert Reid, Edinburgh; Charles Vasey, Cavendish-place; and Robert Hepburn, Davies-street, Berkeley-square.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 15th, 1860.

Franks, John, Sevenoaks, Kent.
Parker, John, Hanmer, Flintshire.
Schofield, Joseph, King-street, Dukinfield, Cheshire.
Shuttleworth, Robert, Great Bowden, Leicestershire.
Ward, Henry, Diss, Norfolk.

CLASSICS AND MATHEMATICS.—The following is a list of the gentlemen who passed their examination in Classics and Mathematics on

Tuesday and Wednesday, the 20th and 21st inst.

Edmund Woods Hawkins, Coles-place; Edward Maundrell, Calne, Wiltshire; Roderick William Henderson, Upper Clapton; Arthur Evershed, Billinghurst, Sussex; John Chas. Parrott, Clapham-common; Francis Graham Bennett, Brighton; James Wells, Nailsworth; Charles Robert Linton, Oundle, Northamptonshire; Herbert Lucas, Hitchin; Thomas Hewlett Worger, Chiswell-street, Finsbury; Harry Davenport Dod, Sutton, Cheshire; Francis Bateman, Canterbury; Robt. John Scott, St. Mary's Hospital; John Jones Phillips, Hackney; Wm. Alex. Slater Royds, Bedford; Ralph Burnham, Grimsby; Edward Seymour Wright, March; Edwin Child, Richmond; Byron Blewitt, Castlegate, York; Edwin Morton Packer, Brooke, Norwich; John Foot Churchill, Poole, Dorsetshire; Frederick Knowlton Hampshire, Bedford Infirmay; Henry Osborn Fawcett Butcher, Bedford Infirmary; James Fernie, Ashby-de-la-Zouch; Walter Thomas Beeby, Carlton House, Enfield; John James Allinson, King's Lynn, Norfolk; Henry Maturin, Lymington, Hants; Reginald Eager, Guildford, Surrey; John William, Dyffryn, Merioneth; Charles James Hardy Smith, Upper Craven-place, Kentish-town; David Hughes, Castle-street, Ruthin; Wm. Vickers, John William-street, Huddersfield.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen were admitted Licentiates of the above College:—

David Goyder, Lancashire.
Erskine Burnett Grant, Aberdeenshire.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—The following gentlemen, having completed the course of study and undergone the examinations prescribed for obtaining the double qualification in medicine and surgery, were admitted on the 15th inst. as Licentiates of both Colleges:—

Duncan, George, Dumfries.
Maclagan, Robert Craig, Edinburgh.
Wyllie, Andrew, Ayrshire.

UNIVERSITY COLLEGE.—A Soirée was held at this College on the 17th inst., in the fine library and hall of the College. The museum and lecture theatre were also thrown open to a very numerous assemblage of guests. The rooms were filled with interesting and beautiful objects, including pictures by Greuze, Vandyke, Angelica Kauffman, and other ancient and modern masters; busts by Munro and Foley; a fine display of works of art in the precious metals by Messrs. Hancock; a collection of porcelain and parian by Copeland and Spode, and many other objects of interest, such as the Garter worn by Charles II., and the original MS. of Tennyson's poem, "Riflemen, Form!" Amongst those present were Sir John Romilly, Mr. Grote, Mr. Dallas, Dr. Farre, Dr. Sibson, Mr. Charles Hawkins, Mr. Birkett, Mr. Flower, Dr. Hodgkin, and a large number of gentlemen connected with the medical profession. In the course of the evening, M. Gassiot's electrical experiments were repeated in the anatomical theatre. The members of the University College Rifle Corps mustered strongly in uniform, and gave an agreeably diversified effect to the gathering.

OXFORD MEDICAL DEGREES.—The Medical Degrees Statute at Oxford, of which we gave an account when under discussion, has been finally rejected after amendment. It remains to be seen in what form it will be brought forward next term; until then nothing can be done.

THE "ACCRINGTON."—The examination of Frederic Carman, for the murder of the captain and chief mate of the *Accrington*, has resulted in the dismissal of the prisoner, on the ground of insufficient evidence.

THE DISINTERRED BODIES AT THE CAMDEN-TOWN CEMETERY.—In the Consistory Court, Dr. Twiss has delivered judgment upon the long-pending question of the Camden-town Cemetery. He decided that the vicar and churchwardens must re-inter the dead bodies in the consecrated ground, and admonished them that for the future the dead bodies and coffins must not be removed or disturbed. This decision is hailed with great satisfaction in the parish, and accords with the desire of the sanitary authorities.

LIBEL ON PROFESSOR BRODIE.—The libellous case, Brodie *v.* Church, the latter an under-graduate of Lincoln College, was heard this week before the Vice-Chancellor. The plaintiff was non-suited on the score of want of evidence of authorship. The letter charged favouritism in the execution of the duties of public examiner. Mr. Church alleged perfect innocence of any participation in the action imputed to him.

APPOINTMENTS.—On Thursday, the 15th inst., Dr. W. Hamilton Roe was appointed to the vacant office of Physician-Accoucheur to the St. George's and St. James's Dispensary.

On the 12th inst., Mr. Geoffrey V. Cooper was appointed House-Surgeon to the Bristol Royal Infirmary.

THE COLLEGE OF SURGEONS AND THE COLLEGE OF DENTISTS.—A circular is now in course of distribution amongst the members of the medical profession issued by the College of Dentists in Cavendish-square. The object is to collect signatures of members of the College of Surgeons in condemnation of the exercise by the College of the power to examine and license dentists. The College of Dentists urges that it is the proper body to exercise this privilege, and that it has instituted a system of education. However much we may disapprove of the multiplication of specialties, the multiplication of colleges for specialties does not diminish this evil, but entails an additional evil. It is not desirable to increase or encourage special colleges. The College of Dentists will find a useful and honourable field in improving the education of dental surgeons; it may wisely leave to the College of Surgeons the duty of licensing. The two functions ought not to rest in the same body. Had the dentists objected to union with the College of Surgeons on the ground that the Council of the latter body had, by its recent scandalous sale of "indulgences" to unqualified men, rendered the association no longer an object of ambition, their indignation might have been understood. Basing it as they do on general grounds, we think they are wrong.

ITALIAN REVENGE.—A Turin journal states that a maid-servant lately administered to a lady an enema, made with infusion of althea, in which she had put lucifer matches, to have her revenge upon her. The victim suffered excruciating pain, and the girl, brought before the magistrates, was condemned to a severe punishment.

SYPHILIZATION.—This method of treatment is finding more and more supporters in the north of Europe. The House of Representatives of Norway has just voted the sum of £240 for the expenses of the publication, in French, of M. Boeck's work on Syphilization. It will be recollected that, last autumn, M. Auzias Turenne was made a knight of the Order of the Polar Stars of Sweden.

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DEATH FROM INHALATION OF CHLOROFORM IN LISBON.—On the 12th ult., a man of thirty was to have been operated upon, at the St. Joseph Hospital of Lisbon, for a cystic tumour of the face. Chloroform was administered by means of a piece of lint, covered with a thin strip of linen, and held at a short distance from the nose and mouth. The stage of excitement suddenly ceased, the patient turned pale and pulseless, and made a long inspiration. He drew in long breaths at more and more distant intervals until he died—just six minutes after the chloroform had been placed against his mouth. The actual contact of the lint moistened with the chloroform had hardly lasted two minutes. On a post-mortem examination, the lungs were found gorged with blood and ecchymosed, the right auriculo-ventricular orifice dilated, the aorta full of brown, fluid blood, the cerebral matter and meninges injected.—*Gaz. Méd. de Lyon et O Archivo Universal de Lisboa.*

THE MEDICAL MEN OF GENOA AND THE MUNICIPAL COUNCIL.—Out of the sixty members of the lately elected Municipal Council of Genoa, six are medical men.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 17TH.—In great part of the week that ended on the 10th inst. the air was exceedingly cold; it continued cold in a less degree till near the end of last week; and the London returns exhibit a consequent increase in the mortality. The deaths, which had declined to 1397, rose again to 1563 in the week that ended last Saturday. The deaths by bronchitis were 267; those by pneumonia, 140; by asthma, 27. Phthisis, or pulmonary consumption, was fatal to 171. The deaths from pulmonary diseases in the aggregate (exclusive of phthisis) were 450, while the corrected average for corresponding weeks did not exceed 305. Twenty-nine persons died last week from small-pox, of whom nearly a half were fifteen years old and upwards. Of the whole number of deaths from this disease, 13 were contributed by the districts on the south side of the river, chiefly by the Borough-road sub-district, and St. Peter, Walworth. There were 33 from scarlatina, and 10 from diphtheria. Of 8 deaths produced by burns and scalds, 2 were those of children whose clothes had caught fire, 2 also of children scalded by coffee in vessels accidentelly upset; 2 women died from their clothes taking fire, and another from burns received when in a state of intoxication. Five children were suffocated in bed, and a woman was choked by a piece of meat. A painter died from ague and lead poisoning. A stonemason in Devonshire-street, Bishopsgate, died in consequence of want; and a man, aged seventy-four years, gunner R.N., at 23, Umberston-street, St. George-in-the-East, from "want of proper and sufficient nourishment."

Last week the births of 1046 boys and 977 girls, in all 2023 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1724.

Obituary.

T. W. G. STONE, ESQ., M.R.C.S.

OUR readers will hear with regret of the death of Mr. Stone, eldest son of T. M. Stone, Esq., of the Royal College of Surgeons. The deceased, who was a highly promising young man, was only twenty-two years of age, and was educated at the Greenwich Proprietary School. He received his medical education at St. Bartholomew's Hospital. His father obtained for him an appointment in the Army Medical Department, which he resigned in order to devote himself to the medical profession. In the short space of three years, by dint of hard study and perseverance, he qualified himself so as to pass with honour the examination of the Royal College of Surgeons, from which he obtained both the diploma of membership and midwifery. He then commenced a course of study for fellowship, and had passed his examinations in classics, mathematics, and French, when he was seized with the illness which unfortunately proved fatal. During his illness he received the unremitting kindness and attention of Mr. Holden and Mr. Wormald, of St. Bartholomew's Hospital, and of Dr. Wilkinson, of Sydenham; and it deserves to be mentioned to the honour of Sir Benjamin Brodie, that when informed of Mr. Stone's anxious wish for his advice as to the state of his son, he at once, although suffering from a severe attack of gout, came to see him, and confirmed the unfavourable opinions of the medical gentlemen in attendance on him. His disease was lumbar abscess: one abscess had been opened, another burst into the intestines, a third into the rectum, and, three days before his death, a fourth burst externally. His agony was excessive, but he bore it with great courage. He expired on Tuesday, the 13th inst, deeply regretted by all who had the pleasure of knowing him; and was interred on the 20th inst. at Nunhead Cemetery.

JOSEPH HEWER, ESQ., M.R.C.S.

AT Denmark-hill, on the 17th inst., Joseph Hewer, Esq., M.R.C.S., late of Chobham, where he had resided thirty years. His great moral worth, his ingenuous and unselfish warmth of character, and his universal Christian benevolence, had secured for him the esteem and friendship of all classes of people in his neighbourhood. The poor of the heaths about Chobham, Windlesham, Bagshot, and Woking will lose in him a conscientious and skilful medical practitioner and a wise counsellor; those who are wealthier and occupying a higher position in society, by whom he was regarded with great respect, not only for his professional ability, but for his many estimable qualities, will have to deplore the loss of a most kind neighbour and a very sincere friend. Mr. Hewer is succeeded in his practice by his son-in-law.

On the 12th inst., at Leadwell House, Oxon, James Paxton, M.D., late of Rugby, and many years resident in Oxford. He was the author of "Illustrations to Paley's Natural Theology," a valuable work on "Anatomy," with "A Treatise on the Blood," "Advice to my Patients," &c.

On the 19th inst., R. O. Milson, Esq., who practised during a period of nearly forty years at Swineshead, Lincolnshire, deeply regretted by a large circle of friends.

MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 26 ...	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. LONDON INSTITUTION. — 7 P.M. Dr. F. W. Pavy, "On Experimental Physiology: The Circulation." MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, MARCH 27 ...	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL. — The following Operations will be performed at 2 P.M.:—By Mr. Holt: for Stricture of the Urethra; Removal of Cyst.—By Mr. Hillman: for Congenital Phymosis. ROYAL INSTITUTION. — 3 P.M. Prof. Owen, "On Fossil Reptiles." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Brodhurst, "On Intra-Uterine Fracture."—Mr. John Adams' "Case of Femoral Hernia which had descended beneath the Pectineal portion of the Fascia Lata."
WEDNESDAY, MARCH 28	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. LONDON INSTITUTION. — 7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia." HUNTERIAN SOCIETY.—8 P.M. Dr. Martin Cooke, "On a Case of Stone in the Bladder, in connexion with Pregnancy."
THURSDAY, MARCH 29	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Tyndall, "On Light."
FRIDAY, MARCH 30.....	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Dr. W. Odling, "On Acids and Salts."
SATURDAY, MARCH 31	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Dr. Lankester, "On the Relation of the Animal Kingdom to the Industry of Man."

To Correspondents.

AMENDMENTS IN THE MEDICAL ACT.

It is felt in influential quarters that the experience of the working of the Medical Act is as yet too limited to justify taking up the wide question of introducing amendments. It is understood that the Government will not lend its aid to any movement of the kind, unless it receive the sanction of Sir Benjamin Brodie, the President of the Medical Council. The best thing for those to do who see defects, is to observe their operation carefully, and to accumulate their observations till the time for action arrives.

Scrupulosus.—1. The assumption of the title of "doctor" by licentiates of the Edinburgh College of Physicians is not universal.—2. It is impossible to say what decision the Medical Council or a court of law may arrive at respecting the adoption of the title by others than University graduates; but it would be well for our correspondent to await the issue.

M.D. Erlangen.—An answer appeared in the last LANCET, to the effect that the Medical Council would probably register the qualification. If not, the title cannot legally be assumed.

W. R. H.—Of the Secretary, Soho-square. 4s. 8d.

The Case of Alfred Godfrey.—Communications from Alfred Godfrey, Edward Godfrey, G. Lazarus, and Mrs. Haigh, shall receive attention next week.

THE LICENSING POWER OF THE DUBLIN APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—I have read in your last impression the legal opinion of Sir R. Bethell as to the power of the Apothecaries' Hall of Dublin to grant licences to practise medicine. To me and many others like me, looking for appointments in the public service, where a double qualification is required, the question is one of some importance, inasmuch as a licence from a College of Physicians costs at least ten guineas, while the price of the certificate of the Apothecaries' Hall of Dublin is, by the Apothecaries Act of Geo. III., 1791, fixed at 10s. 6d. Irish.

Will you have the kindness, if it is in your possession, to publish in your next number the "case" on which the opinion has been obtained, and if you happen not to have it, to procure it with the least delay from Dr. Madden, the Governor of the Hall; for it may be objected to the case as it at present stands that a lawyer's opinion may be obtained on either side according as the case is laid before him.

I am sure the Governor and Company of the Apothecaries' Hall would not intentionally mislead young men into the supposition that their licence was one to practise medicine if it were not so; but it would be a serious detriment to me and others to be told in any public department that the power of the Apothecaries' Hall of Ireland to issue a licence in medicine was a disputed one, and that a lawyer's opinion was not worth the paper on which it was written, unless accompanied by the case. Yours truly,

March, 1860. M.R.C.S.E.

*** We are not in possession of the "case" which was submitted for the legal opinion of the Attorney-General. Probably the authorities of the Apothecaries' Hall of Dublin will feel the importance of laying it before the profession.—ED. L.

Truth, (Cheltenham.)—If it can be shown that the person alluded to has no qualification which gives him the legal right to assume the title of "doctor," he can be summoned before a magistrate, and punished for the offence. Is there no local Registration Association to which the facts can be forwarded? If not, so much the worse for Cheltenham.

Mr. W. J. Clapp, (Abertillary.)—Such a proceeding is not sanctioned by the Medical Act. If the *locum tenens* assumes any title implying that he is a registered practitioner, he is liable to summary punishment.

M.D., F.L.S.—No charge is made.

Dr. Tilt's valuable communication, "On the Influence of Tropical Climates in the Production of Uterine Disease," will appear next week.

J. P. G.—It would exempt him.

Mr. G. Cleveland.—Subscribers for 1859 are entitled to the Register for 1860 free.

PASTEBOARD SPLINTS.

To the Editor of THE LANCET.

SIR,—Under the head "Foreign Department," in your journal of March 3rd, appears a description of the pasteboard splints of M. Merchie, which were recently also introduced to the notice of the Medico-Chirurgical Society by Mr. Aston.

The advantage claimed for these splints resides chiefly in their being manufactured, or, in other words, having a fixed shape given to them, which, although derived from a natural source, is nevertheless in use unnatural. It must be admitted, however, by the advocates of this system that the more nearly the form of the splint coincides with that of the limb to which it is applied, the greater will be the chance of a perfect result.

I have endeavoured to point out on various occasions what I consider to be, and hesitate not to say is, the only correct principle for the treatment of fractures—viz., that the splints must be specially adapted to the natural form of the limb under treatment, and not the limb to the artificial form of the splint. It matters not of what material it is made; so long as it has an unnatural form, it is an improper and injurious appliance. Surely the intention and result of using a splint of a specific form must be to retain and preserve the limb in that particular form, and success can alone be said to attend its use where it does so. Now, as according to this method the shape of the splint applied to A.'s limb is derived from B.'s, so A.'s limb is made to take the shape of B.'s, which, being unnatural, is consequently deformed, and though the deviation is unheeded, nevertheless the treatment is more or less affected by it. The principle being wrong, the practice must be wrong also.

I cannot see that this method offers any inducement even on the score of economy; for however reasonable the cost price may be, the possession of a collection "presenting a great variety of shapes" must be rather more expensive than the raw material of which they are composed, to say nothing of the time and labour of conveying and selecting from such a number, or the pain or uneasiness of repeated fittings before the final selection.—Yours, &c.,

March, 1860. [illegible]

REPRESENTATION OF THE UNIVERSITY OF LONDON.

M.B. and others.—Our attention has been called to the circumstances referred to by our correspondents. It is true that more than one gentleman have already taken steps to promote their return as member for the Metropolitan University, in anticipation of its obtaining the promised seat. These steps are altogether premature, and for that and other reasons injudicious. No promise of support should at present be given to anyone. The idea of limiting the practice to members of Convocation would not be listened to in the House. All graduates of three years' standing will be entitled to vote.

A. B. C., (Preston.)—£2 2s. and £3 3s.

Juvenis Discipulus (Carmarthen) has evidently, from his communication, strange notions respecting the duties and labours of an Editor. If he be too idle to seek for information on subjects relating to his profession, he will make little progress either as a practitioner or a discoverer. We have more important business to transact than that which he would fain place upon our hands.

HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—Mr. Milner, chaplain of H.M.S. *Edgar*, has written in your journal of the 10th March respecting certain bottles containing various homœopathic globules, and which he states were swallowed *en masse*, and that the individual who performed so marvellous a feat survived the achievement! *Mirabile dictu!* He is not the only one who attempted that terrible (?) ordeal, as I had long ago made an onslaught on the small sugar seeds, and at "one fell swoop" cleared out the bottles, without sustaining any evil therefrom.

A patient of mine (a gentleman of some standing in this village, and once a guardian) had been bitten by the globule mania, and wished me, as the medical officer of the district, to try the effect of the homœopathic treatment. I most respectfully declined, and mentioned to him that should a patient die from acute disease under such fallacious means, I might have an inquest upon the slaughtered individual, and possibly be arraigned for manslaughter! This gentleman is now no more; but he lived long enough to cast away homœopathic doctrines, and turn again to the practitioner of another school.

Yours faithfully,

Twickenham, March, 1860. ADELPHOS.

A CORRESPONDENT is desirous of being made acquainted with "the name of the surgeon who made the post-mortem examination in a case of suicidal poisoning by strychnine a few years since. The woman was found dead on a floor, and at the inquest it was discovered that she had been poisoned by strychnine, which she had obtained when on a visit at the house of a gamekeeper in Wales."

Union.—He is not likely to be displaced.

An Union Surgeon, (Weymouth.)—The calculation and statement are quite correct. Is it not a little above £60, and not £000?

IF *J. G. L.* (Union Club) will forward his name and address, he shall receive a private note.

BIRTH OF THE OVUM ENTIRE.

To the Editor of THE LANCET.

SIR,—Dr. Thomas's case of midwifery, recorded in your journal of the 3rd instant, and Mr. Jeffreson's similar one, reported in your impression of last week,—in both of which the child and placenta were found, on expulsion, to be "enveloped in a complete impervious sac,"—were probably nothing more than cases of expulsion of the entire *ovum*. It is strange that both these gentlemen should be so puzzled, as they appear to have been, by what is readily explicable, and is, moreover, by no means an unusual occurrence with small or premature fœtuses. I am, Sir, yours, &c.,

March, 1860. OBSTETRICUS.

Dubious, (Cheltenham.)—1. Under any circumstances, he will be entitled to practise both medicine and surgery.—2. It is not essential that he should obtain any other qualification.—3. Whether it would be prudent for him to do so or not would depend upon a variety of circumstances. We see no reason to suppose that any future legislation could possibly have the effect of injuring him in any way.

Ad Eundem Diplomas.—The question of *ad eundem* diplomas is under discussion between the London, Edinburgh, and Dublin Colleges of Physicians. Some terms, by which the licentiate of Edinburgh or Dublin may be received into the London College, will be arranged. But there is no probability of the London College abandoning the right it now enjoys of balloting for every individual, or of its admitting any but *bonâ fide* physicians.

Dr. M'Lismont was answered last week. His complaint, therefore, of inattention is wholly without foundation.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. Ouleston, Blackburn; Mr. G. M. Beale, Hammersmith; Mr. Harrison; Rev. Dr. Burns; Dr. W. T. Gairdner, Edinburgh; Mr. Robt. Ellis; Mr. J. Bruce; Mr. Eager; Dr. Garrett; Mr. C. Williams; Mr. Harris; Mr. Oades; Mr. Gutteridge, Maldon, Essex; Mr. Cleveland, Lowestoft; Dr. Willis, Aysgarth; Mr. W. Buchanan, Glasgow, (with enclosure;) Dr. A. Straton, Bath; Mr. Russell, Liverpool, (with enclosure;) Mr. Jas. Fisher, Assall, (with enclosure;) Mr. M'Loughlin, (with enclosure;) Mr. Wright, Newcastle, (with enclosure;) Mr. Gillard, Hovingham; Mr. Carter, Potter Newton, (with enclosure;) Mr. Cross, Birmingham, (with enclosure;) Mr. Bateman, Stoney Stratford, (with enclosure;) Dr. Millett, Penpol, (with enclosure;) Dr. Beamish, Colchester, (with enclosure;) Dr. Oxley, Hackney; Mr. J. B. Moxon, (with enclosure;) Mr. Wright Madeley, (with enclosure;) Dr. Woodman, Bermuda, (with enclosure;) Mr. A. Longhurst, Gorruckpore; Mr. Wilding, Montgomery; Mr. Ewington, (with enclosure;) Mr. J. D. Fletcher, Liverpool; Mr. Staniland, Bristol, (with enclosure;) Messrs. Ferris and Co., Bristol, (with enclosure;) Mr. Rae, Clitheroe, (with enclosure;) Mr. Homfrey, Bridgnorth; Dr. Plowman, St. Austell, (with enclosure;) Mr. Bailey, Coleshill, (with enclosure;) Mr. Jones, Dudley, (with enclosure;) Mr. Sylvester, Trowbridge, (with enclosure;) Dr. Hewson, Cheltenham, (with enclosure;) Mr. Paull, Castleton, (with enclosure;) Mr. Sharples, Tamworth; M. A. B.; W. M.; &c.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., EX-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

MEDICAL PROPERTIES:—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission:—

..... "And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—i.e., cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication—i.e., irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is, what is perhaps better, a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., Eng.;
Formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"*To the Editor of the* MEDICAL TIMES AND GAZETTE.

"SIR,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling sure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm; one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"SIR,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Surgeon, Egham, Surrey.

"SIR,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"SIR,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. R. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr. J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per Ounce, and in quantity of 10 Ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist,
33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

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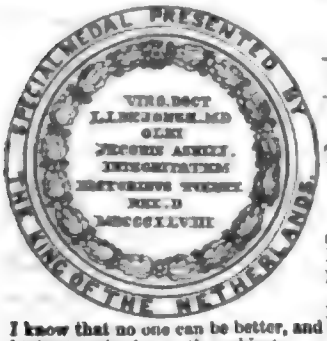

DR. DE JONGH'S

Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

"(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

THE ANTIMARGARIC COD-LIVER OIL,

Extracted upon this principle only by

MESSRS. WILLIAM & EBENEZER ROTTON, BIRMINGHAM,

Is the Oil now most extensively used in Consumption, Scrofula, and Weakness.

Dr. SEPTIMUS GIBBON, Physician to the London Hospital, remarks:—

"I find Messrs. W. ROTTON & SON'S Oil to be free from the noxious and nauseous principles of Margaric Acid, which so commonly render Cod-liver Oil, not only unpalatable, but injurious to the human stomach."

Sold in bottles, enclosed in wrappers—Quarter-pints, 8*d.*; Half-pints, 1*s.* 3*d.*; Pints, 2*s.* 6*d.*—by Mr. ELDRIDGE, 85, Pentonville-road, and Mr. MOUSELL, Chemist, No. 1, Berkeley-place, Hyde-park, London.

The Medicated Cod-liver Oils,

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Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
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SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest new Newfoundland Oil, 12*s.* gn. Quinæ Disulp. by 6oz., 6*s.* 6*d.* oz. Potas. Iodid., 13*s.* lb. Liq. Sarzæ Coned., 5*s.* 6*d.* and 10*s.* 6*d.* Liq. Taraz., 6*s.* lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1*s.* 9*d.* and 3*s.*

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

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Price for Dispensing,—quarter ounce, 3*s.* 4*d.*; one ounce, 9*s.*

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6*d.*

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: Nov. 11th, 1844.—I have tried Mr. MACORD'S Isinglass Plaster in several cases most satisfactorily; it is very adhesive, easily applied, and its transparency gives it a superiority to other plasters.—T. CALLAWAY, M.R.C.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

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PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

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Price to Retailers:—

1*s.* 6*d.* Bottles	... ...	8*s.* per Dozen.
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Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

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MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

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W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

West-end Dispensing Establishment.

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Messrs. CURTIS, in returning their sincere thanks to the Profession for past favours during many years of unremitting energy at their former House of Business in Crawford-street, beg to inform the Profession that, in consequence of a considerable increase in their Business, they have removed the DISPENSING and FAMILY BRANCH of their Trade to more eligible premises (No. 48, BAKER-STREET), which are replete with every convenience for carrying on an extensive Business, the arrangements being such as must ensure accuracy and punctuality in despatch, so essential to the mutual interest of the physician and patient.

48, Baker-street, W., Jan. 1st, 1860.

N.B.—The Wholesale and Manufacturing Branch is carried on, as heretofore, at No. 15, Crawford-street, W.

72 nauseous Drugs (Copaiba, Cod-

liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

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Communications addressed to the Manager, HENRY F. HOME, 49, Berners-street, London, will receive immediate attention.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

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N.B.—Medical Men are earnestly solicited to attach the words, Dr. J. COLLIS BROWNE'S Chlorodyne, when prescribing; also to observe that the signature of Dr. J. COLLIS BROWNE, in white letters on a red ground, is outside each bottle.

The spurious compounds sold under the name of Chlorodyne not only invariably fail to produce the extraordinary beneficial effects accorded to the genuine, but often occasion most serious results, and being a remedy so often resorted to in extreme cases, the life of the Patient and the credit of the Practitioner are at stake. The active principle of Chlorodyne has never been publicly intimated; its effects are quite dissimilar to Opium or its Salts. It relieves pain in any organ and from whatever cause. Spurious compounds will be sure to disappoint. Dr. J. COLLIS BROWNE'S Chlorodyne is the only genuine.

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The Water of the "Tintenquelle" of

NUDERSDORF, so very efficacious in Uterine Disease, may be had fresh from the spring, with instructions, of

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Price 12s. per dozen, bottles included.

Aërated Lithia Water. — The

continually increasing demand for this water, originally made by Messrs. BLAKE, SANDFORD, & BLAKE at the request of Dr. GARROD, and the search in all quarters for the rare alkali it contains, afford abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS.

Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

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Hogg's Lithia Water, Super-

CARBONATED.—Mr. HOGG begs to inform the Profession that he prepares (by the direction of Dr. Garrod) the LITHIA WATER, alone, and in combination with POTASH and AMMONIA.

He also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout and Gravel:—

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda Water, 15 grs.
Seltzer, Vichy, Pulna, &c., from their respective analyses.

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Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

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Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Liquor Folii Ricini, for increasing

the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Liquor Potassæ Permanganatis

(CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS
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Solutions of pure Permanganates, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea.

Health, Fresh Air, and Pure Water.

By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s., and 2s.; stronger and purer, 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER also contains nascent OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks, 1 cwt., 36s. Wholesale Agents: John Bell and Co., Chemists, 338, Oxford-street, London; Squire, Chemist to her Majesty, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Moore, New Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin; Butler and Crispe, 4, Cheapside; Whinfield Horn and Co., Shipping Druggists, 56, Minories.

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BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2, Edwards-street, Portman-square.

The Surgeon's Portable Medicine CHEST, containing 20 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th, 1859.*

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

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Infants' New Feeding Bottles.—These celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

Medical Fixture and Glass Warehouse.—W. HAY, from Ansell and Hawke, 25, Little Queen-street, Lincoln's-inn-fields, begs to inform the Profession that he Fits-up every description of Medical Shops and Surgeries, and has in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large assortment of Medical Lamps.

S. Bowles, (late Windsor & Co.,) PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6, James-street, Covent-garden. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

Great Saving in the Purchase of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment, in the PURCHASE of NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross, 6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. ,, 7s.	
3 oz. ,, 8s.	
4 oz. ,, 10s.	
6 oz. ,, 15s.	
8 oz. ,, 18s.	
4½ oz. graduated in 3 doses 12s. 6d.	

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable to*

Bed Bugs, Green Fly, Red Spider, MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle, Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Laconicum, or Air-Bath Heater.—PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 253, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 16, Bishopsgate-street Within; and that, should it meet with approval, cakes in tins sufficient for Two Baths will be supplied at 1s. each.

Belmont, Vauxhall, London.

See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Glycerine Soap, natural colour, unscented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
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THE MEDICAL CIRCULAR.
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THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

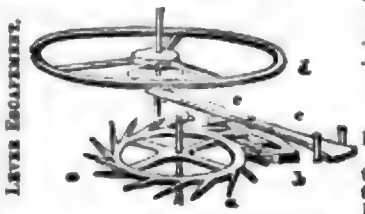
IMPORTANT NOTICE.

Glenfield Patent Starch is the only STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the GLENFIELD STARCH, we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

WOTHERSPOON & CO., Glasgow and London.

Bennett's Watches, 65 & 64, Cheapside, in gold and silver, in great variety, of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance guaranteed. Free and safe by post.

Money Orders to JOHN BENNETT, Watch Manufactory, 65 and 64, CHEAPSIDE.



Benson's Watches. "Perfection of mechanism."—MORNING POST.

Gold ..... 4 to 100 guineas.
Silver ..... 2 to 50 guineas.

Send two stamps for Benson's Illustrated Watch Pamphlet.

Watches sent free to any part of the kingdom on receipt of a remittance.—33 & 34, Ludgate-hill, London, E.C.—Established 1749.

Mappins' Electro-Silver Plate.—MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Threaded.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks ,,	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons ,,	27 0	38 0	40 0	50 0	44 0	54 0
Do. Forks ,,	27 0	38 0	40 0	50 0	44 0	54 0
Tea Spoons ,,	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs	Egg Spoons	At proportionate prices.
Soup Ladles	Salt ditto	
Gravy Spoons	Mustard ditto	
Sauce Ladles		

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

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Society for Relief of Widows and

ORPHANS of MEDICAL MEN in LONDON and its VICINITY.

Instituted 1788. 53, Berners-street, W.

The Seventy-second ANNIVERSARY DINNER of this Society will be held at the Albion Tavern, Aldersgate-street, on Wednesday, the 11th April, 1860.

THOMAS ARTHUR STONE, Esq., President, in the Chair.

Dinner to be on the table at Half-past Six o'clock. Tickets, one Guinea each, to be obtained of the Stewards, of the Secretary, and at the Tavern.

For the small sum of Two Guineas annually every member of this Society of two years' standing may prevent his widow or children from being in want. £1838 10s. were given in relief last year by this Society. Thirty-eight widows received from £35 to £40 each; twenty-four orphans from £12 to £25 each. Also three orphans had grants "towards self-maintenance," and a widow immediate relief. S. W. J. MERRIMAN, M.D., Secretary.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

Royal College of Surgeons of England.

Notice is hereby given, that a Primary or Anatomical Examination for the Diploma of Member of this College will be held on Tuesday, the 27th inst., and following days; to which will be admitted those Candidates who have entered their names for the Anatomical Examination on the 3rd of April next, as already advertised, on application at the College for cards of admission.

March 14th, 1860. EDMUND BELFOUR, Secretary.

Royal Orthopædic Hospital,

315, Oxford-street.—Mr. TAMPLIN will deliver the Annual COURSE of LECTURES, on the NATURE and TREATMENT of DEFORMITIES, at the above Hospital, commencing Monday, May 7th, 1860, at 3 o'clock, and continuing each succeeding Wednesday, Friday, and Monday, at the same hour, until completed. The Course will embrace—

Contractions and Deformities, Congenital and Non-Congenital, of the Foot.
Ditto, ditto, of the Knee.
Ditto, ditto, of the Hip.
Ditto, ditto, of the Bones.
Scrofulous and other Diseases of the Joints.
Lateral and other Distortions of the Spine.
Disease of the Spine.
Wry-neck and Deformities of the Upper Extremities.
Contractions of the Toes and Fingers.
Contractions from Burns, &c.

Legally-qualified Practitioners are invited to attend.

Admission tickets may be obtained from Mr. Tamplin and from the Secretary at the Hospital.

Hospital for Sick Children,

40, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for
Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

Royal College of Physicians of Edin-

BURGH.—Notice is hereby given, that the year of grace, during which duly-qualified Practitioners can be admitted Licentiates of the Royal College of Physicians of Edinburgh, on passing a modified Examination, will terminate on the 20th of April next.

Licentiates of any of the existing Licensing Boards, not deriving any profit from the sale of Drugs or Medicine, who produce satisfactory testimonials of character and professional qualification, and who pass an Examination in Practical Medicine, are eligible for the Licence of the College until the above date.

After the 20th of April, 1860, all Applicants for the Licence (other than Graduates of British Universities claiming exemption under the Charter of the College) will be required to produce Certificates of having gone through the Curriculum of Study prescribed by the College, and to undergo the preliminary and professional Examinations as laid down in the permanent Regulations.

It is requested that Applicants who propose to avail themselves of the present temporary Regulations will, without delay, communicate with the Secretary to the College, in order that the necessary arrangements for Examination may be made.

The Licence of the College has been recognised by the Poor-law Board, and is therefore now recognised as a Medical Qualification by every public board.

The Stamp Duty on the Diploma having been remitted, the Fee payable by Licentiates is now Ten Pounds.

In Name and by Authority,

Edinburgh, January, 1860. D. R. HALDANE, Hon. Sec.

Royal Free Hospital. — Twelve

LECTURES, showing the GUIDANCE of SURGICAL PATHOLOGY in CLINICAL SURGERY. By FREDERICK J. GANT, Surgeon and Pathological Anatomist to the Hospital.

*** The Course will commence on Monday, April 30th, at 4 P.M., and be continued on succeeding Mondays. Members of the Profession are invited to attend.

Vacation Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during April. The Demonstrations will be given daily, from 3 to 5 P.M., at the Westminster Hospital, commencing on Monday, the 2nd of April, and will comprise the Anatomy of the entire body. Fee, Five Guineas.

University of London, &c.—A First-

class B.A. and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

University of London.—A Gentleman

who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

Militia Surgeons' Society of Great

BRITAIN AND IRELAND.—The ANNUAL MEETING of this Society will be held at their Rooms, 19, Adam-street, Adelphi, London, on Thursday, April 19th, 1860, at One o'clock P.M., for the Election of OFFICERS, and other business of great importance, at which the Members are earnestly requested to attend.

The ANNUAL DINNER will take place the same evening, at Five o'clock P.M., for the convenience of those Gentlemen who must return by the mail trains. Ticket, including wine, &c., 15s. 6d. Gentlemen intending to dine will oblige by forwarding their names as early as possible to the Secretary; and the attention of Members is particularly directed to Rule 3, which this year will be strictly enforced.

CHAS. FERRELEY, Royal South Lincoln Militia,
Grantham, March 20th, 1860. Secretary.

Suffolk General Hospital.—Wanted,

a HOUSE-SURGEON at the above Institution. No person is eligible unless he be legally qualified to practise as a Surgeon and Apothecary, and unless he undertake to reside in the Hospital.

Testimonials of moral conduct and general qualifications are to be sent to the Hospital, addressed to the Chairman of the Committee, on or before Monday, the 9th April next.

The salary is £75, exclusive of board and lodging.

The personal attendance of the candidates is, if practicable, very desirable.

The Committee particularly request that the Governors will not engage their votes till the names and qualifications of the respective candidates are made known. By order of the Committee,

13th March, 1860. WILLIAM GROSS, Secretary.

Newmarket Union. — Appointment

of MEDICAL OFFICER.—The Board of Guardians of the above Union will, at their weekly meeting, to be held at the Board-room on Friday, the 13th day of April next, proceed to the Appointment of a MEDICAL OFFICER who is duly registered, and possesses such qualifications as are set forth in the Consolidated Order of the Poor-law Board of the 24th of July, 1847, for the Parish of Isleham, in the said Union, at a salary of £50 per annum, to include attendance on all paupers resident in his district, but exclusive of Midwifery cases, Fractures, and Vaccination fees. The person elected will be required to reside in Isleham, to attend all meetings of the Guardians when requested, and to perform such other duties as are prescribed by the aforesaid Order. Testimonials and certificates of qualifications to be forwarded to me at my Office in Newmarket, under seal, free, on or before Thursday, the 12th of April next.

WILLIAM PARR ISAACSON,
Newmarket, March 16th, 1860. Clerk to the Guardians.

West Ham Union.—Appointment

of MEDICAL OFFICER.—The Board of Guardians of the West Ham Union will, at their Meeting to be held at the Board-room, at Leytonstone, on Thursday, the 29th day of March instant, proceed to the Appointment of a MEDICAL OFFICER for the District of West Ham, comprising part of the Wards of Church-street and Plaistow in the Parish of West Ham, and also the Parishes of East Ham and Little Ilford, within the said Union, containing an area of about 5100 acres and an estimated population of 6000. The salary will be £120 per annum, with such extras as are authorized and allowed by the Orders of the Poor-law Board.

The person appointed will be required to reside within the District. He must be registered under the Medical Act of 1858, and must also, pursuant to the requirement of the Order of the Poor-law Board of the 10th day of December last, be qualified by law to practise both Medicine and Surgery in England and Wales, such qualification being established by the production to the Board of Guardians of a Diploma, Certificate of a Degree, Licence, or other instrument granted or issued by competent legal authority in Great Britain and Ireland, testifying to the Medical or Surgical, or Medical and Surgical, qualification or qualifications of the candidate for the office.

Application and testimonials, with the required evidence of qualification, to be sent to me before, or on the day preceding, the day of appointment.

The person chosen will be required to enter on the duties of his office immediately. By order of the Board,

W. J. BARNHAM,
Leytonstone, March 18th, 1860. Clerk to the Guardians.

King's College, London.—The Council are ready to receive Applications from candidates for Two Appointments of ASSISTANT-PHYSICIAN at KING'S COLLEGE HOSPITAL.—For particulars, apply to

J. W. CUNNINGHAM, Secretary.

St. Mary's Hospital Medical School, W. CHAIR of BOTANY.—This Lectureship having become Vacant, it is requested that gentlemen proposing to be candidates will send in their applications, accompanied by testimonials, at or before noon on Thursday, the 29th inst., under cover, to the Secretary, from whom any further information may be obtained.

March 17th, 1860. JOS. G. WILKINSON, Secretary.

Liverpool Royal Infirmary School of MEDICINE.—A Vacancy having occurred in the LECTURESHIP on PATHOLOGICAL ANATOMY, gentlemen who may wish to become candidates for the Appointment are requested to make application to the Secretary, from whom all particulars may be obtained, on or before Monday, April 2nd.

13, Mornington-terrace, Liverpool, F. D. FLETCHER, Secretary.
March 20th, 1860.

INDIA OFFICE, March 12th, 1860.

Notice is hereby given, that the next EXAMINATION of CANDIDATES for the appointment of ASSIST.-SURGEON in her Majesty's Indian Military Forces will be held in this Office on Monday, the 9th of July, 1860; and that the probable number of Vacancies to be then filled up will be 26.

W. E. BAKER, Colonel, Military Secretary.

Royal Pimlico Dispensary, 30, Upper Belgrave-place.—A Vacancy having occurred in the Medical Staff of the above Dispensary, candidates to fill the post of ASSISTANT MEDICAL OFFICER are requested to send in their applications and testimonials to the Hon. Secretary, at the Dispensary, seven days prior to the 9th of April next.

Sheffield Public Hospital and Dis- PENSARY.—Wanted, an ASSISTANT to the House-Surgeon, to Dispense, Visit Out-door Patients, and assist in the general care of the In-patients. He will be required to enter on his duties on the 12th of April.—For information, apply to Mr. J. L. Pratt, House-Surgeon, to whom all applications and testimonials must be sent in on or before the 31st inst.

Wanted, a fully-qualified Medical Man as HOUSE-SURGEON to the DOUGLAS GENERAL HOSPITAL and DISPENSARY. He must be a single man, and ready to take office on the 8th of May next. Qualifications and testimonials to be sent to the Secretary, Mr. John Moore, Douglas, on or before the 26th of April. The Election to take place on Thursday, the 3rd of May. Salary, £75, and coal, candles, and attendance found.

Douglas, Isle of Man, March 10th, 1860.

The Middlesex Hospital. — One SENIOR and two JUNIOR RESIDENT MEDICAL ASSISTANTSHIPS are now Vacant in this Hospital. Candidates for these appointments must be unmarried, and have been general Pupils of this Hospital within the last three years. They will be selected after competitive examination by the Medical Committee. The Senior Resident Medical Assistant must hold a legal medical qualification, and the possessor of one on the part of a Candidate will be considered a recommendation in the case of the others. The appointments are tenable for one year.

By order,
ALEX. SHEDDEN, Secretary.

The Middlesex Hospital.—Wanted, a RESIDENT APOTHECARY at this Hospital. He must be duly qualified according to Act of Parliament, a member of the Church of England, unmarried, and above the age of twenty-five years.

For particulars respecting the office and the nature of its duties, apply to the Secretary at the Hospital.

The Medical Committee meet every Saturday at Half-past Twelve o'clock, at which hour Candidates must attend to be examined.

By order,
ALEX. SHEDDEN, Secretary.

Hants County Lunatic Asylum.— Wanted, a MATRON and HOUSEKEEPER.—Persons desirous of filling the joint Situation of Matron and Housekeeper at the above Institution are requested to send in their applications and testimonials on or before Saturday, the 7th day of April next, addressed to the Chairman of the Committee of Visitors, County Asylum, Knowle, Fareham.

A preference will be given to applicants whose ages are between 30 and 45 years, and all candidates must be single or widows without incumbrances.

Salary £30 per annum, with board, washing, and furnished apartments.

Particulars of duties to be obtained by application to Dr. Manley, at the Asylum, Fareham.

WM. HANS S. STANLEY, Chairman.

Hants County Hospital.—The joint- office of HOUSE-SURGEON and SECRETARY to this Hospital is now Vacant. The salary is £80 per annum, with board, lodging, and a gratuity of £20 per annum. Every candidate for the office must produce unexceptionable testimonials to his moral character, and possess the diploma of the Royal College of Surgeons of England, or the surgical diploma of a Royal College or University in Scotland or Ireland, and a licence from the Apothecaries' Company. Applications, with testimonials, to be addressed to the Committee, under cover to the Secretary, before the 28th instant. These applications and testimonials will on that day be laid before a special committee, who will recommend to the Court of Governors the candidate whom they consider the most eligible. The gentleman elected will be required to enter upon his duties immediately.

Winchester, March 14th, 1860. E. L. JACOB, Secretary.

Wanted, by a Member of the Royal College of Surgeons, Edinburgh, a Situation as ASSISTANT with a General Practitioner.—Address, L. R. C. S., Dr. Scott's, Clitheroe, Lancashire.

Wanted, a fully-qualified Medical ASSISTANT; also, a Junior DISPENSING ASSISTANT.—Apply to Mr. Digby, Surgeon, 205, Fleet-street, Temple-bar.

Wanted, by a Surgeon with an Open Surgery, a gentlemanly YOUTH, as Junior Assistant, or Improver.—Apply, by letter only, to A. B., care of Dr. W. A. Smith, 38, Doughty-street, Mecklenburgh-square, W.C.

Wanted immediately, by a Gentle- man aged twenty-four, a SITUATION, to Dispense, attend Midwifery, and Visit, and where time would be allowed, at the commencement of the next Winter Session, to attend lectures, &c., on the usual terms.—Address, L. E. D., 36, Upper Berkeley-street, Portman-square, W.

Wanted immediately, in an extensive Practice, an Out-door ASSISTANT, to Visit, Dispense, and attend Midwifery. Furnished apartments, firing, and attendance found. Salary, from £60 to £70.—Apply, stating qualification, &c., to Mr. Castell, Montgomery.

Wanted, by an English Gentleman, a SITUATION in Newcastle-on-Tyne, to Visit, Dispense, and attend Midwifery, with time to attend two courses of lectures during the Summer Session. Unexceptionable references given.—Apply, stating remuneration, &c., to S. J. G., Post-office, Glasgow.

Wanted, by a Surgeon in a Midland County, an In-door ASSISTANT, to Dispense, keep the Books, and Visit and attend Midwifery occasionally. Unexceptionable references as to moral character and ability will be required.—Address, stating age, &c., A. B., Post-office, Lichfield.

Wanted, by a Gentleman, aged 26, a Permanent ENGAGEMENT, to Visit, Dispense, and attend Midwifery. Accustomed to Union, Club, and Colliery practice, and a good Accoucheur. Satisfactory references given, &c.—Address, Medicus, Post-office, Dudley, Worcestershire.

Wanted immediately, an In-door ASSISTANT, to Visit, Dispense, and attend Midwifery; age from twenty-five to thirty preferred. He must be quite competent in Midwifery. There is a large Union and Club practice.—Address, stating salary and giving references, to Mr. W. Adams, Medical Officer, St. Clement's District, Ipswich Union, Suffolk.

Wanted immediately, in an extensive mining district, an ASSISTANT, to Visit, Dispense, and attend Midwifery (one with a qualification preferred). Seldom any long journey; the visiting principally confined to the town. This is a good opportunity for any gentleman becoming thoroughly acquainted with the practice of Surgery. Salary, £50 per annum, board and lodging.—Address, W. S. Penney, Druggist, Middlesborough.

Medical.—Wanted, by a Gentleman, a SITUATION, to Dispense, attend Midwifery, and Visit occasionally. Salary, in-door, £30.—Address, Medicus, care of Mr. Wm. Jackson, Castleton, Grosmont, Yorkshire.

Medical Assistant.—A Gentleman, aged twenty-two, who has passed through the first portion of his studies, wishes for an ASSISTANCY in the Country. Can Dispense, Visit, and attend Midwifery, keep Books, and is a good horseman.—Address, Medicus, Mr. Stone's, 1 A, Hugh-street West, St. George's-road, Pimlico.

To Medical Practitioners.—A young Gentleman, who is a good Dispenser, and able to perform the minor operations, is desirous of obtaining an appointment during the summer months within an easy distance of the Borough Hospitals, where he would have time to attend the necessary lectures.—G. H., Guy's Hospital.

A Surgeon, &c., is open to an ENGAGEMENT. Understands Retail. Being a Mechanical and Surgical Dentist, would be happy to start a Practice, and instruct a Gentleman in the whole Dental Art—viz., Gold, Bone, the India-rubber process, &c. Address, S. P., 33, Charlotte-terrace, Barnsbury-road, Islington, N.

Out-door Visiting, or Visiting and Dispensing, ASSISTANTSHIP.—A married M.R.C.S.L., aged thirty-five, wishes to meet with the above. The highest testimonials as to moral character and professional ability.—Address, E. C. B., THE LANCET Office, 423, Strand, W.C.

A General Practitioner in West Kent wishes for a Visiting and Dispensing ASSISTANT, with at least one qualification. He will be required to take the chief part of the dispensing and bookkeeping, and to assist in the visiting and midwifery. Salary £50 a year, with board and lodging.—Address, free, W., 15, Harrington-street North, London, N.W.

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(late LANE and LARA,)

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Gentlemen requiring Appointments are invited to forward their names.

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PORTABLE SURGERIES for Medical Men in General Practice.

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Assistantships. — Wanted immediately, several Qualified Gentlemen, as Non-resident Assistants in Town and Country Practices.

Also, Six Qualified Gentlemen, as Resident Assistants in Town and Country Practices. Salaries liberal.

And Four Unqualified Gentlemen, as Resident and Non-resident Assistants in Town and Country Practices.

Gentlemen requiring situations are requested to apply personally, with testimonials, or forward copies of same, to Mr. Wilson, 36, Charles-st., Waterloo-place, S.W.

Patients, Nervous and otherwise.—Mrs. BELL, late of West-grove House, Blackheath, has, for the greater convenience of her Medical friends, REMOVED to 13, Abbey-place, St. John's-wood, where she continues to receive a limited number of Patients.

Insanity.—London House, Hackney. This Establishment is for a select number of Ladies labouring under the milder forms of Mental disease. Every attention is paid to the comfort and recovery of inmates. Terms reasonable.

Insanity, Nervous Debility, &c.—The Medical Profession and the Friends of the Afflicted are respectfully informed that they can be immediately supplied with ATTENDANTS, Male or Female, of undoubted skill, experience, and respectability, on application to the Secretary of the St. John's-wood Association of Attendants on Persons Bodily or Mentally Afflicted.—Address, the Secretary, care of Mr. Bovill, Chemist, 24, Park-terrace, Park-road, Regent's-park, N.W.

To Invalids, &c.—A married Medical Gentleman, living in a healthy country town, has a Vacancy for a Resident PATIENT, whose mental or bodily condition requires constant medical supervision, combined with all the comforts and conveniences of home.—For further particulars, apply to M. M., 17½, Church-lane, Hull.

An Invalid Clergyman, whose sufferings are much increased by damp, would feel deeply obliged to any reader of THE LANCET, skilled in Climate, who would indicate a locality in Europe remarkable for its dryness of atmosphere, and otherwise suitable for the residence of an Invalid.—Address, Rector, care of Mr. Henry, 12, Weymouth-terrace, Hackney-road, N.E.

Medical.—For immediate Disposal, a first-class PRACTICE in a good provincial town; the present proprietor removing to a distance, but would be willing to give three months' Introduction under suitable arrangements.—Full particulars on application to Wright, Francis, and Co., Wholesale Druggists, 11, Old Fish-street, E.C.

Medical Transfer and Partnership.
30, Bucklersbury, London.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office hours, 11 to 4.

Partnership in an old-established and most respectable Practice and Retail, receipts extensive, situate in a leading position in town. A PARTNER qualified to practise would be received on equitable terms, who could command £1000. References of the first respectability to be exchanged.—Address, M.D., Mr. Stevens, 112, Cheapside, London, E.C.

The Practice of a deceased Medical Gentleman to be Disposed of, in an agricultural and mining district. Population upwards of 2000.—Apply, A. B., Post-office, Newcastle-under-Lyne.

A Gentleman, doubly qualified, is anxious to Purchase a PRACTICE in an agricultural district, where there is no immediate opposition.—Address, stating full particulars, to M. R. C. S., Mr. Tuckett's, 39, St. Michael's-hill, Bristol.

Medical. — Wanted, by a qualified Surgeon, middle aged, married, without incumbrance, an engagement to superintend a Branch PRACTICE within fifty miles of London.—Address, P. P., 70, Denbigh-street, Eccleston-square, S.W.

To Surgeons.—For Disposal, a long- established RETAIL and PRACTICE, near Oakley-square, Camden-town. Rent, £46; purchase, £150.—Particulars of Mr. Humpage, 44, Chancery-lane, W.C.

A London General Practice (in the North District), with Open Surgery, to be Disposed of. The proprietor is going to reside in the country, and the sale of the Business offers an eligible opportunity to any one desirous of forming a Connexion in a good and increasing neighbourhood. Goodwill, Fixtures, and Stock, £250. A good House, at a moderate rent.—Address, (letters only,) J. P., at Mr. Kerr's, Stationer, 81, Chancery-lane.

A L.F.P.S.G. & L.M., aged 25 years, desires an ASSISTANCY to a Surgeon. London or a provincial town preferred. Accustomed to town practice. Satisfactory references.—Address, A. B., 1, Colebrook-terrace, Albert-street, near Mile-end Station, London, E.

A Practitioner in the Country wishes to obtain an ASSISTANCY for a Gentleman, who is leaving him in April next. References highly satisfactory.—Apply to Messrs. Corbyn and Co., 300, Holborn.

Visiting and Dispensing Assistant, in a Country Practice. Must be a Member of the Hall or College, or both; steady, sober, accustomed to horse exercise, &c. Salary (in-doors), with board and lodging, £50.—Apply to J. C. Pawle, Solicitor, 7, New-inn, Strand, London.

To Country Practitioners.—A Gentleman, fully competent to Visit, Dispense, and attend Midwifery, is desirous of obtaining a Situation in the Country as ASSISTANT, or to take Charge of a Practice for a month or six weeks. The advertiser has had much experience in every branch of the profession, and can produce most satisfactory testimonials. Remuneration no object.—Address, G. P., Messrs. Gale, Baker, and Oldfield, Bouverie-street, Fleet-street, London, E.C.

Medical.—A fully-qualified Practitioner, who can furnish unexceptionable references and testimonials of private character, professional experience, and ability, offers his services on moderate terms for twelve months to any medical man of respectable practice at the West-end of London, who, from ill health or any other cause, may require assistance.—Address, Beta, THE LANCET Office, 423, Strand, London.

A legally-qualified Assistant is Required in a Country Practice. The Situation is adapted for a well-educated man who has had some experience, particularly in Surgery and Midwifery. He will reside with the advertiser, and find a comfortable home. It is essential any one applying should be well recommended.—Apply, stating age, salary required, &c., A. G., Mr. Salt, Surgical Instrument Maker, Birmingham.

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Lecture VII.—Typhus Fever 313

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Contributions to Dental Surgery. By Samuel A. Parker, Esq. 318

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The "Great Tasmania" 326
Purification of the Serpentine 327
The Representation of the University of London 328
Opening of the Hospital for Epileptics 328

MEDICAL ANNOTATIONS.

The Bad Works of the Metropolitan Board. — Students, to the Rescue! — The Recalcitrant Dentists.—The Midnight Meetings.—Infanticide no Murder.—A Saving Measure 328

CORRESPONDENCE.

Poor-law Medical Reform Association: Letter from Mr. Griffin... 330
On the Proposed Vaccination Bill for Scotland: Letter from Dr. George W. Balfour 331
The Case of Alfred Godfrey, an alleged Lunatic 332
Foreign Wines 332
Poor-law Medical Reform 333
Mr. Hancock's Operation for Glaucoma 333
The College of Physicians and Dr. Oliver 333

House of Lords.—Medical Act Amendment Bill 333
House of Commons.—Her Majesty's Ship *Queen*.—The *Great Tasmania*. — Adulteration of Food and Drink Bill.—The Lunacy Laws.—Poor-law Medical Relief 333

MEDICAL NEWS.

Treatment of Prolapsus by Nitric Acid 316
Tobacco as an Internal Remedy for the Effects of the Bite of a Rattlesnake 321
War Office Appointments 325
Pass-lists of the Royal College of Surgeons and Apothecaries' Hall. — Charing-cross Hospital Medical Society.—National Hospital for the Paralyzed and Epileptic.—Metropolitan Free Hospital. — Testimonial to Dr. Power, Lecturer on Physiology at the Westminster Hospital.—Appointments. — Dr. Livingstone. — The Royal College of Physicians and the late Dr. Bright. — The *Great Tasmania*. —Iodine before the Academy of Medicine of Paris. — Another Case of Excessive Mortality on Board a Transport Ship.—Longevity.—Rewards offered by the French Government to the Italians who Tended the Sick and Wounded during the late Campaign. — Tattooing in the French Navy.—Sudden Death of Mr. James Braid, Surgeon, of Manchester.—The Discovery of the Circulation of the Blood Forestalled. — Hydrophobia in Constantinople. — Death of M. Marc d'Espine.—The Digestive Powers of the Pancreatic Juice. — The Origin of Syphilis in Turkey. — Influenza and Intermittents in Paris.—New Gas for Lighting.—Adulteration of Food and Drugs. — Incontinence of Urine cured by Circumcision.—A Cerebro-Spinal Epidemic.—Dangers of Depilatories. — Therapeutic Agriculture. — The Siamese Twins. — Preservative Fluid. — Inflammable Clothing. —Health of the Metropolis 334

Births, Marriages, and Deaths ... 336
Medical Diary of the Week 337
Notices to Correspondents 337

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THE LANCET (p. 318) writes: "The Green, imported by Horniman & Co., not being covered with prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. 3s. 8d., 4s., & 4s. 4d. per lb. In packets. Gould, 198, Oxford-st.; Purssell, 90, Cornhill; Smith & Sons, Norwich; Goodall, Backhouse, & Co., and Reinhardt & Sons, Leeds; Ferris, Townsend, Lamotte, & Bourne, Bristol. Agents (chiefly CHEMISTS) in every town.

COCOA.

Taylor Brothers'

PATENT LENTILIZED COCOA

Is pronounced by Professor Letheby and Dr. Hassall to be superior in nutritious element to all others.

See their Reports Printed on the Labels of each Canister.

Sold by all Grocers at 1s. 6d. per lb.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Gluten Bread, Biscuits, Cakes,

SEMOLA, and CHOCOLATE, for Diabetes, Consumption, Dyspepsia Asthma, all Invalids, and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; and Wholesale only of

G. VAN ABBOTT, 13, Basinghall-street, E.C.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

Preferred to the best Arrowroot. Delicious in puddings, custards, blancmange, cake, &c.; and especially suited to the delicacy of Children and Invalids. THE LANCET states, "This is superior to anything of the kind known." Trade Mark and Recipes, on each Packet, 4, 8, and 16 oz. Obtain it from Family Grocers, Chemists, &c.—Paisley, Manchester, and London.

DU BARRY'S DELICIOUS HEALTH RESTORING

Revalenta Arabica Food is invaluable

to the dyspeptic, habitually constipated, the hectic or nervously delicate, as it absorbs all irritating acidity, and restores the faculty of digestion, functional regularity, sound refreshing sleep, and nervous and muscular energy to the most enfeebled.

Sold in canisters, 1lb., 2s. 9d.; 2lb., 4s. 6d.; 12lb., 22s.; 24lb., 40s. The 12lb. and 24lb. canisters carriage free on receipt of post-office order by Barry Du Barry and Co., 77, Regent-street, London; Fortnum, Mason, and Co., 182, Piccadilly, London; and all Grocers and Chemists.

Plumbe's Genuine Arrowroot, 1s. 6d.

per lb., should be used in preference to any other. It is greatly preferred by the most eminent Physicians in London for Invalids, and as the best food for Infants. It also forms a light, nutritious diet for general use.—Report on Plumbe's Arrowroot by Dr. HASSALL: "I have subjected Plumbe's Arrowroot to careful examination, microscopical and chemical. I find it to be perfectly genuine, and of superior quality, equal in all essential respects to the best Bermuda, for which so high a price is usually charged. Signed, ARTHUR HILL HASSALL, M.D."—Directions and testimonials with each packet, which bears the signature of A. S. PLUMBE, 8, ALIE-PLACE, ALIE-STREET, LONDON, E. Retailed in London by Snow, Paternoster-row; Ford, Islington; Morgan, Sloane-street; Williams and Lloyd, Moorgate-street; Medes, Camberwell; Fincham, 88, Charing-cross.—Agents Wanted.

The New Tariff.—Marshall and Son

beg to invite attention to their large and varied Stock of FRENCH, GERMAN, SPANISH, and other WINES, which they are selling at unprecedented low prices, having made the full reduction in accordance with the reduced duty. Carriage paid to any part by rail. Price Lists on application.

MARSHALL and SON, Purveyors to the Queen, 20, Strand, London, W.C.

Reduction of Duty.—Hedges and

BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ½-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

Kinahan's LL Whisky *v.* Cognac

BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped

Glennie's Nursery Biscuits, for

Infants and Invalids. Recommended by the Medical Profession. Manufactured and sold by J. GLENNIE, Sen., 6, Beauvoir-place, Kingsland, London.

Sent to any part of the Kingdom. All orders to be prepaid by money-orders or stamps.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Campin, (see "Campin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

Digestive Unfermented Bread, &c.—

J. M. INNES, the original Manufacturer of the Improved DIGESTIVE UNFERMENTED WHITE and BROWN BREAD, BISCUITS, &c., prepared by the instructions of an eminent Physician, and highly recommended by the Faculty for Indigestion.—J. M. I. also begs to call attention to his

CELEBRATED COFFEE AND WINE RUSKS,

Used most extensively by the Nobility, Gentry, Hotel Keepers, and the Public, in Town and Country. Also his far-famed QUEEN and ALBERT BISCUITS, which have given universal satisfaction. Families waited on daily.

3, Southampton-row, Russell-square. Established 1842.

REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUWSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 22, Conduit-street, London, W.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE, 30, Ludgate-hill, near St. Paul's, E.C.

NOTICE.—"BEWARE OF IMITATIONS."
LEA AND PERRINS'

"Worcestershire Sauce" is pro-

nounced by connoisseurs to be a most agreeable addition to every variety of dish.

*** See the names of LEA AND PERRINS upon every label, bottle, and stopper. Sold by Messrs. CROSSE AND BLACKWELL, London; and by Dealers in Sauces generally.

Sole Manufacturers, LEA AND PERRINS, Worcester.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of CROSSE and BLACKWELL, 21, Soho-square.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

WHOLESALE AGENTS.

LONDON—John Bell & Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Joseph House, 114, Minories.
LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Rodcross-street.
MANCHESTER—Jewsbury & Brown, 113, Market-street.
DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.
GLASGOW—J. B. Webster, Oswald-street. | ABERDEEN—J. J. Kennedy.
EDINBURGH AND YORK—Raimes, Blanshards, & Co.

☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each. *A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.*

T. Kingsford and Son's Oswego

PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Albespeyres' Blisters. — These

Blisters, spread on green cere cloth, recommend themselves, by their certainty of operation and cleanliness, to the attention of the Medical Profession. They adhere to the skin and produce vesication in a few hours (in six, ordinarily). The invaluable qualities of these vesicatoires have secured for them the approbation of the principal Physicians of France and the Continent. Chemists will find it economical to use them in preference to all others.

Wholesale Depôt for the United Kingdom:

WARRICK BROTHERS, 3, Garlick-hill, London, E.C.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of
NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.
2 oz. „	7s.	
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4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. „
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Broad-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. „
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

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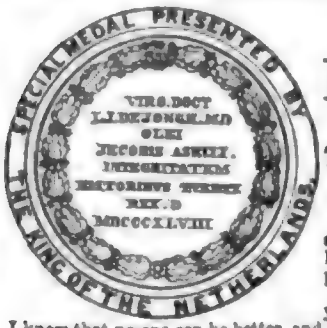

DR. DE JONGH'S

Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA.**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarsæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraz., 5s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154A, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1s. 9d. and 3s.

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

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(*Recognised Preparation.*)

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(*Vide* THE LANCET, *June 11th*, 1859.)

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For Cash, Job, or Exchange.
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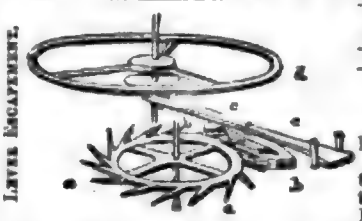

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HENRY BRETT & CO.,
OLD FURNIVAL'S DISTILLERY, HOLBORN.
Sept. 7th, 1857.

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE VII.

TYPHUS FEVER.

Nature of typhus—invasion and progress of the symptoms—typhus eruption—cerebral symptoms—headache—delirium—coma—muscular system—organs of the senses—vital functions—the pulse—respiration—temperature of the skin—digestive system—bladder—secondary affections—of the brain—of the pulmonary organs—bronchitis—pneumonia—pulmonary gangrene—pleurisy—the heart.

IN a former lecture I stated that the distinguishing characters of enteric fever consisted first, in certain alterations in the agminated glands (Peyer's patches) and corresponding glands of the mesentery, and by which lesions this form of fever was distinguished, not only from typhus, but from all acute diseases; and, second, in a peculiar rose-coloured, spotted rash, the diagnostic characters of which have been pointed out.

Typhus fever, on the other hand, is characterized by the absence of specific local affection, if we except the distinctive mulberry eruption by which it is almost invariably—at all events in a large majority of cases—accompanied. When lesions are found after death, they are due to secondary diseases—complications—occurring in the progress of the disease.

The importance of being enabled to distinguish these two forms of fever has been more than once insisted on—not as a mere pathological nicety, but as being all-important in a therapeutical point of view, since they differ essentially in symptoms, duration, mortality, and, in many respects, in their treatment.

In short, typhus fever is pre-eminently the type of a blood disease—the fever poison acting primarily on the blood, and secondarily on some organs or parts of the body, though after death no trace of structural change can be detected; differing in this respect from enteric fever, in which, as we have seen, there are invariably well-marked special lesions.

It appears, besides, that the two fevers differ in their etiology. Typhus often prevails epidemically, from unknown causes, and is moreover the almost invariable accompaniment of famine and destitution, more especially in over-crowded and ill-ventilated dwellings; and when once engendered, from whatever cause it may have been induced, it spreads by contagion regardless of age, sex, or local circumstances.

Enteric fever, on the other hand, appears to have less of an epidemic, more of a local character; and though its causes are most obscure, it has been supposed to have an apparent connexion with ill-constructed dwellings and malarious exhalations.

Besides the absence in typhus of primary local disease, the symptoms are in many particulars dissimilar.

The susceptibility to the influence of the poison varies in different persons, and hence the difference observed in the accession or mode of invasion. Some experience sudden indisposition after exposure to an infected atmosphere, or contact with a person affected with typhus. For example, when nurses are attacked after their ministrations to fever patients, they are often able to connect their illness with services rendered to an individual patient; and in my own case, I remember to this day the feeling of being *struck* with fever, after leaving a particular house, during the epidemic which prevailed at Edinburgh in 1817–18.

But more commonly there is a period of *incubation*, of longer or shorter duration, in which various undefined sensations—irregular chills or shivering, nausea, disrelish of food, thirst, giddiness, perhaps slight pain in the head, somewhat accelerated pulse, with languor and muscular aching—are felt for days perhaps before the fever can be said, in popular language, to be *formed*. As the disease progresses, these sensations become intensified; there is visible change in the countenance, the patient is agitated and restless, while the symptoms of general disturbance alluded to are more pronounced, and recur in paroxysms of uncertain duration, but chiefly towards evening, or in the night, which is spent in wakefulness, or disturbed sleep.

But these symptoms are common to other forms of fever, and even to acute diseases in general, so that it is by their progress and further development that we are enabled to form our judgment as to the precise nature of the disease they indicate.

1. There is the peculiar distinctive eruption, (to which I have already cursorily drawn your attention,) known by the term *typhus rash;* or, from its resemblance to the efflorescence of measles, it has been called *mulberry* or *morbillous*. When this eruption is present, it indicates at once, to the experienced eye, this form of fever.

A comparison of this rash peculiar to typhus, with the rose-spotted eruption of enteric fever in the living body, (exquisite wax models of both, from the museum of Guy's Hospital, are now on the table,) will enable you at once to recognise the one from the other.

Let me draw your attention more particularly to this rash.

The typhus eruption appears from the third to the seventh day of the fever, the spots of which it is composed varying in size from a point to three or four lines in diameter, having an irregular outline; sometimes they are few in number, but more commonly they are numerous, the larger spots being formed by the coalescence of smaller ones. At first they have a dusky pinkish hue, fading or partially disappearing on pressure, and when the finger is passed over, they give the sensation of being slightly elevated. After a day or two they assume somewhat of a brick-dust colour, scarcely fading on pressure, the tint gradually becoming more and more dark, and not disappearing when even firmly pressed. Another distinctive peculiarity is, that each patch, or cluster of spots, remains from its first appearance till the termination of the fever, differing from the rash of enteric fever, in which, as I have already pointed out, the spots not only disappear on pressure, but last for a few days only, and are succeeded by a fresh eruption, so long as the fever continues.

In some cases the typhus rash, though well developed, is less prominently marked. Many of the individual spots are pale, undefined, and run into each other, giving the portions of the skin covered by the rash a mottled appearance. There is, however, considerable modification in the colour, as well as copiousness, of this rash, according as the fever is more or less severe, or in some respects, according to the colour and texture of the patient's skin. It will generally be found that the abundance, and especially the deep colour, of this eruption, are in proportion to the severity of the symptoms, so that it would appear that the colour has an obvious bearing on the gravity of the fever.

In regard to the regions of the body on which this eruption appears, when it is abundant, it covers both the trunk and the limbs, coming out first on the anterior aspect of the trunk, and spreading to the extremities, being rarely, however, seen on the face. When less abundant, it is limited to the chest and abdomen, and, as a general rule, it seems to reach its maximum within the first three or four days after it first becomes visible.

It may be inquired, is this distinctive rash always present in typhus? It is occasionally absent. And here statistical facts are valuable in determining the relative proportion of cases, in which, though looked for, it was not found. Of one hundred and fifty-two cases, of which accurate notes were taken and recorded in the journals of the Fever Hospital by Dr. Jenner,

this eruption was present in one hundred and thirty-six, and absent in sixteen. It has been generally observed, too, that when the rash is absent, the fever is mild and of short duration, unless some intercurrent or secondary affection alter the character of the disease. Of the sixteen cases in which it was absent, thirteen were between the ages of four and fifteen, and the remaining three between sixteen and twenty-two. It also appeared, that of the whole number (one hundred and fifty-two), seventy-six (exactly a half) were more than twenty-two years old, and twenty-one between the ages of sixteen and twenty-two inclusive. The eruption was, therefore, present in every individual more than twenty-two years of age; it was absent in three, whose ages varied between sixteen and twenty-two; and absent also in thirteen (or about a fourth) of those fifteen years of age and under, and of these thirteen, there was only one whose age exceeded thirteen.

From these details given by Dr. Jenner, he infers, that of one hundred individuals of all ages with typhus fever, we may expect to find the rash absent in twenty-five (or one-fourth) of those under puberty; from fourteen (or about one-seventh) of those under manhood; but from none above twenty-two years of age.

I have remarked that the abundance, and more or less dark colour, of the eruption are generally in proportion to the severity of the fever. Thus, in the Glasgow epidemic, so well and faithfully recorded by Dr. Stewart, it was observed, that when the cases were few, and the fever mild, (the death-rate being one in ten or twelve only,) the eruption, if present at all, was scarcely visible; but when the cases became more numerous, as well as more severe, (the per-centage mortality being higher—from one in eight and a half to one in six and a half,) the eruption was proportionally developed.

In the Edinburgh epidemic (1838–9) the mortality of cases with scanty eruption was one in eight; where the rash was abundant it was one in four; the duration of the fever being also between one and three days longer in the one than in the other.

As it is important to keep in view the distinguishing characters of the typhus eruption, let me restate them:—

1. It consists of a congeries of spots, which cohere in the form of patches on the trunk and limbs (seldom on the face), of a brownish or mulberry hue, giving a diffused or mottled appearance to those parts of the skin on which it comes out; fading, but not disappearing, on pressure; and differing in those respects from the bright rose spots of enteric fever, which are isolated or distinct, and entirely vanish on firm pressure. 2. The typhus eruption is permanent or persistent—that is, it continues from its first appearance until the fever terminates; differing also in this respect from the rose spotted rash peculiar to enteric fever, which, after running through successive changes, disappears in a few days, and is succeeded by a fresh eruption of spots, which go through the same changes, crop after crop, until the cessation of the fever. 3. Though this eruption may be discovered by careful examination in a large proportion of cases, it is occasionally absent, its absence, however, being rarely observed in adults, more commonly in children; and it will be found that its presence or absence has an important bearing on the character of the fever—its absence more especially indicating a mild disease.

2. *Cerebral Symptoms.*—In the early stage of typhus, *Headache* is one of the most constant symptoms, indeed rarely absent. It may be so slight as not to attract the patient's notice; but sometimes, for the first week or ten days, it is severe and persistent, after which it generally abates gradually, and finally disappears towards the end of the second week; or, should it continue longer, it comes on at intervals only—in the evening perhaps, or during an exacerbation of the fever.

Delirium.—The intelligence is seldom disturbed in the milder cases. In the more severe, there is transient confusion, soon lapsing into delirium, perceptible at first only on awaking, or in the night, but becoming more constant as the fever advances. The character of the delirium varies: it is sometimes noisy and violent (typhomania), more often low and muttering, with tendency to somnolence; in other cases, it partakes of the character of delirium tremens—the form usually observed in spirit-drinkers, or in persons harassed with care.

This symptom (delirium) is rarely noticed before the seventh or eighth day. It may appear, however, earlier or later; but at whatever period it comes on, it continues till the termination of the fever.

Coma is an occasional symptom. It is rarely absent in a greater or less degree in severe cases. It may occur with or without previous delirium, supervene in the early or not until an advanced period of the fever, and may gradually disappear, or slowly increase until death ensue. As to degree, there may be every modification from unnatural tranquillity, transient somnolence, to insensibility or deep coma. In the worst cases, generally fatal, the patient lies perfectly unconscious, with the eyelids open as if awake—a condition to which the term *coma vigil* has been applied.

It may be observed, too, that brain affections are not only more prominently marked, but appear earlier, in typhus than in enteric fever.

Muscular System.—The whole muscular system undergoes early and marked changes in typhus—more marked, perhaps, than in enteric fever; the general prostration being greater, and the peculiar alteration in the physiognomy often so striking as in some measure to be a guide in our diagnosis. Many persons previously robust, become feeble and powerless to a degree that would hardly be expected, requiring confinement at once to bed as the only resource. This muscular weakness increases with the progress of the fever, so that in severe cases the patient is unable to afford the slightest personal assistance, and often scarcely able to turn in bed without aid. In the still more grave cases, other symptoms referable to the muscular system occasionally appear, sometimes early, but more generally in the advanced periods of the fever, in the form of muscular tremor, spasmodic twitchings of the tendons of the wrists (carphology), or of the muscles of the face, or of the diaphragm, giving rise to hiccup. In some cases, again, there is general muscular tremor, resembling a severe chill or rigor.

The different *organs of sense* are variously affected in typhus. *Deafness* occasionally comes on, and continues while the fever lasts.

Vision is seldom affected, except towards the termination of unfavourable cases, when it is a bad omen, more especially if the patient attempt to catch imaginary objects, or pick the bedclothes, under the idea that they are covered with coloured spots. Sometimes, again, patients complain of seeing everything through a mist.

The appearance of the eyes varies: in the beginning of the fever, they have a dull, languid appearance; and if the brain become acutely affected, they appear glistening, injected, and painful on exposure to light; or when coma supervenes, they are heavy, deeply injected, and the eyelids half closed. In the fatal stage, they become dim, fixed and glassy.

The *taste* may be either impaired or perverted, so that articles of food are refused, under the idea that they are ill prepared, or have not their usual flavour. Sometimes the sense of taste is entirely lost.

The sense of *smell*, too, is often impaired, or sometimes, like that of taste, altogether lost.

The *vital functions*, comprehending the *circulation*, *respiration*, and *animal heat*, are always more or less affected.

The *pulse* is generally frequent, soft, and compressible, sometimes irregular; and the heart commonly partakes of the feebleness—its sounds, especially the first or systolic, being scarcely audible. To this cardiac debility is to be ascribed the tendency to syncope when the erect posture is assumed; and hence, also, the occasional fatal accidents, when patients, who are very feeble, are allowed to pass their evacuations in the night-chair.

The muscles concerned in *respiration* are often enfeebled, so that there is inability to inflate the chest freely, when such an exertion is desirable for the purpose of examining the condition of the pulmonary organs; and to the same cause, the frequency of breathing—one of the most early as well as certain indications of approaching dissolution—may be ascribed.

The *temperature of the skin* is sometimes little affected, especially in the beginning, and in mild cases. But as the symptoms progress, especially if the fever be severe, the heat of skin becomes augmented, particularly during the exacerbations. Some writers have alluded to a peculiar sensation felt on touching a fever patient, which they describe as of a pungent, penetrating character. To this the term *calor mordax* has been given.

Digestive System.—The digestive system, which is so prominently affected in enteric fever, is little if at all disturbed in typhus; so that the absence of gastric or intestinal irritation constitutes, in ordinary typhus, an important point in diagnosis. Sickness or vomiting may be said to be rare, nor does the abdomen exhibit externally anything abnormal, there being neither unnatural prominence nor tympanitic distension. Nor in regard to the condition of the bowels is there any marked deviation from the ordinary habit of the individual: at all events, if there be a tendency to relaxation, it is accidental

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and temporary; and the evacuations are feculent, not watery, as in enteric fever. It may, therefore, be stated as an axiom —that spontaneous diarrhœa, which is a very prominent symptom of enteric fever, is very rarely observed in ordinary typhus.

Again, intestinal hæmorrhage, so frequent in the former, rarely occurs in the latter; and if it do occur, depends either on congestion of the mucous membrane of the colon, or hæmorrhoids connected with a gorged condition of the portal system.

Tongue.—In the beginning of the disease, the tongue is covered with thin white mucus, which in its progress becomes more or less brown, thick, and tenacious. In the more grave cases, this incrustation is still darker, becoming at length almost black or fuliginous, while the tongue itself is shrivelled and fissured, and sometimes coated with blood.

The teeth and lips are incrusted with a similar exudation of dry, offensive mucus, or with bloody sordes, which evidently issues from the mucous surfaces,—a kind of local hæmorrhage, in fact,—as blood-discs may be discovered on placing a portion of this sordes under the microscope.

With this dry, parched state of the tongue and fauces, there is often some difficulty in thrusting forward the tongue, or in swallowing, especially when the first efforts are made.

The *appetite* or desire for food is also considerably impaired, especially for solids; whilst the *thirst* is generally in proportion to the degree or intensity of the general symptoms. But it has always been regarded as unfavourable, if the patient do not complain of thirst when the mouth and fauces are very dry, denoting great insensibility. Sometimes, however, there is little desire for fluids from the beginning and throughout the progress of the fever, but these are exceptional cases.

Bladder.—I may just advert to the bladder, not that it exhibits any deviation from the natural state in typhus, but to draw your attention to the importance of daily careful inquiry as to its expulsive powers. In most cases, especially where there is little brain disturbance, the urine is passed as in ordinary health; but sometimes, there is insensible or involuntary dribbling, so as to lead to the impression that there is no accumulation in the bladder. If more minute inquiry be instituted, especially by percussion over the space occupied by this organ, an accumulation is often detected, requiring the use of the catheter. It is a safe rule, therefore, to inquire, at least once a day, as to the state of the bladder, in order to be satisfied that there is no inconvenient accumulation.

On the other hand, the secreting powers of the kidney may become suspended—suppression of urine,—which is a serious matter, from the possibility of urea becoming mixed with the blood, and giving rise to the phenomena of uræmic poisoning.

That changes, too, in the physical and chemical characters of the urine do take place in fevers, is evident from the various alterations it exhibits in their progress. On these, however, I do not presume to enter, nor am I aware that, even in the present advanced state of chemical science, any pathological or practical conclusions have been accepted, in explanation of the causes of the various changes of the urine in fevers.

Secondary Affections.—The secondary affections that occasionally arise in typhus often become more important than the primary fever, and not unfrequently determine the issue of the disease. They are, however, incidental only, and in no other way are they to be regarded in connexion with the primary or antecedent fever. They are, moreover, due rather to local congestion than to inflammation, thus differing from the secondary affections in enteric fever, in which, if the views of Rokitansky and other pathologists of the German school be adopted, there is a deposit of typhous matter in organs—the lungs, intestinal and mesenteric glands, more especially.

Secondary affection of the Brain.—We have seen that even in the milder cases of typhus, there is more or less disturbance of the nervous system, coming on within the first few days, and gradually subsiding with the other symptoms.

Though the brain affection in these cases is due to the effect or operation of the fever poison on the cerebral tissue alone, cerebral congestion may at any time arise. It is indicated by increased pain in the head, aversion to light, flushing, heat of scalp, persistent delirium, and, in the graver cases, by stupor or deep coma, the result of subserous effusion. In all cases of sudden coma, the condition of the kidneys should be watched, the urine often exhibiting traces of albumen, or even of blood, arising from nephritic congestion.

These secondary brain affections are, perhaps, the most formidable of the complications met with in typhus. They are especially apt to supervene when persons of intemperate habits become the subjects of typhus, as well as in those who previously had been harassed with anxious cares. I have also noticed that persons who have indulged in opium or tobacco are unusually prone to cerebral disturbance in the progress of fever. I well remember being puzzled with strange anomalous symptoms exhibited by a man under my care in the hospital many years ago, when the patient himself, in a state of half-drunken delirium, implored me to allow him a dose of opium. I acted on the hint, and ordered two grains of solid opium to be given at intervals, which had the happy effect of calming the nervous system, and ultimately inducing sleep. Next day I ascertained that this man had been accustomed to take daily from ten to twenty grains of crude opium, and I thought it the best practice to give him this remedy until convalescence was established. He appeared to get rapidly better after the first day opium was prescribed.

In children, brain affections are by far the most frequent of all the secondary lesions in typhus. This might be anticipated from the rapid development of the brain and the corresponding activity of the cerebral circulation in the early periods of life. It is, therefore, especially necessary to watch in them the first indications of the brain becoming prominently affected. Hence, increased restlessness or impatience, flushing, more constant complaints of pain in the head, intolerance of light and sounds, wakefulness or delirium, should awaken the practitioner to the probability of impending mischief in the head, if it have not already supervened. When there is drowsiness, with or without intervals of sleep, lapsing into stupor or deep coma, subarachnoid effusion has occurred and placed the child in the utmost danger. It is very difficult, if not impossible, when the physician is called in at this stage of the disease, to decide as to its precise nature, whether it be the advanced stage of tubercular meningitis, or typhus with secondary cerebral affection. The early history, if it can be ascertained from a reliable source, tends to clear up the doubt, more especially if there be the characteristic mottled or mulberry rash. Nor is the diagnosis unimportant either in reference to the prognosis or treatment; the one, tubercular meningitis, being surely fatal; the other, typhus with secondary brain affection, although hazardous, not entirely hopeless, and more under the control of remedies.

There is another point that requires notice. This secondary brain affection is liable to obscure, or render latent, local disease in another organ—the chest, for example; and hence the necessity for frequent examination of the pulmonary organs when there is more than usual cerebral disturbance in fever.

It is evident, therefore, that secondary brain affections may have an important influence, not only by their tendency to endanger life, but by obscuring or rendering latent other local diseases that occasionally arise in typhus.

Secondary Pulmonary Affections.—The most common secondary affection of the lung is *bronchitis*, which in the slighter cases is limited to the larger tubes, and may be at once recognised by irritative cough, and the loud, coarse rhonchus under the clavicles. The bronchial affection may continue thus limited, but more commonly it spreads to the smaller ramifications, and may ultimately induce secondary capillary bronchitis, which often proves most intractable, and even destructive to life.

This acute *secondary* bronchitis is recognised by the general symptoms of severe catarrh, increase of the general fever, frequent paroxysms of cough, dyspnœa, and præcordial constriction. But when it assumes a latent form, the general symptoms are absent, and it can only be detected by auscultation, which commonly reveals its extent and intensity. The percussion note over a considerable portion of one lung is less clear than natural, but the resonance, though diminished, never amounts to complete dulness. This is to be regarded as an unfavourable sign, indicating pulmonary congestion, so dangerous in every form of fever, but especially in typhus. The stethoscopic signs, too, are liable to variation. In ordinary cases, there may be every variety of Laennec's sonorous, sibilant, and mucous râles; in others, they may be so fine as to be scarcely distinguishable from the crepitation of pneumonia. Again, the posture of the patient has often a remarkable influence on the physical signs—a circumstance rarely observed in primary bronchitis. For example, if the patient has continued for several hours on either side or on the back without change, the lung will be not only more dull over the side on which he has been placed, but the respiratory murmurs more loud and less vesicular. Nay, even when this secondary bronchitis exists to a considerable degree, the morbid sounds may be very indistinct—perhaps entirely absent. The reason (according to Dr. Stokes) appears to be, that the finer ramifications of the bronchial tubes are so turgid, that during ordinary breathing the air does not enter them with sufficient force to produce a sound, until the patient makes—which he is not always able to

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do—a forced inspiration, when the sounds become audible. If the patient recover, as the lung improves, the râle during ordinary breathing becomes more distinct and constant, the increase of râle during ordinary breathing indicating a decrease of the bronchitic affection.

Again, it is often very difficult to distinguish capillary bronchitis from pneumonia. Indeed, it often runs into a low form of inflammation of the pulmonary parenchyma, the whole or greater portion of one lung exhibiting dulness on percussion, with the characteristic fine crepitation of pneumonia. Still the dulness is less complete than in ordinary pneumonia, owing to the pulmonary tissue being in a state of congestion, rather than of consolidation.

Secondary pneumonia may either arise in this way in the progress of typhus, or it may become openly developed, and recognised by its physical signs. It may creep on slowly and insidiously, assuming, so far as its general signs are concerned, a latent character, there being neither cough, accelerated breathing, nor local uneasiness to indicate its existence, which is only discovered by the aid of physical diagnosis, by which its peculiar crackling sound is revealed. It may be limited to a portion, or involve the whole of one lung, or it may become developed in both—this secondary double pneumonia proving, with rare exceptions, rapidly fatal.

The so-called *hypostatic pneumonia* requires a passing notice as a peculiar condition of the lung, supposed to be produced by the gravitation of the blood in the posterior and depending parts of the pulmonary structure, from long confinement on the back, in consequence of the patient being unable to turn in bed. It occasionally passes into a kind of diffuse consolidation, and is met with chiefly in persons advanced in life. Some pathologists are inclined to think that it takes place immediately before death, when the act of dying has been protracted. But whether it takes place immediately, or some time previous to dissolution, it arises in the mechanical way I have explained.

Pulmonary gangrene occasionally occurs as the sequence of secondary pneumonia. It is recognised by the signs indicative of pulmonary excavation—bubbling sound of the breathing at the apex of the lung, with peculiar fœtid gangrenous odour of the expectoration and breath. Sometimes the expectorated secretion only is fœtid, the breath being inodorous, except when the patient coughs. It is always fatal, according to my experience.

Pleurisy is much less common in typhus than in enteric fever, in which latter there appears to be a proclivity to serous inflammations, while in typhus local congestions predominate. Still, now and then we meet with a low form of pleurisy springing up in the progress of typhus, with or without pneumonia, and leaving after death traces of its existence in the effusion of lymph of limited extent, and extreme tenuity, from the diminished amount of fibrin in the blood.

Heart.—The heart does not appear to undergo any special lesion in typhus. It partakes, however, of the general affection of the solids, so that its contractions, and consequently its sounds, become more or less enfeebled in proportion to the general depression. This alteration is not to be detected in the first stage of the fever, generally not until the end of the second week, when the first or systolic sound becomes more feeble, less prolonged, and more abrupt, so as to be scarcely distinguished from the second or diastolic. In extreme cases, indeed, this sound is nearly extinguished. Hence the importance of ascertaining the power or quality of the heart's contractions, rather than its frequency or number of pulsations; for it has been observed, that when the first sound is so feeble as to be nearly inaudible, the patient seldom recovers. In this feeble condition of the heart the pulse at the wrist participates. It is soft, easily compressed, generally rapid, and sometimes irregular; but it is always better to ascertain the force of the circulation by examining the condition of the heart itself, than the pulse in any of the arteries.

TREATMENT OF PROLAPSUS BY NITRIC ACID.—The treatment of prolapsus ani by cauterization with nitric acid, so well known in this country, has not yet apparently reached the knowledge of French surgeons, since two cases thus treated are announced as a surgical novelty by M. E. Hamon, in the last volume of the *Thérapeutique Médicale* (tome lvii., livraison 12), "in the hope of its being useful to make known an operative procedure as expeditious as it is inoffensive in its effects, and thus to benefit those of his colleagues who may find occasion to have recourse to it."

ON THE

INFLUENCE OF TROPICAL CLIMATES

ON THE

RISE, PROGRESS, & TREATMENT OF UTERINE INFLAMMATION.

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IT would be very erroneous to suppose that uterine diseases were the result of an over-refined state of civilization; they have been found to be of frequent occurrence amongst the unirritable women of uncivilized races by those who have been placed in favourable circumstances of observation. This statement is confirmed by my friend Dr. Stewart, late Professor of Midwifery in the Medical College of Calcutta, and Physician to the Hospital for Native Women, who was forcibly struck by the frequency of uterine diseases amongst the natives of India of both high and low caste. Another friend, Dr. Kirkman Finlay, Superintendent of the Hospital in Trinidad, likewise assures me that in that island the native women are never without suffering from some form or other of uterine disease, and the French creoles aptly indicate their chief cause of suffering by calling it "mal de mère."

Although I shall again refer to the probable causes of uterine inflammation amongst the natives of tropical climates, the object of this communication is to investigate the influence of a tropical residence in the production of uterine inflammation amongst our countrywomen; and I intend to limit my remarks to the several varieties of inflammation of the body and neck of the womb, and to such uterine enlargements and displacements of the womb as are often the result of inflammatory action.

In estimating the comparative frequency of uterine inflammation in the European residents of tropical climates, we must bear in mind that, whether in India or in our other tropical possessions, European women are all young; they leave Great Britain at about twenty, and very seldom remain in India after forty, thus passing in a hot climate the period of life in which uterine inflammation is most common even in temperate regions. This remark is made as a safeguard against exaggeration, but I am fully prepared to admit, with those who have practised in tropical countries, that during their residence there, Europeans are unusually prone to uterine disease. Dr. Stewart does not hesitate to say, that in India eight out of ten of the European female residents are habitually subject to deranged menstruation, leucorrhœa, or to cervical excoriations.

Without having practised in tropical climates, I think I may usefully enter upon this investigation, because I have frequently had under my care, during the last ten years, patients invalided by uterine inflammation in the East or West Indies, China, Australia, or the Brazils; for these different climates may be considered to favour the development of uterine disease in the same way, however different may be their pathology in many other respects. In addition to this favourable opportunity of studying the influence of tropical residence on the rise and progress of uterine disease, my intimacy with Dr. Henry Bennet has made available to me his large experience and correct views on this interesting subject, so that this communication may to a great extent be considered as representing his views as well as my own.

This subject has not received due consideration in any work with which I am acquainted; so I deem it useful to submit my views to the medical profession, and to bring the subject under the attention of those who are practising in India and in our numerous tropical possessions, in order that they may fill up the deficiencies of my imperfect sketch. The following questions will be briefly considered:—

1stly. Why do tropical climates increase the frequency of uterine inflammation amongst those born in temperate regions?

2ndly. What is the influence of tropical climates on the march and progress of uterine inflammation both before and after the patient's return to a temperate region?

3rdly. Does the treatment of uterine inflammation require to be modified by the peculiar morbid conditions of those who return from a tropical to a temperate climate?

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4thly. Why do tropical climates increase the frequency of uterine inflammation amongst those born in temperate regions?

Firstly.—Why do tropical climates increase the frequency of uterine inflammation in those born in temperate climates? To give a satisfactory answer to this question, it will be well to state the probable causes of uterine disease amongst the native races of tropical countries. One cause is the calling into action the sexual system long before its full development. In India this is the result of a positive religious injunction, and in other tropical countries an equally early indulgence in venery often occurs, on the first impulse of passion, amongst races unrestrained by social position and the dictates of morality; or rather, no matter the latitude, wherever woman is but a plaything in the hands of degraded savages.*

The great liability to abortion, accidentally and often intentionally brought on; the barbarous handling of unskilful midwives; the too early rising from the puerperal couch; the want of cleanliness in some races, and in all the sudden action of cold;—these are the principal causes of uterine disease amongst the native races, and we shall be able to trace the action of some of these influences in developing uterine disease amongst the European residents.

When we intend a plant to thrive in a soil different from that in which it had grown, we not only remove it carefully, but we leave it for a time in undisturbed repose, to take root in its new habitation. There is, however, no such healthful period of repose for our young countrywomen who are transplanted from England to India. Even when the menstrual function has been habitually regular, it is disturbed by the sea voyage, and is not allowed to become regular before these emigrants of the upper ten thousand are launched, often for the first time, into the gaieties and fatigues of society. In the midst of the excitement caused by this sudden introduction to a strange country and a new position, they generally marry, sometimes at too early an age, often before the catamenial function has become regular. Unaccustomed to bear almost intolerable heat, they naturally enough often expose themselves in slender garments, saturated with perspiration, to the sea-breeze or cold north-wester. They cannot live in India, or in any other tropical climate, without being subject to those abdominal disorders which tend to induce uterine disease. The "country fever" will assail them from time to time, lighting up inflammation in the weakest organ; and, before long, the colourless lips and sallow cheeks denote that the blood of the English girl has been deteriorated, and that she suffers from that anæmia which, even in a temperate zone, often stands related to inflammation of the womb, either as cause or effect. The muscular inactivity to which they are condemned, the unusually abundant losses of blood occurring during menstruation and after abortion and parturition, increase the anæmia, and explain that deep-rooted debility† which can only be removed by the bracing influences of a prolonged sojourn in a temperate climate. These are the conditions which explain the valetudinarian existence of European women in tropical climates, and the frequency of uterine disease; and after thus sketching the causes of this frequency, I shall now explain more fully the action of some of these causes.

Starting from daily experience, one may affirm that the greatest predisposing cause of uterine inflammatory affections is some defective organization of the ovario-uterine organs, causing menstruation to be habitually morbid; so much so, that when the menstrual flow is habitually too abundant or too scanty, and also painful and irregular in its periodical returns, one may safely infer a tendency to uterine inflammatory affections. In like manner, whenever inflammation of the womb occurs in the virgin, one may safely predicate that menstruation has been habitually morbid; whereas, in the married, this predisposing cause increases the liability to the acute or chronic forms of uterine inflammation under the influence of well-known causes.

* "Esquimaux women marry and live with their husbands long before they become menstruated."—Dr. Richard King's replies to the author's questions.

"Amongst the aborigines of South Australia, girls are betrothed and live with their husbands from eight to twelve years of age. They practise sexual intercourse from the eighth year upwards. Childbearing commences at about sixteen years of age, when girls cease to be public property, and live quietly with their husbands."—The Colonial Surgeon's (Mr. James Hersbash) replies to the author's questions.

The celebrated Abyssinian traveller, Antoine d'Abaddie, informed me that the legal age of marriage in Nubia is twelve; that he has known girls married at ten, and others to have been bought and used for sexual purposes long before they were menstruated.

† My friend Dr. Dundas, who was for twenty-three years medical superintendent of the British Hospital at Bahia, believes that European women feel the depressing effects of warm climates more than men; and he attributes the difference to the greater indolence of the habits adopted by the female residents.

I gather from the writings of those who have practised in tropical climates that when women are transplanted there from temperate regions, habitual perturbations of the menstrual function may be expected, even in those in whom that function had been previously regular. And I know, from careful inquiry into the constitutional antecedents of my patients, that menstruation, when morbid in England, becomes more so in India, or in any other tropical climate;* and I may add that this statement is confirmed by those who have investigated uterine disease in tropical regions, according to the means so judiciously and successfully advocated by Dr. H. Bennet in his published works.

The broad fact is thus brought out that tropical climates produce uterine inflammation, because habitually intense heat disturbs menstruation in those who were not born under tropical influences; so that, for instance, our countrywomen, when transplanted into India, become more liable to inflammation of the womb, as a result of pregnancy, abortion,† and parturition, than if they had remained in England.

That a tropical climate should be productive of uterine inflammation, in those brought up in temperate regions, is also dependent on the fact, that the pathology of tropical climates is essentially *abdominal*. Tropical heat increases the activity of the portal system, rendering all abdominal inflammatory affections more frequent and dangerous. In my work "On Diseases of Women," I have shown that the womb and bowels are so intimately connected, by nerves and bloodvessels, that menstruation seldom takes place without disturbing the functions of the bowels, confining them sometimes, but relaxing them in general. I pointed out that diarrhœa is sometimes a symptom of pregnancy, and that severe uterine inflammation generally gives rise either to obstinate constipation or to diarrhœa, and other functional disorders of the large intestine and of the rectum; so one is prepared to understand how it is that in India, for instance, diarrhœa is a more frequent symptom of pregnancy than it is in temperate countries, and that dysentery often complicates pregnancy, inducing abortion, either directly or by the treatment necessary for the cure of the intestinal affection, and is thus one of the most frequent causes of death during pregnancy and shortly after delivery. In like manner diarrhœa and chronic dysentery are frequently met with as causes, concomitant or sequential, of uterine disease in those who have taken up their abodes in Eastern latitudes. In like manner, at the native hospital in Calcutta, Dr. Stewart has repeatedly demonstrated to his pupils, by means of the speculum, that cases admitted as dysentery were due to extensive ulceration of the neck of the womb reacting on the rectum.

Another cause of the unusual frequency of uterine inflammation of the womb, in tropical regions, is certainly to be found in that deteriorated state of the blood to be seen in variable shades of anæmia, and explaining that deep-rooted debility brought on by a more or less prolonged residence in a hot climate, even when the transplantation has been well borne by the European. This debility is not only caused by the physical effects of habitually intense heat, but by the forced inactivity of the muscular system, by the want of the usually sound sleep, and by that complete change of habits which soon imparts a certain amount of oriental indolence to the once hardy Englishwoman. It is well known that this settled debility renders the more important viscera very liable to subacute inflammation; and there is no reason why the womb should escape this influence, and why it should not be then more forcibly acted on by its usual exciting causes of inflammation.

Whether the ill effects of the sudden application of cold to the external surface depends on its checking the cutaneous secretions, or on its disturbing the sympathetic relations which exist between the cutaneous nerves and internal organs, or by altering that electrical status of the system, with which we are as yet so little acquainted, it is difficult to say; but one thing is certain, that the sudden application of cold, particularly raw, damp cold, is the most frequent cause of menstrual perturbations and of uterine disease, in every country, whether it be cold,‡ temperate, or tropical. Indeed, to its action, on frames debilitated by tropical heat, Dr. J. Johnson and Mr. R. Martin attribute most of the diseases of Europeans in India. Living

* "Dysmenorrhœa and suppression of the menstrual flow is common in Demerara, as a result of tertian intermittents."—Returns to the author's questions from Dr. Alleyne, late Colonial Surgeon, Demerara.

† Miscarriages are more frequent among the European residents in India during the hot season, and recovery is more protracted.—Johnson and R. Martin on Tropical Climates.

‡ "Suppression of menstruation is, perhaps, nowhere so common as in the Feroe Islands. It appears that the nature of the soil is such as to permit women to move about without shoes, and with only a skin wound round the feet, so that the feet are always damp and cold."—Returns to the author's questions from Dr. Ravn, of Copenhagen.

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in a temperature which, even in the shade, equals, and often surpasses, that of the blood, it is easy to understand that women will seek relief by exposing themselves imprudently to the sea-breeze, to the cold land wind, or to the icy chill of a raw, dewy night, which is felt to pierce and constringe the frame, inadequately protected by scanty clothing, saturated by perspiration; and I may remark that the loose and ample folds of the trousers worn by the women of many eastern nations are much more calculated to prevent the injurious action of cold on the pelvic viscera than the ordinary European costume.

Even the greatest preservative of health in a warm climate, the cold bath, may be abused; and my friend Dr. Stewart has sometimes traced uterine disease to its having been imprudently continued during the catamenial periods. Thus cold, under its many modes of application, tells most on the weakest organ, originating uterine disease in India, as it does in England.

I do not include amongst the causes of uterine disease that increased desire for sexual intercourse attributed to those who live under a burning sun, for I believe the assertion to be one of those bold assumptions, made to fit a theory, by those who forget that, according to the accounts of Arctic travellers, nothing can equal the salaciousness of the savage tribes, whose burning passions contrast strangely with their ever-frozen habitations.

(To be continued.)

CONTRIBUTIONS TO DENTAL SURGERY.

By SAMUEL A. PARKER, Esq.,
SURGEON-DENTIST TO THE BIRMINGHAM AND MIDLAND COUNTIES DISPENSARY FOR DISEASES OF THE TEETH.

ON SOME OF THE EVIL EFFECTS PRODUCED BY RETAINING CARIOUS TEETH AND STUMPS IN THE JAW.

Neuralgic affection of the face arising from a carious wisdom tooth; removal of the tooth; cure of the neuralgia.

CASE 1.—A young lady consulted me, in the month of April, 1858, respecting violent periodical pain on the left side of the face, shooting through the ear, the temple, and along the side of the lower jaw; but the root of the tongue was the seat of such violent pain that for two or three hours together the head was completely drawn downwards. These paroxysms lasted at times some six or eight hours, and nothing relieved them but strong narcotics.

Upon an examination of the mouth, I found the left lower wisdom tooth decayed to the edge of the gum, and the surrounding parts highly inflamed. Although the tooth was not painful in itself, I felt persuaded it was the sole cause of all the patient's suffering.

I advised the immediate removal of the tooth, together with one or two decayed stumps in another part of the mouth. The patient readily consented to the operation, but at the same time was very unwilling to believe that the pains had any origin in her teeth. I extracted the tooth and stumps, since which time the patient has been quite free from pain.

Fistulous opening in the lower jaw, arising from a decayed lower molar stump; removal of the stump, and cure of the fistulous opening.

CASE 2.—Harriet E——, aged fifteen, applied for relief at the Dental Dispensary, in the month of December, 1858, respecting a foul fistulous opening in the lower jaw, and also a small abscess underneath the chin, both of which were discharging very profusely at the time I saw her. The patient was in a very weak and exhausted state from the continual discharge, which had lasted for a period of nine months. Various remedies had been resorted to in order to check the flow of pus; but so long as the irritant remained, so long was the mischief likely to continue. Upon passing a probe through the opening, it came in contact with the stump of the first permanent lower molar, the crown of which had been fractured in an attempt to extract the tooth. I removed the stump with Thompson's elevator, an admirable instrument in such cases; a considerable quantity of pus followed the operation, and the patient experienced immediate relief.

Dec. 16th, 1858.—Very little discharge; health much improved.

Jan. 1859.—Cured.

Neuralgic affection of the face caused by decayed stumps; removal of stumps, and recovery.

CASE 3.—A young woman consulted me respecting some artificial teeth she required to replace the central and lateral incisors, canines, and first bicuspids of the upper jaw. The natural teeth had decayed away and broken off, without giving any pain, leaving the stumps in the jaw. She had been subject to most violent pains in the face, principally in the temples; could assign no cause for the pains, never having had any toothache; could get no sleep at nights, unless induced by strong narcotics; was totally unfit to follow any occupation; and, from continual suffering night and day, her life was rendered perfectly miserable. I advised the removal of all the stumps before inserting any artificial teeth. Moreover, I refused to furnish any new ones unless she had undergone the operation, well knowing they would be perfectly useless to her. After some hesitation, she consented to have them removed, which was done in three sittings. Since the first were taken out a decided improvement had set in, which continued daily until she was quite free from pain. My patient now enjoys excellent health, sleeps well, and follows a light occupation. The artificial teeth have been inserted, and are a source of great comfort as regards mastication, articulation, and personal appearance.

Cases like these show the importance of carefully examining the mouth previously to inserting artificial substitutes, and the removal of all teeth and stumps likely to cause irritation.

Abscess in the palate cured by the removal of a carious stump.

CASE 4.—A man about fifty years of age consulted me respecting a large abscess occupying a considerable portion of the left half of the palate, which was at the time he consulted me discharging, and had been for a considerable time, the pus exuding between the central incisors in large quantities whenever the abscess was pressed with the finger or tongue. The teeth that remained in the jaws appeared perfectly healthy; tapping each gently gave no evidence of sensitiveness. The stump of the left superior canine remained firmly embedded in the jaw, which I immediately suspected to be the cause of the mischief. My opinion was further strengthened by the information I obtained, that the patient had been in the habit of trying silver coins between his teeth for the purpose of testing their genuineness, his occupation being one in which a considerable amount of money passed through his hands. This habit no doubt brought on periostitis and its resulting suppuration. The canine tooth ultimately decayed and broke off, and the abscess appeared very shortly afterwards.

The patient consented to the removal of the stump, and although, from its deep-seated position, the operation was attended with some little difficulty, it readily yielded to the forceps generally used in such cases. Very little pus followed the operation, but a considerable quantity of blood was lost. At the apex of the stump I found a small sac, clearly indicating that the stump was the irritant that caused so much annoyance to the patient.

Since the operation I have heard that the abscess has entirely disappeared, and the patient's mouth has resumed its natural healthy condition.

Palatine abscess caused by a decayed molar; removal of the tooth, and cure of the abscess.

CASE 5.—A young woman consulted me in the month of August, 1858, respecting an abscess situated on the left half of the palate, which, when pressed, discharged round the necks of the teeth on that side of the face. This case was very similar to the last, and the disease had its origin in the first permanent molar, which was considerably decayed. There was no pain whatever in the tooth. The surrounding parts were slightly inflamed, and the continual discharge caused the patient great uneasiness, and rendered the breath offensive. I immediately removed the tooth, when a considerable quantity of pus followed. I saw the patient again in the following month, when the abscess had entirely disappeared. The remaining teeth are healthy, well formed, and very regular.

Morbid growth of the gums caused by decayed stumps; removal of the stump, and disappearance of the morbid growth.

CASE 6.—A boy, twelve years of age, was brought to me for advice respecting his gums, which I found, upon examination, to be swollen so much as to hide a greater part of the teeth; in some places the tips of them alone could be seen. A slight discharge oozed from the necks of the teeth. They bled profusely upon the slightest touch, and were so sensitive that the

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softest substances coming in contact with them gave great pain. He was unable to take any food, and had for some time lived upon beef-tea and fluids. A minute examination pointed out to me the cause. Several loose stumps could be distinctly felt, which were acting as powerful irritants. These I managed to remove, but not without some difficulty, on account of the extreme pain caused by any instrument coming in contact with the gums. I freely scarified them, and ordered an astringent gargle, composed of half an ounce of tincture of myrrh, and seven ounces and a half of compound infusion of roses, to be used several times a day; and the teeth to be carefully cleaned as soon as the gums had assumed a more healthy appearance.

In about a fortnight, I had the satisfaction of seeing that, by carefully following out my instructions, the mouth was very comfortable. I removed two more loose stumps, and also the first permanent molar in the upper jaw, which was decayed to the edge of the gum, and ordered the patient to continue the gargle. In the course of two or three weeks the lad was perfectly well.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

DISARTICULATION OF THE HIP-JOINT FOR EXTENSIVE DISEASE IN THE STUMP, AFTER TWO PREVIOUS AMPUTATIONS IN THE THIGH; FATAL RESULT.

(Under the care of Mr. HANCOCK.)

THE removal of the entire leg at the hip-joint is a very rare operation in civil practice. During the past eight years it has been resorted to ten times, as shown in our Table below, at the greater number of which we were present. Seldom, indeed, does it fall to the lot of the surgeon to disarticulate the hip even twice—a circumstance which we commented on when we placed upon record an example of the kind in our "Mirror" of January, 1857. At that time, we stated that Mr. Liston and Mr. Syme had performed the operation twice; now, however, we have to notice an instance in which it was performed for the third time by Mr. Hancock, for extensive disease of the stump, remaining after a second previous amputation in the thigh. The case is a peculiar one, and almost unique, so far as we are aware. The removal of the remains of the limb was attempted for the purpose of prolonging life even for a few days, so hopeless had it become from the state of disease present. It makes the tenth example in our hospitals within the past eight years, and all of them have been recorded in the pages of our "Mirror." Our space will only permit us to give them in a tabular form, where it will be seen that out of the whole number three made a recovery, one of these dying ten months afterwards of non-malignant internal disease. Where the operation was resorted to for extensive injury (Nos. 1, 4, and 9), death very quickly followed, from shock and exhaustion. In the others, wherein the thigh had become involved by malignant growths, fair hopes were entertained of the possibility of recovery *before* the removal of the limb. But it would seem that the dismemberment of such a large part of the economy cannot be attempted with ordinary impunity. No. 7 (in which recovery ensued) we well recollect was a most unpromising case, more so than any of the others in which disease alone called for the operation, and, notwithstanding, the patient did well.

Remarks.—In No. 1, the fracture was found to extend into the hip-joint, and the operation was performed under almost hopeless circumstances. In Nos. 2, 3, 4, 5, 9, and 10, antero-posterior flaps were made by transfixion; whilst in the others, the operation was modified according to the circumstances of the case. Thus, in No. 6, a long posterior flap only could be made, from the extension of the tumour upwards in front. In Nos. 7 and 8, the anterior flaps were made first, and the femoral artery was tied.

As we said before, Mr. Hancock's case is probably unique, for in the history it would appear that the bone was considerably inflamed, particularly around the medullary canals, but that there was neither necrosis nor caries. The excessive formation of bone in both previous amputations no doubt prevented the healing of the wound, and the condition of the remains of the femur was very remarkable and extremely rare.

No.	Reference in THE LANCET.	Date of Operation.	Operator.	Hospital.	Sex.	Age.	Nature of Disease.	Result.
1	Vol. i. 1857, p. 31.	1852	Mr. Hancock.	Charing-cross.	M.	32	Severe compound fracture of leg, thigh, and arm; erysipelas and gangrene on 17th day.	Death immediately afterwards, from shock.
2	Vol. i. 1853, p. 405.	1853	Mr. C. Guthrie.	Westminster.	M.	50	Malignant disease of femur.	Death on 2nd day, from exhaustion and hæmorrhage.
3	Vol. i. 1854, p. 442.	1854	Mr. Adams.	London.	F.	26	Fibro-cystic disease of leg and thigh.	Death on 12th day, from diarrhœa, &c.
4	Vol. i. 1855, p. 363.	1855	Mr. Erichsen.	University College.	M.	26	Severe compound fracture of thigh, very high up.	Death 2 hrs. afterwards.
5	Vol. ii. 1857, p. 444.	1855	Mr. Tatum.	St. George's.	M.	17	Medullary cancer of femur.	Recovery.
6	Vol. i. 1857, p. 6.	1856	Mr. Curling.	London.	F.	40	Medullary cancer of thigh.	Recovery, but died 10 months afterwards of internal disease.
7	Vol. i. 1857, p. 31.	1856	Mr. Hancock.	Charing-cross.	M.	24	Extensive disease of thigh and entire femur.	Recovery.
8	Vol. i. 1857, p. 343 and 380.	1857	Mr. Stanley.	St. Bartholomew's.	M.	52	Medullary cancer of femur.	Death 2 hrs. afterwards, from hæmorrhage.
9	Vol. ii. 1857, p. 443.	1857	Mr. Lane.	St. Mary's.	M.	29	Severe and extensive injury to thigh, groin, and perinæum.	Death in 5 hours, from shock.
10	Vol. i. 1860, p. 319.	1860	Mr. Hancock.	Charing-cross.	M.	35	Disease of stump in the thigh, after two previous amputations.	Death in 12 hours.

A. B——, aged thirty-five, was admitted on the 19th of February, in a very emaciated and worn condition, with the hope that something might be done to save his life. He had undergone two consecutive amputations of the thigh at St. Bartholomew's Hospital: the first by Mr. Lawrence, in Dec. 1858; and the second by Mr. Coote, in Aug. 1859. The former was

effected immediately above the knee for a large abscess at the posterior part of the joint, which was wholly destroyed. He did not progress well, and some months later the second amputation was performed higher up. The result was equally unfortunate, for supposed caries attacked the remains of the femur, with extensive suppuration and sinuses, which had produced complete prostration and hectic fever. The stump was conical, and from its end projected a swollen-looking bone, covered by granulations; two ragged ulcerations at the outside of the limb, and one on the inside just below the groin, kept up a constant discharge of dark-coloured pus. As he was likely very soon to sink from hectic fever and exhaustion, it was deemed advisable to give him a chance by amputation at the hip-joint, which was accordingly performed on the 25th of February, and the remains of the thigh were removed by transfixion, the anterior flap being made first, and the posterior last. No unusual circumstance occurred at the operation, beyond some free hæmorrhage,—not from the femoral artery, for it was obliterated, but from several other enlarged vessels, which had to be ligatured as soon as the anterior flap was formed. Although the man was very low, he rallied shortly afterwards; but about two o'clock on the following morning, faintness came on, from which he rapidly sank.

Condition of the stump of the femur after amputation at the hip (as examined by Mr. Barwell).—During life, the end of the bone had projected from the stump about an inch and a half, and was covered with granulations. This end was found, on examination after amputation, to be much enlarged; it was, in fact, chiefly a growth from the end left after the amputation last performed by Mr. Holmes Coote at St. Bartholomew's Hospital. This end was larger in circumference than the rest of the femur, but consisted of apparently healthy, hard, osseous tissue. On the inner side of the femur, three inches from its truncated end, was another growth, larger than a walnut, of firm bone. The external examination showed no other morbid condition. The femur was split from end to end, laying open its medullary cavity, in which there was greater vascularity than usual; and in parts the medulla was suppurating. The substance of the bone was rather redder than normal, and its thickness seemed slightly increased. In this view the relations of the additional bone at the end of the stump could be more distinctly traced: it appeared to grow chiefly from the inside of the cavity and the end, hardly from the outside of the bone. In front, and to the outer edge, it projected less than behind and to the inner side, where it grew out and overhung, forming a mushroom-like cap to the end of the stump. The head of the bone and the joint appeared healthy. The only abnormal condition—that which appeared to prevent due healing of the stump after the previous amputation—appeared to be this development of new bone at the end. Ordinarily, after amputation, osseous substance is thrown out at the edge of the sawn bone, closing in the medullary tube; and then a process of absorption commences, rounding off the truncated end. In this case, it appears that the first process—the formation of bone—continued too long; absorption did not set in, so that new bone continued to grow, and projected at last out of the amputation wound.

KING'S COLLEGE HOSPITAL.

CHRONIC DISEASE OF THE ANKLE-JOINT; AMPUTATION OF THE FOOT BY PIROGOFF'S OPERATION; RECOVERY, WITH A GOOD STUMP.

(Under the care of Mr. FERGUSSON.)

THE amputation at the ankle-joint which goes by the name of Pirogoff has now been performed several times, and promises to be a successful one, although at one time surgeons were doubtful whether the portion of the os calcis remaining behind in the flap would preserve its healthy condition. Experience has proved so far that the bone has preserved its integrity, unless the disease had likewise extended to it at the time of the operation. The nature and principles of the operation have been already described in previous "Mirrors," and it is not necessary that we should recapitulate them. We may, however, refer the reader to a paper on this subject by Mr. Croft, of the *Dreadnought*, (THE LANCET, vol. i., 1858, p. 136;) to a former "Mirror," in which three cases were given of its performance at King's College Hospital, with a reference to others, (ibid, vol. ii., 1858, p. 350;) to Practical Clinical Remarks on the operation by Dr. Eben Watson, of Glasgow, (ibid, vol. i., 1859, p. 577;) and to a letter on the same subject by Dr. Martin, (ibid, p. 638.)

To-day we record another instance, in which it has turned out very well, at King's College Hospital, the operation having been done in the usual way as recommended by Pirogoff, slicing off the lower end of the tibia and fibula—a feature which has been practised, we believe, invariably by London surgeons, whether recommended by Pirogoff or not. The method of performing the operation *without disarticulation*, as was first practised by Prof. Pirrie, of Aberdeen, and dwelt upon by Dr. Eben Watson, in his "Clinical Remarks," has not been attempted, to our knowledge, by any London hospital surgeon. The advantages of shortening the operation by this proceeding, as set forth by Prof. Pirrie, together with the facility of its performance, are well worthy of being borne in mind, although Pirogoff's operation, *per se*, is much more speedily done than is Mr. Syme's. We must admit, nevertheless, that we have seen some most excellent stumps as the result of Syme's operation, one, too, that has been already well tested by experience, wherein they have been under observation for several years. This cannot as yet be said of Pirogoff's. Further time is, therefore, necessary to pronounce a positive opinion on its advantage over Syme's. If the report be true that Pirogoff has abandoned his operation (although it is still much practised by Russian surgeons), it was no doubt in consequence of his fears that the remains of the os calcis would die, and the results thus prove nugatory.

For the notes of the following case we are indebted to Mr. Francis Mason, house-surgeon to the hospital:—

S. H——, admitted on the 24th of January last, under the care of Mr. Fergusson. The patient is a resident of Greenwich, and says that about three years ago she slipped while going down stairs, and sprained her left ankle. Of this she took little notice, as it seemed to improve somewhat with rest. Soon after this accident, however, she was attacked with rheumatic fever, affecting particularly the sprained foot. She gradually got the better of this; but the affected part remained exceedingly weak. About two months afterwards, the foot became very much swollen and tender, and she sought the advice of various medical men without gaining any benefit; abscesses formed and burst in the neighbourhood of the ankle-joint, causing considerable constitutional disturbance. She says her sleep has been much disturbed by pain and starting in the limb. This state of things has existed to a greater or less extent up to the present time. The patient on admission was a pale, weakly-looking woman, with an expression of countenance indicative of much suffering. She says she had good health up to the time of the accident, two years ago; is married; has no children; and there is no family history of similar disease. On examination, she was found lying on her right side (this being her only comfortable position); the left thigh was flexed on the trunk, and the leg flexed on the thigh. The affected foot was of a reddish colour all over, and pointed downwards; the heel being drawn up, the ankle-joint seemed anchylosed, but this could not positively be ascertained as manipulation gave such exquisite pain. A sinus, discharging unhealthy matter, was found on the outer side of the ankle-joint, and another on the inner side of the joint, each leading to diseased bone.

Jan. 28th, 1860.—Mr. Fergusson determined to remove the foot by the operation proposed by M. Pirogoff. The patient being narcotized, the ordinary proceeding was adopted to effect this purpose, and she was removed to bed.

29th.—The patient has had a restless night, the shooting pain having been very violent; pulse 130; tongue rather dry.

30th.—Much improved; sleeps well with an opiate; wound dressed to-day and looks remarkably healthy; discharge profuse; bowels regular; tongue cleaner; pulse 110.

Feb. 6th.—Is much better in health than before the operation; stump looking well; ligatures of anterior and posterior tibia came away to-day; she sleeps well, and is disturbed only by the starting of the limb; has left off the opiate for three nights. The house-surgeon put the limb into a Salter's swing, which the patient finds very comfortable.

20th.—Going on satisfactorily; appetite good; tongue clean; bowels regular; pulse 86. The stump is rapidly cicatrizing and promises to be a very useful limb.

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UNIVERSITY COLLEGE HOSPITAL.

SEVERE INJURY TO THE LEG AND ARM FROM A RAILWAY ACCIDENT; AMPUTATION OF THE THIGH JUST BELOW THE TROCHANTER; DEATH FROM SHOCK SOME HOURS AFTERWARDS.

(Under the care of Mr. MARSHALL.)

THE following case (for the notes of which we are indebted to Mr. Wm. Hickman, late house-surgeon to the hospital) presented such injuries as almost to require amputation of the limb *at* the hip-joint, but it was removed immediately below the trochanter, just leaving, as it were, the articulation intact; the incisions being made to suit the necessities of the case, and the main vessel being tied before the operation, so that as little blood as possible might be lost. Notwithstanding this, however, death ensued from shock. The present and preceding cases form an interesting series of amputations performed for different purposes in the lower extremity.

John S——, aged thirty-six, a healthy man, of temperate habits, whilst engaged on the London and North-Western Railway shunting some trucks, was knocked down and run over by an engine. He was at once brought to the hospital, where he arrived about six A.M., Nov. 22nd, one hour after the accident.

On admission, the man was under the influence of severe shock; the surface cold and pale, and the pulse almost imperceptible. The right leg was found to be completely smashed, and the skin stripped off the front of the thigh to within a few inches of the groin, the muscles of the thigh being exposed and a good deal bruised. The right arm was also completely smashed up to the elbow, the fingers dangling at the ends of long shreds of skin. There was no bleeding from either part.

He was wrapped in hot blankets, and given brandy; and at eight o'clock, as the pulse had become stronger and the surface warm, and he was beginning to complain of pain, Mr. Marshall (who had been sent for) determined to amputate.

On looking at the thigh, it was seen that the operation by antero-posterior flaps was quite inadmissible, the skin having been split up along the centre of the front of the thigh to about two inches from Poupart's ligament, and separated laterally from the muscles nearly round to the back. Mr. Marshall accordingly adopted the following procedures:—He first put a ligature round the femoral artery, having merely to turn aside the sartorius for that purpose; he then made an oval incision through the skin, commencing with the point of the oval in the centre of the front of the thigh where the skin was already split up to; the skin was then drawn well back, and the muscles divided as high as possible by a circular incision down to the bone, which was sawn across close to the small trochanter. There was very little bleeding, not more than two ounces of blood being lost altogether; one large artery spouted when the incision was made through the muscles, but was immediately stopped by the fingers; about twelve ligatures were applied. The edges of the skin appeared to come well together along the middle line of the limb, and formed a good stump.

The man had been put under the influence of chloroform previously to the operation, and as soon as the thigh had been amputated it was found that he was in a state of great collapse, —the pulse flickering and hardly to be felt; any further operation on the arm was consequently deferred, and the patient at once removed to bed and given brandy, &c. He came round a little after a time, but never thoroughly rallied, and died at three o'clock P.M., ten hours after the injury and seven after the amputation.

On examining the body after death, no internal injuries were found. The femoral artery was ligatured half an inch below the profunda, which arose rather high, and it was this latter vessel which spouted during the operation.

TOBACCO AS AN INTERNAL REMEDY FOR THE EFFECTS OF THE BITE OF A RATTLESNAKE.—Mr. Peake mentions, in the *New Orleans Medical and Surgical Journal* for January, 1860, that he saw a negro bitten on the dorsum of the foot by a rattlesnake, in the month of August, when the venom is supposed to possess the greatest activity. The man, in less than five minutes, chewed and swallowed at least two ounces of common tobacco. He had neither vomiting nor nausea, and, though the limb swelled a little, he was quite well the next morning.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MARCH 13TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

OBSERVATIONS ON OVARIAN CYSTS WHICH CONTAIN TEETH, HAIR, AND FATTY MATTER.

BY ROBERT LEE, M.D., F.R.S.

THE author commenced his communication by citing the various authors who have written on this subject, observing, that while the older writers had regarded them as instances simply of extra-uterine or ovarian conception, Dr. Baillie had been the first to question the correctness of this view, in consequence of his having discovered such pathological conditions in a female child, of only twelve or thirteen years old. This had led him to conclude "that such productions may arise from an action in the ovarium itself, without any stimulus from the application of the male semen." This case was quoted in full from the "Philosophical Transactions," and another case recorded by Dr. Baillie, in his "Morbid Anatomy," was also referred to. In the very first volume of the "Medico-Chirurgical Transactions," an account is given by Mr. Abernethy of a case similar to that recorded by Dr. Baillie. Analogous cases are mentioned by Dr. Merriman and Dr. Edward Phillips in later volumes. Dr. Seymour, in his "Illustrations of the Principal Diseases of the Ovaries," details a case of the same kind, which he regards as "the result of an imperfect conception on the part of the mother of the individuals in whom they are found." The opinions of M. Cruveilhier and Dr. West on this subject, were then cited at considerable length, the latter embodying the chief results of late examinations by foreign pathologists. Four cases had come under Dr. Lee's observation, in two of which the cyst was in a natural condition, while in the other two it was more or less disorganized by dropsy, cancer, inflammatory action, and so on.

The first case died of cancer in February, 1853, at the age of forty-three, under the care of Dr. Martin, who submitted the uterus and appendages to Dr. Lee. The left ovarium was enlarged to the size of a child's head, and the Fallopian tube, much elongated, and adherent to the ovary, was filled with pus. Two cysts, nearly equal in size, were found in the left ovarium, one of which contained purulent fluid, and the other a fatty-looking matter, with a great number of hairs loosely imbedded in it, varying in length from five to six inches. The fatty matter adhered at only one point to the cyst, and around this point, and nowhere else, were the hairs observed growing from the cyst-wall. Some of the hairs seemed to have bulbs, by which they were attached; in other instances, both extremities were pointed and free. The walls of the cyst were composed of three distinct coats—1, the peritoneal covering, along with a thin layer of the stroma of the ovary; 2, a dense fibrous coat; 3, a lining membrane, uniformly smooth, white, and glistening, except where the hairs and fatty matter were adherent to it, where it had a yellow colour, like a corpus luteum, and was thick and hard.

In Case 2, the ovary had been preserved in spirits from October, 1833, till November, 1859. The patient had died eleven days after delivery, and the cyst, of inconsiderable size, and filled with hair and fatty matter, was removed after death. It was now placed in a shallow vessel containing spirit, and dissected by means of the needle and forceps, with the aid of a lens magnifying six diameters. The cyst was found completely imbedded in the ovary, like a Graafian vesicle, so that between the peritoneum and the cyst-wall there was everywhere a layer of parenchymatous structure. The cyst consisted of two distinct membranes or layers, the outer thick and dense, the inner thin and transparent, which were easily separated from each other. Attached to the inner membrane at one point was found a yellow, hard body, which presented the appearance of a portion of scalp, with hair growing from it. No hair was anywhere else attached to the cyst. The author concluded that the cyst was an enlarged Graafian vesicle, in the interior of which the hair and fatty matter had been formed. The analysis of the fatty matter and hair, undertaken by Dr. Noad, gave in general terms the following results:—

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Water	78·60
Hair	3·23
Fat...	16·17
An albuminous substance, having many of the characters of casein, and containing much sulphur ...	2·00
	100·00

In Case 3, the patient, at the age of thirteen, was tapped for ovarian dropsy. Two years later, during a repetition of the operation, the canula became obstructed by a mass of hair and fatty matter. The patient died some time after, and it was reported to the author that there was a great mass of multilocular cysts and cancerous structure, with which were interspersed numerous long hairs and pieces of bone. A small portion was submitted to his inspection, which confirmed this statement.

Case 4 was that of a lady, aged twenty-eight, just returned from India, in the fifth month of pregnancy, having been married nearly five years. The history of the case, as given by the Indian medical attendant, was related, from which it appeared that an abdominal tumour had been observed very shortly after marriage, and that certain movements had been felt which had led to the idea that she was pregnant for some time; but that these had ceased, and a large discharge of purulent matter had taken place through the urethra before she placed herself under medical advice. The opinion first formed was that the tumour had been from the first ovarian; but this was subsequently modified by the discharge being accompanied by small, solid masses, which had much the appearance and character of bone. While under observation in England, it was noticed that these hard bodies consisted of hairs coated with calcareous deposit; and of these a large number were passed with much suffering. The patient was seized with puerperal convulsions, and delivery was immediately had recourse to with a view to saving the life of the mother; but though there were no convulsions after delivery, and consciousness returned, yet she sank and died in two days. After death an ovarian cyst was found communicating with the bladder, and hairs were seen growing from one point of its lining membrane.

In an Appendix to the paper, the author refers to published cases of a similar nature which had subsequently come to his knowledge, recorded by Sir B. Brodie in his "Lectures on Diseases of the Urinary Organs," and by Dr. Hemming in a note to his translation of Boivin "On Diseases of the Uterus." To these are subjoined a letter from Mr. Lawrence, detailing from memory the particulars of a case which occurred in the practice of Mr. Abernethy, in 1816. The patient was a married lady, over sixty years of age, and several concretions, which seemed to have formed around hairs, were removed from the bladder by the operation of lithotomy. She survived the operation three years.

Mr. CHARLES HAWKINS exhibited some small calculi similar to those observed in Dr. Lee's case. Hair was occasionally found in other parts of the body than the ovaries. He recollected a case, under the care of Mr. Cæsar Hawkins, of congenital tumours of the dura mater in which hair, with fatty matter, was found. In a case of tumour, nearly connected with the bladder, which he had described in the Pathological Society's "Transactions," the growth was removed from the sacrum after death, and was found to contain pieces of bone resembling the bones of a fœtus.

Mr. EVANS mentioned the case of a young lady who had been under his care with ovarian disease for several years past. In this instance the prominent symptom was the passage of blood—not the menstrual fluid—with the urine. It was supposed that a communication existed between the cyst and the bladder. The case had a practical bearing on the operation of ovariotomy; for that would have been out of the question if such a complication existed as in this case.

Mr. CÆSAR HAWKINS said that the hairs in the case referred to by Mr. Charles Hawkins were about three quarters of an inch in length, and of fine texture. A large mass of fat and hairs—the latter of considerable length—had been found in one case which had come under his care. Dr. Lee had not entered into the question of the origin of these tumours; they must, however, be regarded as connected with tumours of a similar kind found in other parts of the body, both of the male and female. In a case recorded by Dr. Gordon, a considerable mass of imperfectly developed bones had been found in the mediastinum. In the scrotum and other parts of the body similar appearances had been observed. There must, however, be some cause tending to their formation in the ovaries, for in these, ten or twenty cases were found where only one occurred in other organs.

Dr. ROBERT DICKSON stated, that on the 19th of March, 1831, he had been requested by the late Dr. John Scott to visit with him a man named H——, residing at Barnes, Surrey. On examining him with the stethoscope and other exploratory means, no pulsation could be detected in the præcordial region. The diagnosis was, effusion into the pericardium, and the prognosis was an unfavourable one. A few weeks afterwards, Dr. Dickson was requested to assist at a post-mortem examination of this patient. On removing the sternum, no portion of the lungs was to be seen on either side of the anterior part of the chest, but a large tumour, nearly completely filling the cavity of the thorax, so that it was difficult to slip the hand between it and the pleura. Behind this the lungs were found, but perfectly distensible, so that in breathing they must have moved in the small space unoccupied by the tumour. On cutting into this tumour, there were found a large quantity of fluid pus, a considerable quantity of what seemed consolidated pus; there were numerous transverse bands, such as are often witnessed in ovarian cysts, and a considerable quantity of hairs. Behind this tumour the heart, very small, lay. The patient's own account was, that he had not felt out of health till about six months previously, and till some six weeks before being seen by Dr. Dickson he could lie on either side, and had but little cough. Latterly he was obliged to sit upright in bed. He attributed his illness to getting overheated by running after a coach, and then mounting on the outside.

Dr. HARE referred, in connexion with Dr. Lee's suggestion as to the origin of the tumours under consideration from Graafian vesicles, to a case which he had met with, in which a tumour weighing nearly three pounds, and evidently developed from one of the ovaries of a patient aged about twenty-eight, consisted of four distinct cysts, each containing fat and hair. In one of these cysts, the entire cavity was almost completely filled with hair, the fat being comparatively small in amount. The other cysts contained fat chiefly, with hair in much less quantity. The hairs were fine in quality, cylindrical, light-coloured, and measured in length from a line or so to about eight inches. Some presented distinct bulbs; others were pointed at both extremities. There were no traces of skin, bone, or teeth; but if, as suggested by the author of the paper, the presence of hair, &c., in such tumours be considered as any proof of a tendency to a germinative process in the Graafian vesicles, that tendency must have been very strong in the case in question, as it appeared to have been presented by four of the vesicles, instead of one, as in most other cases recorded. The fat was found to become quite liquid below the temperature of 98°, and therefore, during the life of the patient, must have been in a fluid condition.

Mr. SPENCER WELLS, in reference to the question of performing ovariotomy in such a case as that related by Mr. Evans, said that no surgeon would be so insane as to operate when such a complication existed. He thought, however, that in such a case the refilling of the cyst might be prevented by the injection of iodine to destroy the secreting surface and prevent matter re-forming, and which could be effected with little difficulty by introducing an elastic catheter through the bladder into the interior of the cyst. A patient had been under his care for three years past in whom an ovarian cyst protruded through the intestines, and evacuated its contents every three or four months. On emptying itself of the fluid, the tumour became filled with air; so that one day the sound on percussion was dull, the next clear. The propriety of injecting iodine in this case had been discussed, but it had not yet been resorted to in consequence of the general health of the patient not having suffered. Mr. Wells then referred to a case which showed the necessity of caution in giving an opinion respecting the conduct of a single woman from whom portions of bone and teeth came from the ovaries, as the result of a congenital state of them, and not, as suspected, from extra-uterine fœtation.

Mr. FERGUSSON expressed his regret that Dr. Lee had not attempted some definite explanation as to the probable origin of the tumours he had described. Many tumours with hair and teeth growing in them, of a similar kind, occurring in the female pelvis and in various parts of the body of both sexes, had come under his care. It was not unusual to meet with teeth in tumours of the upper jaw, but an additional tooth or two in that locality might naturally be expected. That tumours about the eyebrows and eyelids should contain osseous matter was to him remarkable; nor could he consider the explanation that the bone occasionally found growing from the inner surface of the sac was an inward instead of an outward growing of the eyelashes, as at all satisfactory. Hairs were scarcely

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ever found in tumours of the scalp; nor were they met with in the external tumours about the male or female pelvis. Mr. Hawkins's case of tumour of the sacrum did not bear directly on the question under discussion. In that case the tumour was congenital; while those related by Dr. Lee were of much later origin. The tumour had not contained hair at any period, and it was not until long after manhood that the patient experienced any annoyance from its presence. The tumour latterly suppurated in consequence of inflammation, and the patient's general health had deteriorated. In the latter part of the history of the tumour an opinion had been expressed that it bore analogy to those growths in other parts of the body in which a fœtus had been partially developed. It was his (Mr. Fergusson's) opinion that in the early stage of fœtal development, nature had made an attempt to form two, in one of which the growth was arrested and in the other developed to maturity.

Dr. JOHN OGLE was well acquainted with the preparation which Mr. Charles Hawkins had exhibited showing the presence of hair within the cranial cavity, as he had examined it, and exhibited it, by permission of Mr. Cæsar Hawkins, to whom it belonged, to the Pathological Society, in the sixth volume of whose "Transactions" it was fully described. The specimen did not illustrate, in Dr. Ogle's opinion, the formation of hair within the cranial cavity, but was an instance (he believed unique) of an *inclusion* within the cranium of a part of the integument of the scalp, the dermal apparatus of which had produced eventually the sac in connexion with the dura mater, filled with beautifully cutlined and nucleated epidermal scales, and containing a cluster of hair. It appeared that at a very early period of life, and before the due approximation of the four chief elements of bone which finally meet and form the proral part of the occipital bone, the membranous structures within and those external to the cranial bones had become adherent, and that as ossification advanced, the four portions of bone, closing together, trapped in, as it were, a portion of the outer membranes, which were drawn inwards along with the retiring intra-cranial ones, and thus became included. The occiput itself, in this case, showed a fossa which corresponded with the growth inside the skull, and also an aperture, of a slanting direction, *through* the bone, by means of which the communication between the parts external to and those within the skull had been maintained. Dr. Ogle did not understand how the existence of hair, in such cases as Dr. Lee's, could be accounted for, unless by supposing that it had been produced by the erratic activity of an ovum called out by some impulse or other. In his belief, if hair, skin, and such-like substances are found in cysts about the body, it must either be owing to the presence of some aborted ovum which during fœtation may have been united with the embryo, or be the result of an irregular growth of pre existing dermal tissue, as in the case of the epidermal cyst of Mr. Cæsar Hawkins above alluded to.

Mr. CHARLES HAWKINS remarked that in early life the patient referred to by Mr. Fergusson had suffered so much inconvenience from the tumour that he could not wear the ordinary costume of boys. It was his (Mr. Hawkins's) opinion, expressed at the time, that the tumour was referable to an attempt of nature to form another fœtus, and this opinion was entertained by the other surgeons who saw him.

Dr. BARCLAY, in the absence of Dr. Lee, said that he believed Dr. Lee considered that the growths were a development of an abnormal kind taking place from the inner surface of the Graafian vesicles. He thought that it was of a different nature from the ordinary disease of the ovaries, being not the usual abnormal product, but a different condition of growth; and he supposed that the disposition to that growth in after-life might be designated a congenital peculiarity. Dr. Barclay thought that Mr. Fergusson had drawn a proper distinction between such cases as that related by Mr. Charles Hawkins and those cases in which hair and fatty matter were developed in cysts in after-life. In one of the cases related in the paper, portions of hair were found ten or twelve inches in length; in another instance, the hair was matted into a solid mass, so that its length could not be determined; it was, however, of fine texture, and most likely short.

Mr. HULKE had never failed to find hair in cysts removed from the neighbourhood of the eyebrow.

Mr. HENRY LEE said that it was the opinion of Mr. Owen that in certain of the lower animals the influence of the act of impregnation was exerted through three or four generations. Was Dr. Lee of opinion that the growths described in his paper were due to an abortive attempt of nature to effect the same object?

Dr. R. DICKSON observed that the rapid generation of the phides had been explained by Mr. Huxley as due to this cause.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

DR. WILKS presented the following specimens:—

I.—DISEASE OF THE TRICUSPID VALVE.

This specimen showed the right auriculo-ventricular orifice almost closed by the presence of two large fibrinous masses or vegetations attached to the curtains of the valve. When recent, each was the size of a small walnut, rounded and smooth, and firmly adherent to the auricular side of the curtains. On separating them, the endocardium was seen to be ulcerated—to have been indeed inflamed, and thus forming a basis for the fibrinous accretion from the blood. The heart came from a man aged forty-four, who was admitted, under Dr. Wilks, into Guy's Hospital, for a cough. On examining his chest, nothing abnormal was heard about the heart's sounds, but merely râles in the lungs. A few days afterwards he died suddenly, when the only disease found in the body was that seen in the specimen, and no part of the vegetation had escaped into the pulmonary artery.

II.—BONY PLATES ON THE SPINAL ARACHNOID.

This was shown as exhibiting a remarkable example of the affection, more than half of the surface of the cord being covered with them. As usual, they were confined to the posterior part and did not reach above the dorsal region, and were firmly united to the visceral arachnoid. Dr. Wilks considered the old name "bony plates," to be substantially correct; since although, when small, they present little more than a fibrous structure, yet they undergo an osseous change, and true bone may frequently be discovered in them. He considered, also, that although they might be found accidentally in persons who had presented no symptom of spinal derangement, yet, when numerous, they were generally associated with degeneration or chronic inflammation of the cord. The present specimen came from an old woman who had atrophy of the brain and spinal cord, with symptoms of general paralysis, for many years.

III.—LARDACEOUS DISEASE OF THE SUPRA-RENAL CAPSULES.

This specimen showed that in cases of lardaceous disease affecting the several organs of the body—as the liver, kidneys, spleen, &c.,—the supra-renal bodies may be also involved. They came from a man who had long suffered with syphilitic caries of the cranium, and after death these viscera of the body were found thus affected. In such cases, where so many important organs are diseased, it is difficult to appropriate any particular symptom to each one, or thus in the present case to know how far this slight change in the supra-renal capsules assisted in bringing about a fatal result. The specimen was shown rather as evidence of the fact that these bodies may be, like the other viscera, affected by lardaceous disease.

DR. JOHN OGLE exhibited the following specimens:—

I.—MALFORMATION (BY EXCESS) OF PERITONEUM.

This specimen consisted of the small intestine and part of the colon of a man, showing the almost entire envelopment of the small intestine in a duplicature of peritoneum, which served as a kind of bag in which they were contained. The patient died of some disease unconnected with the abdomen. On opening this cavity, scarcely any of the small bowel could be seen, by reason of the presence of this supernumerary peritoneal membrane, which almost quite covered them and bound them down. This additional membrane appeared to be a supplemental fold of the mesentery of the ascending colon. The specimen showed how unusual formations might, in certain cases of disease, add very greatly to ordinary risk, as it was obvious that in cases where the free movement of the intestinal coils ought to be preserved, and was endangered, (as, for instance, in the later stages of peritonitis, or certain cases of invagination, obstruction, &c.,) such an envelopment of the bowel as the above specimen showed might prove the source of very great embarrassment to their movements.

II.—EFFECTS OF POISONING BY SULPHURIC ACID ON THE ŒSOPHAGUS, STOMACH, ETC.

The case was that of a man, aged thirty-three, who, owing to low spirits caused by loss of money, committed suicide by swallowing a quantity of this acid. Immediately after taking the poison, he was observed to stagger and drop down suddenly, and was thought to be affected by some sort of fit. He was at once brought to St. George's Hospital. On admission,

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the lips were very corroded, and he was collapsed. Acid fluid was drawn from the stomach by the pump, and along with the pipe of the instrument portions of shreddy mucous membrane were removed. The patient died collapsed about nine hours after the accident.

On post-mortem examination, the mucous membrane of the tongue was but very slightly affected; but that of the fauces and œsophagus was highly injured, being very congested, and in a great many places quite altered, so that it could, without any force, be removed in flakes, of a thick, white substance. Here and there this loose, altered mucous membrane was of a deep-brown and black colour. There were also found in one or two places masses or patches of extravasated blood beneath the mucous membrane. The mucous membrane of the stomach was in a very similar condition, being in several parts (chiefly along the smaller curvature) quite black, as if charred by heat; in other places it was of a dark-red colour. Part of the duodenum was in a similar state. The ileum and jejunum were very congested, but not otherwise affected. The lungs were also congested, and the mucous membrane of the air-passages, especially of the upper part of the larynx, &c., was very highly congested.

III.—A PECULIAR TUMOUR OF THE UTERUS, FORMED APPARENTLY BY A RETAINED PLACENTA.

This specimen consisted of a cylindrical, brownish-coloured mass, filling the dilated cavity of a uterus, to the walls of which it was unattached, except at the fundus, where it was united to the inner wall by short and very firm obliquely-placed fibres. This mass was continued at its lower extremity into a shreddy substance, which projected through the os uteri, and, when divided, was found to contain an elongated cavity, lined by a distinct membrane, and continued downwards into a channel which terminated openly amongst the shreddy material in the os uteri. The inner surface of the uterine cavity was, moreover, lined by a thick layer of "false membrane." On minute examination it was found that, along with a good deal of blood, the chief mass of the tumour, which was at first mistaken for an ordinary fibrous polypus, was composed of true placental structure, the ordinary villi, although for the most part greatly altered and degenerated, being clearly recognisable. The cavity in the interior had, doubtless, been produced by the doubling on itself, as it were, of the placental structure which had remained adherent at the fundus of the uterus, and owing to the contraction of this organ had been moulded into its existing form. The bands by which its adherence to the uterus was maintained were found, microscopically, to consist of true uterine muscular fibres. The mass was obviously of very old standing, and no changes injurious to health had taken place as are generally looked for in cases in which portions of placenta after delivery are retained. The specimen was removed from a middle-aged woman, who died of peritonitis, &c., shortly after an operation for strangulated hernia, and was found accidentally after death. No history was known of the woman; but it was presumed from the state of the uterus that this organ had been impregnated. It was just possible that the placenta-like structure might have been some form of irregularly-developed ovum. Dr. Ogle had never seen or heard of a similar case.

Reviews and Notices of Books.

The Causes and Treatment of Imperfect Digestion. By ARTHUR LEARED, M.D., M.R.I.A., M.R.C.P.L., Physician to the Great Northern Hospital, and to the Royal Infirmary for the Diseases of the Chest, &c. pp. 224. London: Churchill.

THE subject of *dyspepsia*, like that of *phthisis*, is a never-failing recipient of literary patronage. For this, no doubt, there are more reasons than one; but, out of them, the following may be not the least important—viz., everybody is presumed to be troubled by either the one or the other. But it is a curious fact, that we may live in the same place for many years, and yet not visit our next-door neighbour; so we may have pile upon pile of "*mémoires pour servir*," and yet be sadly in want of an authentic history. So it is with "consumption" and "dyspepsia;" they are our constant neighbours, and yet we participate in no friendship. We could point to heaps of family records, and yet not know the birthday of the first of the family we meet. But if we own not to any friendship, it must be confessed we have been forced into preserving a tolerable acquaintance with these disturbers of our health and tranquillity. The consequence is, somebody must be for ever recording his particular "experience." Dr. Leared, it will be seen, adds his offering to the already considerable heap. We have not any fault to find with it; on the contrary, it is a clear and sensible essay, and well worthy of perusal. The author discusses "imperfect digestion" under the following heads:—"The Causes of Dyspepsia," "The Symptoms of Dyspepsia," "Accidental Dyspepsia," "Habitual Dyspepsia," "The Treatment of Dyspepsia by General Hygienic Agents," "The Treatment of Dyspepsia by Medicines." An introductory chapter is prefixed, having for its subject "A brief Statement of the Physiology of Digestion." Some original matter is given by the author in an appendix upon "Flatulency," "Heartburn," and "Pepsin." Upon the cause of "heartburn," Dr. Leared thus expresses himself:—

"In certain weak conditions of digestion, or when it is overtaxed, butyric acid is set free from food in which it existed, or else it is formed out of the elements of starchy food, as is well known to be possible. The acid being in excess, but not pure, or else it would be soluble, rises to the surface of the contents of the stomach, where it probably combines with melted fat, with which it is so miscible that it appears to possess an affinity; when, by the motions of the stomach, presented at the cardia, the acrid mixture is instinctively rejected into the œsophagus, and is then, by a reversal of its proper movements, transmitted to the mouth, accompanied by the sensation of heartburn. The miscibility of fat with butyric acid will explain the relief of heartburn by cod-liver oil. It acts by diluting the acid."—p. 210.

The result of the author's experiments in relation to "pepsin," and of his experience of it in the treatment of disease, have led him

"To the conclusion, that any advantages derived from the use of 'pepsin' have been through the medium of the mind, rather than of the body. An organ so impressible as the stomach would probably be sometimes thus indirectly benefited by a remedy of such plausible intention. That, however, is not the legitimate action of medicines."—p. 216.

Some experiments were instituted in respect to the possibility of a sudden and copious "flatulence" being produced by expansion of gases. From them the author inferred that no pressure can possibly be exerted on the gases in the alimentary cavities sufficient to produce by its withdrawal the phenomena of marked and sudden flatus. The medical practitioner may refer with profit to Dr. Leared's little book.

Practical Observations on the Prevention of Consumption; with Statistical Tables of the Prevalence of the Disease, and of the Comparative Salubrity of various Places at Home and Abroad. By JOHN HOGG, M.D. Edin. pp. 226. London: Hardwicke.

DR. HOGG appears to have bestowed much attention and thought upon the causes and hygienic treatment of pulmonary tuberculosis. He strives to show that whilst deep and earnest study has been devoted to the etiology and pathology of the disease, to the nature and quality of tubercle, to the composition of the blood and of all the secretions of the body, its *preventive* treatment has not engaged the attention of physiologists as much as the importance of the subject demands. The object of the essay, therefore, is *prevention* rather than *cure*. As Dr. Hogg truly observes—

"The collective evidence of eminent men of all times goes to prove that if good is to be done, it must be done quickly. When the physical signs of consumption are so palpable as to be distinctly recognised and traced by the aid of the stethoscope, the balance is sadly against the patient. Active measures must be adopted long before matters have arrived at this pass. It is in predisposition, in *diathesis*, that the change is to be worked."—p. vii.

The chief preventive agents argued for by the author are,—a dry, bracing atmosphere; free exercise of the lungs and limbs

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in the open air; capacious, well-ventilated dwellings and work-rooms; nutritious diet, embracing a full proportion of animal food; and temperance. To take out a game certificate and hie off to the moors, is not a bad prescription for threatening phthisis—that is, when the patient is a man, and a rich one. Dr. Hogg's work will afford the inquirer much valuable statistical information, and many hygienic hints, in connexion with pulmonary tuberculosis.

Foreign Department.

RUPTURE OF THE UTERUS AND VENTRAL HERNIA DURING PREGNANCY, IN A PATIENT WHO, ONE YEAR BEFORE, HAD UNDERGONE THE CÆSAREAN OPERATION.

A WOMAN, whose inlet of the pelvis measured only two inches and a half, and who had had the Cæsarean operation performed, (with what result to the fœtus is not mentioned,) became pregnant one year afterwards. At the fourth month, she had severe abdominal pain and vomiting. On the next day, she noticed a peculiar tumour at the lower portion of the abdomen, and in the mesian line. The pain and vomiting continued for a week, with occasional intermissions.

On examination, M. Bourgeois found a globular tumour projecting immediately under the skin of the abdomen, of the size of the head of a full-grown fœtus. When the patient stood upright, the tumour fell forward over the pubis like a sac, and was herniated between the muscles of the abdomen. When she lay down, the mass could be returned under the muscles. By the hand being placed on the attenuated skin, the prominent parts of a fœtus could be made out: the feet could be seized one after the other, and followed up to the knees, and it was easily felt that the fœtus was separated from the skin only by the resisting and globular uterus. The child did not evince any life when tried by auscultation.

M. Bourgeois considered that the fœtus had left the uterus, and that hernia of the linea alba existed. A belt was ordered, to keep up the mass; and the patient soon improved by keeping her bed, and using a very simple line of treatment.

Six weeks afterwards, labour pains came on, and uterine hæmorrhage took place, fœtid clots being expelled. Severe peritonitis set in, which was allayed by belladonna and calomel. The hæmorrhage continued, and the fœtid discharge from the vulva was observed up to the seventh month of gestation, when it was very abundant, but the patient was free from pain. The abdomen became smaller, and the ventral hernia less marked. At the eighth month, the fœtid discharge was very slight.

At this period, a committee was appointed by the Surgical Society of Paris to examine the patient, and decide as to the treatment to be adopted. The committee considered that no active intervention should be resorted to, and that the fœtus had probably retained a certain amount of connexion with the uterus. If the symptoms became urgent, the child should be reached by the application of caustics to the abdomen. The termination of the case has not yet been published.

TARTAR EMETIC IN TÆNIA SOLIUM.

M. PASSOT publishes, in the *Gazette Médicale de Lyon*, the case of a patient to whom he gave pretty large doses of tartar emetic for an attack of pneumonia. The man, who was twenty-three years of age, thereupon had numerous alvine evacuations, which brought away a tænia. The patient had never taken any anthelmintic medicine, as he was not aware of the existence of the parasite, though he had passed fragments. M. Passot takes occasion to pass in review the substances generally used to expel tænia, amongst which he of course places pomegranate bark, the etherial tincture of male fern, and kousso in the first rank. Tartar emetic, however, might, according to him, be used in certain cases.

DEVELOPMENT OF HEAT DURING MUSCULAR CONTRACTION.

M. T. BÉCLARD lately read a paper before the Academy of Sciences of Paris, wherein he relates a series of experiments made upon himself, and with peculiar instruments. These experiments show that statical muscular contraction always gives rise to an amount of heat superior to the contraction followed by external mechanical effects. He concludes from this fact, that muscular contraction is not a source of ordinary heat, as supposed by physiologists; but that the only apparent heat is that which follows muscular contraction unaccompanied by mechanical exertion.

ABSENCE OF THE BLADDER; ENLARGEMENT OF THE PELVIS OF THE KIDNEY.

M. SCHMIDT states, in the *Jour. de Méd. de Bruxelles*, that a woman, aged thirty, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a post-mortem examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size, that it could contain from four to five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

A NEW EYE DOUCHE.

EYE DOUCHES are eminently useful in many affections of the eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of instruments hitherto made for the purpose.

The chief objections to the old form of instrument are, that the liquid cannot be kept directed to the same spot, there being nothing to steady the hand; and also that the impossibility of applying it without splashing the face and head, and saturating the clothes about the neck and shoulders, causes the person using it much discomfort and unnecessary trouble.

The new Douche effectually provides against these drawbacks. By keeping the glass close over the eye, the fluid is directed upon the exact locality intended, and no deviation can occur; neither can a drop of the fluid used escape from the glass otherwise than through the proper tube which leads into the waste basin.

WAR-OFFICE, MARCH 27TH.—Her Majesty has been graciously pleased to approve of the following gentlemen being appointed Professors of the New Army Medical School at Chatham:—*Clinical and Military Surgery:* Deputy Inspector-Gen. T. Longmore, M.D.—*Hygiene:* E. A. Parkes, Esq., M.D.—*Pathology:* William Aitken, M.D.

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THE LANCET.

LONDON: SATURDAY, MARCH 31, 1860.

IF ever an instance occurred, imperatively showing the necessity for the existence of a distinct "transport service," it is that of the recent history of the *Great Tasmania*. We endeavoured some months back to show that a method which involved the necessity either of converting "men-of-war" into transport vessels, or of hiring the first merchant ships to be got hold of, for the purpose of conveying troops by sea, was radically a bad one. Last week we brought forward the case of the *Berenice*, to show the mess we get into when men-of-war are employed; and now here is the catastrophe of the *Tasmania* to prove what results when merchant vessels are used for the purpose of conveying troops, like cattle, at so much a head, while Government finds the "fodder." The consequences are just such as must follow from a wretched parsimony in discipline and diet. An analysis of the history made known at Liverpool, helps us to the following facts:—Drafts being made from nearly every regiment in the Indian army of a portion of such men as refused to be transferred from the service of the Company to that of her Majesty without another bounty, they were sent down to the depôt at Chinsurah for a fortnight previous to embarkation from Calcutta. There were 985 men, 17 women, and 21 children. During this fortnight it was one continued scene of drunkenness, and we are told that the sergeant-major offered every inducement to the men to consume as much spirit as possible, as he had charge of the canteen, and hence made an enormous profit. On several occasions, some of the men were so drunk that they were not able to parade, and sold their clothes and all they could possibly lay hold of, to procure liquor. These discontented soldiers Government was bound to return to England. To perform this,—having no transport vessels of its own,—it negotiates with the "clipper-ship *Great Tasmania*," and an arrangement is come to, that the men were to be brought over at £7 (or, as some say, £6) per head, Government undertaking to provide the stores. With great difficulty the men were collected together upon the 9th of November, and off starts the "clipper," with 1000 souls on board, she being adapted to carry only 500. And now what provision has been made for them? A fortnight after leaving Calcutta, suspicions were strong against the food. A committee of two officers and a surgeon examined the beef, and condemned it as bad, and also the beer as "short and sour." On the 29th of December the committee investigated the biscuit, and its report condemned nearly 36,000 lbs. Nearly the whole was thrown overboard, but a portion was kept for ballast! At St. Helena the ship was obliged to put in for biscuit, and fresh provisions for the sick soldiers, 130 in number, and though not actually short of water when it reached that island, the men would certainly soon have been so if it had been delayed much longer. St. Helena was left on the 26th of January, and by the 4th of February, notwithstanding this fresh supply, the water had become short, partially owing to a leakage in the casks.

"After they had left St. Helena about ten days, the allowance of water to officers, as well as men, had to be reduced. The tanks were closed on the 4th of February, from nine at night until daylight next morning; the next stoppage was on the 10th February, when, having constant calms and unfavourable weather, it was thought necessary to make a further reduction. The allowance was then reduced by one-fourth, but that was for cooking purposes only, the drinking water being open in the tank all day. On the 16th of February some further reduction was made, the tank being kept closed for some little time during the day. The tank was then closed until eight o'clock in the morning, instead of till daylight, and the men were warned to abstain from drinking as much as possible. The officers had each a pint of water only allowed for washing, and their early tea and coffee allowance was also reduced. On the 22nd of February the allowance of meat was reduced, the men getting twelve ounces instead of sixteen ounces, and as an equivalent two extra ounces of flour, and two extra ounces of lard. The allowance of meat was lessened more for the sake of guarding against any accident than from any real necessity; and it was stated in the order of the day, that, if fair weather should continue, the full allowance would be served out. The issue of beer and grog was stopped on the 6th of March, as the supply had entirely run out. The men went without grog for two or three days, and then a drachm of wine from the hospital stores was issued to each man up to within two days of their arrival in Liverpool."

Scurvy, dysentery, &c., of course rapidly increased, the lime-juice was so bad as to be condemned by the surgeon, and yet was afterwards obliged to be used; "the pickles and preserved vegetables were pulpy, and emitted an offensive odour." The sick-list soon numbered three hundred, and all requiring attention from *one surgeon and an assistant!* There was no proper covering for the men. Four out of every ten had to lie upon bare boards, and were glad to get even a coat wherewith to cover themselves. Can it be wondered at that the sickness and mortality became appalling, and that the *Great Tasmania* arrived at Liverpool after having lost between sixty and seventy soldiers by death, and having three hundred sick, of whom one hundred and forty were in such a desperate state that had the arrival of the vessel been delayed much longer their death would have been inevitable? Of these poor creatures, we are told by the *Liverpool Albion*,

"Many lay upon the deck, and others, fortunate enough to have been provided with hammocks, were without any other covering than their wearing apparel. Their appearance was piteous, and in some instances sickening; men who a few months ago were hale and hearty were literally reduced to skeletons by long-continued dysentery, their bones and sinews being only covered by skin, and their faces pallid and emaciated, more like those of corpses than of living beings.....One man, who died on the way to the workhouse infirmary, had on a pair of drawers and a flannel singlet, both saturated with wet: so, it is said, he had lain for weeks exposed to the weather, and so he died. His appearance was horrible; like that of a man who had been starved to death."

Nine soldiers died after the arrival of the vessel at Liverpool. Now what pleas can be urged for regarding this disgraceful *denouement* in any other than the most flagrant light? At the opening of the Court of Inquiry, Mr. LAWFORD handed in a letter on the victualling of the return troops from India to England, signed by Lord CANNING and two members of the Calcutta Government, dated the 16th of September, 1859. It stated that, owing to the number of returning troops, the Calcutta markets could not supply in adequate quantities the usual preserved meats, soups, &c.; and therefore the Govern-

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ment were compelled to make up the deficiency with salt meats, rice, &c. There is no doubt, we believe, that at this time good provisions were dear at Calcutta; and the commander of the ship states that when the first biscuit was sent on board, it was so bad that he returned it ashore upon his own responsibility. Better bread was then sent, but it soon became just as bad as the other. The question has been asked, why sufficient stores were not obtained at St. Helena. According to one party, there was a mistake as to the quantity already on board; according to another (the men's party), the price was too high, cabbages being 2*s.* 6*d.* each! Indeed, the men themselves say that under the circumstances in which they left India—namely, as discharged soldiers—but little consideration was given to their comfort. A lot of old stores lying at Fort William (Calcutta), considered unfit for use there, were thought good enough for them, and were placed on board accordingly. But it is not alone of bad beef and biscuit that complaint is made; these form but a part of the grievance. Was water dear, or were butts that would hold it scarce? Was the lime-juice obliged to be worse than useless, and were the pickles and other anti-scorbutics necessarily musty and offensive? But further, were clothes unattainable? The soldier found dead in the cart after its arrival at the workhouse was without shoes and stockings, and the garments which clothed him weighed less than two pounds! As a rule, the men were deficient in clothing, and a great number wore that which was only suitable for the summer of a warm climate. Reference was made to the neglected condition of the man just alluded to, and Dr. FERNANDEZ explained that,

"Although it would be known in India that the men would arrive in Liverpool in the middle of winter, there were no blankets supplied to them. When the vessel went into St. Helena, he applied to the governor, and received about a dozen blankets, but these were all in use in the sick bay, and he could not take them off men who were desperately ill and give them to new-comers. He adopted all the means in his power to aid the sick, but the constitutions of the men were so broken down that they appeared unable to rally; and a further depressing circumstance was the vitiated state of the atmosphere. The arrangements for ventilation failed entirely, and the state of the atmosphere between decks was very injurious to the men."

But why were a thousand men obliged to be stowed away in insufficient space, and with defective accommodation? and, above all, why were they provided with only one medical officer and his dispenser to attend to them? Were Dr. FERNANDEZ and Mr. TESSIER all that the Government at Calcutta could spare to accompany 1000 discharged soldiers to their homes? Shame upon it! This is in itself sufficient to condemn the whole affair.

We are told that the men brought these disorders upon themselves, to a great extent, by intemperate habits; that they were leading dissolute lives before they came on board, and had made no provision for themselves. Every man was supplied with a hammock when he embarked, and yet soon after the voyage commenced several hundreds were missing. Lieut. H. GOSCHEN thus accounts for them:—

"They must have been thrown overboard, because I searched the ship with the chief officer, and we could find none stowed away. There was a regulation that the men should, at stated periods, bring their hammocks upon deck, and in order to avoid the trouble the men threw their hammocks overboard. It was all done through sheer laziness. Several hammocks were thrown overboard because they were in such a filthy state."

The ration of wine was stopped, it is said, because of the thieving that was going on, eleven bottles of wine having been stolen from under the very sight of the master, and followed by drunkenness. Much of all this is true, we dare say. The men were, possibly, a tiresome, dissolute set; and so, as we are told, "the people in Calcutta wanted to get rid of them at any price, "and they made the best arrangements which could be made "under the pressing circumstances." If this really be the case—if the chief Presidency of India was unable to despatch 1000 soldiers to England except with "biscuit resembling a piece of wood nearly consumed by ants," uneatable, condemned beef, bad lime-juice, musty and offensive pickles and vegetables, leaking water-casks, no blankets, deficient clothing, and with only two medical attendants; and these men despatched in a relatively small, ill-ventilated, unadapted merchant vessel, under no discipline, when from their known dissolute and reckless career they required all the more care and attention,—why then all we have got to say is that our friends at Calcutta are in a state of helplessness and depression we but little dreamt of.

Before we conclude, there is one question which we would ask of our Indian authorities. Is it quite hopeless to expect that some change shall be enforced with respect to the facilities—nay, encouragement—held out to soldiers in India to degrade themselves by such constant intoxication? Here at Chinsurah, the military depôt for Calcutta, the canteen is the property of the sergeant-major. The men are under his care previous to embarking, and he induces them to drink as much as possible. Dr. FERNANDEZ described "the kind of liquor the men drank "while in India, which was made so strong that it was like "fire in the mouth. It was called 'bayonet points,' 'fire "dragon,' and other strange names." Verily, taking all things into consideration, military service in India must form an ennobling and civilizing kind of life.

FEELING interested in the subject of the Purification of the Serpentine, and desiring to acquaint ourselves with its present condition, a few days since, in the course of our inspection, we reached the Bayswater extremity of the lake, the site on which Mr. HAWKSLEY's now notorious filtering beds have been constructed. Judge of our astonishment, on reaching that spot, to find the works in active progress, a little army of workmen being engaged upon them, and toiling away as vigorously as they would doubtless have done had they been engaged in the construction of a fortification, and with the expectation of the speedy arrival of the enemy. Here, said we, is another sample of the work of that perverse monster, Routine; here goes the public money again to no purpose. Common Sense argued that the course which should have been taken was to have suspended the works pending the inquiry. But Routine said, No; there are certain formalities which must be gone through before the works can be stopped. But, rejoined we, the money will all be spent, and that probably on a project to be condemned by the Committee of Inquiry now sitting. And we were right on both points: the money has been spent—that is, £14,000 out of the £17,000 voted; and the project, long since

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condemned by the common sense of the country, is now virtually so by the Committee of the House of Commons on the Serpentine. There is at length an end of Mr. HAWKSLEY'S absurd plan of filtration. This plan has not a single redeeming feature; it does not fulfil one of the conditions requisite to ensure the purity of a body of water like the Serpentine; and even the utility of what it really did propose to accomplish—namely, the filtration of the impure water—has been called in question by Dr. HASSALL in his evidence before the Committee. It was stated by that witness that the presence of minute vegetable organisms, such as confervæ, in water, while they are a test or sign of the impurity of any water, yet by their growth, whereby they appropriate as their food the organic matter in solution in the water, they contribute powerfully to its purification by preventing that organic matter from undergoing the ordinary process of putrefactive decomposition. Now, Mr. HAWKSLEY'S filtration would have removed for the most part the confervæ and other growths mechanically suspended in the water, but would have restored back again the soluble organic matter, and which, by the abstraction of the confervæ, would have been placed in a condition more favourable for becoming rapidly decomposed. But this objection is, perhaps, overstrained. Mr. HAWKSLEY'S plan may be good as far as it goes. Its fault lies in this, that it does not go far enough. It is utterly inadequate in relation to the effect to be produced. However, there is at length, we believe, after the waste of a large amount of public money, an end of the project. We must now take care to secure in place of it some really effective plan. So much money having been spent, the Committee would like, if possible, to recommend the ingrafting upon Mr. HAWKSLEY'S process of certain useful provisions, so that it might thus appear that the money had not really been wasted. We earnestly warn the Committee against adopting any such compromise as this. Let the money spent be sacrificed, and let the Committee consider the subject *de novo*, and advise the adoption of those measures, regardless of any reasonable expense, which are best calculated to ensure the object in view. What the conditions requisite for the successful purification of the Serpentine are, can hardly be doubted. They are four in number: first, the diversion of all sewage; second, the removal or purification of the mud; third, the supply of the lake with the purest water that can be obtained; fourth, the daily addition of fresh, and subtraction of a certain volume (about one million gallons) of the old water, maintaining a perennial movement. Any plan which does not embrace these four essential conditions will not and cannot be expected to prove entirely successful. Of these four cardinal points of the question, the Committee ought not for a moment to lose sight.

IN answer to numerous inquiries concerning the movements in town upon the question of the representation of the University of London, we have again to say that these movements are entirely premature, and especially to be deprecated. To enter upon a canvass when the whole matter is only in the first stage of incubation is obviously absurd. Suppose the chicken should never be hatched; or when the shell breaks, that the egg be discovered to be addled! We firmly believe that the addresses and circulars now going round have a tendency to produce one or other of these results. Promises now given, no matter to whom, can only have the effect of entangling graduates in engagements which events may cause them to regret. One point we think it right, in the interest of the University, which we have always had at heart, to insist upon. It is this: the future member, especially if a graduate, ought to be distinguished, not so much by his intra-academical honours, as by subsequently acquired distinction in literature or science. Such a man only can reflect true honour on the young University, and gracefully introduce her to the society of the British Parliament.

WE are glad to learn that the National Hospital for the Paralyzed and Epileptic is opened for the reception of patients. An institution devoted to the treatment of this class of nervous diseases has long been wanted. Under the guidance of Dr. BROWN-SÉQUARD, it cannot fail to exercise an important influence on the progress of our knowledge of the pathology of these diseases, and to lead to a more scientific and successful treatment.

Medical Annotations.

"Ne quid nimis."

THE BAD WORKS OF THE METROPOLITAN BOARD.

THE Metropolitan Board of Works has not at any time since its first establishment been in very good odour. The stench of the Thames during the last few seasons, and the failure to quell it, did not improve its reputation; and the efforts now being made to provide a deodorizer for the approaching summer are likely to leave it in a worse case than ever before. The Board have committed many great blunders; they are about to extinguish these by one which shall be immeasurably greater. They are advertising for thousands of gallons of perchloride of iron, by which they mean something else.

Warned by the unutterable stench of the Thames during the past seasons, and seeking means more efficacious than those hitherto employed, which converted the water into a peculiarly uninviting variety of sanitary lime-soup, the Board had called into council two eminent chemists, Dr. Hofmann and Dr. Frankland, whom they invited to select from a shoal of schemes submitted to the Board a deodorizing process, combining both efficiency and economy. Of those proposed the name was legion. After rejecting the proposition of Mr. Kottula for dosing the river with salt, and of others for galvanizing the astonished waters, and treating them to electric shocks, these gentlemen reported that only one fluid possessed "that combination of qualities which could warrant them in recommending it to the Metropolitan Board of Works for the deodorization of the London sewage." The agent was that described as "Dale's *Muriate of Iron*," which "far surpassed any other in its immediate action and permanent effects." Its superiority in immediate action arises from the small quantity which is needed of the fluid, for five drops effectually deodorize a gallon of fœtid sewage, or half a gallon suffices for 7500 gallons of sewage, as Drs. Hofmann and Frankland report. Next, in the facility and rapidity of its application, and in the agreeably pellucid condition in which the deodorized water is subsequently left. Finally, whereas sewage deodorized with lime or chloride of lime (the next best agents) becomes offensive and putrid four days after treatment, that treated with Dale's fluid remains permanently deodorized. Probably it may also be said that it is disinfected, for the iron-salts appear not only to deodorize but to precipitate the organic matter which is likely to act as a ferment. Hence the completeness and permanence of the deodorization.

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The reporters confirm all that has been alleged in these respects concerning Dale's fluid; but finding it to contain an excess of perchloride of iron, they fell into the grave chemical error of speaking of it through the latter part of their report as perchloride of iron. This is an error which two chemists of high ability should have avoided. It has led to serious mistakes, and promises to produce a gigantic blunder. Misled by that loose and incorrect description, the Board of Health at Croydon had already, in December last, set to work to manufacture the perchloride, and employed it in the public deodorization of sewage. The result, we are informed, was a dead failure, and they were compelled to desist, and employ the fluid upon which alone Drs. Hofmann and Frankland reported. This fluid is distinguished from simple perchloride of iron by essential characters. Thus, it precipitates prussian blue from the solution, both of the ferrid- and ferro-cyanide of potassium; whereas perchloride of iron gives no such reaction with the ferrid-cyanide. Again, alkalies precipitate from it an oxide which is found to be magnetic when dried. It is a fluid of very interesting chemical properties, containing what chemists have hitherto held to be a mechanical mixture of protochloride and perchloride of iron, but which, from the study of its effects, may rather prove to be a chloride corresponding in condition with what would be a magnetic chloride of iron.

The chemical blunder of the reporters has been magnified by the Board into a sanitary blunder of the greatest magnitude. The fact is, that the perchloride of iron did not come under the notice of the reporters at all; they reported throughout on Dale's fluid. The perchloride of iron has comparatively feeble powers of deodorization. The Board are advertising for thousands of gallons of a fluid of the properties of which they know officially nothing; they are asking, in fact, for what they do not mean, and will get what they do not want. The result will be, that thousands of pounds will be wasted, and the Thames will stink worse than ever.

STUDENTS, TO THE RESCUE!

"JUNIORES PRIORES." That is the new order of the day in our profession. The students, the younger members, the neophytes, are to carry the day. They are the repositories of public spirit and intelligence; they are the disinterested and patriotic individuals who are to raise the cry for redress of other men's grievances, and fight the battles of the oppressed members of the medical body. It must be confessed that they show no unwillingness to play their part. They have plenty of spare energy, and more spare time than we can easily understand when we consider the heavy courses of study with which they are now loaded. They enter into questions of professional reform with surprising vigour, and it must be confessed with judgment and success. They responded to the call of the Naval Assistant-Surgeons, and by their rapid and wide-spread organization extorted concessions long denied and deferred. They come forward now at the call of Mr. Griffin to whip up the cause of the Poor-law Medical Officers. They hold their meetings of delegates and their hospital meetings, prepare their petitions and bore their members into supporting them, and go through all the forms of political agitation with the care of trained agitators and the rapidity of earnest-minded men. They have communicated with Mr. Griffin to inquire whether the representative bodies of the profession have employed their influence in aid of the vast number of their constituents now unduly oppressed, or whether they have expressed any opinion on the subject. They are officially informed, in reply, that these corporate bodies have not addressed Parliament on this subject; and, after some years of agitation, it would appear to be, these young men, at their first meeting, inquire what the heads of the profession have done for the masses whom they are supposed to represent, and are answered—nothing! In their youthful *naïveté*, they are surprised; and in their audacity, they are about to urge on the councils of the medical corporations the propriety of showing their interest in that which affects so many thousands of their members. They are young: they may be excused. The sight of so much trusting confidence and youthful ingenuousness may even touch the hearts of the obdurate councillors. Mayhap they will move them to petition.

THE RECALCITRANT DENTISTS.

THE gentlemen who have assumed to themselves the title of "the College of Dentists of England" are very intent upon having the opinion and support of the medical profession and the public. But they are equally desirous of forming that opinion by devices peculiar to themselves. They solicit by circular the opinion of every medical practitioner, "if in accordance with those therein expressed;" and they seek the sympathy of the public by *ad captandum* paragraphs. But both the circular letter and the newspaper cuttings abound in every form of the *suppressio veri* and *suggestio falsi*. The letter is in the hands of every member of the profession, and for their guidance it is well rapidly to examine the meaning of its sentences and the exactness of its statements.

This document starts by observing that a protest against the College of Dentists has been signed by the dental examiners of the College of Surgeons, in the desire to embarrass the only independent institution of dentists. The fact is patent that the protest was signed on the 17th ultimo, before any such examiners had been appointed; and as to "independence," it must be observed that they rely upon collateral professions as much in this as under any other institution, and have been compelled to institute a mixed body of examiners, depending for their supply upon the medical profession. They say that the College of Dentists of England was founded at a specially convened meeting of the dental profession, and that the title was agreed upon as the most expressive of educational objects. It must be answered that the meeting was convened by persons of small professional repute; that it was not attended by any large or influential section of the profession; and that for a small and not the most important minority of the dental profession to constitute themselves a "College of Dentists of England," is to work upon a false pretence. The title assumes that "the dentists of England" assent to the existence of the body, and are represented in it. Nothing but a clear majority could justify such an assumption. Again, it is stated in this circular letter that the College of Dentists "is striving to advance the interests of the dental profession, and at the same time to secure for the public a properly qualified class of practitioners." In order to appreciate the value of their efforts, it is only necessary to remember that amongst the two hundred members who signed their statement, and to whom, as members, an official paragraph in the *Observer* states that they are about to issue their sham diplomas, there are included upwards of forty advertising dentists, apprentices, mechanical assistants, chemists, homœopaths, "glasscase-men," and apparently whoever else could be induced to join the attack upon the solid reform which has been inaugurated by the new charter of the College of Surgeons.

An old error, more than once corrected, is wilfully repeated in the statement that the "College of Dentists" framed their system before the certificates of the College of Surgeons were even planned; whereas it is well known that the College was memorialized in December, 1855—at least twelve months before the first meeting intended to establish the College of Dentists. They affirm a belief that the present reform is distasteful to the surgical profession; but seeing that this measure was unanimously approved by the Medical Council and the Council of the College of Surgeons, the "College of Dentists" have no right to make such a statement on any other ground than the declaration of a clear majority of the members of the College of Surgeons. They are very far from being in this

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position; on the contrary, it is highly probable that these gentlemen would, by a large majority, affirm that, as dental surgery is merely a branch of general surgery, the College of Surgeons have done wisely and well to extend their jurisdiction in accordance with their new charter, and that they are the proper persons to superintend the licensing of dental surgeons—a right which the "College of Dentists" has unwarrantably assumed to itself. The final assertion, that the dental licentiates of the Royal College of Surgeons will not be distinguished by the public from the fully-qualified medical practitioner, is equally destitute of actual or apparent foundation. The diploma has been carefully framed to exclude any such contingency.

THE MIDNIGHT MEETINGS.

IN some causes half a dozen failures may count as a success. To arouse attention you must be pertinacious and unabashed. To-day you are not heard, to-morrow you are snubbed, then you are listened to, assailed by satire, sense, and sentiment; ultimately, if you have pith and marrow in your cause, success arrives. So with the question which is now a favourite problem of the philanthropists of the day. We have watched and have aided those who sought to fix attention upon the conditions of prostitution in this great city as one of the causes of physical and moral deterioration of our people. One aspect begins to claim attention: patience and much argument will effect the rest. We do not despair of seeing syphilis restrained by a system such as that which has combated small-pox. In time this zymotic disease will become the object of other than merely curative care; and the statistics of syphilitic disease in our army and general population will cease to afford the disgraceful contrast which they now show when compared with those of cities such as Brussels, whilst our present reluctance to face the open discussion of legislative prophylaxis will be a memory of the past.

Meantime the social evil engages the attention of some earnest-hearted men, whose efforts are attentively watched by a great body of the public. We have closely observed their endeavours, and can report favourably. The midnight meetings are not a mere temporary or local effervescence of theological zeal. They do not arouse a purely momentary enthusiasm amongst an impulsive audience. To watch the effect of the language held at these meetings is to see that a new world of thought is opened to the listeners. The sudden change of demeanour, the irresistible emotion, the intense remorse, the quick gratitude, the general but suppressed sobbing, and the universal thankfulness speak of a profound change wrought in the minds of these women by the knowledge, now for the first time brought home to them, that there are those who seek them, not for their destruction, who think of them with pity, and of their life with unaffected horror. These women have never before been taught to think seriously of the moral and physical consequences of their manner of life. We can affirm that their behaviour in the Homes is unexceptionable, and that the hundreds who will thus be wholly saved will be far outnumbered by those who carry away a salutary and abiding impression which will not suffer them again to be as they have been. Should the movement be permanently successful, we hope to see an inexpensive parochial system established which will provide for the seeking out of women giving birth to illegitimate children, in order that employment may be found for them, and that they may be saved from the streets, and their children from the excessive mortality which at present unnaturally consumes their class.

INFANTICIDE NO MURDER.

THE last assizes have been not less fruitful than usual in acquittals of females charged with infanticide upon the clearest evidence. The severity of the law which enacts capital punishment for the crime of child murder under all circumstances of aggravated misery and provocation has produced a lax practice and a free interpretation of the law, which render convictions for this terrible and far-spreading crime altogether exceptional. The law has been so strained to exclude from the status of humanity the infant child, even after expulsion from the womb, that in nine cases out of ten it is impossible to prove that the child was murdered before it was wholly born and the umbilical cord was severed, and therefore no prosecution is attempted. Even in the tenth cases which are submitted to the jury, their extreme unwillingness to subject to the awful penalty of the law the unhappy mother, whom misery, anguish of mind, and physical suffering had wrought to desperation, induces them to adopt any possible or impossible hypothesis rather than that which leads to conviction. Thus, last week, a jury, by their verdict, affirmed a belief that a male infant found in a pond had drowned itself, whom its mother had taken out, and returning home, had said to one person that she had put the child out to nurse, and to others that it was dead and buried. The commiseration which these cases excite interferes with the course of justice, and perpetuates a great crime. Revision of the law is urgently demanded. This has been frequently admitted by the judges, in discussions at the Social Science Association and at the Law Amendment Society. Dr. Burke Ryan has very ably exposed the defects of the law as now existing; one step further is needed—to secure their amendment.

A SAVING MEASURE.

THE House of Commons may be congratulated on having performed a duty to humanity. They have practically decided that the law shall step in for the relief of those who have been fitly called the "white slaves of England," and save them from a bondage which leads to disease and death. It has been known for years that the bleachers and dyers of our factories were worked with a severity and under conditions involving great cruelty. A parliamentary commission which took evidence on the matter in 1853 received full confirmation of the sad sufferings of the operatives in these works; but, by a piece of parliamentary jobbery, the report ran adversely, for it was drawn up by persons interested in bleaching and dyeing works. It was proved then that children were worked continuously, in close rooms, for thirty-seven hours, and even for two or three days without time for sleeping in their beds—snatching an hour's rest on boxes, and continuing to work while so sleepy that it was only by loud noises and by frightening them that their overseers could keep them awake. Of course when a Bill to amend this state of things was introduced, the representatives of the owners of these works stood to protest that such a change must involve ruin. But the House remembered that the same plea had been used by the devil's advocates to arrest all measures of humanity. They did a good work promptly, and after a short and sharp debate last week affirmed the second reading of the Bill by a large majority.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me space in your journal to inform the Poor-law medical officers that Mr. Pigott introduced into Parliament, on Tuesday evening, the Bill on Poor-law Medical Reform, and which was read the first time on Wednesday; it is, therefore, most desirable that Poor-law medical officers should lose no time in petitioning the House in its support, 108 petitions only having, as yet, been sent

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in this session. Some of these, however, have been numerously signed by Poor-law medical officers, and a few by ladies, guardians, clergymen, private medical men, and ratepayers. I, therefore, believe the feeling in favour of medical reform has become so general, that if medical men would but take the trouble to ask for signatures to petitions, they might have them to almost any extent, particularly if the information be given, that the present payment to the medical officers throughout the kingdom is only 3*s.* 1*d.* per case, and that for an illness the average duration of which is twenty-two days.

The Bill now before the House is somewhat different from that laid before the medical officers, as it was only lately I discovered that the second element in Mr. Estcourt's plan, which averaged one shilling per case throughout the kingdom, would work very unequally in the different divisions; the metropolis receiving but 4½*d.* per case, whilst another division would have 2*s.* 6*d.* I therefore took upon myself to ask Mr. Pigott to abandon that mode of payment, and adopt the simpler plan of giving 3*s.* 6*d.* for each case of illness where the medical officers find the medicines, and 2*s.* 6*d.* where the guardians find them. A similar mode of payment I suggested should be adopted for the medical officers of union houses, with the addition of 1*s.* for each visit to the workhouse, &c., if under one mile from the residence of the medical officer; 2*s.* 6*d.* if above one mile, and less than two miles, and 5*s.* if at any further distance. I also suggested that the payment for acreage, and the 2*s.* 6*d.* for medical advice should be made a charge on the county-rate of the county in which the union is situate, the extra medical fees to be paid for out of the common fund of the union, and the 1*s.* per case for medicines and the charge for dispensaries out of the consolidated fund—a mode of payment which, I trust, will remove all cause for opposition by the guardians; and as it lessens the payment by Government, I hope it will ensure the support of Parliament. I trust these various changes will meet with general approval.

I have now in the press a pamphlet of thirty closely-written pages, containing a summary of the Bill, and a commentary on each clause; also, three pages of forty-two columns of figures. A copy of this I intend sending to each member of Parliament, in order that they may see the necessity for the various clauses. When the Bill reaches the Upper House, I shall forward copies to its members. I shall also send one to each of the medical officers who have sent subscriptions to the Association within the last twelve months, as it is with their money the pamphlet has been printed. I regret I cannot go further, as the funds of the Association are too low to permit me to send to all the original subscribers; but as it is most desirable that all union medical officers should possess a copy, in order to understand the reason for the insertion of the various clauses, and the way they will work in each division, I have directed the printer to keep the type standing for a short time, so that those gentlemen who may renew their subscriptions may have a copy. Non-subscribers, whether Poor-law medical officers or not, may have one sent to them on forwarding to me their address and twelve postage-stamps; and on the same terms I shall be happy to furnish all guardians with copies; and the more that may apply the better, as I feel sure that if they look at the Bill with unprejudiced eyes, they will be convinced, that although it will benefit the medical officers, it will at the same time do good to the poor, and remove the burden from the individual unions.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, March 29th, 1860. RICHARD GRIFFIN.

P.S.—The question of a general meeting is under consideration.

ON THE PROPOSED VACCINATION BILL FOR SCOTLAND.

(LETTER FROM DR. GEORGE W. BALFOUR.)

To the Editor of THE LANCET.

SIR,—The recent increase of epidemic small-pox in Scotland, and its dependence, in a great measure, on neglect of vaccination, as has been proved by the inquiries of the Registrar-General and the district registrars, have most naturally aroused the attention of both the public and the profession, and caused most anxious inquiry to be made as to the best method of remedying this wide-spread and fatal defect. The conclusion arrived at by both parties seems to be, that there exists an absolute necessity for legislative interference, inasmuch as the preservation of public health is, when possible, as much the duty of the Legislature as the preservation of the public morals. Of the correctness of this view there cannot, I think, be any doubt, though there may be a slight difference of opinion as to the best method of carrying it out. Be that as it may, the fact that this increase of epidemic small-pox has chiefly occurred since 1854, when, by order of the Board of Supervision, *gratuitous* vaccination was provided for *all* who chose to apply, seems distinctly enough to point out the necessity that exists for rendering vaccination *compulsory* on all under a penalty. The outlines of two measures for attaining this object have been laid before the profession, to each of which there seems room for objection. I do not intend occupying your valuable space by an extended criticism of either Bill; both parties seem sufficiently to have recognised that the main object of the measure is, to compel the vaccination of every child born in Scotland previous to its attaining a definite age; to provide for the vaccination of such of the population as may yet be unvaccinated, and to provide, as far as possible, for the revaccination of all after a term of years. But while the Council of the College of Surgeons pray for the division of the country into certain districts, to each of which a public vaccinator is to be appointed, he being a registered medical practitioner, they hand over the general supervision of the working of the Act, and of the public vaccinators themselves, to the ordinary inspectors of registration, who need not be medical men, and are not always so. Dr. Alex. Wood, in the outline of his Bill, (vide *Edinburgh Medical Journal* for Feb., pp. 723, 724,) seems equally heedless of the medical element, inasmuch as he, too, directs the due performance of the Act to be watched over by "the registrars of each district."

Now I am inclined to think that vaccination, having for its object the annihilation—for it almost amounts to this—of, perhaps, the greatest, most fatal, and most loathsome scourge of mankind, is precisely a matter in which it is of the utmost importance to have experienced medical men to overlook the working of any Act having for its object its more efficient performance, and that it should be their duty, not only to see the Act properly carried out, to take cognizance of all anomalies, and keep up a proper supply of pure and good lymph, but that they should also make proper inquiries as to the origin of any sporadic case of small-pox, and direct the adoption of the best measures for isolating the case and extinguishing the disease. And I also think that the introduction into Scotland of a class of public vaccinators, whose interests must almost of necessity sometimes clash with those of the ordinary medical attendant, is to be avoided if possible, and is not at all required to attain the objects of the measure, inasmuch as every registered practitioner is already a public vaccinator. With due deference, therefore, to my professional brethren, I would suggest,—

1. That the registrar of births for each district be also appointed registrar of vaccinations.

2. That the registrar give to everyone registering a birth, a certificate to be returned properly filled up, and certifying the vaccination of the child within (say six) months after its birth, under penalty of (fine or imprisonment).

3. The registrar to transmit to the medical inspector the names of parties in arrear of certificates.

4. The medical inspector shall, on due inquiry, either grant certificate in bar of further procedure, or, if necessary, transmit to the procurator fiscal for prosecution the names of those who have culpably neglected vaccination.

5. Vaccination to be gratuitous in all cases. This not to preclude the giving of an honorarium when desired.

6. In granting certificate of vaccination, the medical man to retain a duplicate, on transmitting which to the registrar of his district he shall be paid the sum of (say 2*s.* 6*d.*) as fee for each case.

7. Provision to be made for revaccination on attaining adult years; such as requiring proof thereof previous to registering marriages, &c. (This would tend to prevent the loss to the country through the pauperization of families by the death from variola of their adult head.)

8. The due performance of the Act to be watched over by district medical inspectors, who shall take care that a due supply of pure lymph is kept up, and that instruction in vaccination is provided where necessary. They shall also transmit, quarterly and annually, reports to the Registrar-General, whose duty it shall be to report to Parliament annually on the execution of this Act, unless it be thought proper to appoint a general inspector of vaccination to undertake this duty.

These suggestions, involving obviously not the whole tenor of the Bill, but merely the fit and proper connexion of the medical element with the carrying out of its provisions, I now

beg to leave to the unbiassed consideration of my professional brethren, and of the public, whose comfort and lives are concerned in the proper administration of this important enactment.

I am, Sir, yours sincerely,
GEORGE W. BALFOUR, M.D.

Shandwick-place, Edinburgh, March, 1860.

THE

CASE OF ALFRED GODFREY, AN ALLEGED LUNATIC.

To the Editor of THE LANCET.

SIR,—Had my letter of the 12th instant, or a fair comment on it, appeared in your columns, I should not again have troubled you on the subject, because it would have shown that it was not written for the purpose of vindicating the conduct of, or to justify the course adopted by, my father and myself (who, by the bye, am not the brother alluded to in your article of the 3rd instant, and who, although acquiescing in the course adopted—deeming it to be for the benefit of my brother,—never took any active part therein), there being nothing either to vindicate or justify.

You erroneously state that the real justification consists in the belief of the father and brother that Alfred Godfrey was actually insane. I clearly prove that such was not the case, but that it was the conclusion arrived at, and communicated to the members of the family, by various medical gentlemen (whose names I will, if desired, supply you with), and that it ultimately became impossible to treat him otherwise than as being so.

You say you are pleased to hear that an apartment was provided for and weekly allowance made to him on his discharge from Colney Hatch; but you do not say, as appears from my former letter—from the fact of the strangeness of his actions, and his not being able to content himself for any length of time, and his requiring attention and to be supplied with food at all hours of the day and night—how futile our doing so appears to be. Your remark, that it is very probable he requires medical treatment, I am at a loss to understand, though I do not doubt he himself imagines such to be the case.

It is unnecessary for me to recall attention to many portions of your article of the 3rd instant, because you have not ventured to reiterate them, and therefore their falsity may be concluded to be established by my reply thereto.

I can but regret that a journal conducted, as yours is professedly avowed to be, on liberal principles, should endeavour to add to the misery of a family already sufficiently great by the knowledge that one member thereof should be in the state my unfortunate brother is; and I shall, on their part, feel much obliged to you, or any of your readers, if they will kindly point out what is the proper course to pursue in the case of a young man declared by many to be insane, yet discharged from a public institution for the treatment of diseases of that nature as not so; whose friends are not in a position, but who he imagines are bound to supply him with every luxury he requires; who is constantly in the habit of disturbing persons in the middle of the night, labouring under the idea that he is dying; and although taking many more meals per day than any reasonable human being would, yet imagines he is always sinking from want.

In concluding, I feel bound again to repeat that without blaming the relations you cannot, with any degree of justice, say that Alfred Godfrey has been subjected to much cruel and unnecessary suffering; the force of which remark I am unable to comprehend, because the steps taken after a considerable time and with the utmost reluctance was the only course ultimately open for them to pursue.

I am, Sir, your most obedient servant,
EDW. GODFREY.

Southampton Buildings, Chancery-lane, March 19th, 1860.

To the Editor of THE LANCET.

SIR,—In your leading article of the 3rd instant you thought proper to insert a long letter, making use of my name and that of my unfortunate son, A. L. Godfrey, and wishing to show me up to the world as an unnatural parent,—the large manufacturing jeweller of Clerkenwell,—first sending him to a madhouse, and then allowing him to come out without shelter or food to wander about the streets,—which is a gross falsehood. You cannot plead ignorance at taking the one-sided question, as I had occasion to write you before, wherein I stated that I could produce certificates from gentlemen standing high in the profession. All I have to say, in my humble opinion, and the opinion of many others, that a more unjustifiable discharge could not have taken place by the doctor of Colney Hatch institution, after a short period of less than six weeks, without a trial to cure, and stating there was nothing the matter with him, either in mind or body.—I remain, Sir, yours &c.,

St. John-street-road, March, 1860. G. LAZARUS.

*** We are quite willing to allow Mr. G. Lazarus and Edward Godfrey to state their own case. Their letters, like the former one from which we extracted the points most favourable to them, indicate that unhappy influence upon the temper and judgment which the belief in the insanity of a relative is apt to exert. Mr. E. Godfrey, in adverting to our suggestion that his unfortunate brother probably requires medical treatment, says he is "at a loss to understand" how this can be. Yet he declares his conviction that his brother is insane. He must, therefore, be at a loss to understand that insanity is a disease eminently calling for medical treatment. We repeat our doubts whether the handcuffs, the visit to Bethlehem, the confinement in the Clerkenwell Lunatic Ward, or in Colney Hatch, have cured Alfred Godfrey of his alleged lunacy. If not cured, he still requires treatment, not of the latter kind, which certainly has done no good, but medical treatment.

And if the treatment referred to have done him no good, then it was "unnecessary," and, if unnecessary, "cruel." If Mr. Edward Godfrey repudiates the idea that his conduct and that of his family does not require justification on the ground of their belief that Alfred Godfrey was insane, we do not understand how they would wish to justify it. Messrs. Lazarus and E. Godfrey appeal to the testimony of gentlemen standing high in the profession in confirmation of Alfred Godfrey's insanity. They do not mention the names of these gentlemen. They omit the fact that other medical gentlemen do not concur in that opinion. They singularly misconstrue the significant circumstance that Alfred Godfrey has been discharged from Colney Hatch after six weeks' detention, there being "nothing the matter with him, either in mind or body."

The letters printed above will induce the candid reader to suspect that we have dealt rather too tenderly than otherwise with the writers.—ED. L.

FOREIGN WINES.

To the Editor of THE LANCET.

SIR,—Perhaps you can spare me a small portion of your valuable space to make a few remarks on the subject of French wines, now promised as such a boon to Englishmen.

I would first suggest that these wines are all, with very rare exceptions, made up for the English market: if so made up at present, how much more so when there is a far greater demand for them at home!

Living near to the wine-growing provinces of both France and Spain, we are inundated with wines of inferior quality, from the price of a real (2½*d.*) per bottle and upwards; and I have, during my residence here, particularly noticed their effect on the English constitution in the persons of my patients, comprising several hundred navvies. "The 'rioccho,' or red wine of the country, is a fruity wine, with a dry after-taste, unpalatable at first, but the taste soon becomes habituated. It contains little or no nourishment; it causes diarrhœa at first, and subsequently a tendency to dyspepsia." I find that the flesh of persons drinking these wines is very tardy in reparation, and that the constitution cannot so easily shake off an acute disease as in other circumstances. As these are the only drinks within the reach of my patients (saving "aguardiente," which is worse than poison), I consider myself competent to form an opinion on the point.

These wines, if admitted at a cheaper rate into England, will form no boon to the working classes, for even supposing them to be placed within the range of their pockets, they will not be found to contain the pabulum requisite to sustain the strength of the operative. The only class, it strikes me, they will benefit are the people who now drink them, and are fully able to pay the full price for them.—I am, Sir, yours truly,

Bilbao, Spain, March, 1860. J. INGLEBY MACKENZIE, M.R.C.S.

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POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will permit a copy of the accompanying circular to appear in your journal.

If Poor-law medical officers really suffer a grievance from hard work and poor pay, it seems to me that now is the time for increased energy and some little sacrifice. Let no man live for himself. Let him strive by his countenance and support to aid in obtaining a meed of justice. Let those who will not work actively themselves support those who do. For once, throw away all supineness and indifference, and with right hearty good-will stand forward and make the cause your own.

Many have given their time and money in order to benefit all, and on what plea can any man stand aloof and listlessly watch this struggle? If success should crown the efforts that have been made, let every man have the inward satisfaction of knowing that he has contributed to obtain that success, seeing that he must necessarily share in any benefit that may ultimately accrue.

I therefore commend these few words to the serious judgment of every medical officer in the service, and sincerely trust he may be disposed to act with promptitude and spirit. The sacrifice individually is small, but the stakes are great.

I am, Sir, your obedient servant,

March, 1860. A POOR-LAW MEDICAL OFFICER.

"*Poor-law Medical Reform Association.*

SIR,—It is proposed that every medical officer of the Union should subscribe a further sum of ten shillings in support of the above Association.

If you should accede to this proposal, and will favour me with your subscription, I will undertake to forward it to the Chairman, who has laboured most energetically for the advancement of our interests.

I would further suggest that each medical officer should *immediately* petition the House of Commons to pass such resolutions or laws as will have the effect of ameliorating his position.

I have the honour to be, Sir, your obedient servant,

——, March 7th, 1860."

MR. HANCOCK'S OPERATION FOR GLAUCOMA.

To the Editor of THE LANCET.

SIR,—In a former number of your journal I made some remarks on Mr. Hancock's new operation for glaucoma, contrasting it with Von Graefe's operation by iridectomy. The case then reported by Dr. Sansom did not appear to have the pathological characteristics of glaucoma, and the somewhat premature announcement of its success made me consider it as another form of paracentesis of the cornea, which had the risk of hernia iridis as a disadvantage. I had besides, in my own mind, the apprehension lest the cicatrix formed by the division of the ciliary muscles might aggravate the tension in case of a récidive. But after having read Mr. Hancock's excellent lecture, published since in THE LANCET (Feb. 11th and 25th), where his views are more fully developed, and some successful cases reported, I must, in justice to that gentleman, state that the operation stands now on a different footing, and that we shall ask for it a fair trial here. If the cures should prove radical, Mr. Hancock will have rendered an important service to ophthalmic surgery.

I am, Sir, your obedient servant,

Paris, March, 1860. J. R. WOLFE, M.D.

THE COLLEGE OF PHYSICIANS AND DR. OLIVER.

To the Editor of THE LANCET.

SIR,—Will you give insertion in the pages of your journal to the following correspondence?

In August last I applied to be admitted to the membership of the College of Physicians, in accordance with the public advertisement of that institution, professing to admit British graduates under certain bye-laws. In the following November I received a reply from the College, stating that the Censors declined to admit me to the membership, but assigning no reasons for the rejection. Several subsequent letters failed to elicit any cause for so arbitrary a proceeding, especially as I had complied with all their regulations as supplied to me. It so happens, in my case, that the refusal is of no consequence and the membership wholly worthless, as I have retired from practice; but there are many of my professional brethren to whom a similar rejection will be of importance, and they may as well know what treatment they are likely to meet with, if not in favour with the Censors of the College of Physicians. I am advised that an application to the Queen's Bench would compel a very different proceeding.

I am, Sir, your obedient servant,

Douglas, Isle of Man, March 26th, 1860. J. R. OLIVER, M.D.

Royal College of Physicians, London, Nov. 26th, 1859.

DEAR SIR,—I beg to inform you that your application to be admitted a member of the College under the bye-laws of Feb. 16th has been submitted to the Censors, and that they, being of opinion that you are not eligible, decline to submit your name to the College for election.

I remain yours faithfully,

J. R. Oliver, M.D. HENRY PITMAN, Registrar.

Douglas, Isle of Man, Nov. 29th, 1859.

DEAR SIR,—Your letter of the 26th inst. has been forwarded to me here. Will you have the goodness to inform me upon what grounds the College of Physicians refuse to admit me to the membership? I remain yours faithfully,

Henry Pitman, M.D., Royal College of Physicians. J. R. OLIVER.

Royal College of Physicians, Dec. 3rd, 1859.

DEAR SIR,—In reply to your inquiry why your application for admission as a member under the bye-laws of Feb. 16th has not been approved, I have no explanation to offer, but such was the decision of the Censors, of which it was my duty to inform you.

I remain yours faithfully,

J. R. Oliver, M.D. HENRY PITMAN, Registrar.

Douglas, Isle of Man, Dec. 8th, 1859.

DEAR SIR,—I am in receipt of your communication of Dec. 3rd. You must excuse me if I press for an answer to my inquiries why the College of Physicians decline to admit me to the membership, in face of their own public advertisement. The very refusal implies an imputation on my professional character; and I respectfully submit to the Censors that the extract from the bye-laws of the College, as furnished to me, admits of no arbitrary or invidious distinctions.

I remain faithfully yours,

Henry Pitman, M.D., Royal College of Physicians. J. R. OLIVER.

Royal College of Physicians, Dec. 10th, 1859.

DEAR SIR,—I regret that my former communication has not sufficed, but I am unable to furnish you with any other explanation of the refusal on the part of the Censors to refer your application to the College. It rests, as you will perceive from the bye-laws which I enclose, entirely with the Censors whether to refer the application to the College or not. I regret that the result of your application is so unsatisfactory to yourself, but it is not in my power to reverse it.

I remain, dear Sir, yours faithfully,

J. R. Oliver, M.D. HENRY PITMAN, Registrar.

Parliamentary Intelligence.

HOUSE OF LORDS.

THURSDAY, MARCH 22ND.

MEDICAL ACT AMENDMENT BILL.

THIS Bill was read a third time and passed.

HOUSE OF COMMONS.

FRIDAY, MARCH 23RD.

HER MAJESTY'S SHIP "QUEEN."

Sir J. PAKINGTON asked the Secretary of the Admiralty whether it was true, as stated in the *United Service Gazette* of January 21st, that the assistant-surgeon of her Majesty's ship *Queen* was refused a cabin at a time when four cabins were

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vacant; and whether, if the statement were true, any notice had been taken of it by the Board of Admiralty?

Lord C. PAGET.—We have had no intelligence whatever at the Admiralty of the transaction having taken place at all. I sent a telegraphic message this morning to Portsmouth, where the *Queen* was at the time, and they know nothing about it there.

THE "GREAT TASMANIA."

Captain ARCHDALL asked Sir C. Wood, in reference to the *Great Tasmania*, whether he was prepared to recommend the immediate dismissal of the officers inculpated by the verdict which appeared in the daily papers?

Sir C. WOOD said that before giving an answer he must have the evidence of the whole case fully before him, for he could not yet give an opinion as to what course the Government would pursue. He was very sorry that any such lamentable occurrence should have occurred. Evidently serious blame must be attached to some persons, whether in Calcutta or elsewhere.

ADULTERATION OF FOOD AND DRINK BILL.

The House went into committee on this Bill, and progress was reported.

Petitions were presented by Mr. W. EWART from J. S. Shand, M.D., and James Little, Esq., against the penalties imposed on medical practitioners in Scotland, obliging them to transmit certificates of births, marriages, and deaths gratuitously, under the Act 17 and 18 Vict., cap. 80.—By Mr. CLAY, from the medical students of King's College Hospital, for an improved system of Poor-law medical relief.—By Sir J. FERGUSSON, from the medical practitioners of Dalmellington and Newmilns, Ayrshire, against the obligation laid upon them to register causes of death.

Petitions were presented for inquiry into the condition of Poor-law Medical Officers, from Ansty, J. L. Green, King's College Hospital, and Tisbury: to lie upon the table.

Petitions were presented for alteration in the Registration of Births, &c. (Scotland) Act, from Glasgow, James Rankin, Kilbarchan, Nathaniel Lawrence, John M'Gregor, Presbytery of Forfar, Knockbain, R. A. Bain, Kirkcudbright, G. M. Carfrou, James Young, Dalmellington, Pollokshaws, Donald Macintosh, and William Watson: to lie upon the table.

Mr. CARDWELL expressed a desire to bring in the Bill for the Amendment of the Irish Poor-law Medical Charities before the Easter recess. There is much difficulty in finding a day.

MONDAY, MARCH 26TH.

Registration of Births, &c. (Scotland) Act: Petitions were presented for the relief of medical practitioners in being called upon to give gratuitous certificates of the cause of death, from Glasgow, Cupar, John Jeffrey, Alexander Campbell, Robert Crawford, John M'Gowan, Perth, Auchterarder, Berwick-upon-Tweed; William Ballanden and George Garson, John Ferguson, Lerwick, Adam Gordon, Newtown, Wm. Bendall, James Black, John M'Nab, and Ranald M'Callum: to lie upon the table.

Annual Account of Medical Education and Registration (presented March 23rd) ordered to be printed.

TUESDAY, MARCH 27TH.

THE LUNACY LAWS.

Mr. TORRENS rose to ask the Secretary of State for the Home Department when it was intended to nominate the Select Committee on the Lunacy Laws sanctioned by the House on the 23rd of February last—more than a month ago; and whether it was intended, without further delay, to submit reports on the evidence already given on the Lunacy Laws before Select Committees during the two previous sessions, with a view to legislate for the amelioration of the condition and the treatment of patients confined in insane asylums.

Sir G. GREY, in the absence of the Home Secretary, replied that the committee upon the Lunacy Laws was re-appointed this session upon the motion of the right hon. gentleman the member for the University of Cambridge (Mr. Walpole). It had taken a great deal of evidence, and his right hon. friend the chairman had undertaken to submit to it resolutions which would probably be the foundation of a report. If the hon. gentleman would communicate privately with his right hon. friend, he would probably give him further information.

Petitions were presented for amendment in regard to Poor-law (Ireland) Medical Relief, from Union of Ballinrobe, Waterford, and Bailieborough Union: to lie upon the table.

Petitions were presented for the amelioration of the condition of Poor-law Medical Officers, from Kidderminster, Dalston, Banbury, Midford, Stoke (Wilts), Wolverhampton, Stone, Lyncombe and Widcombe, Narbeth Union (three), Holbeach Union, Lanchester Union, Francis Ritchie, William Cruickshank, John Morrison, John Maclatchy, Middlesex Hospital, and Newton Abbot Union: to lie upon the table.

Registration of Births, &c. (Scotland) Act: Petitions were presented for relief of medical practitioners from the bestowal of certificates of deaths gratuitously from Alexander M'Donald, J. Wiseman, and Helensburgh, &c.: to lie upon the table.

WEDNESDAY, MARCH 28TH.

POOR-LAW MEDICAL RELIEF.

Bill on the subject of Poor-law Medical Relief, with a view to improve the position of the Medical Officers, and to secure more efficient relief to the Poorer Classes, presented, and read a first time: to be read a second time on Monday, April 16th, and to be printed.

ADULTERATION OF FOOD AND DRINK BILL.

Committee deferred till Tuesday next.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 23rd inst.:—

Barratt, Alfred, Birmingham; L.S.A. April 5, 1855.
Blake, George Augustus, Camberwell-green; L.S.A. August 12, 1853.
Bossy, Lewis, Pentonville-road, Islington; L.S.A. June 11, 1846.
Dempsey, William Churchill, Fleet-street; L.S.A. June 29, 1843.
Fitzpatrick, Thomas, Sheep-street, Northampton; L.S.A. Nov. 23, 1837.
Hall, Fred., Barnoldswick, near Colne, Lancashire; L.S.A. March 23, 1843.
Harvey, William George, Penzance, Cornwall; L.S.A. April 15, 1847.
Hewitson, Charles Christopher, Weirdale, Durham; L.S.A. Nov. 21, 1851.
Hughes, George Whimper, Elm-street, Ipswich; L.S.A. Sept. 14, 1837.
King, William Henry, Camelford, Cornwall; L.S.A. April 22, 1819.
Meek, William Sutherland, Tarporley, Cheshire; L.S.A. Jan. 21, 1847.
Porter, Charles, Birmingham; L.S.A. Sept. 27, 1833.
Saunders, Charles, Foulsham, Norfolk; L.S.A. May 27, 1841.
Sprague, Charles, Kimbolton, Hunts; L.S.A. August 3, 1837.
Taylerson, John, Whitby, Yorkshire; L.S.A. Oct. 22, 1835.
Tuxford, Edward James, Boston, Lincolnshire; L.S.A. June 24, 1834.
Vertue, Francis Henry, Southwold, Wangford; L.S.A. August 16, 1849.
Watkins, George, Chepstow, Monmouthshire; L.S.A. March 29, 1833.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 22nd, 1860.

Greenhill, Joseph Ridge, Lewes, Sussex.
Hall, Robert Arnold, Grantham.
Meade, Harry, Bradford, Yorkshire.
Rivington, Walter.
Spouncer, Frederick Charles, Gainsborough, Lincolnshire.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—The following gentlemen were elected the officers and council of the Society on Thursday, the 22nd instant:—*Hon. President:* W. D. Chowne, M.D. *President:* William Travers, L.S.A. *Vice-President:* Gordon Smith, L.S.A. *Hon. Secretary and Treasurer:* Mr. Frank William Cooper. *Councillors:* Messrs. Edgar A. Browne, Thomas Dobson, Frederick C. Skegg, and George Delamotte.

NATIONAL HOSPITAL FOR THE PARALYZED AND EPILEPTIC.—The following appointments were confirmed at the last General Court:—*Physicians:* Dr. Brown-Séquard, and Dr. J. S. Ramskill. *Consulting Surgeon:* William Fergusson, Esq., F.R.S. *Surgeon:* J. Z. Laurence, Esq.

METROPOLITAN FREE HOSPITAL.—The following gentlemen have been elected Assistant-Physicians to this hospital: Drs. Alexander Wallace, Rayner W. Batten, and Edward E. Meeres.

TESTIMONIAL TO DR. POWER, LECTURER ON PHYSIOLOGY AT THE WESTMINSTER HOSPITAL.—Last week, a handsomely-chased silver salver was presented to this gentleman by the students of his class, accompanied by an appropriate address.

APPOINTMENTS.—Mr. John Bayldon has been admitted Lecturer on Botany in the Edinburgh Medical School.

Dr. Geo. W. Lawrence has been elected Lecturer on Botany at the Middlesex Hospital.

DR. LIVINGSTONE has communicated to the Royal Society a series of valuable magnetical observations made recently in Africa.

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THE ROYAL COLLEGE OF PHYSICIANS AND THE LATE DR. BRIGHT.—At its meeting on the 28th inst., the College resolved unanimously that a bust or picture of the late Dr. Bright be placed within the College in honour of his memory, at the College's expense. The resolution was moved in eloquent and feeling terms by Dr. Latham, and seconded by Dr. Watson.

THE "GREAT TASMANIA."—Two more of the soldiers who returned from India in this vessel died on Thursday week. The first was Patrick Leary, one of those who were sent to the workhouse, and the second William Osborne, who is said to have re-enlisted and passed the usual medical examination. The latter was found dead in bed at his lodgings.

IODINE BEFORE THE ACADEMY OF MEDICINE OF PARIS.—This learned body is at present engaged upon a very important discussion respecting the unpleasant effects sometimes attributable to the use of iodine. The discussion has arisen from a paper sent in by M. Rilliet, of Geneva, who maintains that in that city the use of iodine has been followed by a series of disagreeable symptoms, which have been serious enough to attract his attention. We observe, on the other hand, that M. Boinet, who has written a valuable work on iodine, warmly defends this alkaloid, and shows that M. Rilliet's statements are somewhat exaggerated. M. Trousseau has reported upon these statements, but has refrained from attempts at solving the question. It is plain, from several speeches already delivered, especially that of M. Ricord, that iodine, particularly in the form of iodide of potassium, has been given in Paris in very large doses, without injurious effects; whilst M. Rilliet maintains that, in Geneva, extremely small doses, particularly when given with common salt, have caused very distressing loss of flesh and a general debility, which seemed to endanger life. Under the influence of these doses, goitre used to disappear, (see the present volume of this journal, p. 308,) and atrophy of testicles and mammæ to take place. It is extremely probable that locality has something to do with the different effects of the drug; for we are informed by an experienced surgeon who, in London, gives iodide of potassium in tertiary syphilis, that he has never been able, in hospital or private practice, to go beyond half a drachm a day; whilst Ricord and others, in Paris, frequently give two and three drachms per diem.

ANOTHER CASE OF EXCESSIVE MORTALITY ON BOARD A TRANSPORT SHIP.—The *Dudbrook*, just arrived in Bombay harbour, has on board 255 souls. The number embarked at Southampton was 296, and there have been two births on board. The number of deaths, therefore, has been forty-three,—one adult female, thirty children between one and twelve years of age (being 15 per cent. of the whole number), and six infants—all the infants, in fact, under one year who were on board. Included in the above 252 are 134 married women and 106 children. The causes of this great mortality ought to receive the strictest investigation. The *Euxine* arrived at Madras the other day, reporting some seventy-six deaths of women and children in the same day. We are sure the Government will institute a proper inquiry into this lamentable story. It is incredible that, were proper arrangements made for the transport of these families, a mortality so dreadful should have occurred. —*Bombay Times and Standard.*

LONGEVITY.—During the twelve weeks of the present year our pages have chronicled the deaths of some four or five and twenty residents in and around Buxton, most of whom have spent their lives in the Peak. Amongst these we would call attention to the fact that an average of the ages of fourteen will give no less than seventy-nine years! ranging from sixty-one to one hundred years, which last prodigious age, in our obituary to-day, has been attained by Martha Longden, of Brookbottom, near this place.—*Buxton Advertiser.*

REWARDS OFFERED BY THE FRENCH GOVERNMENT TO THE ITALIANS WHO TENDED THE SICK AND WOUNDED DURING THE LATE CAMPAIGN.—Twenty-six persons have been presented with the Cross of the Legion of Honour, and to 367 will be given honorary medals. The latter are of two sorts—a large and a small size: the former will be given to 140 persons, the latter to 227. On the medals are engraved the following words:—"Italian Campaign, 1859. To Mr. ——, as an acknowledgment of care bestowed upon the French wounded."

TATTOOING IN THE FRENCH NAVY.—The custom of tattooing has been highly condemned by the medical authorities of the French navy, on account of severe accidents,—as the loss of an arm, or even of life,—which have been the consequence of this habit. The practice is to be quite given up.

SUDDEN DEATH OF MR. JAMES BRAID, SURGEON, OF MANCHESTER.—The sudden death of Mr. James Braid, surgeon, of Manchester, which took place on Sunday morning, at his residence, Rylaw House, Oxford-street, in that city, is a subject of much regret. He had been in apparently good health all last week, and had made his usual calls upon his patients, displaying the quiet cheerfulness in his interviews with them which generally characterized his demeanor. On Sunday morning he complained of pain up the spine of his back and coldness, and ordered a cup of tea. After partaking of it, he breathed heavily several times, and died almost immediately, it is supposed from disease of the heart. He was best known in the medical world from his theory and practice of hypnotism, as distinguished from mesmerism—a system of treatment he applied in certain diseases with great effect, and which has recently attracted great attention in Paris. Long before his discovery of hypnotism, however, he had performed some extraordinary cures by operations on contracted muscles, in cases of club-foot and similar contortions, which brought him patients from every part of the kingdom. In addition to a large circle of friends whom his warm-hearted and genial bearing and professional skill attached to him amongst the wealthier classes of society, and amongst the medical profession, he will be much regretted by the humbler classes, whose sufferings under disease he often succeeded in alleviating without recompense.

THE DISCOVERY OF THE CIRCULATION OF THE BLOOD FORESTALLED.—The *Gazette Hebdomadaire* of the 23rd instant quotes Italian verses extracted from a work of one Cecco d'Ascoli, who was born in 1257, and whose poem entitled "Acerbo" was printed only in 1476, which verses might be so construed as to contain a clear statement of the circulation of the blood as discovered by Harvey. Cecco was burned as a heretic in 1347.

HYDROPHOBIA IN CONSTANTINOPLE.—The Medical Society of the Turkish capital has appointed a committee to investigate the cause of spontaneous hydrophobia as observed in dogs. These animals are allowed to run about in an almost wild state at Constantinople, and, as their number is great, the importance of prophylactic means as regards hydrophobia is self-evident. The case which gave rise to the inquiry is that of a man, who, annoyed at the nightly barking of a dog, went out and endeavoured to destroy the animal. The latter, infuriated by the repeated blows, bit his antagonist in the hand; and the latter, who felt no apprehension whatever about the wound, as the dog had not given any signs of hydrophobia, was, some time afterwards, seized with the disease. The question which arises out of this case is, whether hydrophobia can suddenly develop in an animal when under a high state of excitement, be the latter owing to heat, thirst, the venereal appetite, or anger.

DEATH OF M. MARC D'ESPINE.—Most medical men, and especially those who take interest in vital statistics, have heard of M. Marc d'Espine, of Geneva, whose indefatigable labours have brought to light so many facts of the greatest importance in medical science. This very useful member of our profession has just died of a chronic intestinal affection, and will be greatly regretted, not only by his own countrymen, but by all the cultivators of our art.

THE DIGESTIVE POWERS OF THE PANCREATIC JUICE.—Dr. Corvisart, who has paid so much attention to this subject, is prosecuting his inquiries with undiminished ardour. At the meeting of the Academy of Medicine of Paris, held on the 20th inst., Dr. Corvisart read a paper wherein are related several new experiments, which entirely confirm the views he has set forth respecting the digestive powers of the pancreatic juice. The pancreas might therefore be looked upon as an organ having, like the liver, a direct action on intestinal digestion.

THE ORIGIN OF SYPHILIS IN TURKEY.—The "Gazette Médicale de Lyon," of the 1st of March, has the following paragraph:—"History, the involuntary accomplice of so many calumnies, has recorded the accusations which different nations hurl at each other on the presumed origin of syphilis. Hence the names of French, American, Neapolitan, &c. Great Britain seemed to have hitherto escaped these reproaches; but she seems doomed to lose her immaculate position in this respect, as Mr. Holmes Coote has stated, at the meeting of the Medical and Chirurgical Society of the 14th of February last, that syphilis spread in Turkey only after the arrival of the English troops, and is known in that country under the name of the 'English evil.'"

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INFLUENZA AND INTERMITTENTS IN PARIS.—Influenza is at the present time unabated in Paris, and will probably continue so until the weather is less severe. A rather unusual affection has been noticed also to reign epidemically in the French capital,—namely, an intermittent fever the fits of which recur at very short intervals. It has been found that this fever resists both powdered bark and quinine, the symptoms generally giving way to a little patience, without medicine, followed by the administration of bitters. In fact, this fever has steadily resisted the usual antiperiodics, and has even been aggravated by their use.

NEW GAS FOR LIGHTING.—The obnoxious monopoly of the gas companies is likely to meet with a corrective agent in superheated steam, which, being charged with coal tar, produces with marvellous rapidity, and at an excessively low price, any quantity of very rich gas for lighting. Careful analysis has shown it to be composed of free oxygen, 1·8; oxide of carbon, 3; carbonic acid, 5·8; bicarburetted hydrogen, 17·8; and proto-carburetted hydrogen, 71·9. Compared with ordinary coal gas, this artificial gas is found to contain nearly one-half less oxide of carbon, and twice as much bicarburetted hydrogen; its intrinsic value is therefore twice as great. Besides, its composition proves that it is a very permanent mixture or combination, which remains intact for any distance it may be conducted. After being kept for five months in gasometers it exhibited no change and left no deposit. A generator capable of furnishing in four hours the gas necessary to light a city of 30,000 inhabitants, and to supply 3000 burners, is now in course of construction, so that its practical utility will soon be fairly tested. The entire absence of sulphuretted hydrogen in this gas is not the least of its recommendations to careful trial.—*Photographic News.*

ADULTERATION OF FOOD AND DRUGS — that most dastardly and nefarious description of commercial roguery which impunity and long practice have combined to bring to such perfection in England—is fraught with difficulty and visited with heavy penalties in Paris. The vigilance of the Paris police almost suffices to ensure the public against the evils of slow poisoning which we are compelled to undergo to an extent which may account for many of the diseases prevalent in this country, and generally attributed to climate. Surely no supervision can be deemed superfluous, and no chastisement too severe, which may tend to obviate such horrors as we know to be practised on the English public, and especially on the poor. When a Paris shopkeeper is caught either diluting, adulterating, or fraudulently mixing his merchandise, or in selling short weight or measure, he is first heavily fined, and then condemned to a public confession of his guilt by stating the particulars on a large placard, conspicuously exhibited in his shop during the pleasure of the court; so that he himself informs his customers he has been practising on their credulity, tampering with their health, and picking their pockets.—*Realities of Paris Life.*

INCONTINENCE OF URINE CURED BY CIRCUMCISION.—M. Trousseau had lately in his wards, at the Hôtel Dieu, a lad aged seventeen, who, from infancy, had suffered from incontinence, especially at night. Belladonna, mastic, and sulphate of strychnia were successively given, without favourable results. At last it was perceived that the patient had a long phymosed prepuce. Circumcision was performed, and the boy did not wet his bed for thirteen nights. This accident then occurred on three successive nights, and from that time the incontinence has not re-appeared.

A CEREBRO-SPINAL EPIDEMIC.—An epidemic of "cerebro-spinal apoplexy" has carried off nearly all the domestic fowl of the commune of Var. Upwards of a thousand have perished. They have died suddenly, without previous morbid symptoms. Dissection has shown a quantity of coagulated blood near the brain, and at the origin of the medulla. Some have been saved by cutting off a part of their combs, so as to cause a copious bleeding.

DANGERS OF DEPILATORIES.—Mdlle. Desclee, an actress of the Gymnase, appeared a few days ago before the Tribunal of Correctional Police, Paris, to complain that Mdme. Chantal (whose real name is Biche), an advertising perfumer, had done her great injury by selling her, for 25fr., to remove some hair she had on the arm, a liquid called "Eau Indienne Chantal," and represented to have been made by "the celebrated Mdme. Ma," but which had not only not removed the hair, but had caused a painful wound and disagreeable eruption. The Tribunal condemned Mdme. Biche to six days' imprisonment and 100fr. fine.

THERAPEUTIC AGRICULTURE. — Dr. Champouillon communicated to the French Academy of Sciences, at the last meeting, the results of some experiments in which he endeavoured to increase the quantity of nitrate of potass and acetate of potass in the vine and the strawberry plants, by heating them with watery solutions of these salts. He relates a partial success. Similar experiments have, however, been tried on a large scale here and in America, without remarkable results.

THE SIAMESE TWINS. — The Siamese twins are still living in Surrey County, North Carolina, U.S. They manifest a peculiar interest in the revivals. But what if Cheng be regenerated, and Eng remain unregenerate? Their corporeal connexions suggest some curious problems.

PRESERVATIVE FLUID. — Dr. Passini recommends the following as an antiseptic mixture for the preservation of blood-globules, nerves, ganglions, the retina, and the white tissues generally:—Protochloride of mercury, 1 part; chloride of sodium, 2 parts; glycerine, 13 parts; and distilled water, 113 parts.

INFLAMMABLE CLOTHING.—A Birmingham jury have appended to their verdict of "accidental death," in a fresh instance (Anne Barrett, aged fifteen), of clothes catching fire, an expression of regret that the tungstate-of-soda solutions are not employed to render clothing incombustible.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 24TH.—The mortality of London, which from 1397 deaths in the first week of the current month rose to 1563 in the following week, made a further advance in the week that ended last Saturday, in which the number was 1611. A reference to the lists of fatal diseases in the last three weeks will bear out that which will be the most ready conjecture regarding so great an increase—that it has arisen from the unseasonable nature of the weather. In the periods mentioned, the deaths from pulmonary diseases, exclusive of phthisis, were successively 387, 450, and 485; those from whooping-cough, which stand in the zymotic class, were 42, 45, and 62; those from phthisis or consumption were 143, 171, and 167. The deaths from bronchitis rose to 284 last week, of which 94, almost entirely amongst infants, occurred to persons under 20 years of age; 13 in the period 20–40 years; 55 at 40–60 years; 103 at 60–80 years; 19 at 80 years of age and upwards. The deaths from bronchitis were more numerous last week by 135 than they would have been if the mortality from this disease had not exceeded the corrected average. Pneumonia or inflammation of the lungs is also more fatal than usual. There were 5 deaths from typhus in the sub-district of Hackney-road.

Last week the births of 918 boys and 927 girls, in all 1845 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1702.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th inst., at Thame, Oxon, the wife of Wm. Noble, Esq., M.R.C.S.E., prematurely, of a son, stillborn.

On the 25th inst., at Riverdale House, Dreghorn, Ayrshire, N.B., the wife of John Caldwell, L.R.C.P. Edin., &c., of a daughter.

MARRIAGES.

On the 15th inst., at St. Mark's Church, Dublin, Theophilus Plunkett Johnston, Esq., Assistant-Surgeon, H.M.I.S. Bombay Establishment, youngest son of the late Charles Johnston, Esq., of Great Missenden, Bucks, to Elizabeth, second daughter of the late Commander H. Pook, R.N.

On the 21st inst., at St. Mary, Stratford, Bow, Samuel Partridge, Esq., M.R.C.S.E., of Darlston, Staffordshire, to Martha Cornelia, youngest daughter of the late Henry Vincent Garman, Esq., M.R.C.S., of Bow, Middlesex.

On the 28th inst., John Thorburn, M.D., of Oxford-street, Manchester, to Annie Pollok, eldest daughter of John Anderson, Esq., of Manchester.

DEATHS.

On the 12th inst., at Leadwell House, Oxon, James Paxton, M.D., aged 74.

On the 22nd inst., at Storrington, Sussex, Emma, the wife of Harvey William Dixon, Esq., M.R.C.S.

On the 24th inst., at Paddington, Edmund Haynes Hill, aged nine years, son of H. Haynes Walton, Esq., F.R.C.S., of Brook-street, Hanover-square.

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MEDICAL DIARY OF THE WEEK.

MONDAY, APRIL 2
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- LONDON INSTITUTION. — 7 P.M. Dr. F. W. Pavy, "On Experimental Physiology: Respiration."
- EPIDEMIOLOGICAL SOCIETY.—8 P.M. "Cholera at the Cape de Verd." — "Cholera at Guildford in 1854." By Mr. H. S. Taylor.—"Cholera at Wick, Caithness." By Dr. Littlejohn and Dr. Banks.
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. Routh, "On some of the Disadvantages of Employing Fallen Women as Wet-Nurses."

TUESDAY, APRIL 3
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL. — The following Operations will be performed at 2 P.M.:—By Mr. Holt: Amputation at the Thigh; for Two Cases of Stricture of the Urethra.
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, APRIL 4
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- LONDON INSTITUTION. — 7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia."
- OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. Routh, "On the Treatment of Menorrhagia."

THURSDAY, APRIL 5
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- HARVEIAN SOCIETY. — 8 P.M. Clinical Cases, by Drs. Hamilton Roe, Pollock, Sibson, Handfield Jones, Stewart, and Mr. Weeden Cooke.

FRIDAY, APRIL 6
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, APRIL 7
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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To Correspondents.

THE POOR-LAW MEDICAL RELIEF BILL.

On the 28th March, the Poor-law Medical Relief Bill was brought in by Mr. Pigott, and ordered to be printed. The second reading is fixed for the 16th April. The Easter vacation ought to be sedulously turned to account in forwarding petitions in support of the honourable members whose names are attached to the Bill. The Bill could not be in better hands. But the Poor-law medical officers must not for one moment forget that the attention the measure will receive in the House will be very much determined by the amount of interest they themselves evince.

THE communication of *Dr. Madden* arrived too late for insertion.

Inquirer.—Our correspondent seeks information upon the methods of dealing with church-vaults, and draws a shocking picture of the state of the church in his parish. "The church," he says, "is very old, and so often has the floor in every part been disturbed for burial purposes that no two seats are upon the same level, and the aisles are foot-falls for the unwary! Nay, you can all but see into some of the graves." The idea of proceeding to warm such a church, without first taking effective measures to secure the congregation against the danger of emanations from the dead, is as absurd as it is revolting. It is not, however, possible for us, in the absence of accurate knowledge of the details, to indicate the exact remedies that are called for.

OBTURATOR FOR THE CYLINDRICAL SPECULUM UTERI.

To the Editor of THE LANCET.

SIR,—Some time ago, having had occasion to apply leeches to the os uteri by means of the glass cylinder, I found unusual difficulty in its introduction, from sensitiveness of the ostium vaginæ, which led me to consider whether a guide of simple construction could not be made for the introduction of the tube. A little reflection on the way a canula is introduced into a cavity by the stilet convinced me that an obturator or guide for the speculum, consisting of either three or five pieces, might easily be made, somewhat in the manner of a boot-tree.

For ordinary purposes, a speculum, five inches in length, and an inch and a quarter in diameter, answers well. The glass being about the eighth or three-sixteenths of an inch in thickness, an interior space an inch across is left to be filled up with the obturator, which may be in five pieces, the centre square one being seven inches in length, so as to project an inch at top and bottom. A thickness of three-quarters of an inch will, on trial, be found to suit best for this. Two lateral pieces, as well as an anterior and posterior one, are to be added, rounded on the outside to fit the speculum, each an eighth of an inch thick, and with an additional thickness of an eighth of an inch at the top, to correspond to the rim or edge of the speculum. The pieces of which the obturator consists, when joined and rounded off at the top, look not unlike the male organ without urethra. The square central piece and the lateral ones are to be pierced half an inch from the bottom for a pin, which serves to connect the whole, serving to retain the central one in connexion with the others when the speculum has to be used. The anterior and posterior portions should be half an inch shorter than the others. When the speculum is used, the obturator is easily withdrawn by taking out the pin, when the central piece falls out, and all the rest follow. The material used should be of some hard wood, as ebony; but if an obturator is made for experiment, soft wood will suit best, being more easily carved.

The use of the guide I have suggested will allow the introduction of any ordinary cylindrical speculum, without pain to the patient, or much trouble to the surgeon, and a little practice makes its use quite easy. A wider one may also be employed than could be otherwise. Three pieces, instead of five, may be used for the sake of simplicity; but they do not fit to the rim of the speculum so exactly.

With regard to the specula, simple trumpet-mouthed tubes of glass seem to do better for examining the os uteri, or for making scarifications or using leeches, than expensive and complicated metallic instruments. It seems to be convenient also to have a notch at the posterior part of the outer rim, to correspond to the posterior surface of the cervix uteri. Tubes such as are required can be got of any form from a glass manufacturer for about six shillings a dozen. If silvered ones are preferred, they can be coated and varnished black by a looking-glass maker at a small extra cost.

I have communicated my invention to several of my medical acquaintances, and they think it likely to be useful. Yours truly,

Glasgow, March, 1860. D. M.

A. Laigh.—We have received a letter relating to the case of Alfred Godfrey, alleging that the provision made for him by his family as to raiment and nourishment is inadequate. This is a matter into which we cannot enter. It may be that the means of Alfred Godfrey's family do not admit of a more liberal allowance.

E. P. R.—We cannot recommend any of the medicines named. Our correspondent shall receive a private note if he will forward us his address.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I find that some of those students who intended to present themselves for the first examination at the Royal College of Surgeons on the 3rd of April, cannot do so till the 24th of that month, on account of the very large number wishing to be examined. Cannot an examination be held between the 3rd and 24th? Surely the Examiners could make it convenient to hold one then, and confer a very great favour on their students. If such an examination be not held, many of the unfortunate gentlemen who intended to pass at the commencement of April, and then have a month's holiday, will be greatly disappointed. It is reported also that some may have to wait till the 4th of May.

I remain, Sir, your obedient servant,

A STUDENT WHO WANTS A FORTNIGHT'S HOLIDAY BETWEEN WINTER AND SUMMER SESSIONS.

March, 1860.

A Graduate of the University of London.—It is reported that Mr. Grote, the illustrious historian, a member of the Senate, may be induced to stand for the University.

An Assistant.—1. He cannot be registered under the new Medical Act.—2. Full information will be found in the Students' Number of THE LANCET.

IF *Medicus* has commenced his *professional* studies, he is exempt. He should write to the Secretary for the regulations, which are very clear on the subject.

THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—It was announced that the Medical Register for 1860 would contain only the names registered up to the 1st January, 1860. As the printing of the volume will take a considerable time, it is to be hoped that a Supplement at the end of the book will give the names entered between the 1st of January and a few days previously to the day of publication. This will accommodate those late birds, the members of the "Dilatory Society," as well as those who obtained diplomas in January and February. Yours, &c.,

March, 1860. MEDICAL REGISTER.

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Mr. T. Ocelestan, (Blackburn.)—The article forwarded, called by a misnomer coffee, is certainly admixed to a large extent with chicory. The Excise regulations require that when coffee and chicory are sold in the mixed state, they should be labelled as a mixture, and any parties selling the mixture without such label are liable to prosecution and fine by the Excise authorities, who in the present case would be the proper parties to whom to apply.

THE NEW PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—As there is about to be published a single Pharmacopœia for the whole of Great Britain and Ireland, it seems a fitting opportunity to offer one or two suggestions respecting it before it is finally promulgated by the Medical Council.

What I would wish to call attention to is, that there should be a greater uniformity throughout those preparations for which distinct rules are laid down in the Pharmacopœia. The uniformity I would propose is that regulated by the *dose*. Such an arrangement would simplify the process of prescribing to a very great extent, and, from its dispensing with a great effort of memory on the part of the prescriber, would tend greatly to prevent mistakes.

Thus the dilute acids might be so diluted that the medium dose for an adult should be the same in all. The aquæ are already prepared in this manner; and why should this arrangement not be extended to all the other preparations which admit of it?

The confections, decoctions, infusions, liquors, mixtures, spirits, tinctures, and wines, might surely be all prepared so that there should be one uniform medium dose for each preparation. Many of them are already partly so prepared; but being only partial, this in itself is a source of perplexity, and requires a considerable effort of memory to retain the dose, proper for each, in the mind. If, however, there were one medium dose for each preparation, this confusion would be entirely removed. How much easier and simpler it would be, for instance, if all the tinctures were so prepared that the medium dose of each should be the same; and this is equally true of the others. There would still be plenty left to exercise the memory, in remembering the doses of the simples, extracts, &c., which cannot be brought under any such rules.

Simplicity and clearness are of such great importance in everything, that I hope a proposal like the present, tending so materially to relieve the memory of the working practitioner, who has already so much to keep constantly in his mind, may meet with favour in the eyes of your readers, and those especially who have the arrangement of the new Pharmacopœia in their hands.

I remain, Sir, yours faithfully,

Berne, March, 1860. G. C. R.

Mr. F. E. Eyott.—The object may be accomplished by free ventilation, the doors and windows being kept open as far as practicable day and night; the abundant and continuous use of chloride of lime or hypochlorite of soda; while all articles of clothing, bedding, curtains, &c., should be subjected to a temperature of about 260 degrees, which will not injure the fabrics in the least.

A District Medical Officer.—Yes, if the contract can be satisfactorily proved.

CHLOROFORM IN PROTRACTED LABOUR.

To the Editor of THE LANCET.

SIR,—There can be no doubt that in publishing his case of "Chloroform in Protracted Labour," (THE LANCET, *ante*, p. 192,) Mr. Ross, like his brother practitioners in general, had only the benefit of the profession in view. He will then, I am confident, be rather pleased than otherwise at my proffering an observation or two on the subject.

In the first place, I would suggest that the ergot would have been a most appropriate remedy under the circumstances, and I should be glad to learn the result of his trial of it on a future occasion. The presentation was natural, as appeared upon examination; the membranes protruding, and the parts well lubricated, the only apparent cause of delay being the rigidity of the os uteri. Under such conditions, it appears to me the ergot would have proved most beneficial.

And secondly, I may here be permitted to remark that, from long and extensive experience, I am decidedly of opinion that if accoucheurs would but "bide their time," many of the difficulties they otherwise encounter would be avoided, and much suffering prevented; for nature, simply *aided*, not *forced*, will of herself accomplish results perfectly astonishing to less experienced practitioners. It is a rule I have long adopted, and the exceedingly few instances wherein I have had to resort to the forceps or other manual assistance demonstrate the soundness of the practice.

Your obedient servant,

Pembroke Dock, March, 1860. W. THOMAS, L.R.C.P. Edin.

Mr. F. T. White.—1. Some appointments have been made.—2. The President of the Council.

College of Dentists.—The Secretaries of this College write as follows:—

"There is no desire on the part of the Council to deny that it is intended by the College to institute an examination test for membership, and that the form of certificate you printed would have been correct if the words 'surgical and mechanical dentistry' had been substituted for the words 'dental-surgeon.'"

Enquirer.—He can practise both medicine and surgery in England, but not as an apothecary. The Apothecaries Act was not repealed by the Medical Act.

BANDAGING AFTER DELIVERY.

To the Editor of THE LANCET.

SIR,—Has the absurdity of putting a bandage round the abdomen of a woman after parturition ever struck any of your readers? I say absurdity, because, although I have been in the habit of folding two or three books, each nearly an inch thick, and placing them under the bandage, I have still been quite sure that in less than half an hour the bandage has slipped up round the waist of the patient.

My object in writing to you is that perhaps a plan, which has lately suggested itself to me, may be thought worthy of adoption by some not already acquainted with it, as I fancy it is really useful, especially after flooding. The plan consists in simply applying a three-tailed bandage, made of a bolster cloth, and a napkin sewed to the middle, and passed between the thighs, to be pinned (over the books before alluded to) in front.

I am, Sir, your obedient servant,

March, 1860. HOLMBROOK.

X. Y.—It is desirable that surgeons in the Indian army should register. The fee is £2 for the registration of diplomas obtained before January, 1859; £5 for those obtained afterwards.

H. B., (Belgravia.)—He can assume the title of licentiate in medicine, or apothecary.

PROFESSIONAL TITLES.

To the Editor of THE LANCET.

SIR,—Permit me, in reference to your article on "Medical Degrees and Medical Titles," to suggest a mode of rendering justice to the M.Bs and non-graduate physicians with respect to the use of the title "doctor," which will neither require any alteration of the Medical Act, nor lessen the number of examinations for the degree of M.D. It is that the long-established custom of addressing physicians (not being M.Ds) by the title of "doctor," founded on their privilege "of teaching (*docendi*) medicine," should be sanctioned and confirmed by Royal Charter. This could now be easily done, as new Charters are about to be granted to all the Royal Colleges of Physicians.

This privilege would constitute no injustice to the M.D., as it is the mere title of "doctor," and not the degree of M.D., which would be conferred; neither would it be likely to confound the M.R.C.P. or M.B. with the M.D., as the qualification by virtue of which the title of "doctor" was used could always be affixed to the name. Thus—

Dr. C. Metcalf Babington, F.R.C.P.
Dr. Lionel Beale, M.B.
Dr. Thomas Mayo, M.D.

would be distinguished much in the same way as Knights are distinguished from Baronets, or as Knights of the various orders of Knighthood are from each other.

I remain, Sir, your obedient servant,

Bristol, March, 1860. JAS. GAGE PARSONS, L.R.C.P. Ed., F.R.C.S.

Rex.—We believe that the deficiencies will be remedied in the present session of Parliament.

Minie Rifleman.—He is fully qualified for the appointment.

QUERY.

To the Editor of THE LANCET.

SIR,—Will you or some of your readers kindly inform me what is the best mode of treatment in the following case? I have tried every drug possible, but without success:—

Three years ago the patient, aged thirty-seven, complained of intense thirst, (she was *enceinte* at the time, but got worse on being confined;) in fact, she was in the habit of drinking three or four quarts of water at a time. Has pains in the loins; complains of great coldness in the extremities; says she is always cold. No emaciation; appears to grow fatter; excessive pain and bleeding at times of the gums; appetite bad. The catamenia entirely disappeared before these symptoms, and have never returned. Aspect of patient is not unhealthy; tolerably stout; tongue clean; skin dry; specific gravity of urine 1004, which is of a faintly yellowish hue. Is this diabetes insipidus?

Yours obediently,

March, 1860. LEO.

A Northumbrian Assistant and Subscriber.—1. He is not subject to a penalty, unless he assume a medical title.—2. Sign for the employer.—3. It is printed in the Medical Register, or can be obtained by order of a bookseller.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—Will any of your experienced readers inform me whether they have ever seen a case of "scarlatina sine exanthemate" followed by desquamation of the cuticle?

Yours, &c.,

London, March, 1860. IGNORAMUS.

W. M., (Mamhilad.)—We are not in a position to furnish the address of the practitioner required by our correspondent.

C. R. C. V. shall receive a private note.

DISEASED SHEEP.

To the Editor of THE LANCET.

SIR,—At this season of the year many sheep are attacked with diarrhœa or some intestinal disease, which rapidly proves fatal. When the disorder is discovered early, some sort of medicine is given by the shepherd; and if the animal gets worse, it is slaughtered, conveyed clandestinely to the butcher, and sold by him as good and wholesome food. Other sheep during the process of fattening are seized with giddiness, slaughtered, and disposed of in the same sort of manner.

I wish to be informed whether such meat is wholesome or not, my opinion, having been solicited, being unsatisfactory both to the owners of the sheep and the butchers.

Yours truly,

March, 1860. AN INQUIRER.

ERRATUM.—In our last number, p. 309, Messrs. David Goyder, Lancashire, and Erskine Burnett Grant, Aberdeenshire, were erroneously stated to have been admitted licentiates of the Royal College of Physicians, Edinburgh. The paragraph should have been headed "The Royal College of Surgeons, Edinburgh."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Balfour, Edinburgh; Mr. Bigg; Messrs. Kingbury and Whitmore; Mr. J. Bates; Dr. R. Sisson; Dr. J. R. Wolfe, Paris; Mr. Henry Goode; Mr. R. Griffin; Mr. R. Haynes; Mr. P. J. Bailey; Mr. J. Mackenzie, Bilbao; Mr. J. Robertson; Mr. W. Thomas; Mr. Caldwell; Dr. W. Baker; Mr. F. D. Fletcher, Liverpool, (with enclosure;) Mr. B. Rogers, Thornley; Rev. J. Williams, Wells, (with enclosure;) Mr. R. Hodges, Rochford; Mr. P. D. Muir, Openshaw, (with enclosure;) Mr. Sharp, Bradford, (with enclosure;) Mr. T. F. Hale, Chesterfield; Dr. E. M. Sinclair, H.M. 97th Regiment, Bundelkund; Mr. S. Staniland, Bristol; Dr. Bradshaw, India; Mr. H. Hugman, Ottery, (with enclosure;) Mr. E. Lloyd, Norwich; Mr. J. Shapland, South Molton; Mr. F. Homfray, Bridgnorth, (with enclosure;) Dr. Corry, Belfast, (with enclosure;) Mr. H. Lineker, Nottingham; Mr. W. Fenery, Bristol; Mr. Jas. Witchell, Lower Tooting, (with enclosure;) M.R.C.S.; A Constant Reader of THE LANCET; V. C.; T. S.; Junius; X.; Equality; T. B.; &c. &c.

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for the Local Treatment of Affections of the LARYNX, and other Mucous Passages of the Throat, &c., with Solution of Caustic or other medicated liquids, is easily applied by the operator, and occasions no inconvenience to the patient; vide THE LANCET, 28th Jan. 1860, p. 95. It may be had of MILLIKIN & LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London. Price 3½ Guineas.

A liberal discount to the profession.

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Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
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WATER BEDS, according to size, £3 13s. 6d., £5 5s., and £6 16s. 6d.

Water Cushions, all sizes, from 7s. 6d. to 30s. Cotton Elastic Stockings, 4s. 3d.; Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c. Day and Night Urinals, from 3s. 6d. to 12s. 6d. Injection Bottles, Bed Sheets, Accouchement Belts, &c.

India-rubber Chamber Utensils, for Lunatic Asylums, 7s. 6d. each, or 75s. per doz.

India-rubber Mats & Soundless Elastic Floor-Cloth.

Water Beds can be had on hire. Terms, 7s. 6d. per week.

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WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

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Surgical Instrument Makers, 67, St. James's-street, S.W., beg to inform the Medical profession, &c., that they are the appointed Manufacturers of Surgeon L'ESTRANGE'S PATENT TRUSS, and also of the Patented Invention of Mons. Féron. Their best attention will be given to any commands that they may be favoured with.

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To be Sold a superior Case, suitable for either Army or Navy Surgeons, containing Amputating, Trephining, Operating, Dental Trocars, Catheters, &c. (40 instruments), price £8 8s. A Case of Amputating, £3 3s. Superior Cupping Case, 30s. Pocket Case (Ivory), 25s. Also an Army Case, according to the new regulations, price £15 15s., recently cost £20. All modern, and in perfect repair.—Apply to James E. Maddox, 19, University-street, W.C.

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do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and de-patch.

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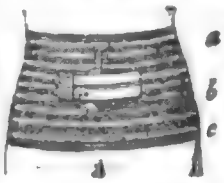
is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.



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SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

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The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

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J. & E. BRADSHAW, late

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N.B. Every description of INDIA-RUBBER BANDAGE vulcanized on the newest principle.

Directions for measurement sent by post.

N.B. A liberal Discount to the Profession.

A female to attend on Ladies.

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J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

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DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
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Handsome Brass and Iron Bedsteads.

HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

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	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
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Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks "	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons "	27 0	38 0	40 0	50 0	44 0	54 0
Do. Forks "	27 0	38 0	40 0	50 0	44 0	54 0
Tea Spoons "	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

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RODGERS'S IMPROVED CORAZZA, six for 31s. 6d., and six for 42s.
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RODGERS'S IMPROVED CORAZZA SHIRTS are the best extant, and for ease, elegance, and durability cannot be excelled.
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Glenfield Patent Starch is the only STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the
GLENFIELD STARCH,
we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.
WOTHERSPOON & CO., Glasgow and London.

Laconicum, or Air-Bath Heater.—PRICE'S PATENT CANDLE COMPANY (Limited), having been informed that a simple, cheap form of Air-Heater was a desideratum, beg to inform the Profession that one may be seen at Mr. MARCHANT'S, 253, Regent-circus, Oxford-street, and Messrs. WHITMORE and CRADDOCK'S, 16, Bishopsgate-street Within; and that, should it meet with approval, cakes in tins sufficient for Two Baths will be supplied at 1s. each.
Belmont, Vauxhall, London.
See Notice, with Woodcut, in THE LANCET of Feb. 18th, 1860.

Bed Bugs, Green Fly, Red Spider, MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle, Cottage Gardener*, and *Field*.
Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.
Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Glycerine Soap, natural colour, un-scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.
Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by
PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—
THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.
It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.
SOAP WORKS, CLERKENWELL, LONDON, E.C.

Child's Patent Galvanic Electro Hair and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 31, Providence-row, Finsbury-square.

University of London.—Matricula-TION EXAMINATION.—Gentlemen intending to Matriculate in July, 1860, are informed that, by permission of the Council, a CLASS will be formed at University College, under the direction of WILLIAM WATSON, B.A. Lond., and ERNEST ADAMS, Ph.D., for the purpose of reading the subjects required at that Examination.
The Class will assemble on the 17th of April, and meet daily (Saturdays excepted) from 6 to 8 P.M.
Fee for the Course, £5.
For further particulars, apply to Dr. Adams, at the College.

Hospital for Sick Children,
49, Great Ormond-street.
Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.
The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for
Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.
The Fee for attendance at the practice is—
Six months £3 3 0
Perpetual £5 5 0
Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.
The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.
H. A. BATHURST, Hon. Sec.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Vacation Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT during April. The Demonstrations will be given daily, from 3 to 5 P.M., at the Westminster Hospital, commencing on Monday, the 2nd of April, and will comprise the Anatomy of the entire body. Fee, Five Guineas.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 3, Eccleston-terrace, Belgrave-road, S.W.

Apothecaries' Hall. — Gentlemen wishing for a TUTOR to prepare them for the Preliminary Examination in July may hear of one, whose Pupil passed successfully at the recent Examination.—Address, Samuel Hague, LL.B., B.A., the Grammar School, Denmark-hill, Camberwell, S.

Medical.—A M.D. and General Prac-titioner, possessing the Diplomas of the various Medical Boards, is desirous of receiving into his house one or two Young Gentlemen, to Study with the Son of the Advertiser, who is a student of one of the principal hospitals in London. They would find all the comforts of a home, and receive supervision. Terms moderate.—Apply to M.D., 80, Judd-street, Brunswick-square.

INDIA OFFICE, March 12th, 1860.

Notice is hereby given, that the next EXAMINATION of CANDIDATES for the appointment of ASSIST.-SURGEON in her Majesty's Indian Military Forces will be held in this Office on Monday, the 9th of July, 1860; and that the probable number of Vacancies to be then filled up will be 25.
W. E. BAKER, Colonel, Military Secretary.

Psychological. — A M.R.C.S. Eng., L.M., and L.S.A., at present Resident Medical Officer and Director of a Pauper Lunatic Asylum, accommodating nearly one hundred patients, and formerly House-Surgeon of a County Asylum, is desirous of obtaining (within the ensuing three months) the Medical Supervision of a Private Licensed House. An appointment where there would be a prospect of eventually securing (by purchase) an interest in the undertaking would have the preference.—Address, M. Z., Post-office, Cambridge.

Wanted, a fully-qualified Medical Man as HOUSE-SURGEON to the DOUGLAS GENERAL HOSPITAL and DISPENSARY. He must be a single man, and ready to take office on the 8th of May next. Qualifications and testimonials to be sent to the Secretary, Mr. John Moore, Douglas, on or before the 26th of April. The Election to take place on Thursday, the 3rd of May. Salary, £75, and coal, candles, and attendance found.
Douglas, Isle of Man, March 10th, 1860.

Liverpool Royal Infirmary.—Wanted, a HOUSE-SURGEON. The salary is £100 per annum, with board, washing, and lodging. He must be unmarried, and a Member of the College of Surgeons of London, Dublin, or Edinburgh, and also a Licentiate of the Apothecaries' Hall of London. Candidates are requested to send in their testimonials, addressed to the Chairman of the Committee, on or before Tuesday, the 24th of April next, and to attend, if required, at the Infirmary, on Tuesday, the 1st of May, at 10 o'clock in the forenoon.
March 22nd, 1860. EDWARD GIBBON, Chairman.

Bristol Royal Infirmary.—A Vacancy has occurred in the office of ASSISTANT HOUSE-SURGEON of this Institution.
Any Gentleman offering himself for the appointment must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, and also a Licentiate of the Apothecaries' Company. He must not practise out of the House, nor be engaged in any other business.
The rules direct that he shall engage himself for not less than two years, in case the Committee should so long require his services.
Salary £100 per annum, with furnished apartments, board, and washing.
Candidates are requested to send in their testimonials, addressed to the Secretary, Royal Infirmary, Bristol, on or before the 9th day of April next, to be examined and reported upon by the Committee and Faculty of the House.
By order of the Committee,
WILLIAM TERRERRY, Secretary.
Royal Infirmary, Bristol, March 14th, 1860.

Wimborne and Cranborne Union.—Appointment of MEDICAL OFFICER.—The Board of Guardians of the Wimborne and Cranborne Union will, at their Meeting, to be held at the Board-room, in Wimborne, on Friday, the 27th day of April next, proceed to the Appointment of a MEDICAL OFFICER for the third District of the said Union, comprising the parishes of Cranborne, Edmondshaw, Horton, Pentridge, Wimborne, St. Giles, and Woodlands, containing an area of 27,710 acres and a population of 4690. Salary, £75 per annum, with all extras allowed by the Consolidated Order and other Orders of the Poor-law Board. The person appointed will be required to reside within the District, and to enter into a contract for the due performance of Vaccination in such District. Applications and testimonials, with certificates of qualification, to be sent under cover to me on or before the 26th day of April next. The person elected will have to enter on the duties of the office at Midsummer next.
By order of the Board,
Wimborne, March 2nd, 1860. GEO. LANGER, Clerk to the Guardians.

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Medical. — Bookkeeping. — Ledgers posted and Accounts made out, by a Gentleman of much experience, either in town or country.—Address, J. P., care of J. Capes, Esq., Medical Society, 43, Lincoln's-inn-fields, W.

A Student, who has had five years' practical experience in the profession, requires a SITUATION which would allow of his attendance on lectures three or four days a week during the summer session. Salary a secondary consideration.—Address, A. B., Middlesex Hospital, W.

Dispensing Assistant.—The Adver- tiser is wishing for a SITUATION as above. Age twenty-four. Can Visit and attend Midwifery if required.—Address, Y. Y., THE LANCET Office, 423, Strand, London, W.C.

A General Practitioner in West Kent wishes for a Visiting and Dispensing ASSISTANT, with at least one qualification. He will be required to take the chief part of the Dispensing and Bookkeeping, and to assist in Visiting and Midwifery. Salary £50 a year, with board and lodging.—Address, free, W., 15, Harrington-street North, London, N.W.

Medical Assistant.—A Gentleman aged thirty, and married, (unqualified,) wishes for an Out-door Situation, to Visit, Dispense, and attend Midwifery. Has been accustomed to Town and Country Practice; also a good horseman. Unexceptionable references as to character, &c. Salary, £90.—Address, A. B., THE LANCET Office, 423, Strand, London, W.C.

Medical. — A Gentleman, between fifty and sixty, of active habits, who has had much experience as Dispensing and occasionally Visiting Assistant, and who has attended a good deal of Midwifery practice with Clubs, Unions, &c., is desirous of a RE-ENGAGEMENT in town or country. Satisfactory testimonials will be given.—Please address, with particulars, salary, &c., J. H. W., Post-office, Lower Tooting, Surrey.

To Medical Practitioners.—Wanted, by a young gentleman, a SITUATION with a General Practitioner. The advertiser has been Dispensing in a Private Practice for about two years, and is competent to manage in that department. Salary not so much an object as full occupation and a comfortable home, out of London.—Address, R. H., Mr. Pratt, corner of Park-street, Liverpool-road, N.

Wanted, an Assistant, who is de- sirous of improving himself in his Profession, and is competent to Dispense, keep Books, &c. No salary for first six months, but a comfortable home offered.—Address, with references, and statement of age, height, &c., to M. D., Lewis's Medical Library, 15, Gower-street North, London.

Wanted, by a General Practitioner in the country, an In-door ASSISTANT, to Visit, Dispense, and attend Midwifery. He must be able to ride, have had experience in Midwifery, and give good references; not under twenty-five years of age.—Address, stating age, references, and remuneration required, Medicus, Post-office, Thrapstone, Northamptonshire.

Wanted immediately, by the Surgeon to extensive Iron and Coal Works, a qualified, gentlemanly man as Dispensing and Visiting ASSISTANT. He must be able to ride. Salary, with board and lodging, £50 per annum.—Applications, with testimonials, to be addressed to Mr. T. F. Hale, Surgeon, Stavely Works, near Chesterfield, Derbyshire.

Wanted immediately, in the Country, a Gentleman duly qualified to Visit, Dispense, and attend Midwifery. He must not be less than twenty-five years of age, of good address, and able to give satisfactory references. One accustomed to Union and Club practice preferred. Salary £60 per annum, with board and lodgings. The advertiser being in ill health, the situation is likely to be a permanent one.—Address, X. Y. Z., 143, Deansgate, Manchester.

A Gentleman, who is a quick and accurate Dispenser, and accustomed to Visit and attend Midwifery, wishes to reside with a Medical Man in the West-end, with time allowed for attending lectures, &c.—Address, Mr. Sands, Post-office (Bank's), Regent-street, W.

A Gentleman, fully competent to Visit, Dispense, and attend Midwifery, is desirous of obtaining a Situation as ASSISTANT for four or five weeks, or to take Charge of a Practice for that time. The highest testimonials as to moral character and professional ability.—Address, A. B., University College, London.

A young Gentleman, who has had considerable experience in Midwifery and General Practice, is desirous of meeting with an ENGAGEMENT in the country. Is unqualified, but has attended all the classes requisite for qualification.—Address, stating terms, to P. D. Muir Mr. Hills, Barton House, Openshaw, Manchester.

Medical.—Wanted, on the 29th April next, by a first-year's Student, aged twenty-one, who has had considerable experience in the profession, and can produce excellent testimonials, a SITUATION with a Surgeon, who will consider his services during the time that he is not attending lectures at the hospital equivalent for his board and lodging; near St. George's Hospital preferred.—Address, A. M., 33, Brydges-street, Covent-garden, W.C.

MESSRS.

LOCKWOOD, LOCKWOOD, & SYMES,

MEDICAL AND CHEMICAL AGENTS AND VALUERS,

1, BURWOOD PLACE, EDGWARE ROAD, HYDE PARK, LONDON, W.,

transact for Gentlemen in the Medical Profession every description of Agency connected with their Practices, Estates, or other property.

Terms for attendance in any part of the United Kingdom may be ascertained on application.

Office Hours, 10 to 5. Established 1840. Agents to the Globe Life and Fire Insurance Company.

To Surgeons.—One Year's Purchase will be accepted for a Twelvemonth's Partnership Introduction to a bonâ-fide GENERAL PRACTICE, of £700 to £900 per annum, in a good town in the Midland counties. Established half a century. Excellent residence, with stabling, &c., most conveniently situate with regard to railway and scholastic accommodation.—Apply to Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

To Surgeons.—An opportunity now offers of securing, at the low price of £400, an efficient Introduction to an agreeable and unopposed PRACTICE in Kent, returning nearly £600 per annum. Capital house, garden, stabling, meadow, &c., held at a very moderate rental, and conveniently situate in a charming position, near a railway station, within twenty miles of the metropolis. Furniture, horse, gig, &c., at a valuation, if required.—Address to Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

To Surgeons.—The Incumbent of a sound and almost unopposed Rural PRACTICE, being desirous of retiring, is willing to Introduce a Successor to the same upon equitable terms. Returns of last year, about £800. Superior residence, with stabling, garden, and land, desirably situate in a Western county, and held upon most advantageous terms. £500 would be required. Two horses, &c., may also be had. Gentlemen of adequate means may obtain introductions through Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

To Surgeons. — A most excellent opportunity now presents itself to a Practitioner of energy, in the contemplated retirement of the incumbent of a good old-established Country PRACTICE, with appointments, conducted in a desirable part of Norfolk. The present returns are about £800 per annum; it should be mentioned that three times that amount was done a few years since, and can without difficulty be gradually restored by a gentleman in good health and accustomed to work. Every facility for investigation which the purchaser can desire will be afforded. Convenient residence, stabling, &c.; rent moderate.—Apply to Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

To Surgeons.—Partnership.—Imme- diate Opening for a Gentleman of energy commanding £200.—The HALF-SHARE of an old-established Rural PRACTICE in Sussex will be secured to an eligible Practitioner. Returns good, and capable of great development.—Apply to Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

To Chemists and Druggists.—The Proprietor of a long established light RETAIL and DISPENSING BUSINESS, occupying an unopposed position in a town of much resort on the coast of Sussex, and which has been held by him for several years, is desirous of meeting with a Successor. An intending purchaser must be able to command £350, which will include lease, house fixtures and gas fittings, &c. Capital premises, in good repair, and held on lease at a low rental.—Apply to Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W

To Chemists and Druggists.—Owing to the continued ill health of the Proprietor, the Succession may now be obtained to a long-established and lucrative light RETAIL and DISPENSING BUSINESS, commandingly situate in a favourite Western Suburb of the Metropolis, and offering certain prospects of considerable extension. Gentlemen commanding £550 may obtain further particulars of Messrs. Lockwood, Lockwood, and Symes, 1, Burwood-place, Edgware-road, W.

An In-door Medical Assistant is Wanted in a Private Practice. He must be a good Dispenser, and competent to Prescribe and attend Midwifery. Salary, £40 per annum.—Applications (by letter only), stating age, &c., to be addressed to X. B., Miss Mills, 28, Broad-street-buildings, City.

Medical.—An experienced married man, between thirty and forty, highly qualified, with a good independency, is desirous of joining in PARTNERSHIP a gentleman possessing a first-class PRACTICE in a large town, such as Brighton, Hastings, Cheltenham, &c. A moderate Share at first only required, as equivalent for his services The highest references afforded. No agents need apply.—Applications to be made, by letter, to T. B. Loe, Esq., Solicitor, 7, Gray's-inn square.

Epilepsy.—There is a Vacancy for One in the advertiser's Establishment for a limited number of young subjects of Epilepsy. A removal from the ordinary home appears, in most cases of epilepsy, essential to any beneficial change, their peculiar requirements, physical and mental, and every influence bearing on their daily life, demanding competent and unremitting attention The advertiser having for several years received a few Epileptic Invalids to reside in his family, with very satisfactory results, would be glad to give full particulars to any Medical Gentleman wishing the same.—Address, F. S., Block's, Stationer, Hampstead, N.W.

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ESTABLISHED A.D. 1838.

Messrs. Lara and Walters,

(late LANE and LARA,)

MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
6, PUMP-COURT, TEMPLE, E.C.

PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

First-class Country Practice for Disposal.—A Gentleman, retiring from the profession, will introduce a successor to a select CONNEXION, yielding him over £800 a year, on condition of his purchasing the convenient Freehold Residence, just valued at 600 guineas. The sum required for the two, with six months' Partnership Introduction, is £1200; with eighteen, 1400 guineas.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

Islington.—Price £600, half cash, and the rest at the end of twelve months' Partnership, a good GENERAL PRACTICE, of quite £800 per annum. The House is pleasantly situate.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

In a Western Market Town, a PRACTICE, which in 1858 produced £460, including £50 from appointments not Union, will be Sold, with three months' gratuitous Introduction, for one year's purchase. A suitable successor may be assured of large and steady increase.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

Price only £200, a Practice of nearly if not quite £300 per annum, many years established in a populous and respectable neighbourhood, within a mile from Temple-bar. No Midwifery under £1 1s. The Surgery may, at a very trifling expense, be converted into an Open one.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

In a favourite Midland Town, a PRACTICE of from £300 to £400 a year can be obtained for £400, half cash, and the rest at the end of a six months' Partnership Introduction. The Connexion is an old-established and compact one.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

Succession, Partnership, or Opening Wanted, by a Medical Man of experience, where there is a good grammar school.—Address, Dr. Thomas, J. BOWMER, Esq., 50, Lincoln's-inn-fields, W.C.

For Sale, under unusually favourable circumstances, a PRACTICE of between £300 and £400 per annum, with an honorary public appointment, offering the best possible facility for introduction to first-class practice.—Address, Zeta, care of J. BOWMER, Esq., 50, Lincoln's-inn-fields, W.C.

Sea.—Wanted, a few Surgeons (with a knowledge of Military Surgery preferred), to Register their Names, at "Passengers' Agency Office," 10, Warnford-court, Throgmorton-street, London, E.C., for Appointments in Ships and Steamers to all parts of the world.

Assistantships. — Wanted imme- diately, several Qualified Gentlemen, as Non-resident Assistants in Town and Country Practices.

Also, Seven Qualified Gentlemen, as Resident Assistants in Town and Country Practices. Salaries liberal.

And Five Unqualified Gentlemen, as Resident and Non-resident Assistants in Town and Country Practices.

Gentlemen requiring situations are requested to apply personally, with testimonials, or forward copies of same, to Mr. Wilson, 26, Charles-st., Waterloo-place, S.W.

Patients, Nervous and otherwise.— Mrs. BELL, late of West-grove House, Blackheath, has, for the greater convenience of her Medical friends, REMOVED to 13, Abbey-place, St. John's-wood, where she continues to receive a limited number of Patients.

Insanity.—London House, Hackney. This Establishment is for a select number of Ladies labouring under the milder forms of Mental disease. Every attention is paid to the comfort and recovery of inmates. Terms reasonable.

Insanity, Nervous Debility, &c.— The Medical Profession and the Friends of the Afflicted are respectfully informed that they can be immediately supplied with ATTENDANTS, Male or Female, of undoubted skill, experience, and respectability, on application to the Secretary of the St. John's-wood Association of Attendants on Persons Bodily or Mentally Afflicted.—Address, the Secretary, care of Mr. Bevill, Chemist, 24, Park-terrace, Park-road, Regent's-park, N.W.

A Gentleman wishes to place a NERVOUS LADY and her Servant with a Medical Man, within fifty miles of London (not an asylum), who has a cheerful family circle and is experienced in nervous maladies. The lady is a perfect gentlewoman, about fifty-five.—Address, stating particulars as to experience, family, locality, terms, and references in London, to R. W., at Mr. Budd's Post-office, Bow-road, E.

Medical Transfer and Partnership.

30, Bucklersbury, London.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office hours, 11 to 4.

A Partnership in a first-class Metro- politan PRACTICE will shortly be available. Entrance from £3000 to £4000.

Application, with full information as to antecedents, to be made to M.D., care of Mr. ORRIDGE, 30, Bucklersbury.

Partnership or Practice Wanted, by a gentleman fully qualified, who is now twenty-seven years of age, and who will be happy to exchange references as to eligibility. He possesses competent means for purchase.

The locality preferred would be a small town on the South Coast, or an agreeable rural district not far from the sea, or within easy reach of London.

Communications to H. D., care of Mr. ORRIDGE, 30, Bucklersbury, will be faithfully responded.

Nine Hundred Pounds Yearly have been received for a long period in a GENERAL PRACTICE conducted in a northern district of the metropolis. Included in this sum are the stipends from several appointments. The Connexion is mainly among the middle classes, and will be relinquished, with a Partnership Introduction for a limited period, to a suitably qualified successor, who must have £1200 at command.

Apply at Mr. ORRIDGE's Offices, 30, Bucklersbury.

A Surgeon may hear of a good Opening (without premium) in a little borough town in Devon, by addressing A. E., Post-office, Exeter.

To Medical Men.—A steady, perse- vering man, wishing to establish a Rural Practice, may hear of a good Opening by addressing Rev. J. Williamson, Thusle, near Wells, Somerset. A Churchman preferred.

For immediate Disposal, a highly respectable GENERAL MEDICAL PRACTICE, in a beautiful part of Devonshire, with a Union attached, which, with the Private Practice, averages £460 per annum, and which may be obtained on easy terms. Every minute particular may be obtained by applying, by letter, prepaid, to A. B. M., THE LANCET Office, 423, Strand, London, W.C.

Medical.—Wanted to Purchase, the SUCCESSION to a bonâ fide and established PRACTICE in the South of England, at or near the coast, or in a locality renowned for its warm and dry climate. The advertiser—a M.D. and F.R.C.S.—has been for many years, and still is, in extensive Practice, but is recommended to change his present locality on account of the long-continued indisposition of his wife.—Address, M.D., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street, E.C.

Wanted, a fully-qualified Gentleman for an extensive GENERAL PRACTICE, in a mining and manufacturing district. The Practice is upwards of twenty years' standing; appointments returning £150 per annum, and is capable of being increased to double that amount. The principal is retiring from the profession, and will require the applicant to pay part of the premium now, and the remainder to lie on good security. Six months' Introduction.—Address, D. D., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street.

Wanted, a Partner, by a Medical Gentleman established in Practice twenty-six years, in one of the southern counties in England. Average receipts, £800 per annum.—Address, R. C. R., care of Messrs. Davies and Co., Advertising Agents, 1, Finch-lane, Cornhill, E.C.

Partnership.—A fully-qualified Gen- tleman, aged twenty-six, a Scholar and Gold Medalist of his College, of energetic habits and high testimonials, wishes to associate himself with a Practitioner of undeniable position in extensive and good-class Practice.—Address, in the first instance, Medicus, Highfield House, Meanwood, near Leeds. The advertiser is prepared with capital.

To Catholic Surgeons.—A Gentleman, fully qualified, is desirous to join a General Practitioner in large Practice, who, from age or other cause, requires Assistance, and where his services would be remunerated by a Share of the receipts, and, at a future time, Succession to the entire Practice, by annual instalments in purchase of the same.—Communications, with full particulars, to be addressed to T. C., prepaid, Post-office, 15, Charing-cross.

Wanted to Purchase, a good Residence and ESTATE, within about one hour's journey of London by rail. Land to the extent of 500 acres would be preferred.

Particulars to be addressed to Messrs. Winstanley, Paternoster-row, E.C.

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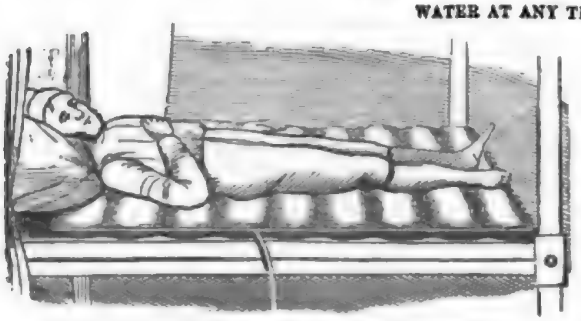
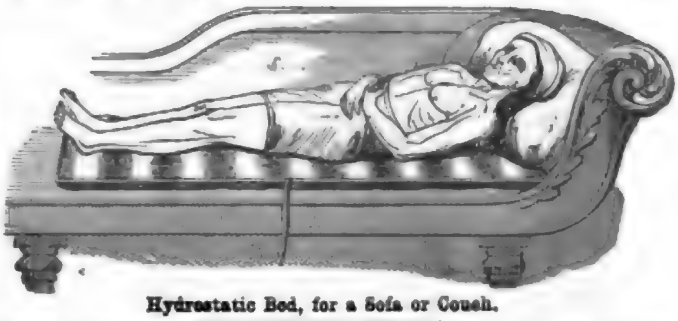
HOOPER'S HYDROSTATIC BEDS, OR MATTRESSES & CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



Hydrostatic Bed, for an ordinary Bedstead.



Hydrostatic Bed, for a Sofa or Couch.

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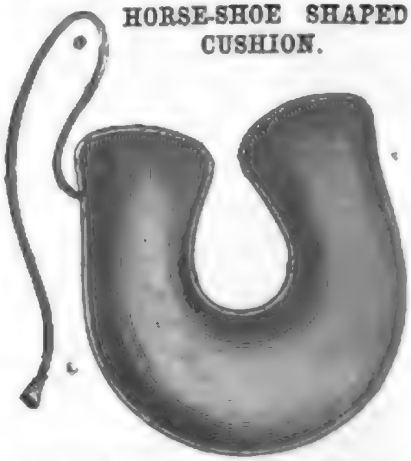

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LEADING ARTICLES.

The Reform Bill: the Claims of Brain and Muscle to the Franchise 352

"General Orders" and the Medical Service in India 352

Registration of Births, etc., (Scotland) Bill: The Compulsory Duty thrown on the Medical Profession 353

Mortality in Merchant Vessels 354

The Forthcoming Meeting of Poor-law Medical Officers . 354

MEDICAL ANNOTATIONS.

Physicians in China.—Death in the Streets. — Tobacco in the Indian Prisons 355

Army Medical School 356

CORRESPONDENCE.

Poor-law Medical Reform Association: Letter from Mr. Griffin... 356
Royal College of Surgeons, Ireland 356
On Unsuspected Sources of Lead-Poisoning: Letter from Dr. Hassall 357
On the Best Method of Preserving Vaccine Lymph for Use: Letter from Dr. George W. Balfour ... 357
A New Order of Physicians 358
Navy Surgeons 358
Homœopathy 359
The Medical Profession and the Income-Tax 359
Admission of Uneducated Persons to the Royal College of Surgeons 359
Meetings of the Liverpool and Derbyshire Medical Registration Associations 359

Medical Trials. — Civil Court, Gloucester: Woollaston *versus* Hewson 360

House of Commons. — Coroners and Magistrates. — University Returns. — Public Charities. — Medical Officers of the Army.— Representation of the People Bill.—Mines Regulation and Inspection Bill 361

MEDICAL NEWS.

The Cause of Constitutional Iodism in Geneva 345
Pass-lists of the Royal Colleges of Physicians and Surgeons, Apothecaries' Hall, and Royal College of Physicians, Edinburgh.— Election of Members of Council at the Royal College of Physicians. —Appointments. — Poor-law Medical Reform. — Todd Memorial Fund. — Hospital for Sick Children.—Army Hospital Corps.—The Amenities of Warfare. — Birmingham and Midland Counties Medical Registration Association: Charge of Illegally Practising as a Surgeon.— Flogging in the Army and Navy. —Battersea Park.—Pauper Lunatics.—Medical Institutions in Austria. — Insanity in Paris.— Food for Disease. — Middlesex County Lunatic Asylum. — Health of the Metropolis 361
Medical Diary of the Week 363
Notices to Correspondents 364

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GROSSMITH'S

NEW ARTIFICIAL LEG,

WITH PATENT ACTION, KNEE AND ANKLE JOINTS,

Enables the patient to walk, sit, or ride with ease and comfort, wherever amputated. It is much lighter and less expensive than the old style of cork leg, will last a lifetime, and is the only leg yet invented that Ladies and Children can wear with safety. It was awarded the highest Medal at the recent PARIS EXPOSITION, although more than twenty other makers from different nations exhibited. May be seen in use at the

MANUFACTORY, 175, FLEET-STREET, LONDON, (ESTABLISHED 1760,) OR AT CHARRIERES, PARIS.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 2s., 10s., and 21s. each. Sole Proprietors and Manufacturers,
PERRINS AND BARNITT, (late Bullock and Palmer,)
Operative Chemists, 22, Conduit-street, London W.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

WHOLESALE AGENTS.

LONDON—John Bell & Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Joseph House, 114, Minories.
LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Redcross-street.
MANCHESTER—Jewsbury & Brown, 113, Market-street.
DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.
GLASGOW—J. B. Webster, Oswald-street. | ABERDEEN—J. J. Kennedy.
EDINBURGH AND YORK—Raimes, Blanshards, & Co.

☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

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Flour, warranted free from adulteration, to any part of London (not less than 14 lbs.) carriage free.

Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 9s.; Seconds, 8s. 4d.; Meal for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bullford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

Preferred to the best Arrowroot. Delicious in puddings, custards, blancmange, cake, &c.; and especially suited to the delicacy of Children and Invalids. THE LANCET states, "This is superior to anything of the kind known." Trade Mark and Recipes, on each Packet, 4, 8, and 16 oz. Obtain it from Family Grocers, Chemists, &c.—Paisley, Manchester, and London.

T. Kingsford and Son's Oswego

PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Pure Country Milk and Cream,

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

THE OCTOBER BREWINGS ARE ARRIVING.

Bass's East India Pale Ale.

BARCLAY'S PORTER AND STOUT.

In 18-gallon casks, bottles, half bottles, and imperial pints.

Also, DEVONSHIRE CIDER.

BERRY BROS. & CO., 3, ST. JAMES'S-STREET, S.W.

Kinahan's LL Whisky *v.* Cognac

BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

The New Tariff.—Marshall and Son

beg to invite attention to their large and varied Stock of FRENCH, GERMAN, SPANISH, and other WINES, which they are selling at unprecedented low prices, having made the full reduction in accordance with the reduced duty. Carriage paid to any part by rail. Price Lists on application.

MARSHALL and SON, Purveyors to the Queen, 20, Strand, London, W.C.

Reduction of Duty.—Hedges and

BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 44s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 34s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. *per Doz.* £8 14s. *per 6 Doz.* £15 10s. *per ½-Cask.*

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

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Wines & Spirits at Reduced Duties.

A. BROUGH'S Revised List of Prices, with Dr. HASSALL'S Report on the undermentioned Wines, post free on application.

Claret (Vin ordinaire) ... ... per dozen	12s.
Chablis (White Burgundy)	18s.
Still Hock or Moselle	25s.
Household Sherry } formerly charged 26s. per dozen	20s.
Household Port } formerly charged 26s. per dozen	20s.
South African Port and Sherry ... ... 20s. and	24s.
South African Madeira and Amontillado	24s.
Bottles included.	
Gin, full strength ... ... per gallon	11s. 3d.
Burgundy Brandy	15s.
Hollands, the very best ... ... per one dozen case	35s.

Samples of any four of the above Wines forwarded on receipt of 30 postage stamps. Terms, cash.

Address, A. BROUGH, 29, Strand, London.

REDUCTION OF THE DUTY.

WINES AND SPIRITS OF ALL SHIPPERS.

Her Majesty's Wine Merchant—

(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-, and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto, Yquem, 80s; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liqueurs. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers: Sir Claude Scott, Bart. Price Lists on application.

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE,
30, Ludgate-hill, near St. Paul's, E.C.

SAUCES.—CONNOISSEURS HAVE PRONOUNCED LEA AND PERRINS'

"Worcestershire Sauce" one of the

best additions to Soup, Fish, Joints, and Game. The large and increasing de and has caused unprincipled traders to manufacture a spurious article; but the "GENUINE" all bear Lea and Perrins' name on bottle, label, and stopper.

Sold by CROSSE AND BLACKWELL, London, and all respectable Oilmen and Grocers.

Sole Manufacturers, LEA AND PERRINS, Worcester.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Reduced Price, 2s. 6d. per Tin.—

The ALBERT BISCUIT, manufactured by M'KENZIE and MIDDLEMASS, of Edinburgh.—Fresh supplies of these celebrated Biscuits are continually being received by WILLIAM HOLLAND, of the Golden Canister Tea and Coffee Warehouse, 127, Oxford-street, W.

Sent to all parts of London.

Gluten Bread, Semola, Chocolate,

CAKES, BISCUITS, and PATÉS, for Diabetes, Consumption, Dyspepsia, and Asthma, also for Invalids and Infants.—John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; P. Schacht, Clifton; Randall and Sons, Southampton; Ferris and Co., Bristol; Glaisyer and Kemp, Brighton; J. Alderton, Hastings; Procter and Son, Newcastle; John Mackay, Edinburgh; and Wholesale only of

G. VAN ABBOTT, 13, Basinghall-street, E.C.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by

PRICE'S PATENT CANDLE COMPANY (Limited).

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

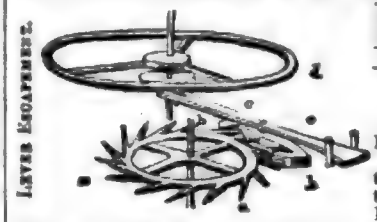
To be Sold, an excellent Single

BROUGHAM.—Apply at Mr. Henderson's Livery Stables, Ebury Mews East, Chester-square.

Bennett's Watches, 65 & 64, Cheap-

SIDE, in gold and silver, in great variety, of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance guaranteed. Free and safe by post.

Money Orders to JOHN BENNETT, Watch Manufactory,
65 and 64, CHEAPSIDE.



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"Perfection of mechanism."—MORNING POST.

Gold ..... 4 to 100 guineas.
Silver ..... 2 to 50 guineas.

Send two stamps for Benson's Illustrated Watch Pamphlet.

Watches sent free to any part of the kingdom on receipt of a remittance.—33 & 34, Ludgate-hill, London, E.C.—Established 1749.

Wanted, Left-off Clothes. Ladies

or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

To Gentlemen.—Notice of Removal.

Mr. MILES has found it absolutely necessary to remove his Business from Bond-street to more spacious premises, which will enable him more fully to carry out the plan originated by him of making

TROUSERS AT SIXTEEN SHILLINGS PER PAIR;

and every article connected with his business in accordance therewith. Mr. MILES'S New Address will be

73, BROOK-STREET, BOND STREET (four doors west of Hanover-square).

Gentlemen, if you want a treat, try

EAMES'S PATENT TROUSERS, a perfect and elegant fit, falling gracefully over the instep, with or without straps, giving that freedom and comfort so necessary in walking or riding. If you try them once, you will never change your tailor. The texture and pattern are the best the English market can produce. Price 17s. 6d. to 25s.

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S. W. Silver and Co.'s Outfitting

WAREHOUSES, 66 and 67, Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Hyam and Co.'s Conjoint Garments,

consisting of Guinea Coat and Vest, Twenty Shilling Trousers and Vest, and Thirty-eight Shilling Whole Suits; well designed from uniform patterns.

LONDON: 86, Oxford-street.
BIRMINGHAM: 21, 22, and 23, New-street.
LEEDS: 42, Briggate.

HYAM & CO.'S CAMBRIDGE, SAC, AND PAGET JACKETS.—The best possible garments for gentlemen's customary in-door or out-door wear. Price 12s. 6d., 16s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S DRESS AND SURTOUT COATS, in West of England Wool-dyed Black Cloths, Invisibles, Saxony Broad Cloths, Wooded Fabrics, &c. Price 25s. to 63s.

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HYAM & CO.'S JUVENILE COSTUME, displaying faultless adaptation to early age, habits, and growth. Children's Belt Suits, in new and beautiful materials. Price 10s. 6d., 15s. 6d., and 21s. Over-Coats and Capes, 8s. 6d., 10s. 6d., 12s. 6d.

HYAM & CO.'S HARROW, ETON, AND RUGBY SUITS.—Three new styles, becoming in design, serviceable for school or dress wear, and admirably adapted for young gentlemen. Price 15s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S CLOTHING TO ORDER.—Designed in every variety of novel fabric. French and English Cutters employed.

HYAM & CO.'S TRUE-FITTING TROUSERS.—To order, on a self-adjusting and shape-retaining system. Price 17s. 6d. Vests to match, 8s. 6d.

Caution.—Hyam and Co. are con-

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LEEDS: 42, Briggate.

IMPORTANT NOTICE.

Glenfield Patent Starch is the only

STARCH USED IN HER MAJESTY'S LAUNDRY; and as some unprincipled parties are now making and offering for Sale an Imitation of the

GLENFIELD STARCH,

we hereby caution all our Customers to be careful, when purchasing, to see that the word GLENFIELD is on each Packet, to copy which is Felony.

WOTHERSPOON & CO., Glasgow and London.

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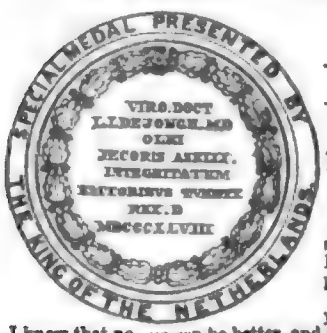

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

The Medicated Cod-liver Oils,

in a genuine state, are prepared only in SAVORY and MOORE'S Laboratory.—This class of Medicines now numbers upwards of twenty, of which the following are principally prescribed:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

SAVORY and MOORE'S "LIQUOR PEPSINÆ" offers a most efficacious and agreeable mode of administering PURE PEPSINE.

All NEW REMEDIES which are recognised by the Medical Profession are kept or promptly prepared in the Laboratory, at 143, New Bond-street.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2s.; 16 oz. 3s. 6d.; 20 oz. 4s.; 40 oz. 7s. 6d.; 80 oz. 14s. each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraxi., 6s. lb.—Monthly price currents on application.

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Those who cannot swallow Cod-liver

Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

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INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

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IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
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Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

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* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Alcohol as a Medicine.—Members of

the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

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the Secretion of Milk in Suckling Women.

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Dose: One teaspoonful, three times a day.

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Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

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CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

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Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.
Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

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celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

Poultices Superseded: Spongio Piline.

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CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

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Finest steel frames, with real Brazilian pebbles, 7s. 6d. and 10s. 6d.; ditto, best glasses, 5s. 6d.; solid gold, with pebbles, 30s. Country residents suited by stating age. Enclose stamps, or postage order, payable at Euston-square. Microscopes, magnifying 60,000 times, 84s.; ditto, 15,000, 21s. Pocket Telescopes, define 10 miles, 21s.; ditto, 20 miles, showing all heavenly bodies, 50s.—BERNARD DAVIS, Optician, 430, Euston-road, near Regent's-park. Catalogues for one stamp.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilised world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

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PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

HENRY BRETT & CO.,
OLD FURNIVAL'S DISTILLERY, HOLBORN
Sept. 7th, 1857.

ANATOMICAL APPLIANCES.

HER MAJESTY THE QUEEN, having specially honoured Mr. HEATHER BIGG, of 29, LEICESTER SQUARE (Author of "Artificial Limbs, their Construction and Application;" "Deformities, and the Appliances necessary for their Treatment"), with a command to Construct Mechanical Appliances for those wounded Soldiers particularly recommended to her gracious consideration, has led him to bestow considerable attention upon the scientific arrangement of such appliances; he therefore begs to invite Officers and others who are labouring under loss of limb, &c., to examine the Artificial Legs, Artificial Arms and Hands, Spinal Apparatus, &c., he possesses.

Mr. HEATHER BIGG, being conscious that the invention, construction, and application of mechanism for the treatment of deformities are frequently found to be unaccompanied by that enlarged scientific experience which such a subject requires, has recently visited the various Orthopædic Establishments of Paris, Vienna, Munich, Stuttgard, Berlin, Dresden, Cannstadt, Frankfort, &c., for the purpose of personally ascertaining what forms of apparatus were especially adopted, and thus enabling him to place at the disposal of the Medical Profession the resulting advantages.

Mr. HEATHER BIGG, having been for several years Anatomical, Surgical, and Orthopædic Mechanist to the Royal Hospitals of Chelsea and Greenwich, the Admiralty, the Hon. Board of Ordnance, the Hon. East India Company, St. George's, Middlesex, University College, King's College, Royal Free, Guy's, and St. Thomas's Hospitals, has devoted considerable time and experience to the invention, construction, and adaptation of every variety of Anatomical Appliance, and takes this opportunity of inviting the attention of the Medical Profession to the New and valuable Inventions he possesses for affording mechanical aid in cases of Talipes Varus, Valgus, Equinus, and Calcaneus; Lateral, Posterior, Rotative, and Anterior Curvature of the Spine; Inguinal, Femoral, Umbilical, and Ventral Hernia; Prolapsus Uteri and Ani; as well as every variety of Anatomical Deformity.

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ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

For 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

By CHARLES BLAND RADCLIFFE, M.D.,

FELLOW OF THE COLLEGE,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC.

LECTURE I.—(*Concluded.*)

In the period of alternate contraction, then, there would seem to be one and the same rule for the muscular movements resulting from the action of the galvanic current upon nerve—a rule by which the *muscle is made to contract at the beginning of the direct, and at the end of the inverse, current.*

How, then, is this? Why is it that muscle contracts thus alternately? It is, perhaps, too much to expect a full answer to this question at present; but a partial answer, as it seems to me, may be found in the collation of the three facts which follow.

The first fact is this—that the direction of the nerve-current in the sciatic nerve of a frog (except in those last moments in which the action of the galvanic current upon the nerve gives rise to the "voltaic alternatives") is *inverse* or centripetal. In these last moments the nerve-current may be sometimes inverse and sometimes direct; and this change may take place more than once, but, except in these last moments, the direction of this current is, as I have said, always *inverse.*

Fig. 7.

The second fact is furnished by Professor du Bois-Reymond in an experiment in which the two ends of a long portion of nerve are placed upon the cushions of two galvanometers, and the middle of the same nerve is laid across the poles of a galvanic apparatus. Looking at the needles of the galvanometer before passing the galvanic current, these needles are seen to diverge under the action of the nerve-current, and from the direction of this divergence it is evident that this current sets from the end to the side of the nerve;—looking at these needles while the galvanic current is passing, one needle is found to move still further from zero, the other is found to return towards zero. Let *A B* be the nerve; let the arrows *a a'* and *b b'* be the nerve-currents included between the cushions *a a'* and *b b'* of two galvanometers; and let the arrow *P N* be the current between the poles (*P*, *N*) of the galvanic apparatus; and

Fig. 8.

under this arrangement, the needle of the galvanometer will recede and show increase of current (+) at the end *B*, where the nerve-current and galvanic current coincide in their direction; and at the end *A*, where the two currents, natural and artificial, do not coincide in their direction, the needle of the galvanometer will go back and show decrease of nerve-current (—).

The third fact, which has been recently furnished by Professor Eckardt,* is to be found in an experiment which may be illustrated by means of the two following figures:—In this experiment the nerve of the leg of a frog, properly prepared for the purpose, is placed, one portion (that nearest to the leg) across the poles (*I I'*) of an induction coil, another portion across the poles (*P N*) of a galvanic apparatus. Having done this, the leg is first thrown into a state of tetanus by passing a series of induction currents, and then, the tetanizing influence still continuing in operation, the continuous current of the galvanic apparatus is transmitted in turn to and from the leg. This is the experiment. The result, which is not a little remarkable, is—that the tetanus ceases when, as in Fig. 9, the inverse current passes, and continues when, as in Fig. 10, the direct current passes. Nor is this result altered by inverting the

Fig. 9.

Fig. 10.

order in which the continuous and induction currents are made to act upon the nerve. Thus, applied after the direct current, the induction currents produce contraction, but not so if these are applied after the inverse current. Nay, it would even seem as if the direct current is actually favourable to the production of tetanus; for, with this current passing, a solution of salt, which of itself is too weak to cause tetanus, will have this effect. In observing this fact, Professor Eckardt proceeds as follows:—First of all, he tetanizes the limb by placing the portion of nerve nearest to it in a strong solution of salt; after this, he adds water until the strength of the saline solution is no longer sufficient to provoke this state of contraction in the muscles; and then, all things being as they were, he passes the direct current. *The result is that the tetanus immediately returns.*

Now, on comparing this last fact with the two previous facts, we may have, as it seems to me, some insight into the mode in which the galvanic current acts upon the nerve in the period of alternate contraction. On the one hand, it is seen that tetanus is prevented or arrested by the inverse current. Tetanus is prevented or arrested, that is to say, when (as the first and second facts show) the galvanic current coincides in direction with, and imparts power to, the nerve-current. On the other hand, it is seen that tetanus is *not* prevented or arrested by the direct current. Tetanus is not prevented or arrested, that is to say, when (as the first and second facts still show) the galvanic current differs in direction from, and diminishes the power of, the nerve-current. The one result, indeed, is in harmony with the other; for if contraction is counteracted by imparting power to the nerve-current, it is to be expected that contraction will be favoured by detracting power from the nerve-current. And this result, moreover, is not at variance with the premises. For has it not been seen that ordinary contraction is coincident with the *discharge* of ordinary electricity, and with *weakening* of both nerve and muscular currents? And has it not been seen that rigor mortis is associated with absolute and permanent annihilation of the two last-named currents?

And if this be so—if in this manner the inverse current antagonizes, and the direct current favours, contraction—then it seems to be possible to apprehend, in some degree, why it is that contraction occurs alternately at the beginning of the direct, and at the end of the inverse, current.

When the *inverse current* passes, the influence upon the nerve-current is one which antagonizes contraction, and hence it is not to be wondered at that there should be no contraction at the beginning of the current: when the inverse current ceases to pass, there is an end of the influence which antagonized

* A Treatise on Medical Electricity, p. 111. By Dr. Althaus. 8vo. Lond., 1859.

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contraction, and contraction may therefore follow as an equally natural consequence. When, on the other hand, the *direct current* passes, the influence upon the nerve-current being one which favours contraction, the occurrence of contraction at the beginning of the current may be accounted for: when the direct current ceases to pass, the influence which favoured contraction is at an end, and therefore the absence of contraction at this time is not to be wondered at.

(c) In the third period—that of single contraction—the muscular movements resulting from the action of a galvanic current upon nerve are at first sight somewhat perplexing, but with a little thought it may be seen that the same key will apply to their interpretation.

If, as has just been seen, contraction attends upon the beginning of the direct current because this current is found to favour contraction, it is not difficult to find a reason which will explain, not only why in the first period of double contraction the contraction at the beginning of the direct current is the strongest, but also why in the first part of the period at present under consideration—that of single contraction—there should be contraction at the beginning of the direct current, and at this time only. Nor are the apparent irregularities in contraction—the "voltaic alternatives"—which occur in the latter part of this third period of single contraction entirely inexplicable; for it may be that these apparent irregularities—this apparent shifting of contraction from the beginning of the direct to the beginning of the inverse current, and so backward and forward once and again—may be nothing more than the natural consequence of the changes which at this time have taken place, and are taking place, in the direction of the nerve-current.

Looking back, then, at the arguments which have been advanced in the present section, there would seem to be little reason for supposing that any vital property of contractility has been called into action during contraction by the "stimulus" of electricity; for has it not appeared that rigor mortis is coincident with the utter extinction of the nerve and muscular currents?—that ordinary contraction is attended by weakening of these two currents?—that contraction attends upon the discharge of statical electricity?—and that contraction is favoured when the action of the galvanic current is to detract power from the nerve-current? Nay, has it not appeared that contraction is antagonized when the action of the galvanic current is found to impart power to the nerve-current? Looking back, indeed, it would seem as if muscular elongation was coincident with the presence of electrical action, and contraction with the absence of this action. In a word, it would seem as if muscular motion was nothing more than a physical process; for it is quite in accordance with what we know of the physical action of electricity that expansion should mark the impartation of this action, and that contraction should attend upon its abstraction.

It would seem, also, that this view of muscular motion under the action of electricity is one which tallies well with what has been already said concerning muscle under the action of nervous influence and blood. Indeed, knowing what we do of the action of electricity, and knowing also that the nerve-current is a component part of, and the only intelligible idea in, nervous influence, is there not some difficulty in supposing that nervous influence can do otherwise than counteract muscular contraction? And, with respect to the blood, is there not some ground for believing that this fluid must counteract contraction by keeping up those chemical changes in the muscle and nerve upon which the electrical currents of muscle and nerve may be supposed to be based? At any rate, the view of the action of electricity upon muscle, which has been advanced in the present section, is one which appears to support and explain the view already arrived at respecting the action of blood and nervous influence upon muscle.

IV. In constructing a theory of muscular motion, there are many facts which still remain to be considered, and some of which must not be left unexplained. How is it, for example, that muscle undergoes no change of volume in contracting; that contraction is brought about by "mechanical irritation;" that muscle contracts with diminished power as it contracts upon itself; that the waste of muscle is proportionate to its contraction; and so on? Are these facts to be explained without the aid of a vital property of contractility and a doctrine of stimulation?

The fact that muscle contracts without undergoing any change in volume—the gain in breadth being precisely equal to the loss in length—has been often appealed to as an argument that the process of contraction is beyond the scope of any physical explanation; but, in point of fact, this change in muscle has its strict parallel in the change which passes over a bar of iron under the action of magnetism. The experiments of Mr. Joule* are quite conclusive upon the latter point. In one of these the bar of iron to be magnetized was placed in the axis of a coil of insulated copper wire. One end of this bar was fixed; the other end was attached to a system of levers by which any change in length was multiplied 3000 times. The bar itself was of rectangular iron wire, one-fourth of an inch broad, one-eighth of an inch thick; the coil was twenty-two inches in length, and one-third of an inch in diameter. On traversing the coil with a current capable of magnetizing the bar to saturation, or nearly so, the index of the multiplying apparatus sprang from its position, and vibrated about a point $\frac{1}{10}$ of an inch in advance—a distance giving $\frac{1}{30000}$ of an inch for the actual elongation of the bar. After a short interval the index ceased to vibrate, and began to advance gradually in consequence of the expansion of the bar under the heat radiating from the coil; and so it continued to do until the circuit was broken and the bar demagnetized, when it immediately vibrated about a point exactly $\frac{1}{10}$ of an inch lower than that to which it had previously attained. In order to show that the bar underwent no change of volume in thus elongating, Mr. Joule placed a bar of annealed iron, one yard long and half an inch square, in a glass tube forty inches long, an inch and a half in diameter, and surrounded by a coiled conductor consisting of ten copper wires, each $\frac{1}{20}$ of an inch in diameter and 110 yards in length. One extremity of this tube was closed; the other was fitted with a stopper, the centre of which was pierced with a graduated capillary tube, of which each division was equal to $\frac{1}{1000000}$ part of the iron bar. This being done, the tube was filled with water, the stopper adjusted so as to force the water to a convenient height in the capillary tube, and the coil alternately connected and disconnected with a Daniell's battery of five or six cells—an apparatus of sufficient power to magnetize the iron bar to the full. This was the experiment. The result was, that no perceptible change occurred in the level of the fluid in the capillary tube, either on making or on breaking contact with the battery, and this equally whether the level was stationary, or whether it was rising or falling from any change of temperature accompanying the magnetization of the bar. The experiment, indeed, is one which affords most conclusive proof that the bar underwent no change of volume on being magnetized or demagnetized; for if the elongation of the bar which takes place on magnetization had not been accompanied by a corresponding loss in breadth, the water would have been forced through twenty divisions of the capillary tube whenever the circuit of the battery was completed.

Under the influence of magnetism, therefore, there are changes in a bar of iron which are strictly parallel to those which take place in muscle; and this parallelism extends also to that point which is so characteristic of muscle—namely, the *suddenness* with which the contracted and elongated states may alternate one upon the other; for, in Mr. Joule's first experiment, the bar was seen and heard and felt to *jump suddenly* from the longer to the shorter form, or from the shorter back again to the longer, according as the electricity was communicated to, or withdrawn from, the coil.

Nor is a vital property of contractility at all necessary to explain the next fact—the contraction which is brought about by what is called "mechanical irritation." On the contrary, it is very possible that this phenomenon may be nothing more than the natural consequence of the mechanical interference with the electrical currents in nerve and muscle. It may be supposed, as in a previous case (*vide* p. 289), that a certain *interruption* in the nerve-current will be a result of the pressure which is implied when a nerve is subjected to "mechanical irritation;" and that, consequent upon this interruption, momentary currents will be induced in the nerve and in the neighbourhood. It may be supposed, further, that the muscular fibres to which the nerve is distributed are the seat of some of the secondary currents thus induced, and that these fibres are thrown into a state of contraction by the disappearance of these currents. And so, also, when the muscular fibre is directly subjected to mechanical irritation, it may be supposed that there has been some interruption of the muscular current in the part pressed upon, that this interruption may give rise to momentary induced currents in the neighbouring muscular fibres, and that the disappearance of these induced currents may similarly bring about contraction in the fibres included within the circuit of the currents. And, surely, after what has been said, it is as easy to believe that the contractions referring to

* Philosophical Magazine, February and April, 1847.

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"mechanical irritation" are thus due to definite and intelligible changes in the nerve- and muscular currents, as it is to ascribe them to an unintelligible "irritation" of a not very intelligible vital property of "irritability" in nerve and muscle.

Nor is the fact that muscle contracts with diminished power as the muscle contracts upon itself an argument that the law of muscular contraction is different from any known physical law of attraction. It is no doubt true, as M. Schwann pointed out, that the force of muscular contraction decreases as the muscle contracts upon itself; but herein is surely no argument for asserting that the law of muscular contraction is essentially different from the law of all physical attractive forces! Indeed, elastic bodies, in shrinking after elongation, behave in every respect as muscle behaves in this experiment, and here undoubtedly the contraction is a physical process.

And, certainly, appeal cannot be made to the fact that the waste of a muscle is proportionate to the amount of muscular action, in order to show that muscular contraction is the sign of functional activity in the muscle; for, after what has been said, who shall say that this waste has not been incurred in restoring the relaxed state? At any rate, it is certain that the electrical condition of nerve and muscle, which, according to the premises, is connected with the state of relaxation, and not with the state of contraction, is one which cannot be kept up without a corresponding chemical change—that is, waste—in the tissues concerned.

What then, I ask, in conclusion, (for though much evidence remains behind there is no time to bring it forward) is the tenor of the preceding argument? Is it not this—that *elongation*, rather than contraction, is the chief peculiarity of muscle? Is it not this—that the transitory contractions, which are said to belong to that form of contractility which is called *irritability*, occur in transitory lulls of the action of certain agents, electrical and other; and that the persistent contraction of rigor mortis, which is referred to that form of contractility which is called *tonicity* derives its characteristic persistency from the fact that the actions which antagonized contraction during life are then at an end? And if so, what need is there of a vital property of contractility and of the doctrine of stimulation which is founded thereon?

Now it is, no doubt, a difficult matter to abandon an idea which has been so long fixed in the mind, as that which ascribes a vital property of contractility to muscle, and which supposes this property of contractility to be stimulated into action when the muscle contracts. It is difficult, I say, to believe that the final purpose of a muscle—its contraction, and particularly that form of contraction which is obedient to the mandates of the will,—instead of being brought about by the infusion of more life into the muscle, is brought about by the induction of a change which is realized to its fullest extent in rigor mortis. But this difficulty, such as it is, is one which diminishes when it is steadily looked in the face. So far as the *will* is concerned, the theory under consideration requires one to suppose that voluntary muscular contraction is brought about, not by imparting something to the muscle, but by removing something from the muscle which had previously antagonized contraction. The idea changes with reference to the muscle, but not with reference to the vital activity of the will, for in either case and equally the will is a living acting power. And as to the rest, it is surely as easy to suppose that the will acts through the instrumentality of a force which must belong to muscle as a physical structure, as it is to suppose that it requires the superaddition of a vital property of contractility, and a special provision for stimulation. It is, I repeat, a difficult matter to abandon old views, and, turning round completely, to regard muscular contraction as a process which is most fully realized in rigor mortis; but we have at least this advantage in so doing—that we gain an explanation which is physical and intelligible—an explanation, moreover, which applies to rigor mortis as well as to ordinary muscular contraction. For what is the case with respect to rigor mortis? The case is simply this: that as long as there is any sign of "irritability," or any trace of nerve-current or muscular current, so long is there no rigor mortis. If these signs and traces die out speedily, as in persons in whom the vitality of the frame has been exhausted by long life, or by chronic disease, such as consumption, the muscles become speedily rigid; if these signs and traces are slow in dying out, as in persons who have been cut down suddenly in the full glow of health, the muscles are equally slow in passing into the state of cadaveric rigidity. Once contracted, moreover, the muscles remain contracted until the supervention of putrefaction—an event which happens most speedily in the case where the muscles retain their physical integrity least perfectly. The facts, indeed, which are utterly unintelligible upon the hypothesis that contraction depends upon the stimulation of any vital property of contractility, are precisely what they ought to be according to the premises: for according to the premises, all that is necessary to the commencement of rigor mortis, is the dying out of that action in muscle and nerve, of which the electrical current is *one* of the signs; and all that is necessary to its continuance is the absence of this action, and the physical integrity of the muscular structure. According to the premises, indeed, there is no difficulty in explaining the unexplained, and hitherto contradictory, characteristics of this form of muscular contraction; and this being the case, it would seem that rigor mortis may be accepted as the type of muscular contraction in general, and as the *experimentum crucis* in favour of the theory of muscular motion of which I have had the honour of sketching the broader outlines in the present Lecture.

A CLINICAL EXAMINATION
OF THE
VALUE OF THE OPERATION OF TURNING IN LABOUR OBSTRUCTED THROUGH COARCTATION OF THE PELVIC BRIM.

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CASE 1.—*First Labour: Contracted pelvis; convulsions; dropsy; albuminuria; craniotomy. Second Labour: Protracted; impending exhaustion; craniotomy. Third Labour: Labour induced at seven to eight months; protraction; forceps unavailable; turning; a living child.*

First labour.—On the 20th of July, 1857, at eleven A.M., my assistance was requested by a surgeon in a case of convulsions. The patient was nineteen years of age, and in labour with her first child. She had been twenty-four hours in labour. Convulsions set in very strongly about two hours before my arrival. She had been bled to eight ounces. Her breathing was semi-stertorous; she was semi-comatose; the pupils contracted; face, body, and limbs enormously distended with fluid. She had passed about six ounces of urine, which "set" almost in a jelly on boiling, it was so loaded with albumen. The os uteri was of the size of a half-crown; head presenting; contraction fair. When I saw her again, at three P.M., there was more dilatation of the os; she had had one fit since. The os was rigid. Another fit now occurred. I ascertained that the antero-posterior diameter was considerably contracted; that the head was large, and firmly ossified; and that the long forceps could not be applied. In addition to the bony contraction, there was the further diminution of capacity from infiltration of the cellular tissue with serum. It was urgent to deliver. I did not think the case favourable for turning, and therefore lessened the head. Meconium had passed; and, although the condition of the patient did not admit of uterine auscultation, I thought it probable that the child was dead from the effects of blood-poisoning. The extraction of head by crotchet was tedious; the bones had to be much broken up. I am now disposed to think that the delivery might have been accelerated by turning after lessening the head. There was a fit almost immediately after delivery. The uterus contracted well; there was very little hæmorrhage. I learned that the patient recovered well.

Second labour.—I had urged that, in the event of a second pregnancy, labour should be induced at seven or eight months. I heard, however, nothing more of the patient until the 31st of July in the following year, when she was again in labour at full time. I was then sent for on account of protracted labour. The head, it was represented, had been partially in the brim for seven hours without progress. The forehead was turned to pubes. I perforated at once, and delivered by crotchet. The woman recovered well.

Third labour.—Early last year, my renewed recommendation to have labour brought on prematurely having made an impres-

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sion, Mrs. H—— came to me when pregnant. On the 1st of June, when it was calculated that she was quite seven months gone, I began the use of means for inducing labour. The os being closed, I inserted a sponge plug into the cervix, and ordered the uterine douche three times a day. On the 6th I removed the sponge, which had slipped out of the cervix. The os was now dilated to the size of a shilling, admitting of the head being felt. I now gave several doses of ergot at intervals until the 8th. The patient declared that the waters escaped freely towards evening; but at eleven P.M. I ruptured the membranes. The enlargement of the uterus was excessive, from the quantity of liquor amnii. This impeded free contraction. I applied a tight binder to support the uterus and promote the discharge of liquor amnii, which still impeded contraction. The head lay transversely, occiput to right ilium. Labour lingered until four A.M. of the 9th, when the os being sufficiently dilated to permit trial of forceps, I made the attempt, hoping that the smallness of the head might leave room for a pair with narrow blades; but the protrusion of the promontory frustrated this attempt. I then gave chloroform, but not to degree of surgical anæsthesia, and introduced my left hand to turn. I felt the cord pulsating. The right knee was seized, and turning effected by help of external pressure. The half-breech and shoulders passed with some difficulty; but to bring the head through the brim I had to use considerable force, so much that I hardly expected the child would be born alive. The head slipped through the narrow brim into the cavity of the pelvis with a sudden jerk. There was no difficulty at the outlet. The child, a male, was born asphyxiated; the heart was beating feebly; it made one or two inspiratory efforts. After five minutes' resort to the rotation-method, breathing was gradually established. Cold aspersions on the distribution of the respiratory nerve, and momentary dipping in warm water, completed recovery. The child did well. The placenta was extracted with some difficulty, as is not seldom the case in contracted pelvis. The mother recovered without a bad symptom. At the date of publication the child is thriving.

Commentary.—The preceding history needs but few remarks. The urgency of the mother's state in the two labours at term left no choice but to deliver by lessening the head. The narrowing of the pelvic brim precluded the use of the forceps. In both these labours the children were large, and the heads firmly ossified. An attempt to deliver by turning, instead of perforation, would, in my opinion, not have succeeded. The disproportion between head and pelvis was too great to hold out a reasonable hope of bringing into the world living children, and the state of the mother imperatively indicated resort to the method that was quickest and least severe. The question whether some little time might not have been saved by turning after lessening the head, may fairly be entertained. The result of the third labour is eminently satisfactory. But for the application of turning in conjunction with the induction of premature labour, this patient was doomed to conceive only to see her fruit perish in the act of birth. To have anticipated the period selected for inducing labour, so far as to secure a fœtus capable of passing through the narrow pelvis by the natural efforts, would have been to ascend beyond the probable limits of viability.

Here, then, is a case lying so clearly between the boundaries of the necessity for perforation, or of the applicability of the forceps, on the one hand, and the induction of labour at a stage when the birth of a viable child is improbable, on the other hand, as to place in a striking light the value of the operation of turning. Turning accomplished what no other proceeding could accomplish. It saved the life of the child, whilst it added nothing to the risk of the mother. The case is a complete illustration of Conservative Midwifery.

RECORD OF NINETEEN CASES
OF
RUPTURED PERINÆUM;
WITH PRACTICAL REMARKS.

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(*Concluded from page 215.*)

CASE 68.—*Rupture of Perinæum, complete; eight years' duration; operation; pyæmia; death.*—Mrs. S——, aged twenty-eight. In her first labour, eight years and a half ago, the perinæum was torn; no instruments were used. She has had three children since. The fæces cannot be retained unless the bowels are confined.

April 12th, 1859.—I performed my usual operation. There were present Messrs. Furner (of Brighton), Nunn, Philip Harper, and Dr. Wilkins (of Norwood).

13th.—Symptoms of sloughing; great restlessness. The opium has no effect; it appears she has been in the habit of taking laudanum, which accounts for the two grains proving ineffectual.

14th.—I removed the deep sutures; sloughing extending.

17th.—Sir C. Locock met me.

The details of this case are too prolix to be given in full. It may be summarily stated thus:—The parts of the perinæum which had been pared at the operation became covered with a deep slough, which, under a tonic and stimulating treatment, gradually separated, and then began to heal up by granulation. The powers of the patient, however, did not rally, and, in spite of good diet and quinine, she did not really improve. Three weeks after the operation she began to complain of great pain in the right shoulder-joint, which became very tender and much swollen. The tongue was dry and red, and much restlessness was present, with constant, well-marked rigors. A few days subsequently the left hip became similarly affected; then the knee, and afterwards the right hip. Six weeks after the operation, (with the concurrence and assistance of Sir C. Locock and Mr. Fergusson, each of whom daily met me,) I opened the abscess which had formed in the hip, and let out two pints of unhealthy pus. We then put in a drainage tube. A few days subsequently the other hip required a similar opening, and both hips discharged at least a pint of unhealthy pus daily. Then bleeding came on from both hips, instead of pus, and could not be stopped. All this proved too much for her exhausted system, and she gradually sank in the beginning of June, seven weeks after the operation.

Remarks.—There can be no doubt that her system was in a very broken-down state at the time of the operation, and that I was much misled as to the state of her health by being kept in the dark as to her daily habit of taking laudanum for many years, with the object of quieting the bowels, as without it she had no control over the sphincter. Nothing was said about this habit until my usual doses of opium failed in producing any effect. Moreover, she proved to have been a poor eater, seldom taking animal food, and living chiefly upon fruit, fish, and such-like diet. I have no doubt that all this must have favoured the occurrence of the pyæmia.

CASE 69.—*Rupture of Perinæum, complete; operation; cure.*—Mrs. H——, aged thirty-five, recommended to me by Sir C. Locock and Mr. Harvey. Eleven years ago, after a long labour, the child and placenta were expelled simultaneously (the cord being coiled round the neck of the child). Since that time she has had no control over her bowels when relaxed, and seldom over the flatus. She has had six children since.

On examination, I found complete rupture of the perinæum and loss of the anterior half of the sphincter. There was great retraction of the anus.

June 21st, 1859.—I performed my usual operation, assisted by Messrs. Nunn and Philip Harper. There were also present Mr. Smith, of Redditch, (Mrs. H——'s ordinary medical attendant,) Mr. Evans, of Torquay, and Mr. Harvey.

23rd.—Removed the deep sutures.

The bowels were moved at the end of ten days. The union was quite perfect, and she had not a single unfavourable symptom.

Remarks.—This patient has continued well ever since, and I hear is now pregnant. I have no fear of the new perinæum not standing firm.

CASE 70.—*Rupture of Perinæum, complete; operation; cure.*—Mrs. N——, Birkenhead, recommended to me by Mr. Godden, of that town. She is twenty-seven years old, and mother of three children. Five years ago she was confined of her first child without any assistance, the child being born before the doctor arrived. Since that period she has always been confined to the sofa, and has been a confirmed invalid, never even having friends to dinner, because she could not control her bowels. She is very thin and depressed in spirits.

Sept. 7th, 1859.—I performed my usual operation at Birkenhead, assisted by Mr. Godden, Dr. George Walker, and two other surgeons.

The deep sutures were removed on the evening of the second day, and the superficial ones on the fourth day. Bowels opened on the fourteenth day. After the bowels were relieved, she could hold the injection for some time, and in a month she could pass her evacuations with good control over the sphincter.

She has since improved in health; can walk about and enjoy life.

Dec. 16th.—Mr. Godden writes me: "I have made an examination of our patient, and am happy to say that the operation has been quite successful. She has gained flesh since, and looks much better than I have seen her since I have known her."

Remarks.—This case well exemplifies the benefits to be derived from the operation. Five years of wretched health cured by a month's confinement under surgical treatment.

CASE 71.—*Rupture of Perinæum, complete; one year's duration; operation; cure.*—C. A——, aged twenty-four, admitted into "The London Home," October 24th, 1859. Was delivered of her first child last November. The labour was very tedious, but was ultimately terminated without instruments. The perinæum gave way. She has been an inmate of an hospital for some weeks, but nothing operative was done, and she was recommended to wear a pessary. She left, however, without having derived any benefit. She has no control over her motions, and a good deal of constant bearing-down of the uterus. Examination showed the perinæum to be torn completely through the sphincter, and extending somewhat up the rectum.

Oct. 27th.—The usual operation performed.

29th.—The deep sutures removed.

Nov. 3rd.—The superficial sutures removed. Union has taken place through the entire extent.

She was discharged at the end of a month with a sound and good perinæum, and having perfect control over her bowels.

Remarks.—This case is remarkable from the fact that she had been for some weeks in an hospital, under a physician-accoucheur, who said he could not recommend any operative procedure, but advised a pessary. Surely this shows the importance of recording these cases, and of making the statement as public as possible that such cases can and *ought* to be cured.

CASE 72.—*Rupture of Perinæum, complete; operation; death from pyæmia eight days after the operation.*—F. G——, aged twenty-one, admitted into "The London Home" Nov. 1859. She was taken in labour with her first child at noon, and was delivered with instruments the next morning. The perinæum gave way. She was operated upon in the country three weeks afterwards, but without any benefit. Examination showed the perinæum to be completely torn through the sphincter, and she had no control over the bowels.

Nov. 10th.—Operated upon in the usual way.

12th.—Deep sutures removed.

16th.—Was slightly delirious last night; countenance anxious; pulse quick. The wine and nourishment to be increased in quantity.

17th.—No sleep last night. Some wandering and tremor this morning. To take of carbonate of ammonia, eight grains; tincture of opium, ten minims; compound spirit of ether, one scruple; decoction of cinchona, one ounce; every three hours. —Half-past nine P.M.: To take of tincture of opium, fourteen minims. This did not induce sleep, so she took another dose of twenty minims at eleven P.M.

18th.—Having had no sleep, and being very uneasy, she had two grains of opium as a suppository at five A.M. This produced no effect, so at eight A.M. she took, at the suggestion of Dr. Hall Davis, half an ounce of tincture of hyoscyamus. She fell asleep within half an hour, and dozed more or less until twelve P.M. Her state now was most unsatisfactory. The pulse very weak and intermitting, though hardly to be counted; tongue dry and brown; countenance very anxious; pupils acting well; delirious and restless; no pain in any part, nor any apparent tenderness. The parts operated upon are healing well and firmly. Ordered to take of chlorate of potass, one scruple; tincture of hyoscyamus, one drachm; decoction of cinchona, one ounce; every three hours. Wine, beef-tea, &c., *ad libitum.*

19th.—Slept about two hours, but constantly talking and muttering. She had an enema, which acted once, and then half an ounce of tincture of hyoscyamus; after which she slept for three hours. Pulse very quick; sinks down the bed; tongue dry and black; skin bathed in perspiration.

She rapidly sank, and died at half-past three A.M. on the 20th.

Remarks.—The friends living in the country, no opportunity was afforded for a post-mortem. My own impression is, that she was too weak to undergo the shock of the operation. She had just weaned her child, and came from an aguish part of Kent. In another such case I should wait some weeks, and uphold the patient before the operation.

CASE 73.—*Rupture of Perinæum, incomplete; vaginal rectocele, six months' duration; operation; cure.*—M. A. H——, aged twenty-five, admitted into "The London Home" Nov. 1859. She was delivered of her first child six months ago, after a labour of only four and a half hours' duration. The forceps were applied as soon as the operation commenced. She got about at the usual period, but immediately began to suffer much from bearing down, which rapidly got worse; and she now has a good deal of difficulty in relieving the bowels. Her general health is bad, and she is becoming incapable of moving about without constant inconvenience.

Examination showed that the perinæum had been torn up to but not through the sphincter. The recto-vaginal septum had become forced down so as to form a large pouch in the vagina, and the fæces, lodging there, could not be expelled until after change of the usual position, or the pouch had been pressed back by the finger.

Nov. 10th.—Operated on in the usual manner; the sphincter not being divided.

12th.—Deep sutures removed.

18th.—Superficial sutures removed. The parts are well and firmly united.

Remarks.—This patient left the institution in a month, perfectly well, the bowels acting daily without difficulty, and the bearing-down sensation entirely removed. This case is recorded to prove that even incomplete rupture, if followed by any interference of the normal functions of the bowel or bladder, should be restored by a plastic operation. Many other cases could be adduced to prove the truth of this proposition.

CASE 74.—*Rupture of Perinæum, incomplete; prolapsus uteri of some years' duration; operation; cure.*—M. M——, aged forty-nine, admitted into "The London Home" November, 1859. She has had seven children and four abortions. For some years she has had more or less bearing-down, and for the last three years the uterus has protruded through the external parts to a considerable size. She is incapable of performing her usual avocations without great pain and misery, and is only able to move about by wearing napkins to keep the womb up.

Examination showed the uterus to be prolapsed through the external parts to the size of a seven months' fœtal head. The perinæum had been torn up to, but not through, the sphincter.

Nov. 10th.—Operated upon in my usual manner.

12th.—Deep sutures removed. Parts look well; but the skin over one hip is red and broken from lying upon the side. To take chlorate of potass, one scruple; decoction of cinchona, one ounce; three times a day. Increased stimulants and nourishing diet. The hip soon got well under this treatment, and she went on very satisfactorily.

18th.—The superficial sutures were removed. The parts were found well and firmly united.

Remarks.—This was a case of rupture extending completely up to the sphincter, so that the poor woman had no perinæum to support the vagina; consequently the vagina, losing its base of support, gave way, and the uterus followed and eventually protruded. The operation perfectly restored the perinæum, and prevented any prolapse of vagina or uterus. The patient is now up, and about.

CASE 75.—*Rupture of Perinæum; complete; operation; cure.*—Mrs. C——, aged thirty-four. I operated upon this lady on the 12th of November, 1852, and the case is recorded in my book, p. 59. It will be seen there that she was safely delivered without injury to the new perinæum. She was again delivered in sixteen months, with a like happy result; but a third delivery, under another surgeon, did not end so happily, for the perinæum was completely torn through, as was also the sphincter. Since then she has had no control over the bowels, and has suffered from falling down of the uterus and vagina.

Oct. 5th, 1859.—Assisted by Mr. Philip Harper, Mr. Knaggs (the patient's father), and my son Arthur, I operated again in my usual way. The patient was very anæmic, and required much upholding.

7th.—Removed the deep sutures.

17th.—I ceased my attendance, as the bowels had been freely relieved of their own accord, and the control over the sphincter established.

N.B.—If this lady is again pregnant, she should be delivered at the seventh month.

CASE 76.—*Rupture of the Perinæum; incomplete; thirty-six years' duration; prolapsus ani and prolapsus uteri; two operations; cure.*—E. P——, aged sixty-five; admitted into "The London Home" on the 14th of November, 1859. After a severe labour thirty-six years ago, she had bearing-down come on. Gradually the rectum began to prolapse, and she suffered

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very much from piles. This continued, and two years ago the uterus began to protrude through the external parts. Her general health has suffered much, and she has become incapable of following any employment without great misery and suffering.

Examination showed the uterus protruding through the external parts to a considerable size. The perinæum had been torn up to, but not through, the sphincter. There was also complete prolapsus ani, with external piles surrounding it. As her general health was very bad, she was put upon a course of tonics, with generous diet, for ten days.

Nov. 24th.—The prolapsed bowel was tied in three pieces, and all the external fringe of old piles freely excised; lint and sweet oil being afterwards applied, and opium freely given.

She went on very well, and the ligatures came away in a few days. The bowels acted naturally on the 10th of December. The parts are nearly healed, and she feels much better than she had done for some years.

Dec. 15th.—I performed my usual operation for ruptured perinæum.

17th.—Deep sutures removed.

23rd.—Superficial sutures removed; progressing most favourably in every respect.

Jan. 18th.—Discharged, quite well.

Remarks.—This was a very aggravated case of suffering, the poor woman having to labour very hard at a mangle; and her gratitude at being cured after so many years of patient endurance was very great and encouraging.

In my former papers I have recorded fifty-seven cases, but one of these, for reasons therein stated, cannot be considered as belonging to the series. My statistics, therefore, now stand thus: Total number, 75; perfect and complete cures, 69; partially successful, 2; unsuccessful, 1; deaths, 3. The percentage of perfect cures is 90·00. Every additional case still increases my favourable opinion of the results of the free administration of opium and nourishment subsequently, and more strongly refutes the objections of those who think all surgical interference in these distressing cases unnecessary. I have only related a few cases of *incomplete* rupture here to illustrate certain prominent points of practical import. I have operated on more than one hundred cases of prolapsus of the uterus, bladder, or rectum, where there was no rupture of the perinæum of any consequence, as well as on many others, where the rupture did not involve the sphincter.

Connaught-square, Hyde-park, Feb. 1860.

ON

AN INJURIOUS HABIT OCCASIONALLY MET WITH IN INFANCY AND EARLY CHILDHOOD.

BY ATHOL A. W. JOHNSON, ESQ., F.R.C.S.,
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THE subject of this communication is one of high importance in its relation to the physical as well as to the moral well-being of too large a number of persons in early life. Its repulsive nature, however, and the natural desire to ignore the existence of such a practice as onanism, have prevented the attention of our profession from being willingly turned to it, and have caused too frequently those who are actually suffering from its effects, or who can be terrified into the belief that such may be the case, to fall easy victims to the rapacity of advertising quacks and of ignorant extortioners. Even now, I shall gladly confine my observations to the disease (for such it really becomes) of onanism as we meet with it in infancy or in early childhood.

The following case, which I was lately urged to take charge of at the Hospital for Sick Children, will serve as a fair specimen of the course the affection takes, the origin from which it may spring, and the consequences it may induce.

George A——, six years of age, was admitted under my care in January of the present year. He had been in good health till he was two years and ten months old, at which time he was sent from home into the country, where he was put to sleep with a girl fourteen or fifteen years of age. Soon after this his health appeared to fail, and he became weak and ailing, but without any definite malady. Under tonic treatment some improvement took place, followed, however, by frequent relapses, and five months ago a new symptom manifested itself in the shape of deafness. He was then removed to London, and again came under the care of his parents, who were distressed to find, in addition to his deafness, that his appearance was much changed, and that from being a fine, stout child he had assumed the aspect of a little old man.

It was soon noticed that his hand was frequently applied to his penis, which was often in a state of erection, and that the prepuce was somewhat elongated. He was taken to a dispensary, where he was sounded, under the impression that a calculus might be present, but no stone was detected, and in fact no irritation of the bladder really existed. Suspicions arising on the part of his parents, a close watch was set upon him, when it was discovered that he was nightly in the habit of practising onanism. To put a stop to this, various means were adopted, including severe punishments by his father, after which he would promise to abstain, but during sleep he would get restless and excited, and on waking up continue the practice, *emission taking place.*

His hands were then fastened out of bed, but he still effected his purpose by a peculiar convulsive or instinctive movement of the thighs. Repeated immersion in cold water at these times, and all other plans suggested, having been employed ineffectually, as a last resource he was brought to the hospital. The child confesses readily that the practice began from the time of sleeping with the girl, and that it has been continued at least once nightly ever since. He promises and appears anxious to leave it off, but owns that he cannot restrain himself when he gets excited.

He was directed to sleep with his hands out of bed, and under the immediate surveillance of the night nurse. After the first night or two, the restlessness and movements were resumed, but of course immediately arrested. He was then placed on *bromide of potassium*, and afterwards on *belladonna.* Perfect cleanliness was inculcated, especially with regard to any secretion between the foreskin and the glans; and bathing, &c., ordered. At the same time, he was informed that it would be necessary, on account of his health, if the practice continued, to perform an operation, with the hope that the dread of this might prove effectual; but the nocturnal excitement still continued, and I have at last removed a portion of the foreskin, *without placing him under chloroform.* Since the operation he has been perfectly quiet, and he has now left the hospital, with instructions that he is to be brought back if any relapse occurs.

This case shows us how deeply rooted the vicious habit may become even at a very early age, for it was probably commenced in this instance soon after the child had attained his third year; it also points out the ill consequences which may arise from placing male children to sleep with young females, and the care which should be taken in this respect even in infancy. My attention has been the more drawn to this danger from my having another case at the same time under my care at the Children's Hospital, in which a boy seven years old was admitted with severe gonorrhœa and buboes, apparently contracted from a servant girl fifteen years of age, with whom he had been in the habit of sleeping.

It must not be thought that the case of onanism I have related is a very exceptional one, nor that it is confined to the male sex, for it prevails amongst very young girls much oftener than is generally supposed. Many writers have noticed the very early age at which children give themselves up to it. Barthez and Rilliet, for instance, in their celebrated work on the "Diseases of Children," state that it cannot be concealed that "it is often very young children who abandon themselves to it with fury;" and they place this amongst the causes which may give rise to tuberculosis. M. Marjolin is reported, in the *Gazette des Hôpitaux*, to have stated that "the youngest children are not exempt from the vice; that it is observed at the Hôpital des Enfans Malades, and even sometimes, which may appear almost incredible, in children still at the breast." Fournier and Begin assert that they have several times observed it in infants, and detail the case of a girl four years of age, who gave herself up to masturbation, as it were instinctively. The real nature of the affection was not discovered for four years, and, notwithstanding the means adopted, the child ultimately expired in a state of frightful marasmus, carrying on the practice to the very last moment of her existence. Vogel, too, alludes to a little girl three years of age, in whom repeated attacks of epilepsy occurred, after onanism had been indulged in for six months. Zimmerman notices the frequency of its

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occurrence; and Dr. Van Bambeke relates three cases in children from ten to twenty months old, the first child being a male, the other two females.

In infancy, and even at a slightly more advanced age, the attention of the parents is the less directed to the practice because the hand is commonly not employed, the irritation being effected by a kind of instinctive or convulsive movement of the thighs, as was seen in the boy at the Children's Hospital. These movements, when noticed, are naturally not attributed to their real cause, but referred to the irritation of worms, or to some other innocent origin, and allowed to go on unchecked.

According to Dr. Van Bambeke, who has written an interesting article on the subject in *L'Union Médicale*, the face of the infant at this time becomes injected and covered with sweat, the eyes are brilliant, and the child is abstracted from objects around. It generally lies down rather than sits, fixing itself against some object by way of fulcrum. The spasmodic condition, he continues, is followed by pallor and depression; and in one of the little girls, in whom the periods of excitement were very frequent, the erectile organs had acquired a pretty considerable development.

The consequences of this practice are probably more serious at an early age than at a later period. In infancy the nervous system, especially its excito-motory portion, is highly excitable, and its functions are performed with great activity; but reaction and subsequent exhaustion are keenly felt. It is probable, therefore, that the repeated and violent excitation of this system may lead to derangement as regards both its intellectual and organic functions. The irritability of the mind and body, the peevishness, the alteration of the habits and general tone, together with the deterioration of the mental faculties occasionally observed in children, may, possibly, in some cases be attributable to this cause, and be the less amenable to treatment as their origin is hardly likely to be suspected. The disturbance of the nervous system is attended usually with some derangement of digestion and nutrition—functions of the highest importance at this age. The appetite becomes capricious, the muscles get weak and flabby, there is general wasting, and, in some cases, a decided state of marasmus. I have already stated that Barthez and Rilliet place this vice amongst the causes which may lead to tuberculosis.

The special senses, too, are occasionally impaired; that of hearing, for example, in the child whose case I have given; and of vision, as noticed by Mr. Kane, who attributes some forms of night-blindness as well as of amaurosis to indulgences of this description. I may mention also, that Marjolin* asserts that "almost all children affected with Pott's disease" (of the spinal column) "give themselves up to onanism with a sort of fury;" though whether, supposing any connexion to exist between the two, the disease of the spine is the consequence or the cause of the practice may possibly admit of a question.

As a predisposing cause, we may probably refer to the excitability of the nervous system in early life, which is much more marked—at least as regards the generative organs—in some children than in others, and varies, perhaps, in different nations; for I hope that in this country the habit in question is more uncommon than would appear to be the case in France. At the period of dentition, this irritability of the nervous system is more noticeable; and Dr. Van Bambeke is inclined to assign the origin of the practice, in many cases, to this cause.

Everything, however, which contributes to the excitation of the genitals may lead to the evil, for an act from which a pleasurable sensation is once experienced by the infant, may, unfortunately, degenerate into a habit. When any suspicion, therefore, exists, great care should be taken with respect to the child's bed, which should be neither too soft nor too warm, whilst the custom should be early acquired of sleeping with the arms outside the clothes. In males, a deposit of sebaceous secretion under the prepuce, and around the corona glandis, frequently occasions considerable pruritus, especially when a tendency to phymosis is present; and in both sexes the irritation of the parts from the existence of herpetic or other slight inflammatory affections may induce masturbation. The genital organs, therefore, ought in all cases to be carefully examined, and any source of irritation at once removed. The existence of thread-worms in the rectum, or between the labia, where they may often insinuate themselves, should likewise be sought for, and means taken for their extirpation. The condition of the urine also should be attended to, for irritation of the neck of the bladder, from certain conditions of this secretion, leads to great excitement of the genitals, and, not unfrequently, to their being pulled about, as is seen so commonly in cases of actual or suspected stone.

* Gazette des Hôpitaux, 1858.

In infancy, if these points are looked to, and if care is taken instantly to check the movements as soon as the attention of the mother is directed to their nature, a victory may soon be gained; for the surveillance in these cases, as Dr. Van Bambeke remarks, is easy, the infant seeking no concealment. Cleanliness, of course, is of the greatest importance, and the sudden dash of cold water over the parts, at the very time of the excitement, will, perhaps, produce such a shock as to arrest the practice at once and for ever.

At a somewhat later age—that is, in early childhood—when the habit has been persevered in for some time, the cure becomes more difficult. Any appeal to the moral sense, or any description of the evil consequences which may ultimately ensue, though recommended by some authors, I believe to be not merely useless, but injurious. If the child has not already acquired the vice, you run a great risk of teaching it to him; and if he has, an indefinite and unknown future evil will never lead such a child to abandon a present gratification. Great prudence, therefore, should be exercised in our investigations; and it may be desirable to be acquainted with a test which Dr. Donné asserts will enable us occasionally to recognise the existence of the practice—namely, the examination of the urine, which will present, shortly after the completion of the paroxysm, some mucus mixed with crystals of oxalate of lime.

The same care should be exercised at this age as in infancy in the removal of any exciting cause which can be discovered; the greatest cleanliness should be enjoined, cold bathing ordered, and the condition of the urine carefully attended to. During the day, a full amount of muscular exercise should be enforced, so that at night the consequent fatigue should render sleep prompt and necessary. Careful surveillance should be employed, and the hands kept outside the bedclothes, or actually fastened down; in extreme cases, too, we may adapt a kind of shield of gutta percha, or other suitable material, so constructed as to prevent friction of the parts either by the hand or in the manner already alluded to. I have made a short trial of the bromide of potassium, in consequence of its asserted emasculating properties; and of belladonna, on account of its great power in relieving the irritation which leads to nocturnal enuresis; neither of these remedies, however, had much effect.

The means I have related will often fail of even temporary benefit, for the act can be accomplished simply by the muscular movements already alluded to. In such cases we must, I believe, break the habit by inducing such a condition of the parts as will cause too much local suffering to allow of the practice being continued. For this purpose, if the prepuce is long, we may circumcise the male patient with present and probably with future advantage; the operation, too, should *not* be performed under chloroform, so that the pain experienced may be associated with the habit we wish to eradicate. In the female, Dr. Gros has advocated, in like manner, complete or partial amputation of the clitoris; this, however, would seldom be called for, except, perhaps, in those cases where furious masturbation is associated with congenital malformation of the organ.

In both sexes, if the use of the knife should be considered unavoidable, and the practice be still continued after all obviously exciting causes have been removed, various irritating applications may be used locally, so as to render any movement of the parts painful. These are most likely to be called for in boys, for in female children, with the exception of the congenital cases I have alluded to, the practice seems to be more easily checked by surveillance than it is in males.

In conclusion, I have only again to call attention to the great care and caution to be exercised in the selection of those, whether of the same or of the opposite sex, with whom we allow children even of tender years to sleep or to associate familiarly. Bad habits are easily acquired, but are lost with difficulty; ill health at the time and formidable disease in the future, mental impairment and moral degradation, may be the lamentable consequences of negligence in this respect on the part of the parents.

Albemarle-street, March, 1860.

THE CAUSE OF CONSTITUTIONAL IODISM IN GENEVA.—M. Herpin has published in *L'Union Médicale*, of the 24th ult., seven cases which clearly prove the following fact—viz., that goitre, contracted in Geneva, undergoes, when the patient repairs to Paris, spontaneous cure. It is supposed that iodine is present in the air, water, &c., of Paris; whilst at Geneva it is absent in the same media. Hence the greater effect of that alkaloid when given to people living in Switzerland. Thus would the constitutional iodism excited by small doses of iodine be explained, when cases are collected in Geneva.

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A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

TERTIAN AGUE; CONSIDERABLE ENLARGEMENT OF THE SPLEEN; RECOVERY FROM THE FORMER, AND DIMINUTION OF THE LATTER.

(Under the care of Dr. BARLOW.)

WITH the view of continuing our illustrations of diseases of the spleen, which were commenced in previous "Mirrors," we now place upon record a few clear and uncomplicated examples of intermittent fever, all (excepting in one instance) accompanied by well-marked enlargement of the organ in question. On the 7th of January (see page 9 of the present volume) we gave three characteristic examples of leucocythemia splenica—the blood possessing a preponderance of white cells—associated with hypertrophy of the spleen and other symptoms then detailed, which taken together form a well-recognised affection in which the spleen is involved. A second splenic disease is the anæmia lymphatica, wherein some of the lymphatic glands of the body are enlarged, with deposits in the spleen, and simple anæmia. These two forms of disease are now looked for, and can be recognised without much difficulty by the careful physician. A third malady is the intermittent fever, in which we usually expect to find what is popularly called the *ague cake*, the result of repeated congestions. The causes of this form of fever, its symptoms and varieties, are so well known and understood, that it would be superfluous to enter into their consideration here. We shall confine ourselves solely to the condition of the spleen, so that when an enlargement is met with, the knowledge of the fact of there having once been ague present will help us in our diagnosis.

The true pathology of the condition of the spleen in ague is not such a particularly essential feature in this latter respect, although we understand pretty well that its enlargement is due, firstly, to the mechanical congestion, which sets up some irritative action, as has been supposed, and deposits some of the peculiar elements of the blood within its structure. Whether the blood undergoes disintegration in this organ, and the hæmatine is set free, in certain severe examples, we shall not stop to inquire. The point we desire to note is the enlargement. This, as it is witnessed in England, is generally moderate, although it is sometimes pretty extensive, and occupies a large portion of the left side of the abdomen. We have seen it in hot climates attain the bulk of fully twenty times its natural size; and we recollect an instance, which ended fatally, wherein the organ was the size of a large liver, and contained an abscess. In rare cases the hypertrophy has been found but partial in ague. Usually, however, in examples that have succumbed, the organ is found enlarged and indurated, but presenting, in other respects, no features to the naked eye differing from those in the healthy gland, except the occasional presence of numerous transparent little grains, which are the Malpighian bodies apparently enlarged.

A patient who shall have recovered from an ague of a chronic form, or repeated attacks of the fever, is liable to have permanent enlargement of the spleen. So long as no other symptoms persist, after the cure of the ague, than the presence of a tumour, we may conclude it is still in the condition of *ague cake*. If, however, anæmia should occur, and the blood become charged with white corpuscles, the splenic organism is undergoing a change. Or if extreme anæmia supervene, with enlargement of some of the lymphatic glands, perhaps in the groin or in the neck, then another form of disease has involved the same organ. Of the special differences in the structure of the spleen in these two latter conditions, as pointed out by Dr. Wilks, we shall speak on the next occasion of our recording examples of the anæmia lymphatica. It will be noticed, however, that the question we have raised is an interesting one, for some of these diseases probably owe their origin, in the first instance, to splenic enlargement in ague, even although many years may have elapsed between the occurrence of the two. In the history of such cases, therefore, the fact of the presence or absence of previous attacks of ague must prove of some significance.

Of the cases of ague which immediately follow, the first is an example of the tertian form, arising from malaria. The spleen extended forwards as far as the umbilicus, and downwards an inch below it, with much tenderness. The liver was enlarged as well. Under the use of quinine the ague ceased, and the spleen became much reduced in size, but not restored to its natural dimensions. The patient had been the subject of ague for twelve months, and, although discharged cured, he remains the possessor of an enlarged spleen. Whether this will ever take on some other morbid action, time alone can determine; but the case forms an apt illustration of our remarks.

In the second case, the symptoms were very mild and of short duration, in an anæmic female, suffering from syphilis. The spleen was very much enlarged, but resumed its natural size on the cure of all her ailments.

The notes of the following case were taken by Mr. J. Beddard, clinical clerk:—

Philip Wm. C——, aged eighteen, residing at Bexley, in Kent, was admitted on the 18th of January last, under the care of Dr. Barlow. He is a pallid, aguish-looking lad, with dark hair. On admission, his pulse was 120, full, and bounding; skin hot and dry; tongue clean and moist, but very pale. He has been unwell for twelve months, about which time the ague first attacked him. At the time of its commencement he was working in a wet brick-field, near the river Medway, on both sides of which is low, marshy ground. He worked at this place for three months before the fits commenced, but only three days afterwards. He had a quotidian ague, which lasted five or six hours, during the first fortnight of his illness; afterwards, for six months, he had an attack every third day; and, for the last six months, they have occurred on alternate days. His own home is two miles and a half from the river Medway, and not in an aguish district. For the last three months only he has been under treatment, which consisted chiefly of quinine. His spleen is much enlarged, extending forwards as far as the umbilicus, and downwards for an inch below it; there is tenderness over the whole of it; there is a bruit in connexion with the systole of the heart; bowels regular; urine natural; respiration and percussion sounds healthy at the apex of both lungs, but the percussion sound on the right side is dull as high as the fourth rib, and there is absence of the vesicular murmur. The liver is not enlarged downwards. He was ordered bread pills.

Jan. 19th, 1860.—He had a fit, which lasted five hours.

21st.—Had another fit, commencing and terminating sooner than usual.

25th.—To have two grains of quinine three times a day.

26th.—He had a fit this afternoon, the whole attack lasting as long as usual, but the sweating stage was much shorter than common.

29th.—Had no further attack, appetite improved, and general health better.

Feb. 2nd.—The spleen has diminished in size, not extending so low as the umbilicus by half an inch, nor reaching so far as it anteriorly. No attack since the 26th.

8th.—Alum gargle was ordered for his sore-throat. He has had no further attack of ague, and he was some days later discharged from the hospital—cured, the spleen having become very much reduced in size.

AGUE, COMBINED WITH ERUPTIONS OF SECONDARY SYPHILIS; SPLEEN MUCH ENLARGED; COMPLETE RECOVERY.

(Under the care of Dr. ADDISON.)

The notes of the following case were taken by Mr. John Makins, but they do not state the form of ague which was present; it is, however, presumed to have been quotidian.

Ellen C——, aged twenty-two, living as a domestic servant in the Commercial-road, was admitted on the 15th of February, 1859, under the care of Dr. Addison. She has always enjoyed

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good health till two months ago, when she was seized with pain in her limbs, succeeded by cold shivering, and other pains symptomatic of ague, continuing up to the present time. She commenced menstruating at the age of sixteen, and has been regular since. On admission, the patient was pale and anæmic-looking, having eruptions of secondary syphilis upon her legs, arms, and body. She positively denies that any primary symptoms ever existed. She has, however, been under medical treatment for the eruptions, independent of the ague, for the last two months; but she experienced very little relief from treatment, and, as a last resource, determined to come into the hospital. The spleen was found to be very much enlarged. Ordered, three grains of quinine every three hours.

Feb. 22nd.—No return of the ague; appetite not very good; bowels regular; complains much of thirst.

24th.—Had a return of the ague-fit to-day.

26th.—The quinine mixture to be taken twice a day, and five grains of Plummer's pill night and morning.

March 2nd.—Much better; eruption gradually disappearing.

20th.—No return of the ague; the spots are almost entirely gone.

24th.—Discharged cured; the spleen normal in size.

ST. MARY'S HOSPITAL.

TERTIAN AGUE OF SHORT DURATION, WITH AN ENLARGED AND TENDER SPLEEN; COMPLETE CURE.

(Under the care of Dr. CHAMBERS.)

EQUALLY with the preceding case, the present was a mild example of ague, of but a month's duration before admission, in a patient who had been in Kent, and very likely exposed to malarious influences whilst following her avocation as a hop-picker. The spleen, notwithstanding the short period of illness, became enlarged and very tender, but recovered its normal condition after a few days' treatment with quinine. We are indebted to Dr. Broadbent, house-physician to the hospital, for the notes of the case:—

Rebecca S——, aged twenty, single, hop-picker, admitted October 10th, 1859, under the care of Dr. Chambers. She says she does not know the name of the county nor the place where she was first taken ill. It is now a month since she was first seized with shiverings, occurring at about half-past eight in the morning, followed by great heat and dryness of skin, and resulting in profuse sweating. These paroxysms last about an hour, and come on every other morning at about the same time. The intervening days are passed without any slighter paroxysm. They have been getting more severe up to the present date. Tongue moist, and coated with a thick yellow fur; pulse 120; skin very hot. Had an attack this morning. Catamenia regular up to the time of her illness. To have quinine mixture every four hours, and a senna draught immediately.

Oct. 11th.—Two or three times during the night she burst into a perspiration, but she has not had any shiverings. Slept well during the night. The spleen is enlarged, and extends below the ribs for some inches, and forwards to the median line. Bowels were not moved. Senna draught to be repeated.

12th.—Complains of pain on pressure over the spleen. Has not had an attack this morning.

14th.—Head aches; she sleeps well; has had repeated flushings to-day, although no actual shivering; feels very thirsty.

15th.—No return of shivering. To have decoction of cinchona thrice a day.

18th.—Feels cold, and shivers on first rising, and has slight pain in left side; appetite good.

20th.—She has had much pain during the night. Ordered to remain in bed to-day. The pain is seated principally in the left hypochondrium, extending to the right hypochondrium. There is no swelling nor any enlargement that can now be felt in either region, but the pain is increased by pressing deeply in the left. Feels cold in the morning. Omit medicines.

21st.—Pain is much less, and she expresses herself as feeling better. Complains of thirst; bowels not moved for four days.

22nd.—Feels better this morning, and has very little pain after free purgation.

28th.—She is now quite well. Discharged cured.

KING'S COLLEGE HOSPITAL.

MILD TERTIAN AGUE, OF RECENT OCCURRENCE, READILY YIELDING TO TREATMENT; NO ENLARGEMENT OF THE SPLEEN.

(Under the care of Dr. JOHNSON.)

WE have selected the subjoined example of ague from its mild character, and because the visceral congestion was comparatively so slight as not to produce enlargement of the spleen. The patient was treated with quinidine, and a cure followed in the course of a few days. The notes were taken by Mr. C. H. Baines, clinical clerk:—

John H——, aged thirty-nine, was admitted May 28th, 1859. He is a native of Oxfordshire, but has resided in London for nearly the last twenty years, and has always enjoyed good health, except about twelve years ago, when he had an attack of rheumatic fever, from which he rapidly recovered. He had no palpitation nor shortness of breath, and was accustomed to drink hard.

May 30th, 1859.—Pulse 66; tongue somewhat furred and dry; rather thirsty. The bowels were freely purged by a dose of sulphate of magnesia before admission. He has been very sick, but is now better. The skin cool and perspiring; the urine not albuminous. His illness commenced on the 24th, with a chilly sensation and shivering, pain in the limbs and back, and headache. To take half a drachm of aromatic spirit of ammonia in water.

June 2nd.—He felt much better yesterday, though to-day he complains of great pain in the head, and of being generally feverish and thirsty; the pulse is quiet, and the skin cool, though rather dry; the symptoms seem to become more severe on each alternate day; no splenic enlargement can be detected. Ordered, two grains of sulphate of quinidine in dilute sulphuric acid and water, thrice a day.

4th.—On the 2nd, after the visit, he had a recurrence of the shivering. The following day he felt much better. To-day he has more pain in the head, and feels as if he were about to be again seized with the shivering. The quinidine to be increased to four grains, thrice a day.

7th.—About four o'clock on the 4th he felt a chilliness and shivering, which lasted about half an hour; after the shivering he felt heat and pain in the head, which, he states, lasted for three or four hours, and after that he felt very much exhausted, and fell asleep. The tongue furred and dry; pulse 60; skin moist; bowels regular. He had no paroxysm on the 6th.

9th.—His aspect is better; has had no recurrence of shivering; tongue a little white, but quite moist; no thirst; bowels rather confined; appetite returning. His recovery was now rapid, and he was discharged—cured.

CLINICAL RECORDS.

UNSUSPECTED ABSCESS OF THE PROSTATE.

MR. THOMPSON mentions, in his work "On the Enlarged Prostate," that acute inflammation of that organ is by no means a common affection, if regarded as distinct from and unassociated with inflammation of the urethra or bladder. It is usually observed in connexion with either of the latter, and most probably proceeding from the one or the other. There can be no doubt that the symptoms of the prostatic inflammation may be altogether masked by the state of the urethral mucous membrane, or even of the bladder itself. This fact was recently illustrated by the case of a patient who was admitted into Guy's Hospital on the 19th of January, in the medical wards, for retention of urine, not supposed at the time to depend upon any other cause than defect in the contracting power of the bladder. He was examined some days afterwards by Mr. Bryant, who discovered that the patient, a man aged forty-three, was the subject of stricture of the urethra, arising from a strain or injury to the perinæum by being thrown across an iron bar some time previously; and an examination by the rectum detected an enormous prostatic abscess filling up the whole pelvis; it ruptured into the urethra whilst being examined, and a large quantity of pus passed in that way. The retention was, at the same time, relieved; but it seems uncertain whether it may have arisen primarily from the stricture or the abscess. The belief of Mr. Bryant was that the abscess had arisen since the patient's stay in the hospital. No painful nor urgent symptom to indicate inflammation of an acute character was present before admission, and the patient

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declared he was always in the enjoyment of good health before the present inability to pass urine. He is now improving rapidly, but it is most probable that the prostatic abscess is the result of the urethral stricture coexisting with some amount of chronic disease of the prostate gland, arising from the same cause as produced the stricture.

SPONTANEOUS ABSCESS OF THE PROSTATE.

If there was an unsuspected abscess in the case just referred to, there is no doubt that in the present instance it occurred spontaneously whilst the patient was in the hospital. He was a man, aged thirty, who was admitted on the 14th December, with a stricture of the urethra of thirteen years' standing, for which he was undergoing treatment. Some of the symptoms of acute prostatitis set in, which were succeeded by retention of urine and a prominence in the perinæum. The nature of these being suspected, Mr. Bryant opened the abscess in the perinæum, and let out a quantity of healthy pus from the prostate, to the great relief of the patient. When we last examined him, on the 31st of January, we found the stricture nearly well; but the perineal wound was still unclosed, and through it the urine occasionally escaped during the act of micturition. When left to itself, a prostatic abscess spontaneously evacuates into the urethra, as that in the first-mentioned case was on the eve of doing, when the mere examination by the rectum caused it to give way at its weakest point, which was the urethra. The mere introduction of a catheter frequently effects the same thing, and, as stated in Mr. Henry Thompson's elaborate work on diseases of this gland, the matter is sometimes evacuated by the rectum. This result Mr. Thompson considers to be perhaps as favourable, generally speaking, as when the abscess bursts through the urethra. There is the risk, however, of the formation of a urethro-rectal fistula; but this is a result not usually witnessed.

As soon as the abscess can be detected, experience has shown that the wisest course is to puncture it in the perinæum as early as possible, and this, in fact, is the almost invariable rule with the surgeons in our metropolitan hospitals.

FIBROUS POLYPUS OF THE UTERUS.

A TUMOUR, apparently of fibrous character, and partaking of the nature of an enormous polypus, came under our observation, at St. Bartholomew's Hospital, on the 7th of January last. The patient was forty-nine years of age, and the mother of seven children. She was admitted for an abdominal tumour of five years' duration, which was extremely hard, uneven, and did not appear to be ovarian. Whilst in the hospital, a large portion of it projected from the os uteri into the vagina, for the first time, on Tuesday, the 3rd of January. It was as large as a urinary bladder, and became quite black and offensive. It was, therefore, removed by Mr. Coote with the écraseur without much difficulty. A second portion protruded, not quite so large, and this was also taken away. Other portions of an enormous mass of disease of the same kind continued to protrude; but as the patient became very low, and was evidently sinking from a kind of low typhoid form of peritonitis, it was considered prudent not to interfere any further. She died on the 12th of January; but no post-mortem examination was permitted, a fact much to be regretted, because the exact origin of the tumour is left undetermined. But the general impression seemed to be that it was a large fibrous tumour growing from the interior of the uterus, which was undergoing destructive degeneration. The entire lower part of the abdominal cavity seemed to be occupied by it, rather more indurated and lumpy on the right side, and somewhat softer on the left, the latter occurring a few days before death.

TORTICOLLIS FOLLOWING RHEUMATIC FEVER.

WRY NECK is a deformity usually observed as the result of spasm of one sterno-mastoid muscle, arising from some particular cause, and when presented to our notice is commonly chronic, although it is known to come on suddenly in weakly children, whose general health is much disordered. In the majority of cases the head is bent towards the right shoulder, and the face turned the opposite way. This is the direction taken by the deformity in a boy, aged fourteen, who was admitted into the London Hospital on the 16th of January, under the care of Mr. Curling. The interesting part of his history is that up to four months before he had nothing the matter with him, although his aspect is delicate and strumous. He was then attacked with severe rheumatic fever, during the continuance of which appeared the torticollis in the direction described, and it was so complete that the chin was drawn downwards almost to the clavicle. On his admission, it seemed probable that there was strumous disease of the ligaments of the spine, and possibly of the cervical bones, but the latter seemed to be doubtful. The features had not become distorted, as in chronic cases, because the period of the duration of the disease was as yet too short to affect them. Mechanical extension was employed by means of gutta percha and chamois leather, and by the 2nd of February the chin was considerably elevated, although the extreme wry neck was still present, as well as considerable thickening of the structures in the right side of the neck, as if from strumous infiltration. He is taking cod-liver oil with advantage, and a mixture of solution of bichloride of mercury (one grain to the ounce) in infusion of cascarilla, the extension being at the same time continued.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MARCH 27TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON the motion of Mr. POLLOCK, seconded by Mr. CHARLES HAWKINS, the portion of the minutes referring to a vote of thanks to Dr. Granville for his pamphlet, "Dr. Todd and the late Member for Ashton," was not confirmed, and the book was directed to be returned to the author.

MEMOIR ON INTRA-UTERINE FRACTURES.

BY BERNARD E. BRODHURST, F.R.C.S.,

SENIOR ASSIST.-SURGEON, ROYAL ORTHOPÆDIC HOSPITAL, ETC.

The author commenced by referring to some points of distinction which have been observed in fractures *in utero*. He stated that fracture might be simple or compound—disunited or reunited at birth; or that solution of continuity might be owing to imperfect ossification and congenital rickets. Having alluded to these several varieties, he proceeded to remark especially on reunited fractures *in utero;* and he quoted cases from Ploucquet, Kopp, Devergie, Carus, Schubert, Sachse, and Moffat; relating, also, the cases which had occurred in his own practice. The causes of intra-uterine fracture were lastly considered; and it was stated that neither *contre-coup* nor compression by the walls of the uterus could act so as to produce fracture, so long as the membranes—the chorion and amnion—remained entire; but there was reason to believe that intra-uterine fractures occurred as effects of physical injuries—that the origins of these fractures and of congenital distortions were similar, and that they were occasioned by abnormal muscular action. Two cases of congenital double club-hand and double club-foot were adduced as examples of the mode in which abnormal muscular action and distortion are induced in the fœtus; and, moreover, the author stated his belief that, in these cases, whether of fracture or distortion, the effect varies as the cause varies, and that temperament or other like condition may probably also modify the effect.

Dr. LITTLE said the subject discussed was one of importance and difficulty. He was not satisfied with the explanation which Mr. Brodhurst had given of the mode in which these supposed fractures took place. The author had overlooked one point in attributing the fractures to mechanical violence. In all the cases he (Dr. Little) had seen there had been a deficiency of one or more of the toes, deficiency of the fingers, and, as far as could be ascertained, deficiency of the lower end of the fibula. The appearances were altogether such as indicated that a compound fracture of the bone at its lower third had existed from mechanical causes. The deformity attending such a case was present, and there was indentation of the skin at the part. Mechanical violence alone, however, did not seem sufficient to explain the deficiency of the fibula and the toes. He could well suppose that some cause which had produced considerable disturbance of the cerebro-spinal system at some very early period of utero-gestation might have given rise to the compound deformity. There was still, however, much obscurity attaching to the whole subject.

Mr. POLLOCK had lately seen an infant two days after birth, in whom there was fracture of both the tibiæ, the broken ends of which formed an acute angle; but the skin was unbroken.

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There were only three toes on each foot, and three fingers only on the left hand. Between the fourth and fifth months of pregnancy the lady had fallen down. The child was born about three weeks before the full time. Admitting that the malformation of the tibia resulted from fracture dependant upon violence, it could not be conceded that the deficiency of the toes and fingers was due to that cause. Something more than mechanical violence was necessary to explain this kind of malformation—how far it was accidental, how far natural.

Mr. FERGUSSON suggested that, looking at the great number of accidents to which pregnant women were subject, and how rare these cases of malformation were, the occurrence of both fracture and deformity was simply a coincidence. He had seen many cases of deficiency of the toes and fingers, but in none of them had he noticed fracture of the long bones of the extremities.

Mr. ADAMS said that the fact that these malformed legs did not grow *pari passu* with the other parts of the body favoured the views advanced by Dr. Little. In one case he had under his care for eight years, the tibia was still shortened five inches. He thought there must be some malformation co-existing with the supposed fracture. Six or eight of these cases had come under his care during the last ten years. There was no difficulty in dividing the tendons; and supposing the leg to be improved, the division of the tendons was beneficial.

Dr. BARCLAY requested more information on the subject from Mr. Brodhurst. He seemed to ignore the theory that these fractures were the result of mechanical violence, and thought they were produced by the muscular contractions of the fœtus. There was some difficulty to him (Dr. Barclay) in supposing the existence of such muscular contractions, and if they did exist, he had more difficulty in understanding how they could produce such a deformity as that which existed in Mr. Pollock's case, the fracture being about the middle of the bone. The hypothesis that there had been some original malformation, and that the fracture was a coincidence, seemed more natural than that those conditions should be regarded in the light of cause and effect.

Mr. BRODHURST admitted that the subject was a difficult one, and that perhaps a perfectly satisfactory answer as to the causes of intra-uterine fracture could scarcely be obtained. He thought, however, that from analogy it might be concluded that these fractures were occasioned by muscular action. In the adult, even, a healthy bone might be fractured by muscular contraction alone; and he submitted that, considering the soft condition of the fœtal bones, the same might occur *in utero*. How else could fracture *in utero* be explained? He had cited one case where the bone protruded at birth, and where, notwithstanding, reunion had commenced. He had purposely alluded, in his communication to the Society, more especially to fractures of healthy bones; those to which reference had been made by Dr. Little and Mr. Adams were cases of rachitic origin. He had mentioned that in one of his cases the gastrocnemius muscle was so strongly retracted that it was impossible to straighten the tibia until the tendo-Achillis had been divided: this having been done, the deformity of the bone was easily removed. When a bone had been bent by muscular action, and still more so when it had been fractured, continued action of the muscles would increase deformity, as in Mr. Pollock's case. Doubtless, in these cases an irregular development of osseous structure was frequently found, the lower portion of the fibula, or of the ulna, as the case might be, being deficient; and when this occurred, muscular action might still more be supposed to be the cause of fracture than when the two bones existed in their entire length. Mr. Brodhurst therefore concluded that a sudden muscular action of the fœtus might produce fracture; or that, from a similar cause, a bone might be bent; or, again, that, through continued spastic action, the limb might be distorted. No other action than that of the muscles could thus affect the fœtus *in utero* so long as the membranes remained entire. Montgomery's case was exceedingly interesting. It was probable that in this instance the membranes were ruptured by the fall, and that the fracture was due to *contre-coup*, or perhaps to contraction of the uterus. It was well known that during parturition contraction of the uterus might fracture the cranial bones of the fœtus. Fractures of the long bones were also produced by clumsy manipulation in delivery. But so long as the membranes remained entire, fractures *in utero* could only be produced by sudden contraction of the muscles of the limb.

Dr. LITTLE said he thought the discussion was in danger of confounding congenital curvatures of bones from rickets with the instances of supposed congenital fractures of the tibia and fibula, such as had been laid before the Society by the author. In the drawing exhibited, some of the figures admirably represented the class of cases supposed to proceed from intra-uterine fracture. He (Dr. Little) had himself elsewhere mentioned a dozen instances of the kind. It was difficult to say from what cause the deformity in question proceeded. Certainly it looked extremely like intra-uterine fracture. In the cases produced by the author, and in every instance he had seen, the form of the leg was similar to that of a badly-united compound fracture at the junction of the lower third of the leg bones, with an indentation of the skin, and an adhesion of it to the salient point of the tibia. In every instance, however, which he had seen, there existed also deficiency or absence of the lower end of the fibula, deficiency on the peroneal side of the member, of one or more toes in the affected limb, or limbs when both were similarly affected; usually the foot was in the position of valgus, and sometimes the case was complicated with deformity of the hands. As to any opinion whether these supposed intra-uterine fractures resulted from the mother meeting with an accident and the fœtal limbs suffering directly from the violence of the jar to the mother's frame, or actual application of violence to the abdomen, or the fœtal limbs being broken from excessive action of the fœtal muscles themselves fracturing the bones, as is occasionally seen at later periods during independent life, he might remark, that the co-existence of deficiency of toes and the lower end of the fibula seems to point to something more than the effect of muscular action. Certainly a fall or a blow experienced by the mother within two or three months of labour could not account for these conditions. The difficulty in arriving at a true explanation lay in the present deficiency of anatomical and physiological knowledge as to the relative development of structure and functions of the muscles and bones at early stages of fœtal life. He could imagine that if muscular fibres, as stated by some authors who have studied embryonic development, were distinctly recognisable by the third month, the bones at that period, being filled by firm materials, it was possible that excessive muscular action of the fœtal limb might rupture or otherwise produce the distortion and deficiency of parts noticed in these cases. In reference to the attempts to be made to remedy the distortion, he could cite a case in which twenty years ago he divided the tendo-Achillis and a band of fibres occupying the place of the peronei tendons in both feet, and succeeded in restoring the position of the feet; but the peroneal bones were never developed, so that with increasing age and weight the distortion of the feet returned. The individual was now a stout, well grown man, except in the lower extremities, and the case confirmed, in this respect, the observations of Mr. Adams, that it was a peculiarity of these cases that the limbs do not grow like ordinary limbs. In this adult the lower extremities were probably eight or ten inches shorter than they would have been if they had grown in proportion to the rest of the body. He had seen one of Mr. Brodhurst's cases, and could confirm what he had said as to having considerably straightened the bones of the leg in addition to removing the foot deformity.

A CASE OF FEMORAL HERNIA, WHICH HAD DESCENDED BENEATH THE PECTINEAL PORTION OF THE FASCIA LATA, AND WAS PARTIALLY COVERED BY THE PECTINEUS MUSCLE.

BY JOHN ADAMS, ESQ., F.R.C.S.,
SURGEON TO THE LONDON HOSPITAL.

The case was that of a female, aged forty-five, who was admitted into the London Hospital labouring under the usual symptoms of strangulated hernia. After the most careful inquiry into the history of the case, the conclusion arrived at was that, as no hernial swelling could be detected in the region of the crural opening, the case was one of femoral hernia, which had been reduced by the taxis, and in which the symptoms continued, probably from the effects of the stricture upon the intestine. There were two movable lymphatic glands perceptible in the crural region. The woman complained of dull pain in this region. Under this impression, a grain of opium was administered every four hours, and the sickness subsided. On the third day after the commencement of the opiate treatment, the symptoms reappeared with increased intensity. A further examination was made, but no hernial swelling was detected. An injection of warm water was ordered night and morning, and a grain of calomel, with half a grain of opium, were ordered every four hours; brandy and wine were also administered. On the fifth day after her admission, all her symptoms became exasperated, and she was at once taken into the operating theatre for a more complete exploration of the femoral ring. When placed on the operating table, with the thigh everted, a fulness, rather than a swelling, was perceptible, apparently under the edge of the adductor longus. The skin and

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superficial fascia were divided over this swelling, and a little dissection exposed a dense, elastic fascia, slightly raised into a convex bulging. From its position and depth, the fascia was at once recognised as the pubic portion of the fascia lata: it was remarkably tense. Mr. Adams carefully scratched it with the scalpel, and it was divided on a director. Some red fibres were clearly distinguishable overlapping the swelling under the fascia, which, from their direction, were evidently part of the pectineus. It was necessary to cut these transversely inwards on a director. The hernial sac was now exposed, and its neck was traced to the femoral ring. A portion of omentum, much congested, was found in the sac, under which was some small intestine in a gangrenous condition; and there was some dark fœtid pus in the sac. The stricture was divided, and a portion of the omentum was removed. A quantity of feculent matter escaped on the division of the stricture. The wound was lightly dressed, and stimuli were administered. She died four days after the operation.—Autopsy: The hernia had descended through the femoral ring, but was not in the femoral sheath. It reached at least four inches below Poupart's ligament, and was situated behind and internal to the femoral vein in the direction of the pectineus muscle. The muscle, deprived of its investment of fascia lata, was deeply excavated by the lodgment of the hernia; a few of the fibres of the muscle—namely, those arising from the spine of the pubis—projected in the form of a fleshy column, and had overlapped the hernia; the remainder of the muscle was atrophied and sloughy. The remains of the pectineal portion of the fascia lata, which was somewhat sloughy, still covered this fleshy column alluded to. The hernial sac was sloughy, and contained omentum and a small piece of intestine quite gangrenous. The peritoneal surface of the small intestine in the abdomen was inflamed, and the intestines were agglutinated by recently effused lymph. The result of the investigation made during the operation and after death tends to show—1st, that the hernia was of the femoral species; 2nd, that the descent had not taken place in the femoral sheath; 3rd, that it had passed through some unusual opening or slit in the pectineal portion of the fascia lata; 4th, that there was a usual development of the inner fibres of the pectineus, which had formed a fleshy column over the hernia. It appears also most probable that an epiplocele had existed for some time, and that a more recent descent of intestine had occurred, which had become strangulated.

Mr. FERGUSSON remarked that the case related inculcated the importance of the surgeon laying aside the dread entertained in former times respecting the making of an incision necessary to determine whether the case was or was not one of hernia. It was possible that if the operation in this case had been performed earlier, the patient might have been saved. The duration of the symptoms of hernia was more to be dreaded than the operation itself.

MEDICAL SOCIETY OF LONDON.

MR. HILTON, F.R.S., PRESIDENT.

MR. KING, of Highbury, related a case of

HERNIA, ACCOMPANIED BY EXTRAVASATION OF BLOOD, REQUIRING OPERATION; RECOVERY.

John T——, a stalwart old man, aged seventy-seven, applied to me on Nov. 17th, 1859, complaining of uneasiness in the stomach, attributable, he thought, to his being ruptured, from which he had suffered for nine years. On examination and removal of an ill fitting truss, I found he had what appeared to be a direct inguinal hernia, easily reducible. There were also hardness and swelling in the course of, but behind, the rectus abdominis muscle, nearly as high as the umbilicus, and great discoloration of the integuments where the truss had been applied. The discoloration arose from extravasated blood, and formed an ecchymosed band round the body. There was no vomiting, nor any urgent symptom. I reduced the hernia, requested him to keep in the recumbent posture for a few days, and gave him castor oil every morning. The bowels were acted on daily, and, there being an entire absence of acute symptoms, no active measures were adopted. The patient remained in a fairly comfortable condition.

On the 24th of November, at the request of his brother, Mr. M'Rea saw him, and examined the patient with me. There were no urgent symptoms of strangulated hernia; but on a careful manipulation in the groin, we found down what we thought might be a small portion of omentum. Unsuccessful efforts were made to return it, and an enema administered, which acted pretty freely.

The next morning, Nov. 25th, the tumour was larger, and somewhat more tense and tender, and he had passed a rather restless night. An attempt was again made to return the hernia, and, on its failure, ice was applied, and an enema again administered. During the day he vomited twice, and threw up some beef-tea, &c. In the evening, matters being unaltered, Mr. M'Rea and myself deemed it advisable to ask Mr. Hilton to see the case. The latter gentleman saw the patient at nine P.M. There was now a considerable-sized groin, and tolerably well-defined swelling in the lower part of the abdomen on the left side, above Poupart's ligament, as high as the umbilicus, and tender on pressure. A more distinct and better defined swelling, like a hernial sac, containing fluid, occupied the inner side of the external abdominal ring, and extending directly into the abdomen towards the larger swelling. This sac was somewhat tense, received direct impulse by coughing, and was apparently continuous with the swelling above. It was thought to be the sac of a direct inguinal hernia, as the spermatic cord could be felt going through the external abdominal ring, and lying to the outside of the tumour, with the inner edge of the cord overlapping the tumour. Pressure upon this swelling reduced its contents; but on taking off pressure, it refilled, and appeared undiminished in size. The sac was not very tender on pressure. As it was uncertain whether the bowels had been recently and completely relieved by medicines through the mouth, and as his symptoms and history, though quite suggesting that it was an obstructed intestine we had to deal with, yet manifested no urgency, it was thought advisable to test the question of strangulation by giving two calomel pills and an aperient draught, and an arrangement was made to see him early in the morning. During the night he vomited several times, and brought up the draught. His bowels not having been open, and his distress increasing, with much more tenderness above Poupart's ligament, it was determined to explore the suspected hernial sac.

After the administration of chloroform, a single linear incision, three inches long, exposed the external abdominal ring occupied by the spermatic cord, and a sac of fluid somewhat constricted at the ring. On cutting through the fascia propria, some oblique muscular fibres—portions of cremaster or oblique muscle—were seen crossing over, closely covering the sac; and the inner edge of the spermatic cord overlapped the outer edge of the sac, resembling the condition of the parts as seen in some cases of direct inguinal hernia. The external ring was then slit up, and the inguinal canal exposed. The cord was then dissected from the sac, and the outline of the sac itself was clearly brought into view, well defined; and it could now be traced quitting the canal and going straight into the abdomen, pursuing the ordinary course of a direct inguinal hernia. The supposed hernial sac was then carefully opened, and black blood, with a few broken clots, issued through the opening. The finger, introduced through the opening, entered a large space occupied by blood imperfectly coagulated. No intestine could be felt, nor could any opening into the peritoneum be ascertained. The finger passed freely behind the pubes towards the bladder, and upwards towards the umbilicus, external to the peritoneum; the circumference of the sac, as far as could be explored by the finger, being firm and slightly sacculated. About a pint of clotted blood was pressed out of this cavity through the opening by which the finger had been introduced. As the suspicion still prevailed that there might be intestine somewhere in the sac, Mr. Hilton reintroduced his finger, and divided the sac upon it upwards and inwards towards the median line in the direction of the epigastric artery. This artery was cut asunder, and two ligatures placed upon both ends of it, so as to prevent any blood entering the sac. The opening into the sac now admitted two fingers quite freely, thus enabling us to make a more complete examination of the outline of this abnormal cavity, but neither protruded intestine nor opening into the peritoneum could be detected. It seemed possible that this blood-tumour might, by its pressure upon the intestine, have been capable of producing the symptoms of hernial obstruction from which the patient had been suffering; and as there was no evidence of any other cause of intestinal obstruction beyond that which had been now carefully examined, it was deemed right not to explore the case any further. By pressure and sponging, nearly all the blood was removed from the cavity. The upper third of the external incision was closed by sutures and plaster; the other two thirds left open to allow of the exit of any fluid which might arise from suppuration in the sac or cavity.

After the operation, nothing worth special remark occurred. The patient was kept under the influence of opium, and poultices were applied to the wound. He steadily progressed, without a bad symptom; the bowels acted at first by a mild

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aperient, and afterwards regularly without medicine. The wound had completely healed on the 9th of January.

Jan. 25th.—When the patient assumes the erect posture, and especially when he coughs, a hernial tumour or projection occurs close to the outer side of the cicatrix of the operation; this gives all the physical indications of being an ordinary direct inguinal hernia, and is capable of being replaced by pressure on the abdomen. A properly adjusted truss is to be applied so as to keep it in its proper place.

Reviews and Notices of Books.

Palæontology; or a Systematic Summary of Extinct Animals, and their Geological Relations. By RICHARD OWEN, F.R.S. pp. 420. Edinburgh: A. & C. Black. London: Longmans.

THE advantages we of the present day enjoy in being able to consult works on almost every subdivision of the different branches of Natural Science are unquestionably very great. This remark, perhaps, more particularly applies to the study of the animal kingdom, including both the recent and fossil species. Most of the latter have been illustrated in the magnificent works of the Palæontographical Society, but as they are not easily accessible to the general reader, something more was wanted to give a systematic summary of extinct animals, combined with their geological relations, which should at the same time prove available as a text-book to all. This desideratum has been well supplied in the work before us, which is copiously illustrated by drawings of the leading types of species. The general arrangement of the work is, indeed, everything that could be desired. Amongst other important subjects discussed are,—The Geographical Distribution of Animals, as modified in past time; the Extinction of Species; the Antiquity of the Human Race; Flint Weapons in Stratified Gravel and in Caves; and the Origin of Species, together with the various hypotheses on that interesting and highly important subject. The following are some of the Professor's concluding observations:—

"Turning from a retrospect into past time for the prospect of time to come, I may crave indulgence for a few words, of more sound, perhaps, than significance, relative to the amount of prophetic insight imparted by Palæontology. But the reflective mind cannot evade or resist the tendency to speculate on the future course and ultimate fate of vital phenomena in this planet. There seems to have been a time when life was not; there may, therefore, be a period when it will cease to be.

"Our most soaring speculations still show a kinship to our nature: we see the element of finality in so much that we have cognizance of, that it must needs mingle with our thoughts, and bias our conclusions on many things.

"The end of the world has been presented to man's mind under divers aspects: as a general conflagration; as the same, preceded by a millennial exaltation of the world to a paradisiacal state—the abode of a higher race of intelligences.

"If the guide-post of Palæontology may seem to point to a course ascending to the latter condition of the speculation, it points but a very short way, and in leaving it we find ourselves in a wilderness of conjecture, where to try to advance is to find ourselves 'in wandering mazes lost.'

"With much more satisfaction do I return to the legitimate deductions from the phenomena which have been under review.

"In the survey which has been taken of the various forms of life that have passed away—of their characters, succession, geological position, and geographical distribution,—if I have succeeded in demonstrating the adaptation of any structure to the exigencies, habits, and well-being of the species, I have fulfilled one object which I had in view,—namely, to set forth the beneficence and intelligence of the Creative Power."

The labours of the distinguished Professor in the cause of science are so well known and so universally appreciated, that any commendation of the present work from us would be superfluous. It adds another laurel to the wreath of fame with which his brow has long been deservedly adorned. No one with any pretension to science should be without Owen's Palæontology.

Foreign Department.

DOUBLE EXTRA-UTERINE GESTATION.

M. RUPIN relates, in the *Gazette des Hôpitaux*, the case of a healthy woman of thirty, who had borne two children, parturition having in both cases been perfectly normal. Towards the sixth month of a third gestation, she experienced severe pains, and a tumour was discovered projecting into the vagina. Fluid and the head of a child were distinctly felt, and as the pressure was such as to interfere altogether with the functions of the bladder and rectum, an incision was made into the walls of the vagina, and a fœtus extracted. The mother soon sank under terrific hæmorrhage.

On a post-mortem examination, the cyst, which had contained the fœtus, was found behind the abdominal walls, and before the uterus, with which organ it had no direct communication. At the fundus of the cyst lay the placenta, rather larger but less thick than usual. During the efforts made to remove it, spiculæ were felt, and finally all the bones of another fœtus were taken from the placental mass, in which they were embedded. They seemed to belong to a fœtus of four months, whilst the one which had been extracted from the cyst appeared six months old. On opening the uterus, the lining membrane was found villous, and the size of the organ rather above the normal standard. The ovary on the right side was of the ordinary size; a corpus luteum was noticed in it; and the whole of the uterine appendages on that side were perfectly healthy. The left ovary, however, was atrophied; the Fallopian tube could not be distinguished, and it appeared as if the cyst had become developed in it and on the broad ligament.

AUTOPLASTY OF THE PERIOSTEUM IN FALSE JOINT.

MR. JORDAN, of Manchester, has sent in a paper to the Academy of Sciences of Paris on the above subject. He states that his method is founded on the experiments of M. Flourens and the surgical applications which have been made of them. When, by non-union, a false joint has remained, an oblique resection of the fragments should be undertaken, after the periosteum has been carefully raised, either along both fragments or on the superior fragment alone. In the latter case, a kind of periosteal cuff, slit on its anterior aspect, is obtained, into which the lower fragment is invaginated. Two sutures, or *serre fines*, are then applied to the margins of the slit of the cuff, so as to bring the two lips in contact. The borders of the wound of the soft parts are then brought into apposition, and the limb is kept perfectly quiet in an appropriate apparatus.

In a case related by the author, the false joint existed in the tibia; and consolidation, after the operation mentioned above, took place in three months; the fibula, however, not being included.

It should be noted that the operation was performed first in 1854; and that M. Nélaton delivered upon it a clinical lecture, which was inserted in the *Gazette des Hôpitaux* of June 7th, 1856.

VARICOSE VEINS TREATED BY DIRECT COMPRESSION OF A PORTION OF THE VESSELS.

M. BOTTO, of Genoa, has obtained the obliteration of the saphena in a very bad case by compressing the vein on a level with the knee and above it with pledgets of lint, the pledgets being about five inches apart, and held *in situ* by a roller. On the following day, phlebitis occurred in that part of the vessel situated between the two compresses; a clot formed in it, and in two months the vein was obliterated and transformed into a thick cord. The varicose veins of the thigh had quite disappeared from the knee to the groin; but those running down the leg persisted, though diminished in size. To complete the cure, the same kind of compression by two pledgets was applied to the lower third of the leg. The phlebitis remained limited, as had occurred near the knee. M. Botto thinks this method safe and effectual; but it is considerably inferior to that lately introduced in this country by Mr. Henry Lee, who passes needles under two different points of the vein, an interval of an inch being left between the needles, which are tightly fixed by a figure-of-8 thread. On the third day, the vein is divided between the needles by a subcutaneous incision; consolidation of the vessel takes place, and the cure is effected in a few days. Mr. Lee advocates this method principally for *varicocele*; but considers it applicable in other cases of dilated veins. M. Botto's operation could hardly be tried in varicocele.

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THE LANCET.

LONDON: SATURDAY, APRIL 7, 1860.

THE present position of the Reform question, and several notices of amendment given by different members, tempt us to offer a few further remarks upon the subject. In his great desire to extend the suffrage amongst the physical labourers of the community, Lord JOHN RUSSELL has quite overlooked the not inferior claims of the brain-labourers. He seems, indeed, pointedly to slight their claims when he declares that he has no "fancy franchises" to propose. What is the political or parliamentary meaning of a "fancy franchise"? We can only interpret it to be any and every qualification except the occupation of a six-pound house. A man may hold a very responsible position; the exercise of his intelligence may be of real importance to the country; he may pay, in addition to other taxes, a very heavy Income-tax: but if he live in lodgings, his claim to vote is denounced as fanciful. On the other hand, the housekeeper, whose rent he pays, and who contributes perhaps nothing to the direct taxation of the country, takes the vote, and will, no doubt, give it to the Parliamentary aspirant who shall promise the most liberal transference from the indirect to direct sources of taxation. He will be taught to look to his lodger's income to free himself from taxation as naturally as a landlady at the sea-side looks to her lodger's cupboard. But this is not all, nor perhaps even the worst. That the professional and other educated classes have so feeble a voice in our representative system is a twofold evil. The first evil is the grievous injustice inflicted upon these classes. The second is the detriment the nation suffers from the subjection of its intellectual element to the physical. Already the professional classes contribute a proportion to the revenue so unequal that it amounts to spoliation. The professional man, standing between the holder of realized property on the one hand, which pays upon the interest of capital only, and the hand-labourer on the other, is made to pay for both. For the capitalist he pays, under the name of Income-tax, a heavy proportion of the capital invested in his profession as it is recovered year by year. For the hand-labourer he bears not only this unfair share of the national burden, but by far the most onerous share of the Poor-rates and other local taxes. If the Income-tax is to be perpetuated, and if the franchise is to be greatly extended, policy and justice dictate that the Income-tax should be both graduated and extended in its incidence.

If the apathy with which the Ministerial Reform Bill has been received means anything, we cannot avoid the conclusion that the total oblivion in the measure of the claims of the educated classes is felt to be a serious defect. We have on a former occasion observed, in reference to the enfranchisement of the University of London, that the concession is avowedly made, not to the principle of the right of Education, but to the demand for equal privileges with Oxford and Cambridge urged by those religious denominations which have been driven to seek an *alma mater* in the Metropolitan University. The admission to the electoral body will, however, undoubtedly be facilitated by other and broader considerations. In evidence of the working of those considerations, we may refer to the notice of motion of Mr. MOWBRAY, on behalf of the University of Durham. This body also claims admission to the franchise. It cannot base its claim on sectarian rights; if recognised, it will be an avowal of the inherent right of Education. Concurrently with this movement, there is another of a wider description. Mr. BYNG, the member for Middlesex, has given notice of his intention to move the insertion of a clause, which shall have the effect of conferring the independent right to vote upon every man of full age, and not subject to any legal incapacity, being a graduate of any British University. He proposes that the vote shall stand in lieu of any other qualification, and shall be exercised for the county or borough in which the graduate shall have resided twelve months.

We will not discuss Mr. MOWBRAY's proposal. The honourable member has moved for a return of the number of graduates of the Durham University. He will of course be expected to show a respectable numerical constituency in order to make good his case. But with regard to the motion of the member for Middlesex, we cannot imagine any reasonable objection. We wish it had been framed to embrace every registered medical practitioner, barrister, solicitor, and minister of religion. One chief argument in favour of largely extending the franchise amongst those who are denominated the "industrious classes," is the great advances they have made in intellectual improvement. This argument surely applies *à fortiori* in favour of the professional classes. A measure of this kind is not to be decried as "fanciful;" but deserves earnest support as most useful and necessary. Like the individual body, the collective national body cannot preserve its healthy action, unless a due relation be maintained between the brain and muscle. The fable that was applicable to old Rome, is still applicable to us. All parts of the political frame have a common and a mutual interest. None can truly thrive if the services of the others be excluded. And certainly England will not long thrive as she has done, if Commerce, Territory, Capital, and Muscular Labour conspire to govern without the aid of Literature and Science.

THOUGH we are all responsible for the opinions we form, we are not necessarily answerable for the truth of the data upon which we arrive at them. We may reason rightly upon false premises; we are, of course, responsible for the ratiocination, but not—to use a logical term—for the quality of the matter. The latter may be something of which it is quite out of our power to arrive at the truth. We are then, so far as the asserted *facts* go, entirely at the mercy of the donors. When these facts agree in general character with each other—when they are not met nor contradicted by opposing statements, we can see our way pretty clearly to a correct judgment. But when we are told that these "facts" are mistakes, perversions, or assumptions, and we are helped to other "facts" which oppose them *in toto*, and, moreover, are so unfortunately situated as to render it impossible that we can be sure which series of statements is true, all we can do is to give both sides a hearing. We cannot be answerable for the absolute truth, as we evidently cannot attain to it under such circumstances. We submit a case to our readers. On the 10th of December last, a General Order was issued from the Adjutant-General's Office, Calcutta, which tended to reflect in an indirect manner upon

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the conduct of the medical officers of the Indian army. Its first clause ran thus:—

"On the occasion of a recent inspection, conducted by the Commander-in-Chief in person, Lord Clyde made the painful discovery, at two stations where three of her Majesty's regiments are quartered, that the hospitals had been devoid of quinine for several months."

The commanding officer is finally informed by the Order that he is not patiently to endure what appears to be ignorance, sloth, or carelessness in the functionaries who are bound to provide his regiment, according to their various vocations, whether it be the commissariat, barrack department, engineer, civil authorities, or the superintending surgeon. We commented upon this General Order at the time, (THE LANCET, Feb. 4th, 1860,) as being a very proper though severe blow against that annoying system of departmental routinism which has so crippled the efficiency of the services, and cost the country thousands of lives. Nevertheless it did strike us as somewhat strange that three medical officers of her Majesty's service, who were most probably of some standing and experience, should so far have neglected their duty and evinced such a disregard for the sick committed to their charge. Furthermore, it must have struck others, as well as ourselves, that it was strange such flagrant dereliction of duty should not have been visited by any punishment. We now learn, from a correspondent in the East, that there a degree of mystery appeared to hang over the matter, and that some influential persons determined to ascertain the exact circumstances of the case. In the *Delhi Gazette* for February 11th, 1860, now before us, we find detailed the result of the inquiry. It will be seen that we are there assisted to a set of "facts" quite different from those presented in the General Order of the Commander-in-Chief. Which are we to accept as true? The first clause of the Order is plain and explicit; there is no ambiguity in its affirmation, that at two stations the hospitals had been devoid of quinine for several months. Yet General Orders are not infallible; and upon the principle of common justice—*audi alteram partem*—we give the following from the *Delhi Gazette*:—

"In the beginning of December, the Right Honourable the Commander-in-Chief arrived at ——, and after inspecting the troops his lordship visited the hospitals. During the visit not an allusion was made in any one of the hospitals to the supply of quinine, so that his lordship knew not whether the supply was defective or abundant. From inquiries made since, however, we are in a position to state that all were amply supplied. In the hospital of the Battery of Artillery there were fifteen ounces; in the Cavalry Regiment, one pound; and in the Infantry Regiment, upwards of three pounds, which most medical men would consider a sufficient supply, particularly as in two hours any amount could have been obtained from the medical depôt in camp, which contained about twenty-four pounds. We may add, that when, by directions of his Excellency, a further supply was forwarded in hot haste by the superintending surgeon at Agra to these hospitals, the medical officers in charge were puzzled what to do with it, and positively objected to attach their names to any letter or paper purporting to show they were in any need of it, or required the supply 'emergently.' So much for one of the two stations visited by his Excellency.

"His lordship then proceeded to ——, where fevers had been very prevalent, and a question was asked about the supply of quinine, of which about four ounces only were in hand, but though, from the unusual sickness, the consumption had been almost unprecedented, the regimental hospital had never been 'devoid of quinine,' even for a day. The detachment of artillery was less fortunate. That hospital was devoid of quinine, and had been so for *seven* days. And how did this happen? Simply thus. A drunken apothecary, since dismissed the service for some other offence, had misdirected an application for more quinine, and by this mistake the expected supply never arrived. Fortunately the sickness had by this time much abated, and the want was consequently less felt, though under any circumstances such an accident must be deplored."

Upon this simple foundation, then, or what the *Delhi Gazette* denominates a "mere accident," our Indian friends maintain that it has been designedly attempted to cast a stigma upon several medical officers of high standing and long service, and, indeed, to bring into ridicule the whole Medical Department. A private correspondent would persuade us, too, that the above is one only out of the many kicks the "doctor" gets from the military authorities. He states, likewise, that her Majesty's Royal Warrant of 1858, is up to this moment a dead letter as regards the members of the Medical Department in India, and who have served through the late campaign. The department alluded to are of opinion, that it might as well have never been issued; nay, better if it had not been, for then not any groundless and delusive hopes would have been excited. We make these things known in this country, as it is right that such as are thinking of entering the medical service in India, should know their status, and the estimation in which the "non-combatants" are held, when so high a professional standard of excellence is demanded of them. We are aware that some of our military medical friends believe that this must continue to be the case so long as the power of the chiefs o the Medical Department is neutralized by their own dependence. For their honour or promotion rests upon the fiat of their military superiors, whose mention of them in despatches, &c., cannot be risked by independent action. Hence, no medical chief can afford to act in such a manner as would make him "unpleasant" to still higher powers. Both sides of the question are now laid before the reader, and he must judge for himself.

OUR readers may have gathered from the perusal of our Medico-Parliamentary reports that the measure for improving the Registration of Births and Deaths in Scotland has met with considerable opposition from their brethren in the North. It is obvious that no scheme for a national registration of deaths can succeed, unless it be so framed as to enlist the hearty co-operation of the medical profession. If not heartily and willingly given by the medical practitioner, the question arises—Is the State entitled to exact his gratuitous services? If this be admitted, there will be less difficulty in assenting to the next proposition—namely, if those services be refused, is the State justified in inflicting pains and penalties? We are not willing to yield our assent to either proposition. Our object now is to put the case as it stands between the two parties as fairly and dispassionately as possible.

It is familiar to us on this side of the border that a Registration of Deaths has been working for more than twenty years—through the mutual good-will of the General Register Office and the medical profession—most successfully. Through this happy understanding, and the genius of Dr. FARR, England now enjoys a system of vital statistics which it is the vain ambition even of despotic centralist Governments to emulate. In the beginning, a feeling was prevalent that the medical pro-

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titioner was unfairly taxed when asked to give that written professional certificate which constituted the marrow of the work. Everyone else was paid. Why should the man who furnished exactly that information which it was the object of the whole scheme to obtain, alone be unpaid? We have no desire to revive the discussion of the question as it affects this part of the kingdom. We are, however, very anxious to see this important subject settled in a satisfactory manner in Scotland and Ireland. The registration even of England must be incomplete, if in Scotland and Ireland the system is imperfectly carried out.

And here we ask, Why should Government seek to enforce that gratuitous service in Scotland, under the odious pressure of penalties, which experience in England has shown will at last be given under an enlightened sense of professional duty? There is no organic difference in the constitution of a Scotch and an English surgeon. Both are open to the gradual operation of experience and reason. Why should not the success of the scheme in Scotland be entrusted to the same principles which have ensured its success in England? Nothing could be more odious, more unjust, or more impolitic, than this attempt to coerce a body of ill-paid and highly educated professional men into the performance of a service to the State. Parliament should remember that legislation of this kind has already signally failed. The imperfection of the Vaccination Register is directly due to this cause. The medical practitioners of England resent and rebel against the unjust dictation of the State when it calls upon them to forward certificates of vaccination. This is not the method to ensure the co-operation of an honourable profession, which already in a thousand ways renders to the State greater services than any other. We earnestly trust that the obnoxious compulsory clauses will be expunged. Then we shall feel assured that the invaluable assistance of our brethren, in an undertaking of incalculable scientific and national interest, will be ungrudgingly rendered.

JUST at present, it would appear that those "who go down to the sea in ships, and occupy their business in great waters," are subject to a higher rate of mortality than usual, and to causes of fatal operation other than of the "winds and the raging of the sea." Some letters have been lately received from Sierra Leone, which speak of the number of deaths which were then occurring amongst the crews of the shipping, and particularly amongst the officers. The mortality was quite unusual, as the coast of Africa was in general pretty healthy at that time of year. Three Plymouth vessels had furnished within a short time thirty deaths, and on board a London ship fever had carried off the master and seven seamen. One vessel was in charge only of the steward, cabin-boy, and two Kroomen, who formed the remainder of the crew; and another had only mate, carpenter, cook, boatswain, and two foreigners, and with them commenced her passage home. The master of a North Shields vessel had also been carried off. The following judicious remarks of an intelligent captain, writing from the coast, are worthy of extract:—

"Poor fellows! they were all well one Sunday; the one following they were in their graves. I was very glad to get out of her, as she appeared so close. They make a general practice here of covering the ship so completely with sails that it is impossible for the least breeze to get into the cabins or hold, and the lumber on the *Rosslin's* deck was so plentiful that one could scarcely move. The Kroomen are a very dirty set, enough so to cause a plague, unless the ships are washed and kept perfectly clean, which is impossible with much lumber on the decks. Instead of covering my ship with awnings, I convert the sails into windsails, and put them down the hatchways, as it is quite necessary this African timber should be dried as quickly as possible, because it lies on shore in the mud on the banks of the rivers for two or three years prior to shipment, and must become putrid outside. All I require now is, please God to give us our health and plenty of timber, and we shall soon have the pleasure of leaving this treacherous coast."

A late number of the *Bombay Times and Standard* also states that on board the *Dudbrook*, just arrived at Bombay, forty-three persons had died out of 255; and that the *Euxine*, which had recently touched at Madras, reported seventy-six deaths of women and children! Accounts have appeared, too, during the past week, in some of the daily papers, showing a state of things to have existed on board the troop-ship *Montcagle* almost parallel to that which prevailed in the *Great Tasmania*—at least so far as relates to the dietary of the soldiers.

We have certain reasons for believing, too, that on board many of the merchant vessels the rules and regulations relative to the dietary, lime-juice, &c., required by Government to be adhered to by owner and master under the Merchant Seamen's Act, are being more and more infringed every day. Government inspectors should look to this, or, ere long, we shall have scurvy and dysentery prevailing almost as badly as they did in the time of ANSON and the older commanders. There is not a shadow of excuse now for any vessel which has a deficiency of good lime-juice on board of her. Dr. ARMSTRONG has proved to us, from his Arctic experience, that properly-prepared juice was just as good more than four years after it had been bottled as it was when the *Investigator* discovery-ship started. It is well-known that the lime-juice often employed on board merchant vessels contains other acids, and is of very inferior quality. The provisions, being generally supplied by contract, are mostly of the cheapest and worst kind, and it is by no means an unusual thing for the meat to be diseased. The biscuit is frequently mouldy and maggoty. Dr. ARMSTRONG has likewise shown that "measly pork" is but too often met with, which is in itself a source of disease. It must not be forgotten, too, that merchant seamen live under a far inferior system of hygiene than prevails in her Majesty's service. But surely our merchant sailors are worthy of proper protection, not only in respect of enforcing the adoption of adequate means for the preservation of their health, but for preventing the occurrence of such acts of barbarity as are so frequently to be found recorded in our police reports.

IT will be seen by an advertisement in THE LANCET of this day, that a public meeting of Poor-law Medical Officers is to be held on Thursday, the 12th instant, at the Freemasons' Tavern. It is of the utmost importance that the meeting should be not only numerous, but influential. The Bill before Parliament is one which, if carried, is calculated to confer great benefits upon Union Medical Officers. Now is the time to make a demonstration in its favour. We trust that not only the Poor-law Medical Officers of London and its vicinity, but many of our brethren from the country, will attend. Some united plan of action should be agreed upon. Above all, let

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petitions to Parliament be presented from every gentleman interested; and let him communicate at once with his representatives in the House of Commons. If Mr. PIGOTT is to succeed, he must be energetically supported by those whose cause he advocates.

Medical Annotations.

"Ne quid nimis."

PHYSICIANS IN CHINA.

WE are so often stupefied with the pretensions and amazed at the absurd theories of English and continental quacks, that it is a refreshing amusement to go further afield and note the unsophisticated follies of a race of men who really believe the nonsense which they talk, and who are accredited with a curative power which is held by millions to be not inferior to that of the homœopath or the kinesipath. In some capital pictures of China, drawn by the pen of Mr. Cobbold, long resident in Canton, we find a sketch of the habits and theories of the Chinese physician which abounds in characteristic touches.

In China there is free-trade in physic—a good principle enough, but which has not yet led to all the desirable reforms in that art. A dose of Chinese medicine is quite a curiosity. It is about the size of half-a-pound of moist sugar, and consists of twenty separate packets—four or five kinds of bark, a little orange-peel, some walnuts, some gentian, and half-a-dozen other sorts, not unlike a small cake of blacking. These are all boiled together, and a good half-pint of the decoction is to be taken *quite hot* as a dose.

The lowest fee for a visit is 60 cash, or about twopence, and the coolies of the sedan have also to be paid. The fee advances by 60 cash at a time, so that 60, 120, 180, 240, &c., are the rates, according to celebrity; very seldom, however, is a single visit charged more than 180 cash, or sixpence.

When you consult a physician, his mode of proceeding is this:—He lays your hand on a soft cushion, feels your pulse at the wrists, asks your age and the symptoms of your indisposition, looks you attentively in the face, sapiently strokes his moustache, and then writes his prescription—perhaps "150 pills twice a day."

The principles upon which the prescriptions are founded are at least as complicated as the dose prescribed. According to the Chinese physiology, the human constitution is compounded of King, Mich, Shwny, Ho, Too—that is to say, Gold (metal), Wood, Water, Fire, and Earth. These are combined in various proportions, so that if all remain in harmony, a man is in perfect health. If any one predominate, and acquire undue ascendancy, his system is deranged, and he suffers. This fanciful physiology has a theological connexion. Each element has its presiding deity, and once a year grand feasts are held in honour of the five deities. At this time the streets are busy with men passing rapidly about in brick-red garments, with manacled hands, wildly dangling their chains, and accompanied by children, similarly attired in prison dress, and calling themselves "culprits." These are persons who have been visited by severe illness during the year, and are thus seeking to honour the gods of the five elements. The connexion of this theory with the Chinese practice is amusingly illustrated by the observation addressed to Mr. Cobbold by a native physician, who was much concerned to see him eating so much roast meat, until he observed another habit, which set his mind at rest. He said—"Senior, I used to be distressed when I saw you eat so much roast meat; but now I see why it does not injure you: you drink large draughts of cold water, so that the fire is put out." With all this, it seems that they have practical success in the use of simples.

No previous examination is required for practice. The field is entirely open. Perfect free-trade prevails in the profession. It is thought that no restrictions are necessary, but that people may safely be left to their own choice of a physician; and if they suffer, it is their own fault, and they must blame themselves. *Caveat æger!*

DEATH IN THE STREETS.

THREE deaths in the streets or public places have been recorded this week. Upwards of three hundred occur annually. There is no lack of hospitals and workhouses in this great city. Beds there are in scores awaiting the limbs of these half-frozen creatures; empty beds by dozens in hospital wards, and in workhouse wards, with warm fires, fat nurses, funds for food, and clothing too. All this is provided by the benevolent for the miserable vagrants of London. But there is a certain stiffness about the regulations under which these bounties are dispensed which hinders their adaptation to the cases of the very miserable and the very destitute. Hospitals and workhouses need to be touched with a more democratic and catholic tolerance of extreme poverty and misery. Follow an unhappy wanderer in London, stricken with disease, without a sou in the world, and it is not difficult to see how and why he should die in the streets. It is easy, also, to see how the rules which dismiss him to that horrible fate may be amended in the interests of humanity. You may watch such an unhappy sufferer stumble up the hospital steps, and, after some waiting, obtain an audience of the dresser or the house-surgeon. He has no letter, and cannot be relieved without such an official recommendation of a governor; or, by a liberal interpretation, he is admitted to share the benefits of the charity as "a casualty." But as he suffers from no sudden accident or acute disease, these benefits are confined to a bottle of medicine. With this in his pocket he wanders forth again into the street, and tossed about from relieving officer to workhouse-porter, fails even here to find a harbour of rest; for, shame to say, only a few of our workhouses possess casual wards for the poor. Unless the miserable applicant can establish some legal claim by residence or birth, he is apt to be driven again into the streets. And there he may die; there, now and again, many actually die. The stones cry out against so inhuman and inelastic a system. Let all the workhouses be compelled to provide casual wards; let the governors of hospitals adopt partially, at least, the free system, and keep always a corner for the sick and houseless. Let us resolve to have no more deaths in the streets.

TOBACCO IN THE INDIAN PRISONS.

THE *Indian Lancet* of Feb. 1st contains an interesting report on the abolition of tobacco in Indian jails, by Joseph Ewart, M.D., of H.M. Bengal medical service. It is stated that one of the fruits resulting from the appointment of inspectors, vested with almost dictatorial powers, to watch over and control the general management of Indian prisons, has been the very extensive abolition of the use of narcotics. These had previously been allowed to the prisoners under the impression that their use, in some shape or other, was essential to the preservation of life, in those who had from their youth upwards freely and continuously indulged in them. In the Punjab, Lower Provinces of Bengal, and Madras, it has been wisely ruled that tobacco and opium can only be granted to the convicts at the express direction of the medical officer, and then only in curtailed quantities and for limited periods, in cases where the general health appears to suffer by their sudden and complete withdrawal from old *habitués*. In 1851, out of thirty-three jails, tobacco was allowed to the prisoners in twenty-seven. Thus, in one jail, the daily quantity amounted to sixty grains; in eighteen, to sixty-three grains and a half; in two, to ninety grains; in two, to one hundred and twenty-seven grains and a half; and in the remaining four, to one hundred and eighty grains.

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The authorities who denounce tobacco as a noxious and poisonous weed are both numerous and of high distinction. The result of the experiment, tried on a large scale and under crucial conditions in the Indian prisons, sufficiently show that the fears are groundless which have been entertained regarding the dangers supposed to follow the absolute and immediate withdrawal of tobacco from those persons who have been accustomed to use it freely from their childhood through all the middle and later years of their life. These fears were entertained, in the first instance, by the Bengal Medical Board and the Court of Directors. The Bengal Board reported that, from long and confirmed habit, tobacco-smoking had with many adult convicts become not so much a luxury as a necessary of life, comparable to salt and other condiments, which nature prescribes as indispensable adjuncts to meals. The Court of Directors considered, also, that "discretion was necessary in withdrawing tobacco from persons who had always been in the habit of using it."

Three years after the withdrawal of tobacco from prisoners in the Bengal Presidency had been accomplished, Dr. Mount presented a report to the Government of Bengal, from which it appeared that of the fifty civil surgeons in charge of jails who had watched the effect of the order, thirty-three considered that the withdrawal of tobacco from the prisoners had not been attended with injury to health; and fourteen gave undecided answers. We can allow for the sympathies and prejudices of old smokers; and we have no hesitation in concurring in the conclusion of Dr. Mount, that the mass of positive testimony accumulated in India as to the absence of any ill-effects from the cessation of the use of tobacco, even in those habituated to it from infancy, fully bears out the opinions entertained regarding it by many of the most eminent authors of modern times in Europe, and justifies the belief that it is a mere luxury; that it is not needed for the performance of any healthy function in the human economy; and that its denial to criminals is a wise, sound, and judicious measure of prison discipline.

ARMY MEDICAL SCHOOL.

THE reform in the Army Medical Department, inaugurated by the Royal Commission on the Sanitary State of the Army, made another step in advance on the 31st ult.

On that day, Mr. Sidney Herbert met the newly-appointed Senate of the School, and constituted it. All the members were present, and the following are their names:—

The Director-General, Dr. GIBSON, C.B.

J. R. MARTIN, Esq., Physician to the Council of India.

J. R. TAYLOR, C.B., Inspector-General and Principal Medical Officer at Chatham.

T. LONGMORE, Esq., Deputy Inspector-General and Professor of Military Surgery.

Dr. MOREHEAD, Principal of the Grant Medical College, Bombay, and Professor of Military Medicine.

Dr. PARKES, University College Hospital, Professor of Hygiene.

Dr. AITKEN, late Pathologist at Scutari, and Professor of Pathology.

The buildings at Fort Pitt Hospital, erected for the reception of the School, and completed and ready for occupation, so that the first course of practical lectures and instructions will commence after the next examinations for the Army Medical and Indian Medical Services. By an arrangement with the Indian Government, all candidates for medical commissions in their service must undergo the same practical training at Chatham as the candidates for military medical commissions in the Queen's service.

The Commission which organized the plan of the new School consisted of Mr. Herbert, the Director-General, Sir James Clark, Mr. Martin, and Dr. Sutherland, who was also present at the meeting; and the appointments do great credit to the judgment of the Secretary of State, by whom they were made. There has been an evident desire to consult the public interest both in the British and Indian Medical Services. No better selection of men could have been made for professors, and we cannot doubt that both Services will derive the greatest benefit in time to come from the constant accession of a superior body of medical officers, thoroughly trained not only to hospital duties, but to the most important function of preventing disease amongst the troops in all climates whither their duties may call them.

The Royal Sanitary Commission for the army has had a happier fate than almost any Commission of our day; for its members—shorn, alas! of Augustus Stafford and Mr. Alexander—have seen, within less than three years, a re-organized Army Medical Department, an admirable book of sanitary and medical regulations issued for the Service, improved statistical forms, a new and liberal Warrant for army medical officers, great improvements in barracks and hospitals, and now a complete Army Medical School—all the results of its labours. We confidently expect corresponding improvements in the health of the army; and, in consequence, advantages to the country which will be important in peace and decisive in war.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—Allow me again to trespass on the columns of your valuable journal to urge upon the Poor-law medical officers the necessity of seeing or writing to their members of Parliament, during the Easter recess, to beg them to support the Bill introduced by Mr Pigott. If they will carefully read over the Commentary I have written, they will be able to explain the main points of the question, and combat the fallacious arguments of opponents. The Bill will either be read a second time or rejected in the course of this month; it therefore rests with the profession whether they will make use of the few days that are left them; or will throw away a chance of improving their position, and adding upwards of £200,000 to their income. Let them not be misled by a few selfish anonymous correspondents, or even by those who are bold enough to give their names, but turn to the tables in the Commentary on the Bill, and judge for themselves. A public meeting will be held at the Freemasons' Hall, Great Queen-street, Lincoln's-inn-fields, on Thursday, the 12th instant, at one for two o'clock. I trust that meeting will be well attended, and a unanimous feeling will prevail in support of the Bill, which I know has the hearty concurrence of a large body of men, as the petitions already sent to Parliament testify. I also know there are many men in the House prepared to support it, but I fear there are others who will oppose it. I therefore call upon the Poor-law medical officers—I call upon the profession as a body—I call upon the College of Physicians, College of Surgeons, Apothecaries' Hall, and all other public medical bodies—to petition in our favour; and though last, not least, I call upon the students of the public hospitals to lend us their aid. Let us all unite in improving the position of the profession; and, above all, let us unite in doing our best to improve the welfare of the sick poor entrusted to our care, and, as a consequence, that of the ratepayers.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, March 31st, 1860. RICHARD GRIFFIN.

ROYAL COLLEGE OF SURGEONS, IRELAND.

To the Editor of THE LANCET.

SIR,—In reply to the letter that appeared in your journal of the 24th of March, signed "F.R.C.S. Edin.," I think that, as one who took some trouble in seconding the views so ably supported by Dr. Beatty, I may be permitted to set your corre-

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spondent right in one most important particular in which he, most unintentionally I am convinced, has grievously erred. I allude to the recognition by the Council of the above College, as qualifications for candidates being admitted to the examination, either for the licence or Fellowship, of the certificates issued by the professors of Trinity College, Dublin.

The accompanying extract from our bye-laws will satisfy any one who reads it, of the extreme liberality of our present system of recognition; and for this measure of justice the profession are deeply indebted to Dr. Beatty, who, with Drs. Adams, Hutton, and myself, at great expense of time, trouble, and money, as, also, of much personal obloquy, never ceased his exertions until they were crowned with success.

"That the following new bye-law be, and it is hereby enacted: 'Certificates of attendance on lectures and of the performance of dissections, shall be received from professors and lecturers in all universities, colleges, and recognised schools in her Majesty's dominions, as qualifications for the Fellowship and letters testimonial of this College; and also certificates of attendance on all hospitals recognised by the Council, where clinical instruction is given.'"

On the present occasion I shall content myself with correcting this error—an error but too generally prevailing. On a future one I shall, with your permission, address myself to other points in the letter.

I am, Sir, your obedient servant,

RAWDON MACNAMARA,

L., F., and Member of Council, R.C.S. I., &c.

Stephen's-green, Dublin, March, 1860.

ON UNSUSPECTED SOURCES OF LEAD-POISONING.

(LETTER FROM DR. HASSALL.)

To the Editor of THE LANCET.

SIR,—In continuation of the subject of my last communication, I would remark that it is not alone through the lead contained in the ordinary paint used that the system becomes affected and diseases induced. Lead is not unfrequently introduced into the system in a variety of other ways, especially through numerous articles of consumption in which that metal is present as the result of either accident or design. Thus, paralysis has been repeatedly produced by the lead contained in snuff. In some cases death has ensued, and in others serious illnesses have resulted, from the preparations of lead, particularly the chromate and carbonate, used in sugar confectionery, Bath buns, egg and custard powders, &c. Persons have been frequently poisoned by the lead in soda and other aërated waters. The same result has followed the use of wine to which acetate of lead has been added for the purposes of clarifying and sweetening it; it was thus that colic was produced amongst the Pictones or inhabitants of Poicton, and hence the name of Colica Pictonum. Entire districts have been poisoned by the lead present in cider; and in one county, so extensively did colic prevail, produced by this cause, that it was termed the Derbyshire colic. Again, lead at one time—and it is probably still done in some cases—was commonly added to rum in the West Indies, producing frequent attacks of what has been described by medical writers as the "dry bellyache of the West Indies," the real cause of the malady being for a long time unsuspected. Lastly, through the water drunk, lead often finds its way into the system, giving rise to various ailments,—also without, in most cases, the cause being in the least suspected. In these last instances, the presence of the lead is, of course, due to the action of the water on the leaden pipes in which it is conveyed.

The whole subject, then, of lead poisoning is one of the greatest importance, and it behoves the public to be thoroughly on its guard against this source of danger to health. It is, in fact, one of the most important subjects which can engage the attention of the medical man; at the same time, it is one requiring sanitary legislation to ensure the efficient protection of the public. Legislation is required, on the one hand, to stop the adulteration of articles of consumption with poisonous lead compounds; and, on the other, to prohibit the use of leaden utensils, pipes, &c., in the manufacture of certain articles of consumption, and especially for the storage and conveyance of water. For the employment of leaden vessels and pipes, in nine cases out of ten, no absolute necessity whatever exists, and in certain cases they ought, for the better protection of the public health, to be entirely prohibited.

From the number of samples of water which I have received containing lead, I am induced to believe that that metal is more frequently introduced into the system in this way than is commonly suspected; indeed, so many well-ascertained cases of lead poisoning, arising from the use of water contaminated with it, have occurred, that I am of opinion that the use of lead for the storage and conveyance of water ought to be entirely discarded, especially in the cases of small towns and single houses. Now this may be readily done by the use of slate cisterns for the storage, and gutta percha tubing for the conveyance of the water. Gutta percha possesses many qualities which fit it for this amongst the many other uses to which it can be applied: it is durable, and not easily affected by moisture; moreover, any objection which might be urged against its comparative durability is met by the fact that the pipes or tubes made of that material may be accurately fitted with an outer casing of lead, upon which, of course, the water cannot possibly act. By means of Chatterton's very ingenious invention, an outer coating of lead is drawn over the pipe without any application of heat, the gutta percha being quite uninjured. I have myself seen specimens of the tubing thus prepared.

To be forewarned is to be forearmed; and, from the many cases of contamination of water and other articles with lead which have been brought under my notice, I think it right that the medical profession and the public, more particularly in the country, should be put thoroughly on their guard against this prolific source of danger to health.

I am, Sir, your obedient servant,

Wimpole-street, March, 1860. ARTHUR HILL HASSALL, M.D.

ON THE

BEST METHOD OF PRESERVING VACCINE LYMPH FOR USE.

(LETTER FROM DR. GEORGE W. BALFOUR.)

To the Editor of THE LANCET.

SIR,—With reference to the best method of preserving lymph at all times fit for use, it seems to me that the medical men of this country have of late years too much neglected a method coeval almost with the introduction of vaccination itself, and which possesses the two great qualifications of certainty and convenience. Dr. Husband, no doubt, deserves great credit for his ingenious application of capillary tubes, hermetically sealed, to the preservation of lymph fluid and fit for use. That this method was employed in France nearly sixty years ago, and soon fell into desuetude, is not derogatory to his ingenuity, though it may make us hesitate to accept his system, inasmuch as it has been tried and found wanting, having been eclipsed by a better. I am aware that Dr. Husband has, both in his original paper (*Edinburgh Medical Journal*, 1851) and in his recent interesting *brochure*, referred to the use of glass tubes by M. Bretonneau, of Tours, which tubes he supposes to have differed somewhat from his, and that the difficulties connected with this difference was the cause of the subsequent desuetude into which they fell. Now, the writer in the *Dict. des Sciences Méd.*, M. Husson, distinctly says that M. Bretonneau, of Tours, in his method of preserving vaccine lymph, took advantage of the properties possessed by *capillary tubes*. He refers to the method of filling them by *capillary action*, gives minute directions as to the sealing of them hermetically by melting the ends of the tube in the flame of a candle, and is particularly explicit as to the best methods of packing them for sending abroad, recommending charcoal as the best medium for surrounding the tubes in sending them to a warm climate, and cotton when they are to be sent to a cold one. It is perfectly true, however, that he does call the tubes fusiform, with what reason I know not; it is quite clear that they would not have filled themselves by capillary action had there been any great difference in the uniformity of their diameter, and the original passage may, after all, only mean that the capillary tubes were rather coarsely made. It runs thus: "Ces tubes (capillaires) de la longueur de six lignes, légèrement renflés par le milieu, c'est à dire fusiformes, sont faits avec du verre que l'on alonge et amincit à la lampe de l'émailleur jusqu'à ce qu'ils soient réduits à une grosseur égale à un tiers de ligne." You will observe it does not say till one or both ends are reduced to the diameter of the third of a line; but till they, "ils," the tubes, in their entirety are so reduced—that is, made truly capillary. Be that as it may, thi

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invention of M. Bretonneau, of Tours, thus written about in 1821, does not exhaust the priority of the French with respect to the preservation of vaccine lymph in hermetically sealed glass tubes; for in the 23rd volume of the *Jour. de Méd. Gén.* for 1805, p. 386, we read of a more ancient method, to wit, "celui de M. Bretonneau, médecin à Chenonceaux, homme aussi récommandable par sa philanthropie que par ses connoissances. Le moyen qu'il emploie consiste à prendre des tubes capillaires de verre, et à presenter une extrémité à la goutte vaccinique, à l'instant où elle s'échappe de l'ouverture d'une ou de plusieurs cellules de bouton. Le tube, par sa force aspirante, pompe la liqueur, ou on l'y fait monter à l'aide d'une légère aspiration; on le bouche ensuite, soit avec la cire, soit en présentant les bouts à une chandelle allumée; de cette manière le vaccin se conserve assez longtemps à l'état liquide. Lorsqu'on veut l'employer, on casse les deux bouts du tube, on en dirige un vers la point d'une lancette, et en soufflant légèrement dans le tube, on fait sortir la liqueur pour en charger l'instrument." Could Dr. Husband himself be more explicit? or could there possibly be a more exact description of the method he employs? This method was highly recommended by the Central Society of France for the extinction of small-pox, (*vide* Bell on "Cow-pox," Ed. 1807, p. 24,) and seems to have sunk into oblivion, not so much on account of any inherent difficulties in the method, as because it was eclipsed in simplicity and convenience by a method discovered about the same time, which presents the lymph in perhaps its least destructible form, and which has always been preferred in those climates where, from the vicissitudes of temperature, there has been any difficulty in keeping up the supply of lymph. I refer to the use of the crusts, which consist entirely of the dried vesicle, in which each little drop of lymph is dried in its own little hermetically sealed cell, and remains mummified, and so little disposed to change, that they have been kept for years, and have even produced a perfect disease after having been so preserved for eight years, fully nine months older than the oldest of Dr. Husband's fertile tubes. The best crusts are those of vesicles never broken, and resemble little round semi-transparent buttons of horn; they are procured by visiting the patient about the nineteenth or twenty-first day, at which period they are but loosely adherent by a central point, and may be readily pinched off. They may be kept in the waistcoat pocket, wrapped in paper or tinfoil, or in a well-stoppered phial, and may be sent to the world's end in a common envelope. They may be used by scraping off a little, moistening it with water (tepid) till it becomes a gummy-like fluid, and employing this as fresh lymph; or the powder may simply be stuck into small incisions, or laid upon an abraded spot, and covered by adhesive plaster. Either of these methods will succeed perfectly.

This method of vaccination was first employed by M. Labouisse in Sept. 1803;* it was repeated by M. Heurteloup, and subsequently, in 1804, by M. Valentin, of Nancy, whose attention had been directed to it by De Carro, of Vienna; and it is matter of interest that the report of the Central Society of France, in which M. Valentin's successful results are recorded, is signed by the too famous name of Guillotin (vide *Journ. de Médecine*, by Corvisart, &c., 1804). Dr. Bryce, of Edinburgh, ("On the Cow-pox," 1809,) seems to have been one of the first in this country strongly to recommend the adoption of this method of preserving the lymph, and, chiefly in consequence of his recommendations, it was employed by Dr. Shoolbred, of Calcutta, who, in his report to the Medical Board (Calcutta, 1805), after recapitulating all the known methods of preserving the lymph, adds that the use of perfect scabs is by far the easiest and best mode, and leaves nothing further to be desired; and that the vaccine disease was never more perfect than when so produced. And this opinion is strongly corroborated by M. Husson in the "Dict. des Sc. Méd.," who says that the method of employing crusts cannot be too highly recommended, presenting as it does the incalculable advantage of maintaining with ease a permanent and durable provision of lymph in every part of the kingdom.

So early as 1805, several American writers speak very strongly in favour of this mode; and Dr. Redman Cox says that his vaccinations were never more successful than in the spring of that year, when they were all made from crusts ("Philadelphia Med. Museum," 1805). I believe that this method still holds its ground in America. I know it does so in India; and I am sure that those medical men in this country who have employed it will agree with me that, when the lymph is to be kept any time, or carried or sent any distance, there is no more convenient or certain method than the use of the crusts, which, in their portability and indestructibility, contrast so strongly with Dr. Husband's fragile tubes. The crusts have still another advantage, and one which I have no doubt will be duly appreciated by the public—namely, they may be employed in making an indefinite series of vaccinations in a family, so that all doubt as to the origin of the lymph, or risk of any untoward infection, may be prevented by each family having first carefully selected its own disease from the cow, (the sheep, ass, horse, or dog are eligible, if preferred,) and subsequently handing it down in an infinite series of hereditary crusts—no doubt a novel species of heirloom, though, in truth, it would be a much more useful one than most things of the kind. This method would thus give a practical example of an anomaly in medicine—viz., an hereditary disease which was not congenital. It affords a singular instance of the vicissitudes incident to all human affairs to find our Privy Council recommending to medical men the employment of a method of preserving vaccine lymph which was tried and found wanting in France sixty years ago, at the very instant that the Parisian professors are gone "clean gyte," as we Scotch say, after a method of producing hypnotism which was shelved in Britain a dozen years ago.

I am, Sir, yours sincerely,

GEORGE W. BALFOUR, M.D.

Shandwick-place, Edinburgh, March, 1860.

* At a subsequent period, M. Labouisse employed successfully crusts obtained directly from the cow.

A NEW ORDER OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Since the negotiations between the London Colleges of Physicians and Surgeons to institute a joint examination, under section 19 of the Medical Act, for general practitioners, have failed, rumours have become rife that the first-named corporation contemplates the creation of a third order of physicians, at an early age, and designated "licentiates," but who may supply medicines to their own patients. As the parties now nominally called "members" simply receive licences from the College of Physicians "to practise physic as members," and therefore still continue licentiates in law, as also by long usage, no real distinction can exist, or will ever be made in public estimation, as to the several orders; while all thereby become eligible for the office of physician to any institution throughout England. Surely there must prevail some mistake regarding the statements recently disseminated. Perhaps you, Sir, who so often see behind the scenes when others cannot, would enlighten the uninitiated outsiders. Further, it seems important to know if the projected innovation will be fair towards existing licentiates—numbering about 650—even although allowed to use the additional title of "member," but who heretofore believed they had joined a College whose diploma is never granted to any person engaged in pharmacy.

I am, Sir, your obedient servant,

April, 1860. INQUIRER.

NAVY SURGEONS.

To the Editor of THE LANCET.

SIR,—The letter signed "A Naval Medical Officer" in your journal of the 24th March tells the truth, and nothing but the truth; but it does not tell the whole truth. Were all fully known and appreciated, gentlemen of education and spirit would assuredly not offer themselves as candidates for employment in the medical department of the navy. Has "A Naval Medical Officer" ever heard of a certain clique, which is the cause of no small scandal, and has become a byword amongst his brethren? Has he ever heard it whispered that the ten years' service at sea as a surgeon required for the staff-surgeoncy, as well as other discrepancies between the Army and Navy Medical Warrants, did not originate with the Lords of the Admiralty? and, if not, with whom they did originate? If he has not heard of these things, I beg of him to inquire, and complete the history of the present naval medical *régime* so well commenced in his letter, and let it be known how it is understood and appreciated. But whether he will take the trouble to do this or not, it is obviously on the cards that the navy must go without surgeons before long, unless they are placed exactly on the same footing as in the army. The Warrant has been mutilated. Its injurious discrepancies must be removed, and its provisions carried out in a generous spirit; constant employment, as in the army, must be provided for the navy surgeon; and a medical administration free from all

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suspicion of cliquism and partiality must be guaranteed by adequate checks.

Is it true that no candidates offer for the navy but such as have failed elsewhere? The subject is one of deep public interest; for surely the life of a sea officer or a seaman must be held as valuable by the Admiralty as the lives of those in the sister service are held by his Royal Highness the Duke of Cambridge.

I am, Sir, yours &c.,

March, 1860. JUNIUS X.

HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—In two recent numbers of your valuable journal (THE LANCET, March 10th, 1860, p. 256; and March 24th, p. 311) it is stated that the whole contents of homœopathic chests had been swallowed without inconvenience. I am induced, in corroboration, to lay before you the following facts, with which I have become acquainted in my practice.

About three weeks ago, I was summoned in great haste to a family living in apartments at the west-end of the metropolis, and shown a little box containing twelve homœopathic phials, all empty, excepting one in which but a few globules were left. I was informed that a child five years old had played with the box (belonging to the landlady's daughter), and had, just one week previously, swallowed the contents of every phial (save the one labelled nux vomica, in which about a dozen globules were left), probably considering them sweetmeats. This little theft had only been discovered a week after it had taken place, and the child had not experienced any ill effects. The phials were labelled as follows: 1, nux vomica; 2, aconite; 3, opium; 4, ignatia amara; 5, dulcamara; 6, mercury; 7, sulphur; 8, bryone; 9, pulsatilla; 10, arsenicum album; 11, belladonna; 12, ipecacuanha.

It is plain, from this fact, and those that have been previously recorded, that homœopathy and expectant medicine are pretty nearly allied. In support of this view, I will just quote the following sensible passage from Sir John Forbes's last work, "Of Nature and Art in the Cure of Disease," second edition:—

"I merely maintain that, on the common and obvious evidence usually admitted in such cases (chronic affections), a sufficiently large number of cases get well under this system of treatment (homœopathy), to prevent the existence of any striking contrast, in the public eye, between its practical effects and those of the ordinary system; and, at all events, and *à fortiori*, to justify the only conclusion I am now anxious to establish—viz., the fact that a large proportion of cases of disease recover under homœopathy; that is, according to my views, recover by means of the curative powers of nature alone." —p. 161.

I enclose my name and address, and remain, Sir,

Your obedient servant,

April, 1860. CHIRURGUS.

THE MEDICAL PROFESSION AND THE INCOME-TAX.

To the Editor of THE LANCET.

SIR,—The recent course of financial legislation has destroyed the delusion that the Income-tax was only a temporary source of revenue, and there is too much reason to fear, not only that it will be continued at its present high amount, but that no attempt will be made to adjust its inequalities.

Acting upon these views, a memorial has been addressed to the members for the borough of Reading urging them to impress on the Government the *necessity* of an equitable adjustment. This memorial will receive the signatures of a very large majority of both political parties, and there is every probability that this important subject will be a leading, if not a determining, question at the next election.

It should not be forgotten, that the Budget of 1853 embodied the modification we are now seeking, and that it was defeated by Mr. Gladstone on the ground that the entire tax was immoral, and that nothing should be done to render it permanent.

If under these altered circumstances professional gentlemen of liberal politics will aid in opposing the Income-tax in its present form, there will be little difficulty in obtaining the desired modification. The law journals are advocating the formation of a central committee in London. If the medical profession can be induced to co-operate cordially in this movement, we may indulge a reasonable hope of success.

I am, Sir, your obedient servant,

Reading, April, 1860. GEORGE MAY, jun.

ADMISSION OF UNEDUCATED PERSONS TO THE ROYAL COLLEGE OF SURGEONS.

THE following protest has been addressed to the Council of the College:—

(COPY.)

St. Columb, March 30th, 1860.

GENTLEMEN,—We, the undersigned, being members of your College, do hereby enter our most earnest and solemn protest against the admission to membership of any persons who have not gone through the prescribed course of education.

Your relaxation of this rule on behalf of certain persons, on the plea that they have practised many years, is to us nothing more nor less than an encouragement and condonation of illegal practice, and a heavy injustice done to those many thousands of gentlemen who have in a regular and legal manner become members of the College.

We venture to hope that this unfortunate step taken by the College will not be repeated nor allowed to become a precedent, as we are sure that a deep and strong feeling exists amongst surgeons on the subject, and that although the Council of the College may have the *power* to act in the manner complained of, it has not the RIGHT to do so.

It will be a sad day for the medical profession when the presidents and leading members of its Colleges, who are more especially appointed to guard the "honour and dignity" of the profession, shall, for such trivial and unjustifiable reasons as those assigned in the letter of Mr. Belfour to Dr. Ladd, do everything in their power to render null and void the advantages which we had expected from the appointment of the Council of Medical Registration and Education.

We are, Gentlemen, your obedient servants,

WM. MOORMAN, M.R.C.S., L.A.C.

J. H. NANKIVELL, M.R.C.S., L.A.C.

To the President and Council of the Royal College of Surgeons, London.

HULL MEDICAL REGISTRATION ASSOCIATION.

To the Editor of THE LANCET.

SIR,—The following is a copy of a petition from the members of the above Association resident in Hull to the General Council of Medical Education:—

"*To the General Council of Medical Education and Registration of the United Kingdom.*

"The memorial of the undersigned, being members of the Hull Medical Registration Association, showeth,—That your memorialists observe with regret that, at a time when the most strenuous efforts are being made to raise the status of the medical profession of the United Kingdom, the Royal College of Surgeons of England should so far have neglected its duty as a guardian of the interests of the profession as to have admitted to the honour of its membership men who have not followed any regular course of medical education. Your memorialists, therefore, respectfully request that you will exercise the powers vested in you for the purpose of putting a stop to proceedings so calculated to lower the position of legally-qualified medical practitioners."

The petition is signed by twenty-six of the members of the Association, including the names of Sir Henry Cooper, M.D., Owen Daly, M.D., Drs. Lunn and King, Mr. Craven, &c.; and has been forwarded to the Registrar for presentation to the Council. By the same post, I forwarded to the secretaries of the College of Dentists a protest (signed by thirty medical men of this town) against the granting of diplomas in dentistry by the College of Surgeons.

I am, Sir, your obedient servant,

HENRY CARNLEY, M.B., Hon Sec.

Dock-street, March 31st, 1860.

MEDICAL REGISTRATION ASSOCIATIONS.

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.

A SPECIAL meeting of this Association was held at the Medical Institution, Mount Pleasant, on Tuesday, March 20th. The chair was taken by Mr. Ellis Jones, the President of the Society. There were also present—Drs. Stookes, J. H. Wilson, Neill, Craig (Birkenhead), Anderton (Wavertree), Turnbull,

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Skinner; Messrs. M'Cheane, J. T. Paterson, Bickerton, Speer, Burrows, Rowe, Flinn, Steele, and others.

The CHAIRMAN stated that the meeting was called to take into consideration "those alterations in the Medical Act which increasing experience proves to be necessary."

A communication had been received from the London Medical Registration Association, requesting that the opinions of the members might be embodied in the form of resolutions, and transmitted to a Sub-committee now sitting in London, and who were engaged upon this subject.

The Liverpool Committee had met, had carefully gone through the different sections of the Act, and had agreed upon certain resolutions, which would now be submitted for consideration.

The following resolutions were, after full discussion, carried unanimously:—

Proposed by Mr. M'CHEANE, and seconded by Mr. BICKERTON,—"That in section 36 of the Medical Act, the words 'not wholly supported by voluntary contributions' be omitted."

Proposed by Mr. STEELE, and seconded by Dr. STOOKES,—"That section 40 requires an additional clause, rendering it penal for any person not on the Register to act or practise for gain or reward as a physician, surgeon, &c. &c.; and in the same section the words 'recognised by law as' should either be altogether omitted, or their meaning more clearly defined."

Proposed by Mr. BICKERTON, and seconded by Mr. BURROWS,—"That in section 42, after the word 'aforesaid,' the rest of the section be omitted, and the following words be substituted: 'shall be applied and disposed of in manner following,—namely, one half thereof to the prosecutor or prosecutors, and one half thereof to the treasurer of the Medical Council.'"

Proposed by Dr. CRAIG, and seconded by Dr. SKINNER,—"That section 48 be altogether repealed."

Proposed by Dr. J. H. WILSON, and seconded by Dr. NEILL,—"That a copy of the proceedings of this meeting be sent to the hon. secretary of the London Medical Registration Association."

Some general conversation then took place, in the course of which the Honorary Secretary (Mr. Steele) stated that the Association had already effected much good in Liverpool. A number of unqualified persons, on receiving notices from the committee, had discontinued the use of illegal titles; and several medical practitioners who had hitherto declined or neglected to register, had consented to do so at the request of the committee. In the only case in which legal proceedings had been taken the summons had been dismissed, entirely, as he (Mr. Steele) thought, from a misinterpretation of the Act; but this decision would no doubt be reversed in the course of a short time, as the committee were quite prepared and determined to carry out the law.

DERBYSHIRE MEDICAL REGISTRATION ASSOCIATION.

A MEETING of this Association was held at Derby, in the board-room of the Infirmary, on Feb. 23rd, to consider the propriety of amalgamating with the London Association, in order to carry out the provisions of the Medical Act in restraining illegal practice,—J. W. JOHNSON, Esq., the President, in the chair. There were also present twenty-five medical practitioners from various parts of the county.

Some conversation took place respecting the uncertain operation of the Act, which had enabled offenders in several places to set the penal clauses at defiance; and attention was drawn to the case of a notorious local quack doctor, who assumes the functions of a general practitioner without qualification, but disclaims being on the Register; and the question arose whether by so doing he did in reality evade the Act.

Dr. GOODE, of Derby, read to the meeting some of the rules of the London Association, and advocated the union of the members with that body, as it seemed to him to be desirable that there should be but one such Association for the whole kingdom to obtain the necessary unity of action. Since the General Council had declined to prosecute, it rests with medical men themselves to carry it out, and they must still continue that combination by which the Act had been originally obtained.

It was proposed by Mr. FEARN, of Derby, and seconded by Mr. HAMILTON,—"That the Derbyshire Association amalgamate with, and form a part of, the London Association."

An amendment was proposed by Dr. WEBB, of Wirksworth, and seconded by Mr. GRANT, of Heanor,—"That the Association become 'affiliated' with the London Association on the terms proposed in the rules of the latter."

After a discussion, the original proposition was withdrawn, and the amendment was adopted unanimously.

It was proposed by Dr. HEYGATE, of Derby, seconded by Mr. FEARN, and carried,—"That the annual subscription be 5s."

Dr. HEYGATE remarked, that he considered it ought to be understood that no prosecutions were contemplated against persons who were legally on the Register, on the ground of possessing only one qualification. The probable effect of the Act would be to produce greater uniformity hereafter; and in the meantime there was sufficient to engage the attention of the Association in respect of persons beyond the pale who were mere pretenders without qualification.

The meeting concurred in these observations, and, after some formal votes of thanks, it separated.

MEDICAL TRIALS.

CIVIL COURT, GLOUCESTER.

MONDAY, APRIL 2ND.

(*Before* Mr. Baron BRAMWELL *and a Special Jury.*)

WOOLLASTON *v.* HEWSON.

MR. SERJEANT PIGOTT, Mr. Phipson, and Mr. Fallon appeared for the plaintiff; Mr. Huddleston, Q.C., and Mr. Scotland for the defendant.

The plaintiff in this action, Dr. Woollaston, was a physician, practising at Cheltenham, and he sued the defendant, Dr. Hewson, a physician and surgeon, practising in the same town, to recover damages for a false representation as to the patients, &c., to whom he had undertaken to introduce the plaintiff. It appeared the defendant had for some years practised at Cheltenham as a general practitioner, and on the 15th of September, 1858, an agreement was entered into between the parties, whereby the defendant agreed to surrender his practice to the plaintiff on certain terms. The plaintiff was to pay the defendant £500, for which he was to have the defendant's furniture and book debts, and the defendant was to introduce the plaintiff to all his patients, a list of whom had been supplied. The plaintiff entered on his practice on the 15th of November, 1858, but soon found that the defendant's practice was not of the least value, the income for the first three months producing only £20. The book debts realized £110, but the list of patients turned out to be wholly fallacious. The plaintiff then wished the defendant to cancel the agreement, and return the £500; but, as the defendant declined to do this, the plaintiff gave up the house in June, 1859, and sold off the furniture. The sale realized £150, and this, together with the book debts (£110) and the produce of the business (£20), was all the plaintiff had realized. The plaintiff now sought to recover the difference between these sums and £500, as damages for the false representation. The complaint he now made was, that many persons whose names were contained in the list furnished by the defendant had never been the defendant's patients at all, and others had ceased to be so for years. It appeared, however, on the cross-examination of the plaintiff, that soon after entering on the practice he succeeded in obtaining the appointment of physician to the dispensary. It was one of the rules of that institution that the physician should not practise as a general practitioner, but only as a "pure physician;" and the suggestion made on the part of the defendant was, that, having obtained that appointment, a new vista opened to the plaintiff of practice of a higher class. In pursuit of this object, he wished the defendant to take back his practice and refund the £500; but, as the defendant refused, he himself sold off the old furniture, took a new house in Lansdowne, and now sought, as the learned Baron observed, to make the defendant pay for his new furniture. It appeared that the plaintiff had caused a draft agreement to be prepared for cancelling the original agreement, and in the draft so prepared there was a recital that each party had fulfilled the terms of his agreement. This was much relied upon by the defendant as showing that there had really been no misrepresentation on the part of the defendant.

The defendant was called, and denied that he had ever given the plaintiff the list produced as a list of "patients;" it was a list of "patients and friends."

Before the defendant's evidence was concluded the jury interposed, and said they were quite satisfied with the defendant's case.

Mr. Serjeant PIGOTT, however, insisted on his right to reply,

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and contended that the list produced was the list referred to in the agreement.

Mr. Baron BRAMWELL summed up the evidence, and the jury, without hesitation, found for the defendant. Mr. Baron Bramwell said that of all unfounded actions he thought this was the most unfounded.

Parliamentary Intelligence.

HOUSE OF COMMONS.

THURSDAY, MARCH 29TH.

CORONERS AND MAGISTRATES.

Mr. BRISTOWE asked the Secretary for the Home Department why no inquest had been held by the Coroner upon the body of a coastguardsman who was killed by one of the trains of the South Eastern Railway Company on the North Kent line, at Milton, next Gravesend, on or about the 21st of Feb. last.

Sir G. C. LEWIS said that the Coroner had been applied to, and his explanation had been forwarded in a letter, which was as follows:—"I am not surprised at the expression of dissatisfaction conveyed by your letter that no inquest had been held. I wish it understood that I only acted upon the instructions issued by the magistrates, and not upon my own view of the matter."

FRIDAY, MARCH 30TH.

Medical Council: Petition of Dr. William Macdonald, that the general medical practitioners of England may be represented there: to lie upon the table.

Poor-law Medical Officers: Petitions for inquiry into their condition, from University College, London, F. J. Prior, W. Allard, and Hackney: to lie upon the table.

Registration of Births, &c. (Scotland) Act: Petitions for relief of medical officers from granting certificates of death gratuitously, from D. Campbell, J. Forman, N. Fletcher, J. Pirie, R. Harvey, and H. M'Hale: to lie upon the table.

Universities (Scotland): Copy presented, of ordinance by the Scottish University Commissioners with reference to the University of Edinburgh (by Act): to lie upon the table.—Return presented, of copies of the Report to her Majesty in Council of July 22nd, 1859, &c. (address, March 27th): to lie upon the table.

Registration of Births, &c. (Scotland) Bill: Second Reading deferred till Monday, April 23rd.

SATURDAY, MARCH 31ST.

Registration of Births, &c. (Scotland) Act: Petition from Ellon, for a more adequate remuneration: to lie upon the table.—Petition from Glasgow, for relief of medical practitioners in being called upon to give gratuitous certificates of the cause of death: to lie upon the table.

MONDAY, APRIL 2ND.

UNIVERSITY RETURNS.

Mr. BYNG moved an address for returns of the number of graduates of the different universities of the United Kingdom, distinguishing their several degrees, &c.—Agreed to.

On the motion of Sir STAFFORD NORTHCOTE, in the absence of Mr. Mowbray, similar returns were agreed to in reference to the University of Durham alone.

PUBLIC CHARITIES.

Mr. HARDCASTLE obtained leave to introduce a Bill to facilitate the appointment of new trustees to public charities.—The Bill was read a first time.

Poor-law Medical Officers: Petitions for inquiry into their condition, from Tewkesbury Union, Newport Pagnell Union, Gainsborough, and Amersham Union: to lie upon the table.

Registration of Births, &c. (Scotland) Act: Petitions for a more adequate remuneration, from Weem, and Paisley: to lie upon the table.—Petition from Campbeltown, for relief of medical practitioners in being called upon to give gratuitous certificates of the cause of death: to lie upon the table.

Registration of Births, &c. (Scotland) Bill: Petition from Edinburgh, for alteration: to lie upon the table.

TUESDAY, APRIL 3RD.

Medical Charities: Petition of Dr. Copinger and others, against making over the management of medical charities to other than medical men: to lie upon the table.

Poor-law Medical Officers: Petitions for inquiry into their condition, from Llandilo Fawr Union, and E. Waters and others: to lie upon the table.

Registration of Births, &c. (Scotland) Act: Petitions for relief from granting certificates of death gratuitously, from Dr. R. M'Killian and Dr. J. Wilson, J. Irvine, A. Wallace, A. F. Greig, A. Rainy, J. Genard, C. Robertson, R. Greig, D. Ross and others, and Invergerden: to lie upon the table.

Lunacy (Scotland): Copy presented, of Second Annual Report of Commissioners (by command): to lie upon the table.

MEDICAL OFFICERS OF THE ARMY.

Mr. BUTT has given notice of the following for after Easter:—On going into Committee of Supply, to ask the Secretary of State for War, if it be the case that the medical officers of the army, during the service of their regiments in India, are deprived of the advantages both as to pay and rank granted to medical officers by her Majesty's recent Warrant; and, if so, whether it is intended to adopt any steps to remedy this.

REPRESENTATION OF THE PEOPLE BILL.

The following notices have been given with respect to the new Reform Bill:—By Mr. MOWBRAY, clause 13, line 16, leave out "the University of London," and insert "each of the Universities of London and Durham."—By Mr. COLLINS, clause 14, to insert words to put on the same footing those who have graduated at the University of Oxford, with respect to the right to vote for members of Parliament for that University, as is given by this clause to those who have graduated at the University of London to vote for a member of Parliament for that University.—By Mr. BYNG, to move a clause to the following effect:—Every male person of full age, and not subject to any legal incapacity, being a graduate of any University in the United Kingdom, shall be entitled to vote as hereinafter mentioned: (that is to say,) where such person shall reside in any county or riding, parts or division of a county, in England or Wales, elsewhere than within a city or borough which shall return a member or members to serve in Parliament, or a place sharing in the election for a city or borough, he shall, if duly registered, be entitled to vote in the election of a knight or knights of the shire to serve in Parliament for such county, riding, parts, or division; and where such person shall reside within any such city or borough, or any place sharing in the election for any such city or borough, he shall, if duly registered, be entitled to vote in the election of a member or members to serve in Parliament for such city or borough: Provided always, that no such person shall be so registered in any year unless he shall have so resided for twelve calendar months next previous to the last day of July in such year.

MINES REGULATION AND INSPECTION BILL.

A petition has been presented against the educational clause. It is urged that children must begin to work in mines very early in life, or they contract a dislike to it, and fail to acquire that tact which is necessary to their safety. The Act provides for the compulsory education of all boys employed in coal mines under twelve years of age; this instruction to be communicated between eight A.M. and five P.M., and to be not less than twenty hours per month. (It seems to be apprehended that the coal-owners will be ruined unless these poor children are deprived of sunshine altogether.)—Mr. KINNAIRD proposes a clause making it unlawful to keep any boy above ten and under fourteen years old under ground longer than eight hours in any one day.

Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Monday, April 2nd, the following gentleman, having undergone the necessary examination, was admitted a Member of the College:—

Frederick Beverley Dixon, M.D., Hoxton House Asylum, Hoxton.

At the same Comitia, the following gentlemen, having been previously *elected* under the temporary Bye-laws (no longer in force), were also admitted Members of the College:—

Edward Rayner, M.D., Paris.
Alexander Armstrong, M.D., Malta.
Daniel John Duigan, M.D., H.M.S. *Vulture*.
George Mackay, M.D., R.N. Hospital, Plymouth.
Alexander E. Mackay, M.D., H.M.S. *Royal Albert*.
Samuel Laird, M.D., Douglas, Isle of Man.

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ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 30th ult.:—

Anderson, Francis Bine, Southfield House, Hessle, near Hull; L.S.A. Feb. 3, 1820.
Armison, Charles, Alston, Cumberland; L.S.A. June 19, 1834.
Carter, Joseph Barton, Chapel-town, near Leeds; L.S.A. July 26, 1849.
Eames, John Davey, Melbourne, Cambridgeshire.
Greaves, Augustus Goring, Wardwick, Derby; L.S.A. May 11, 1837.
Greenup, Henry, Farnworth, near Warrington; L.S.A. May 3, 1838.
Hughes, William, Market-place, Llanrwst, North Wales; L.S.A. February 14, 1850.
Joy, William, Northwold, near Brandon, Norfolk; L.S.A. March 31, 1825.
Marley, Richard, Bromyard, Herefordshire; L.S.A. March 3, 1848.
Mickle, David, Kirklington, near Ripon, Yorkshire; L.S.A. August 31, 1851.
Phillips, William Weld, Great Francis-street, Bloomsbury, Birmingham; L.S.A. December, 1858.
Ross, Thomas, Market-street, Wakefield, Yorkshire; L.S.A. May 20, 1824.
Slade, Barlow, North House, Frome, Somerset; L.S.A. June 7, 1821.
Stonehouse, Cornelius, Horsforth, near Leeds, Yorkshire; L.S.A. Dec. 21, 1854.
Teanby, Frederick William, The Grove, Gravesend; L.S.A. April 7, 1853.

DIPLOMA OF DENTISTRY.—The following gentlemen having undergone the necessary examinations, received the Diploma of Dentistry at a meeting of the Board on the 2nd inst.:—William Minshull Bigg, Stratford-place; Henry John Barrett, Finsbury-square; Charles Bromley, Southampton; Edward Pickering Parkinson, Brighton; Duncan Dewar Hepburn, Nottingham; Fred. James Clouston Scott, Swansea; David Hepburn, Edinburgh; William Crampton, Grosvenor-street; Peter Matthews, Lower Berkeley-street; Edward Pritchett Warren, Birmingham; Edwin John Winterbottom, Sen., Sloane-street; Thomas Henry Harding, Park-square, Regent's-park; William Alfred Roberts, Edinburgh; William Cattlin, Highbury-place, Islington; James Henry Allingham, Finsbury-square; Edward Randell, Carshalton; Edwin John Winterbottom, Jun., Sloane-street; George Charles Kernol, Crisp-street, Poplar; William Izod Doherty, Westland-row, Dublin.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 29th, 1860.

Axford, Charles John, Staunton, Worcestershire.
Dawson, Frederick, Islington.
Dean, Thomas, Paddock, Huddersfield.
Edger, William, Polton, Barnstaple.
Hawthorne, Henry John, Uttoxeter, Staffordshire.
Hind, Charles Whiston, Swindon, Wilts.
Paine, William, Topsham.
Roberts, Carr Holstok, Shaftesbury, Dorset.
Rogers, Frederick John, Helston, Cornwall.
Sherto, James Reeve, Southampton.
Sutton, Henry Grant, Ilminster, Somerset.
Thomas, Benjamin, Llanelly.
Watkins, Walter, Castle-street, Brecon.

The following gentlemen also on the same day passed their first examination:—

Bartleet, Thomas Hiron, Birmingham.
Ellis, Edward, University College.
Harvey, William, Penzance, Cornwall.
Hunter, Richard Henry, Tottenham.
Major, George Aylwen, Guy's Hospital.
Smith, Robert Charnley, Manchester School.
Sutton, Frederick John, Ilminster, Somerset.
Thompson, Herbert, Westerham, Kent.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen were elected Licentiates, at the meeting of the College on the 29th ult.:—

Asslin, Thomas, Colsterworth.
Baddeley, Wm. Edw., Newport, Salop.
Barnes, George, Enford.
Beavan, Thomas Pearce, Rochester.
Brodrick, Henry Critchley, H.M.I.M.S.
Bury, John Walter, Coventry.
Call, Thomas James, Addingham.
Callon, Wm. Thomas, Liverpool.
Chamberlaine, Joseph Rich., Burslem.
Clay, Thomas Frederick, Stratford.
Coats, Nathaniel, Sirhowy.
Cornelius, James Connor, London.
Cory, Frederic Charles, London.
Craig, J. Stirling, Stratford-on-Avon.
Curtis, James Good, Cork.
Davis, George Henry, London.
Dobson, Thomas, Holbeck.
Doyle, Edward, Colne.
Ellis, Henry Wm. Thomas, Crowle.
Evans, Evan Thomas, Liverpool.
Ewing, James, New Lanark.
Fetherston, Gerald H., Roscommon.
Fletcher, T. Swindell, Bromsgrove.
Fogarty, Frederick Wm., London.
Frain, Joseph, South Shields.
Fraser, John, Wolverhampton.
Graham, Patrick, Edinburgh.
Graham, Thomas John, Epsom.
Hammond, Samuel, Edmonton.
Harris, Richard Douglas, London.
Hartshorne, Fred. Hezekiah, Broseley.
Hawker, Charles, London.
Hawkins, Benj. Lawrence, Woburn.
Hayman, Chas. Chris., Town Malling.
Heeley, John Theophilus, Whittlesea.
Higgins, Andrew Henry, London.
Higgs, Thos. Fred., New Radnor.
Hurd, James, Frome.
Hurd, John, Yatton.
Hutchinson, Chris. F., Bridlington.
Hutchinson, Thomas, Camborne.
Iles, Albert, Cirencester.
Isherwood, Felix William, London.
Ives, Robert, East Dereham.
Jackson, George Henry, Tottenham.
Jackson, John, Leicester.
Johnson, Joseph, Hogsthorpe.
Jones, Richard, New Malton.
Jones, Thomas John, Parkglas.
Jones, William Thomas, London.
Kelly, Herbert Edm. Chas., Pinner.
Knight, Morrison, Hounslow.
Lewer, Alfred, R.A.
Lindsay, Wallace, Army Med. Service.
Lingham, Henry Bailey, Aston.
Love, James, London.
Lowe, Septimus, Lincoln.
M'Dermott, P. A., Army Med. Service.
Mackenzie, Wm. Jackson, Greenwich.
Macmahon, T. Aug., R. M. St. P. Co.
Marshall, Francis Henry, Monlton.
Marston, Charles Henry, Devizes.
Massey, Isaac, Nottingham.
Millett, Richard Oke, Penpol.
Morley, Thomas, Oldham.
Neill, Hugh, Liverpool.
Niblett, Stephen Berry, Poetsea.
Nichol, Henry, Haddenham.
Nixon, Henry Clements, Dublin.
Oakley, Charles, Shrewsbury.
Oliver, W. Hodgson, Stockton-on-Tees.
Perrin, Jas. Dudden, Temple Cloud.
Pope, P. Montague, Town Malling.
Prestwick, Joseph, Oldham.
Quicke, John, Millbrook.
Rayner, John, London.
Richardson, Richard, Rhayader.
Riley, Joseph, Oldham.
Roberts, Charles, York.
Robinson, Charles, Edgware.
Rogers, John Frederick, Bow.
Salisbury, John, Ty Gwrydd.
Seville, John Heywood, Mossley.
Shepherd, Samuel Smith, Dublin.
Simpson, Henry Ernest, London.
Skaife, John, London.
Stadden, John Hart, Ipswich.
Stephens, Daniel Wells, Emsworth.
Strong, Henry John, Stoke Conway.
Studdart, John, Kirkcaldy.
Taylor, William, Cardiff.
Thurston, Geo. Jas., R. M. St. P. Co.
Tripe, Julius Derimus, London.
Tubbs, William John, Upwell.
Turner, Thomas, Leeds.
Vardy, Joshua Lambert, Portsmouth.
Vaudin, Charles, St. Heliers.
Walker, William, London.
Waterson, Alfred, Manchester.
Williams, William Rhys, London.

Dr. J. Challice, of Southwark, was, on the 28th of February, elected a non-resident Fellow of the above College.

ROYAL COLLEGE OF PHYSICIANS.—On Monday last, the annual election of four Members of Council took place, in the room of the same number who go out by rotation. The following Fellows of the College were duly chosen to fill that office:—Dr. Alderson, Dr. Bence Jones, Dr. Basham, and Dr. Goodfellow.

APPOINTMENTS.—Dr. Cobbold, F.L.S., has been unanimously elected to the chair of Comparative Anatomy at the Medical College, Middlesex Hospital.

Dr. Octavius Jepson has been appointed Assistant Medical Superintendent of the Male Department of Hanwell Asylum.

POOR-LAW MEDICAL REFORM.—Up to the 28th March the total number of petitions from Poor-law medical officers for redress was 141; the number of signatures 1116. This is commendable evidence of activity. We renew our advice to make the best use of the vacation to add to the number of petitions. Parliament never troubles itself about those who do not help themselves.

TODD MEMORIAL FUND.—A meeting of the sub-committee appointed to make the necessary arrangements for collecting this fund was held at King's College on the 19th ult. The hon. secretaries reported that the subscriptions already received or promised amounted to nearly £700. Upwards of £1200 will be required, however, to carry out the intentions of the originators of the memorial as proposed at the public meeting held on the 15th of February. These objects are twofold,—namely, first, to place a statue of Dr. Todd in the new entrance-hall of King's College Hospital; and secondly, to found an annual prize to perpetuate his memory as a physiologist and teacher of clinical medicine. The hospital owes its existence chiefly to the exertions of Dr. Todd, though, to the great regret of all who knew him, he has not lived to see the new building completed.

HOSPITAL FOR SICK CHILDREN.—At the eighth general meeting it was announced that the annual revenue was increasing, although still far below what that of the Hospital for Sick Children in the metropolis of England should be. The committee were awaiting the result of the annual festival to decide as to the opening of a new ward for eight children.

OXFORD.—The Downing Professor of Medicine will commence his course of lectures on Pharmacy and the Materia Medica in the Easter term, on Monday, April 16th, at noon; they will be continued, at the same hour, on Mondays, Tuesdays, Thursdays, and Fridays till the end of the term.

ARMY HOSPITAL CORPS.—The new corps lately raised for the Army Medical Service now numbers upwards of 600; of whom 400 are stationed in England, and, with the exception of a large contingent for China, the remainder in Scotland and Ireland. We are sorry to learn that the uniform is distasteful to the men, who complain that the colour is suggestive of a penal costume.

THE AMENITIES OF WARFARE.—M. Roux, first surgeon-in-chief, and M. Arland, second surgeon-in-chief of the French navy, have received from the Emperor of Austria the decorations of the Order of Maria Theresa, as acknowledgments of professional services rendered to Austrian prisoners during the late war.

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.—CHARGE OF ILLEGALLY PRACTISING AS A SURGEON.—At the divisional petty sessions for the Brownhills district, held early in February, at the Three Horse-shoes Inn, Rushall, before the Rev. H. Chavasse, J. Harrison, Esq., and J. Beasley, Esq., the following case was called on for hear-

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ing:—Thomas Frederick Theed, well known at Bloxwick, near Walsall, Staffordshire, was charged by Mr. Alfred Walter, of Birmingham, solicitor to the Birmingham and Midland Counties Medical Registration Association, with having practised as a surgeon without being duly qualified, his name not appearing on the Medical Register.—Mr. Chas. Somerville, sen., surgeon, of Bloxwick, produced the Medical Register, in which defendant's name did not appear. Certain documents were also produced which proved that the defendant had acted in the capacity of a surgeon. The Register produced for the informants was that of 1859. The Bench ruled that such was not the Register for the time being, the Act stating that "the Register shall be published on the first day of January in each year." The case was adjourned until the new Register should be produced.

FLOGGING IN THE ARMY AND NAVY.—A meeting was held for the purpose of aiding in the abolition of this cruel practice, at the Borough-road Literary Institution, at which Sir C. Napier, Mr. Locke, M.P. for the borough, Mr. Alderman Salomons, M.P., and other gentlemen were present. Sir C. Napier expressed a qualified approval of the abolition of the lash. The general feeling was strongly in favour of its total abolition.

BATTERSEA PARK.—The alterations, enlargement, and improvement of the large sheet of ornamental water, or lake, are nearly completed, and will add greatly to the beauty and interest of the landscape by which it is surrounded. The rose garden, flower beds, a grotto, and a gymnasium, are also nearly finished, and will soon be opened for the inspection and free use of the public. A drinking-fountain or two will shortly be erected in convenient spots in the beautiful gardens now forming in the centre of the park.

PAUPER LUNATICS.—A deputation from the Fulham Union, on the subject of the responsible and dangerous position in which relieving officers are sometimes placed as regards lunatics, had an interview with Sir G. C. Lewis, at the Home-office, on the 29th ult. The deputation consisted of the chairman, Mr. J. Blackford; Mr. Keys, vice-chairman; Mr. Dorman, deputy vice-chairman; Mr. Swail, Mr. Coulson, and Mr. H. D. Salter, clerk.

MEDICAL INSTITUTIONS IN AUSTRIA.—The Austrian empire now contains 330 civil hospitals and 159 for soldiers. The number of patients admitted annually amounts to about 400,000. There are 40 lunatic asylums, in which about 6000 individuals are confined; 40 lying-in hospitals, which annually receive from 40,000 to 60,000 women; and 33 orphan establishments, containing 24,000 children. The number of medical men in the Austrian empire amounts to 27,964, or 1 to each 1000 inhabitants. In France there are only 18,000 for a population of nearly 36,000,000, or 1 for each 2000 inhabitants.

INSANITY IN PARIS.—It is stated by the French press that lunacy is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during the last few days the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three lunatics successively applied for admission at the Tuileries, seeking an audience of the Emperor Napoleon on various pretences.

FOOD FOR DISEASE.—A farmer and a butcher of Lincolnshire have been committed to the Old Bailey sessions on the charge of unlawfully sending to the London market 500 lb. of cow beef, which was in such a putrid state as to be wholly unfit for human food, and consequently dangerous to health.

MIDDLESEX COUNTY LUNATIC ASYLUM.—On the 27th ult., a concert was given to the patients in one of the large dining halls of this institution, making the fifth during the winter. They have previously been held in the large ward; but the number attending increasing each time, it has been found necessary to resort to greater space. On this occasion about 400 female and 50 male patients were present, and a large number of attendants; also several of the magistrates, the medical superintendent of each department, and others of the medical staff. The performers consisted of amateurs and professional gentlemen residing in town. Several pieces and solos for violoncella, violin, and flute by the great composers were performed, much to the enjoyment of the patients, who encored on several occasions. Four-part songs and negro melodies also formed part of the programme. It was remarkable to observe the great attention and quietude of the patients. Mr. Toller, one of the assistant medical officers of the institution, has been at the pains of getting up these concerts, being fully convinced of the great benefit and pleasing effect of music upon the minds of the patients. Too much credit cannot be given to those gentlemen who have so kindly aided in contributing to the pleasure of so large a number of afflicted inmates.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 31ST, 1860.—The health of London is at present far from being in a satisfactory state. Last week the mortality was exceedingly high. The deaths, which were in the first week of March 1397, have during the rest of the month shown a constant increase, for they were 1563 and 1611 in the two following weeks, and they further rose in the week that ended last Saturday to 1708. The deaths in the present return exceed those of any corresponding week, except that of the year 1853, when they rose to 1748 in consequence of the prevalence of pulmonary complaints from extreme cold, the mean temperature of the air in the previous week having been so low as 33·3°. The deaths from pulmonary diseases, exclusive of phthisis, were 476; those from whooping cough 72; those from phthisis or consumption 202. This last disease exhibits a striking increase in last week; 100 of its victims were in the period of life 20–40 years. Bronchitis and pneumonia last week carried off respectively 272 and 162 persons; the corrected averages being only 146 and 106. Small-pox was fatal in 35 cases; scarlatina in 49; diphtheria in 11. Influenza was returned in 8 cases. 11 persons, all women except one, died at the age of 90 years and upwards, of whom one had attained the great age of 101 years. A man died in the Almshouses, Fulham-fields, at the age of 87 years, who had assisted at the victory obtained by Lord Howe on June 1st, 1794. 9 children died by accidental suffocation, 7 of these in bed. 13 persons died by burns and scalds: a varnish-maker from turpentine taking fire; a labourer at a distillery fell into boiling muriate of lime; a female servant was burnt when in a fit; two children of labourers, each aged 3 years, from their clothes taking fire; also from the same cause the daughter of a labourer and the daughter of a general dealer; the daughter of a dock-labourer was burnt from being left alone in the room; 5 children were burnt or scalded by means not specified in the returns.

Last week the births of 1018 boys and 941 girls, in all 1959 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1828.

MEDICAL DIARY OF THE WEEK.

MONDAY, APRIL 9	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Discussion on Dr. Routh's paper, read April 2nd, "On some of the Disadvantages of Employing Fallen Women as Wet-Nurses."
TUESDAY, APRIL 10	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—7½ P.M. Ballot.—8½ P.M. Dr. Hake, "On the Scrofulous Conformation or Diathesis."—Dr. T. A. Barker's "Case of Imperforate Arch of the Aorta, in which the Root of the Aorta was Ruptured."
WEDNESDAY, APRIL 11	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M. LONDON INSTITUTION.—7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia." HUNTERIAN SOCIETY.—8 P.M. NORTH LONDON MEDICAL SOCIETY.—8 P.M.
THURSDAY, APRIL 12	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
FRIDAY, APRIL 13	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Practical Evening for the Exhibition of Specimens and the Narration Cases.
SATURDAY, APRIL 14	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

M.D. Erlangen.—As the diploma was obtained without examination, he will not be entitled to register under the provisions of the Medical Act. Power has been given to the Medical Council to register gentlemen who have obtained degrees from foreign Universities. The subject is still under consideration; but there is no reasonable ground to expect that the possessor of a purchased piece of parchment will be entitled to the same privilege as he who has given evidence of his capacity to practise medicine by having passed an examination.

If "*Simon Pure*" will consult any work on Obstetricy, he will find an answer to his question.

THE letter of our Paris correspondent arrived too late for insertion.

Studens comes under the new regulations, and will have to pass both examinations.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—Will you allow me a small space in your journal to urge upon my medical brethren, and especially upon the union medical officers, the necessity of immediately exerting themselves individually in getting up petitions in favour of the Poor-law Medical Relief Bill from persons unconnected with the profession. After the exertions of our champion, Mr. Griffin, I feel that we should be wanting in our duty, if not in common gratitude, if we did not rally round our leader in Parliament, and do our uttermost to strengthen his hands. There are few medical men who could not, amongst their patients, friends, and acquaintances, produce an influential petition; and I need not say that petitions from the laity will have much more weight with the House of Commons than those from our own body only. Medical officers of unions should also meet without delay, and of course petition, and that strongly; but what is of still more importance, they should at these meetings agree upon a form of letter to be addressed to the members of Parliament in their respective neighbourhoods (signed by the medical officers present), urging support of the Bill. I think this is most important. If the medical officers of unions would bestir themselves at this juncture to use the means they possess, I feel satisfied that an immense influence might soon be brought to bear on Parliament. Few members of society are more happily situated in this respect than medical men. It only requires the will to carry it into effect.

As an encouragement to others, I beg to say that in one week, and without extra trouble or loss of time (merely carrying the form of petition with me on my rounds), I have succeeded in obtaining a petition, numerously signed by merchants, professional men (including medical men not officers of unions), manufacturers, and others, and in no instance have I been refused a signature. It should not be forgotten that the sinews of war are also much needed, and I feel sure my medical brethren will not be wanting at the eleventh hour in this respect.

Trusting, too, that we shall have the aid, Mr. Editor, of your powerful pen in our cause, I am, Sir, your obedient servant,

Kidderminster, April, 1860. W. RODEN, M.D., F.R.C.S.

To the Editor of THE LANCET.

SIR,—The time seems at hand when the attention of Parliament will once for all be demanded for the consideration of the subject of Poor-law Medical Relief. It must rest chiefly with the medical officers whether the movement be successful. If the medical men of every borough and county will press the matter by letter or in person on their representatives, success is certain, and this I believe to be the best and surest way. I have done so, and in my county have received the promise of both members to support *personally* by their votes the chief points of Mr. Pigott's Bill. Yours, truly,

April, 1860. W.

M.R.C.S., L.S.A.—Dr. Haldane, Royal College of Physicians, Edinburgh.—1 and 2. The qualifications are sufficient.—3. The examination is thoroughly practical.—4. Ten pounds.—5. He must not derive any profit from the sale of drugs; he can supply medicines to his own patients, provided he does not make a charge for them.

Enquirer.—The New Eye Douche, described in the last LANCET, is the invention of Messrs. Savory and Moore.

Observer.—The letter shall appear in the next LANCET.

Doubtful.—He is entitled to be upon the Register, if he can produce satisfactory evidence that he was in practice before August, 1815.

Mr. W. Gray.—The question has not yet been decided by the judges.

THE LICENSING POWER OF THE DUBLIN APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—Referring to a suggestion appended by you to a letter from a correspondent in your journal of March 24th, relative to the publication of "the case" which was submitted by the Hall for the legal opinion of the Attorney-General of England, I beg to observe that I should be happy to comply with the wish of your correspondent, particularly as "the case" has been drawn up with strict impartiality, and solely with a view to elicit the true legal interpretation of the Apothecaries Act of 1791, and of the Medical Act of 1858, in their relation to one another; but the circumstance of the General Medical Council, for whose information the opinion was obtained, not having held any meeting since "the case" was placed in their hands, renders such publication of it improper at the present time.

I think, however, that it is an easy matter for anyone who studies "the opinion" of the Attorney-General to satisfy himself that the opinion was arrived at after a full and comprehensive consideration of the entire subject.

I remain, Sir, your obedient servant,

Apothecaries' Hall, Dublin, March, 1860. WM. MADDEN, Governor.

A Prescriber.—As "the remedy" is a secret one, we can offer no opinion as to its efficacy. Our correspondent has the opportunity of testing the quality of the preparations of the rival advertisers. It is clear that no person has the exclusive right to "the medicine." Secret remedies are repugnant to the members of a liberal profession. There is no reason to suppose that one preparation is really superior to the other.

Dr. G. Selwyn Morris is thanked for his polite communication.

QUALIFICATIONS AND THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—Ever since the passing of the Medical Act of 1858, I have been struck with what appears to me to be directly opposed to the spirit and letter of that Act. I refer to the frequent advertisements for hospital, dispensary, asylum, and other appointments in England, which (with a few laudable exceptions worthy of being imitated) generally contain some restricting clause, such as "must be a member of the Royal College of Surgeons of England, and a licentiate of the Apothecaries' Hall;" or, "must be a member of one of the Royal Colleges of Surgeons, and a licentiate of the Apothecaries' Hall."

The effect of this is virtually to limit these appointments to English candidates, to the exclusion of their Scotch and Irish brethren, very few of whom are fortunate enough to possess the L.S.A. London. In such exclusion there is no equality; for, whilst the former may compete in Scotland for any appointment without restriction, the latter are shut out from the like privilege in England, on the sole ground of not being armed with the formidable L.S.A. How comes it that a diploma from either of the Royal Colleges of Surgeons of Edinburgh or Dublin should never be considered equal at least to that of the London College, whereas no *medical* qualification whatever seems to be reckoned an equivalent for the much-honoured L.S.A. If the L.S.A. be a licence "in the science and practice of medicine," wherein lies its superior virtue that it should be made a *sine qua non* in so many English appointments? Would it not be more in accordance with the spirit of the times to require all candidates for these appointments to be *legally qualified in medicine and surgery*, rather than perpetuate restrictions and monopolies which are opposed to all progress, or to subject the candidates to an examination, acknowledging only the principle of "palmam qui meruit ferat."

Although one would have expected the Medical Act to have modified, if not to have entirely abolished, the L.S.A., it is not yet defunct, but seems to rejoice in its glorious independence. I am, Sir, yours truly,

March, 1860. EQUALITY.

A Plaintiff is bound to show that he is registered under the Act. If he be so registered, and produces proof of it before the judge, it will not be necessary for him to adduce any further evidence of his qualifications.

Confidence.—It is not to be recommended.

Justitia.—An opinion shall be given if "Justitia" will forward us the "detailed account."

A Young Student.—Curling on Diseases of the Testis.

Mr. John Lowe, (Madras.)—We have not received the "case" alluded to.

UNUSUAL LENGTH OF THE UMBILICAL CORD.

To the Editor of THE LANCET.

SIR,—I was called on the morning of Feb. 26th to Mrs. S——, in labour of her fourth child. The pains had been on her about two hours. The head was protruded with the first pain, and the body quickly followed. The funis was found firmly coiled round the neck no less than six times, and was about forty inches long. Respiration was quickly established after two or three smart slaps on the nates. The face was very livid. There was a highly ecchymosed mark round the neck, and it might be of interest in a medico-legal point of view to know that the ecchymosis remained for more than twenty-four hours, but had disappeared on my third visit. The child was very small and weak, and only lived four days and a half. Yours, &c.,

Liverpool, March, 1860. P. J. BAILEY, M.R.C.S.

Mr. Marshall's communication, "On a New Urethrotome for the Treatment of Obstinate Strictures of the Urethra," shall appear next week.

Toxophilite.—We cannot recommend the person named.

H. F.—We do not prescribe in this place.

THE publication of the names of the gentlemen who underwent the primary examination in Anatomy and Physiology at the Royal College of Surgeons of England on the 2nd inst., is unavoidably postponed until next week.

HYPERÆSTHESIA OF ONE LOWER EXTREMITY.

To the Editor of THE LANCET.

SIR,—Can any of your professional readers recommend a mode of treatment for hyperæsthesia of one lower extremity, due to cerebral disorder? The head affection has disappeared under antiphlogistic treatment. The hyperæsthesia is lessened by extract of opium in soap liniment. The continuous electric current, with aconite, has not proved successful. The patient is upwards of fifty years of age. Duration of complaint, a few months. Yours, &c.,

April, 1860. AJAX.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. J. M. Croft; Dr. G. P. Girdwood; Mr. H. Carnley; Dr. J. G. Wilson; Dr. MacWilliam; Dr. J. J. Buist; Mr. W. W. English, Glasgow, (with enclosure;) Mr. F. Henery, Belfast, (with enclosure;) Mr. J. Leathem, Belfast; Mr. B. Rogers, Durham, (with enclosure;) Mr. E. Lloyd, Norwich, (with enclosure;) Mr. A. Hill; Dr. Hodges, (with enclosure;) Mr. W. Henderson, Glasgow, (with enclosure;) Mr. C. R. C. Vigurs, Cornwall; Mr. J. Cunliffe, Bolton; Mr. H. Higgins, Peel (with enclosure;) Dr. Hope, Seaforth, (with enclosure;) Mr. R. Ellis, Gainford, (with enclosure;) Rev. C. Cobb, Queensborough; Dr. Cobbold; Dr. Tayler, Deptford, (with enclosure;) Mr. C. Cooper, Martham, (with enclosure;) Mr. J. Webb, Ledbury; Mr. B. Y. Seaton, Delaval, (with enclosure;) Mrs. Rose, Preston; Dr. Beet, Ashford, (with enclosure;) Dr. Roden, Kidderminster; Mr. George May, jun.; Mr. Henry Thompson; Mr. John Kibbler, Hackney; Studens; A Prescriber; Observer; Doubtful; Medicus, (with enclosure;) Alpha, (with enclosure;) &c. &c.

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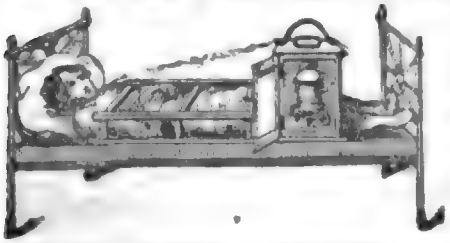

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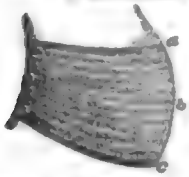

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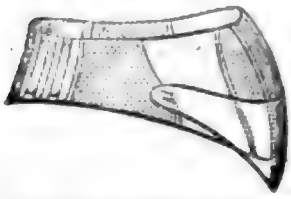

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Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

For Varicose Veins and Weak-

NESS.—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

POPE and PLANTE, 4, Waterloo-place, Pall-mall, London.

The Profession, Trade, and Hospitals supplied.

Mr. Howard, Surgeon-Dentist,

52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication.—52, Fleet-street. At home from 10 till 5.

Mappins' Electro-Silver Plate.—

MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Thread.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
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Sugar Tongs	Egg Spoons	At proportionate prices.
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MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

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Samples and prices forwarded free on application.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 3, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
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Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

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Important Saving, by Pre-payment, in the PURCHASE of NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, (or PRE-PAYMENT only:—

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2 oz. ,, 7s.	
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The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

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Great Saving in the Purchase of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
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A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from the unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, &c.; also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer, gratis.

J. G. GOULD, CHEMIST, 198, OXFORD-STREET, LONDON.

James's Fever Powder, 4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

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Patients, Nervous and otherwise.— MRS. BELL, late of West-grove House, Blackheath, has, for the greater convenience of her Medical friends, REMOVED to 13, Abbey-place, St. John's-wood, where she continues to receive a limited number of Patients.

Royal Free Hospital. — Twelve LECTURES, showing the GUIDANCE of SURGICAL PATHOLOGY in CLINICAL SURGERY. By FREDERICK J. GANT, Surgeon and Pathological Anatomist to the Hospital.

*** The Course will commence on Monday, April 30th, at 4 P.M., and be continued on succeeding Mondays. Members of the Profession are invited to attend.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

University of London, &c.—A First- class B.A and M.D. prepares Gentlemen for the Matriculation, Medical and Arts Examinations, the Preliminary, the Membership, the Fellowship, the Hall, the E.I.Co.'s Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received.—Address, A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

University of London.—Matricula- TION EXAMINATION.—Gentlemen intending to Matriculate in July, 1860, are informed that, by permission of the Council, a CLASS will be formed at University College, under the direction of WILLIAM WATSON, B.A. Lond., and ERNEST ADAMS, Ph.D., for the purpose of reading the subjects required at that Examination.

The Class will assemble on the 17th of April, and meet daily (Saturdays excepted) from 6 to 8 P.M.

Fee for the Course, £5.

For further particulars, apply to Dr. Adams, at the College.

King's College, London.—Evening CLASSES.—The Prospectus for the SUMMER COURSE, to commence April 16th, is NOW READY. Many of these Classes will have special reference to the B.A. and Matriculation Examinations at the University of London.

For particulars, apply to J. W. CUNNINGHAM, Secretary.

King's College, London. — SUMMER SESSION, 1860.—OPERATIVE SURGERY.

A practical CLASS of OPERATIONS on the SUBJECT will be held by JOHN WOOD, F.R.C.S., during the ensuing Summer Session. It will be especially adapted for the requirements of the Army, Navy, and Indian Medical Appointments, and for the Fellowship of the Royal College of Surgeons, London. Fee for the Course, including Subjects for the performance by the Pupil himself of all the chief Operations, £6 6s. If instruments are provided, 10s. extra.

A CLASS for BANDAGING and the POTTING-UP of FRACTURES will also be held, to which the Pupils of the Operation Class will be free. Fee for other Students, £1 1s.

Further information and cards may be had on application to the Secretary's Office. R. W. JELP, D.D., Principal.

Hospital for Sick Children, 49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for
Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—
Six months £3 3 0
Perpetual £5 5 0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

Insanity, Nervous Debility, &c.— The Medical Profession and the Friends of the Afflicted are respectfully informed that they can be immediately supplied with ATTENDANTS, Male or Female, of undoubted skill, experience, and respectability, on application to the Secretary of the St. John's-wood Association of Attendants on Persons Bodily or Mentally Afflicted.—Address, the Secretary, care of Mr. Bovill, Chemist, 24, Park-terrace, Park-road, Regent's-park, N.W.

Mental Disorders.—Wye House, BUXTON, DERBYSHIRE.—Private Establishment for the Cure and Treatment of a select and limited number of persons mentally affected.

Resident Proprietor—T. DICKSON, L.R.S.C.E.,
Late Medical Superintendent of the Manchester Lunatic Hospital.

Wye House is delightfully situated in its own grounds of Twelve Acres, at Buxton, and forms part of the magnificent scenery of Wye Dale.

The well-known salubrity of Buxton, and the hygienic effects of its Waters and Baths, render it a desirable locality for Invalids nervously or mentally affected.

Ample means are provided for the occupation and amusement of the Patients, including Carriage and Garden Exercise.

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Poor-law Medical Reform Associa-TION.—A PUBLIC MEETING of Poor-law Medical Officers and others interested in the success of the Bill introduced into Parliament by Mr. Pigott, will be held on Thursday next, the 12th instant, at the Freemasons' Hall, Great Queen-street, Lincoln's-inn-field, at One for Two o'clock precisely.

The Committee are requested to meet at One o'clock.

RICHARD GRIFFIN, Chairman.

12, Royal-terrace, Weymouth, April 3rd, 1860.

Militia Surgeons' Society of Great BRITAIN AND IRELAND.—The ANNUAL MEETING of this Society will be held at their Rooms, 19, Adam-street, Adelphi, London, on Thursday, April 19th, 1860, at One o'clock P.M., for the Election of OFFICERS, and other business of great importance, at which the Members are earnestly requested to attend.

The ANNUAL DINNER will take place the same evening, at Five o'clock P.M., for the convenience of those Gentlemen who must return by the mail trains. Ticket, including wine, &c., 15s. 6d. Gentlemen intending to dine will oblige by forwarding their names as early as possible to the Secretary; and the attention of Members is particularly directed to Rule 3, which this year will be strictly enforced.

CHAS. FERNELEY, Royal South Lincoln Militia, Secretary.

Grantham, March 20th, 1860.

Society for Relief of Widows and ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788. 53, Berners-street, W.

The Seventy-second ANNIVERSARY DINNER of this Society will be held at the Albion Tavern, Aldersgate-street, on Wednesday, the 11th April, 1860.

THOMAS ARTHUR STONE, Esq., President, in the Chair.

STEWARDS.

John Adams, Esq.	John Love, Esq.
John Birkett, Esq.	S. W. J. Merriman, M.D., Secretary.
Thomas Brown, Esq.	John Miles, Esq., Treasurer.
William Cathrow, Esq.	Harvey K. Owen, Esq.
James Clark, Esq.	Henry A. Pitman, M.D.
Edward Dew, M.D.	Richard Quain, M.D.
William Dickinson, Esq.	John J. Sawyer, Esq.
J. Cooper Forster, Esq.	C. Brodie Sewell, M.D.
Francis Hawkins, M.D.	Henry Sterry, Esq.
Prescott G. Hewett, Esq.	Thomas A. Stone, Esq., President.
W. B. Hutchinson, Esq.	Benjamin Travers, Esq.
Thomas W. Jones, M.D.	D. Henry Walne, Esq., V.P.

Dinner to be on the table at Half-past Six o'clock. Tickets, one Guinea each, to be obtained of the Stewards, of the Secretary, and at the Tavern.

For the small sum of Two Guineas annually every member of this Society of two years' standing may prevent his widow or children from being in want. £1623 10s. were given in relief last year by this Society. Thirty-eight widows received from £35 to £40 each; twenty-four orphans from £12 to £25 each. Also three orphans had grants "towards self-maintenance," and a widow immediate relief.

S. W. J. MERRIMAN, M.D., Secretary.

Stockport Infirmary.—Wanted, a HOUSE-SURGEON.—He must be a Licentiate of the Society of Apothecaries, London; and a Member of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin. The engagement will be for three years, at a salary of £60 for the first, £70 for the second, and £80 for the third year, with board and furnished apartments.

Applications, with testimonials &c., to be sent in to the Honorary Secretary on or before Friday, the 20th instant. The election is by vote of the trustees, and will take place on Monday, the 23rd instant, at Eleven o'clock, in the Board Room of the Institution.

Wanted also, an ASSISTANT HOUSE-SURGEON and APOTHECARY, who will have to visit the home-patients. Engagement for two years, at a salary of £50 per year, with board and furnished apartments. The same qualification will be required as above for the House-Surgeon. The appointment will be made by the committee on Monday, the 30th instant, at the Board Room, at Eleven o'clock in the forenoon. Applications, with testimonials, to be sent in to the Honorary Secretary on or before the 23rd instant.

By order,

Board Room, April 2nd, 1860. S. W. WILKINSON, Hon. Sec.

By order of the Executors.—Important to Scientific Institutions, Mathematical Philosophical, and Optical Instrument Makers, and others in pursuit of service.—Four Days' Sale of the valuable and extensive stock of Astronomical Telescopes, Transit and Surveying Instruments, Regulators, Pneumatic, Electric, and Optical Instruments of every description.

Mr. W. F. Hammond has received instructions to SELL by AUCTION, on the 30th day of APRIL next, and three following days, on the PREMISES, No. 30, Holborn, nearly opposite Furnival's-inn, the entire valuable STOCK of the late W. and S. Jones, who for so many years have maintained a distinguished European reputation for the superiority of their scientific instruments. The stock consists of two magnificent 8 feet 6 inch and 7 feet 6 inch astronomical telescopes, equatorially mounted, with 6-inch aperture; several large reflectors, with beautifully marked speculums, and a large variety of others of a smaller size; a valuable orrery (silver-mounted); a 2 feet 9 inch astronomical transit, with 2¾-inch aperture; also a variety of others of a smaller class; several first-rate astronomical regulators, with mercurial pendulums, by Barraud, Molyneux, and other eminent makers; beautifully finished working models of locomotive and stationary steam-engines, water-wheels, cranes, &c.; several large and extensive plate and cylinder electrical machines, with experimental apparatus of every kind; double-barrelled air-pumps, with receivers, transferring-plates, hemispheres, &c.; a variety of altitude and azimuth instruments of all sizes, beautifully divided on silver, sets of mechanical powers, silver universal sun-dial, and a large assortment in brass for every known latitude; surveying instruments, consisting of theodolites, levels, pocket sextants, mining dials and circumferenters, azimuth compasses, optical squares; also some very valuable cases of drawing instruments, gold and silver spectacles, &c.—On view two days previous and mornings of Sale. Catalogues 6d. each. The commanding and extensive Business Premises will be submitted at the Sale upon the conditions of a lease for 21 years.

Auction and Estate Agency Offices, 3, Carey-street, Lincoln's-inn, W.C.

University College, London.—Holme SPECIAL PROFESSORSHIP of CLINICAL MEDICINE.—This Professorship, and the Office of one of the PHYSICIANS in University College Hospital, are Vacant, in consequence of the resignation of Professor E. A. Parkes, M.D., on his being appointed by her Majesty's Government Professor of Hygiene to the new Army Medical School at Chatham.

Information respecting the duties and the annual stipend may be obtained on application at the office of the College. Candidates are requested to send in their applications and testimonials on or before Monday, the 14th of May next.

By order of the Council,

April 3rd, 1860. CHAS. C. ATKINSON, Secretary.

Metropolitan Dispensary & Charitable FUND, Fore-street, Cripplegate.—The office of PHYSICIAN to this Charity being Vacant, gentlemen fully qualified, and who may desire to fill the same, are informed that testimonials will be received at the Dispensary until 7 o'clock on Tuesday evening, the 17th April next, when the Committee will meet to examine them.

All further particulars relating to the Institution and the duties of the office may be obtained upon application to Mr. Southwood, the Resident Medical Officer, or to the Secretary.

By order of the Committee,

44, Jewin-street, City. C. E. STRONG, Secretary.

City Dispensary, 76, Queen-st., E.C. A Vacancy having occurred in the office of PHYSICIAN to this Charity, through the resignation of Dr. John Cockle, gentlemen desirous of becoming Candidates are requested to forward their applications and testimonials, addressed to the Committee of the City Dispensary, 76, Queen-street, E.C., before Three o'clock in the afternoon of Monday, 30th April inst.; and all applicants must attend the Committee, to be admitted candidates for the office, at Four o'clock on that day.

By Rule 16—No candidate will be considered eligible for the office of Physician unless he be a Graduate in Medicine of a British University, or a Licentiate of one of the Royal Colleges of Physicians by examination; he shall not practise pharmacy or midwifery, nor be interested in the sale of any advertised medicine; and any person shall be disqualified for the office of Physician if at any time after his election he shall engage in any of the above branches, or enter into partnership with any person so engaged either directly or indirectly.

The election will take place on Monday, 7th May next.

By order of the Committee,

April 2nd, 1860. WILLIAM W. E. ATKIN, Secretary.

Liverpool Royal Infirmary.—Wanted, a HOUSE-SURGEON. The salary is £100 per annum, with board, washing, and lodging. He must be unmarried, and a Member of the College of Surgeons of London, Dublin, or Edinburgh, and also a Licentiate of the Apothecaries' Hall of London. Candidates are requested to send in their testimonials, addressed to the Chairman of the Committee, on or before Tuesday, the 24th of April next, and to attend, if required, at the Infirmary, on Tuesday, the 1st of May, at 10 o'clock in the forenoon.

March 22nd, 1860. EDWARD GIBBON, Chairman.

Newmarket Union.—Appointment of MEDICAL OFFICER.—The Board of Guardians of the above Union will, at their weekly meeting to be held at the Board-room on Friday the 13th day of April next, proceed to the Appointment of a MEDICAL OFFICER (who is duly registered and possesses such qualifications as are set forth in the Consolidated Order of the Poor-law Board of the 24th of July, 1847) for the Parish of Isleham, in the said Union, at the salary of £50 per annum, to include attendance on all paupers resident within his district, but exclusive of midwifery cases, fractures, and vaccination fees.

The person elected will be required to reside in Isleham, to attend all meetings of Guardians when requested, and to perform such other duties as are prescribed by the aforesaid Order.

Testimonials and certificates of qualifications to be forwarded to me, at my office, at Newmarket, under seal, free, on or before Thursday, the 12th day of April next.

WILLIAM PARR ISAACSON, Clerk to the Guardians.

Newmarket, March 16th, 1860.

The Wife of a Clergyman, living in a pretty village in the Isle of Sheppey, will be happy to Receive into the Vicarage, and Educate, two or three little GIRLS, from six to ten years of age. Terms, £50, or for two sisters, £80 per annum.—Address, Mrs. Cobb, Minster Vicarage, Queenborough, Kent.

A Young Man, aged 18, desires a SITUATION, as Dispenser, with a Surgeon in London, where he would have an opportunity of seeing practice. Could attend an ordinary case of labour in emergency. No salary required.—Address, W. H. H., care of H. M. Champneys, Esq., Surgeon, Slough, Bucks.

A Gentleman, aged 25, with two qualifications, desires an Engagement as ASSISTANT to a Medical Man in large country practice. A permanency desired. First-class references and testimonials.—Address, Medicus, 13, Alfred-street, Bedford-square, London.

Assistant Wanted, to Visit and Dis-pense; must be a good practical Accoucheur, not very young, and of undeniable character. Arrangements may be made for a married man seeking a permanency.—Apply to Dr. Tayler, High-street, Deptford.

Assistant.—Wanted, by a Gentleman (unqualified), aged twenty-five, a Situation as Out-door ASSISTANT, or to take Charge of a Branch Practice. Has been accustomed to Private, Club, and Union practice, and had considerable experience in Midwifery. Satisfactory references.—Address, with particulars, stating salary, &c., to G. B., care of R. D. Mordue, Esq., M.R.C.S., &c., Cross House, Ouse-street, Newcastle-upon-Tyne.

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PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

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LOCKWOOD, LOCKWOOD, & SYMES,

MEDICAL AND CHEMICAL AGENTS AND VALUERS,

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transact for Gentlemen in the Medical Profession every description of Agency connected with their Practices, Estates, or other property.

Terms for attendance in any part of the United Kingdom may be ascertained on application.

Office Hours, 10 to 5. Established 1840. Agents to the Globe Life and Fire Insurance Company.

Medical Agency & Transfer Offices.—Mr. BOWMER, M.R.C.S. Eng., 50, Lincoln's-inn-fields, London, W.C. (near the Royal College of Surgeons), Assists Gentlemen in the Sale and Purchase of Medical Practices, Negotiation of Partnerships, Transfer of Lunatic Asylums, and all other matters of a confidential nature connected with the Profession.

A fixed and moderate charge is made upon all Transfers effected through Mr. Bowmer's Agency, but no expense is incurred for entry on the Office books.

The Monthly REGISTER, containing a general description of several first-class Practices and Partnerships, may be obtained on application, or free by post.

Principals are invited to select permanent and temporary Assistants from Mr. Bowmer's List, and suitable Assistants promptly introduced to eligible Appointments.

Medical.—An old-established General PRACTICE, connected with Retail, situated in a pleasant locality within ten miles of London, and together realising about £500 per annum, is for immediate Disposal.—Terms and further particulars of Mr. BOWMER, 50, Lincoln's-inn-fields, W.C.

Medical Agency, 34, Terrace, TOWER-HILL, LONDON, E.C.

Conducted by F. G. MOORE, M.R.C.S. Eng.

The PURCHASE and SALE of Practices, Businesses, and Partnerships negotiated. ASSISTANTS, PUPILS, and APPRENTICES provided. VALUATION of Stock, Fixtures, &c.; and all business matters connected with the Medical Profession transacted on moderate terms.

Business hours, 10 to 5.

Surgeons receive Appointments to SHIPS to ALL PARTS of the WORLD through F. G. MOORE, M.R.C.S., 34, TERRACE, TOWER-HILL, LONDON.

Gentlemen requiring Appointments are invited to forward their names.

SURGICAL INSTRUMENTS required by Surgeons to Ships always ready.

PORTABLE SURGERIES for Medical Men in General Practice.

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LEADING ARTICLES.

The Poor-law Medical Relief Bill 375

New Government Sanitarium at the Cape of Good Hope ... 376

The London Medical Registration Association: Propositions for the Formation of a Medical Parliament and a Metropolitan Medical Club 377

The Surgeons and Committee of the Bedford Infirmary ... 378

Proposed Meeting of Militia Surgeons 378

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Gastric Security by Act of Parliament.—English Surgery through French Spectacles.—The Students and the Medical Corporations.—Poison-Cups.—Postal Charges on Vaccine 379

Poor-law Medical Reform Association 380

CORRESPONDENCE.

The College of Physicians and General Practitioners 381

The Royal College of Surgeons of England 381

Iodide of Potassium in Large Doses 382

The University of St. Andrews and the Poor-law Board 382

What are the Effects of Circumcision? 382

The College of Surgeons and Uneducated Candidates 383

"Surgeon-Chiropodists!"—What next? 383

Poor-law Medical Reform: Meeting at Freemasons' Hall 383

Parisian Medical Intelligence 384

MEDICAL NEWS.

Enormous Hypertrophy of the Spleen 373

Medical Autographs 374

Munificent Bequest to an Hospital 381

Testimonial to M. Lescarbault ... 384

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Medical Diary of the Week 387

Notices to Correspondents 387

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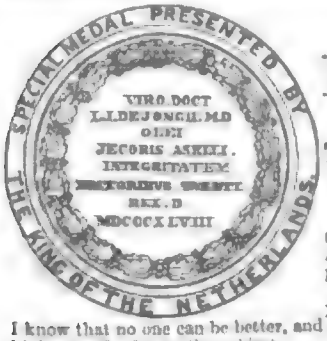

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Aerated Lithia Water.—The continually increasing demand for this water, originally made by Messrs. BLAKE, SANDFORD, & BLAKE at the request of Dr. GARROD, and the search in all quarters for the rare alkali it contains, afford abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS.

Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.
Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Alcohol as a Medicine.—Members of the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

West-end Dispensing Establishment.

(NOTICE OF REMOVAL.)

Messrs. CURTIS, in returning their sincere thanks to the Profession for past favours during many years of unremitting energy at their former House of Business in Crawford-street, beg to inform the Profession that, in consequence of a considerable increase in their Business, they have removed the DISPENSING and FAMILY BRANCH of their Trade to more eligible premises (No. 48, BAKER-STREET), which are replete with every convenience for carrying on an extensive Business, the arrangements being such as must ensure accuracy and punctuality in despatch, so essential to the mutual interest of the physician and patient.

48, Baker-street, W., Jan. 1st, 1860.

N.B.—The Wholesale and Manufacturing Branch is carried on, as heretofore, at No. 15, Crawford-street, W.

72 nauseous Drugs (Copaiba, Cod-liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

PURE SPIRITS FOR THE FACULTY.

S. V. R., 56 O.P., 17s. net Cash.

This quotation will not admit of either Credit or Discount.

HENRY BRETT & CO.,
OLD PURFIVAL'S DISTILLERY, HOLBORN

Sept. 7th, 1857.

Superphosphate of Iron and Super-PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Sir J. Murray's Pure Fluid Magnesia is now perfected by him, at his Factory, London; as patented, 1859; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1s. 0d. Bottles	... ...	8s. per Dozen.
2s. 6d. "	... ...	20s. "
3s. 6d. "	... ...	28s. "

Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

Quinine Wine, guaranteed to contain in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.

Sold by Chemists, Grocers, &c., throughout the world.

Wholesale Agents, Lewis Watkins and Co., Worcester.

The General Apothecaries' Company (Limited), 40, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

Communications addressed to the Manager, HENRY F. HOME, 40, Berners-street, London, will receive immediate attention.

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Horniman's Pure Tea.

THE LANCET (p. 318) writes: "The Green, imported by Horniman & Co., not being covered with prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. 3s. 8d., 4s., & 4s. 4d. per lb. in packets. Gould, 198, Oxford-st.; Purssell, 80, Cornhill; Smith & Sons, Norwich; Goodall, Backhouse, & Co., and Reinhardt & Sons, Leeds; Ferris, Townsend, Lamotte, & Boorne, Bristol. Agents (chiefly CHEMISTS) in every town.

Flour, warranted free from adulteration,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 9s.; Seconds, 8s. 4d.; Meal for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bullford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

Gluten Bread, Semola, Chocolate,

BISCUITS, CAKES, and PATÉS, for Diabetes, Consumption, Dyspepsia, Asthma, Invalids and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Procter and Son, Newcastle; J. Rendall, Torquay, Exeter, Taunton, and Plymouth; J. Lofthouse, Hull; Mackay, Edinburgh; and Wholesale only of G. VAN ABBOTT, 13, Basinghall-street, E.C.

T. Kingsford and Son's Oswego

PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett; I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Handsome Brass and Iron Bedsteads.

HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

HEAL AND SON'S ILLUSTRATED CATALOGUE, containing Designs and Prices of 100 Bedsteads, as well as of 150 different articles of Bed-room Furniture, sent free by post.—HEAL & SON, Bedstead, Bedding, and Bedroom Furniture Manufacturers, 196, Tottenham-court-road, W.

REDUCTION OF THE WINE DUTIES.

Invalids, especially those suffering

from liver complaints, and all admirers of pure Dry Sherry, are strongly recommended to try the N.S. WINE at 32s., and Manzanilla, at 36s. per dozen, bottles included. Carriage Free to any part of England or Wales, and detailed price-lists gratis by post on application.—CADIZ WINE COMPANY, 66, St. James's-street, London. Established 1847.

The New Tariff.—Marshall and Son

beg to invite attention to their large and varied Stock of FRENCH, GERMAN, SPANISH, and other WINES, which they are selling at unprecedented low prices, having made the full reduction in accordance with the reduced duty. Carriage paid to any part by rail. Price Lists on application.

MARSHALL and SON, Purveyors to the Queen, 20, Strand, London, W.C.

Reduction of Duty.—Hedges and

BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ½-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

Kinahan's LL Whisky *v.* Cognac

BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Boisover-street (late Upper Norton-street), W., promptly attended to.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

THE LANCET states, "This is superior to anything of the kind known."

The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blanemange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE,
30, Ludgate-hill, near St. Paul's, E.C.

Wanted, Left-off Clothes. Ladies

or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

Mappins' Electro-Silver Plate. —

MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Threaded.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks „	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons „	27 0	38 0	40 0	50 0	44 0	54 0
Do. Forks „	27 0	38 0	40 0	50 0	44 0	54 0
Tea Spoons „	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles — Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

Estimates furnished for services of plate for hotels, steam-ships, and regimental messes.

A costly book of engravings, with prices attached, gratis and post free.

MAPPIN BROTHERS, 67 & 68, King William-street, City; Manufactory, Queen's Cutlery Works, Sheffield.

Bond's Genuine Indelible Marking

INK,

One Shilling size, 6s. per dozen; Sixpence, 3s. per dozen.

Queen's Pedestal Pen, with Stretcher, &c., 7s. 6d. per dozen. Also, the Queen's Requisite, elegantly finished, 7s. 6d. per dozen.

Manufactured by H. BOND, Pharmaceutical Chemist, Cross-street, top of Plumber-street, City-road, London.—Established 1815.—Can be forwarded by enclosure, or obtained at any Wholesale London Establishment.

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.
Surgical Instruments for Surgeons to Ships.

F. G. MOORE, M.R.C.S., 34, Terrace, Tower-hill, London, E.C.

The Surgeon's Portable Medicine

CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th, 1859.*

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

S. MAW & SON, 11, Aldersgate-street, London, E.C.

The Mutual Life Assurance Society,

39, King-street, Cheapside, E.C.—A.D. 1834.—The TWENTY-SIXTH ANNUAL REPORT, Cash Account, Balance Sheet, &c., are now ready, and may be had on written or personal application.

CHARLES INGALL, Actuary.

Embarrassed Debtors should at once

consult Messrs. JOHNSON & Co., 2, Surrey-street, Strand, who obtain Cash Advances to effect arrangements with Creditors. Relief without publicity or imprisonment, or instant Protection, which stays all law proceedings, at small expense. Consultation free.

Loan, Discount, and Deposit Bank.

Established 1849. 145, Blackfriars-road, S.

DEPOSITS.—Sums of £1 and upwards received, bearing interest at from 5 to 10 per cent., withdrawable as per agreement.

LOANS.—From £5 to £200, repayable by easy instalments, on approved Personal Security, Bills of Sale, Mortgages, Life Policies, or otherwise.

Prospectuses, and every information, may be obtained by letter or personal application. EDWARD LEWIS, Manager.

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Accidents of Every Kind and from

Any Cause Insured against by an Annual payment of £3 to the

RAILWAY PASSENGERS' ASSURANCE COMPANY,

which secures £1000 at death, or £6 weekly for Injury.

ONE PERSON in every FIFTEEN of those insured is injured yearly by Accident of some description.

No EXTRA premium for Members of Volunteer Rifle Corps.

No charge for Stamp Duty.

For terms, prospectuses, &c., apply to the Provincial Agents, the Railway Stations, and at the Head Office.

This Company ALONE, without union or amalgamation with any other Company, has paid in

COMPENSATION
£53,000.

Railway Passengers' Assurance Co., Office, 3, Old Broad-st., E.C. — WILLIAM J. VIAN, Secretary.

NEMO SIBI VIVAT.

New Equitable Life Assurance

COMPANY. Offices, 449, Strand, Charing-cross, W.C.

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George H. Barlow, M.D., 5, Union-street, Borough.
James Copland, M.D., F.R.S., 5, Old Burlington-street.
Sir James Duke, Bart., Alderman, M.P. for the City of London.
Sir Charles Hastings, M.D., D.C.L., Worcester.
Richard Partridge, Esq., F.R.S., 17, New-street, Spring-gardens.
John Propert, Esq., 6, New Cavendish-street.

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Assurances and Annuities granted with the utmost despatch, and on the most favourable terms.

Loans granted on approved personal security.

Address for prospectuses, &c., to

FREDERICK BIGG, Actuary and Secretary.

The Folkestone West Cliff Hotel

COMPANY (Limited).

Registered pursuant to the Joint Stock Companies Acts, 1856-7, by which the liability of Shareholders is strictly limited to their Subscriptions.

Capital, £60,000, in 60,000 Shares of £1 each.

Deposit, 10s. per Share on application, and 10s. on allotment.

Offices—20, Walbrook.

Possession of the West Cliff Hotel having been taken on the 24th of March by the Directors of this Company, the contemplated additions and alterations, without interruption to the present business, will be forthwith commenced by an eminent contractor.

The advantages to the Shareholders of this undertaking are as follow, viz.:—
Limited liability.
Conversion of Shares at their par value at pleasure.
Interest at Five per cent. on paid-up capital until the first division of profits.
Possession of a well-established, first-class Hotel business.

Applications for the unallotted Shares will be received by the Directors for a limited period; and by Messrs. Mackie, North, and Brown, 29, Threadneedle-street, the Brokers; and Messrs. Tucker, Greville, and Tucker, 28, St. Swithin's-lane, the Solicitors of the Company.

London, 20, Walbrook, April 2nd, 1860. — JOHN CHALLICE, M.D., Chairman.

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AN APPEAL

IN BEHALF OF

THE MEDICAL BENEVOLENT FUND.

Since the year 1851, a Biennial Dinner has taken place in behalf of the MEDICAL BENEVOLENT FUND. Each Dinner has, on an average, produced the sum of £464. The amount has, however, gradually declined, the last Dinner producing only £150.

Numerous objections have, from time to time, been raised to the system of obtaining money through the instrumentality of Dinners, and many friends of the Fund have often expressed a desire to give it their aid in a manner more congenial to the unobtrusive character of the Charity.

After mature consideration, the Committee have, therefore, decided not to hold the usual Dinner for the year 1860, and to attempt to raise an equivalent sum to that produced by the Dinners by laying before the Profession and the Public a simple statement of the principles upon which the Fund is conducted, and the results of its operation.

I.—THE PRINCIPLES OF THE MEDICAL BENEVOLENT FUND.

1. THE BESTOWAL OF AID PRIVATELY.—This the Fund is enabled to do, because its Subscribers annually elect a Committee to inquire into cases of distress; and to this Committee is delegated the responsibility of distributing their contributions.

2. THE BESTOWAL OF AID PROMPTLY.—The Committee meet the last Tuesday in every month, and aid is given the day it is voted.

3. THE BESTOWAL OF AID WITHOUT EXPENSE TO THE APPLICANTS.—No canvassing, advertising, cards, or circulars are required, but simply that the case shall be well attested.

4. THE BESTOWAL OF AID SILENTLY.—The applicants are not required to expose and make the most of their sorrows to the world, nor are their names made known.

5. THE BESTOWAL OF AID ECONOMICALLY.—As the Committee alone decide upon grants, all the expenses attendant upon canvassing and public elections are avoided.

II.—THE RESULTS OF THE OPERATIONS OF THE FUND.

In the course of the last ten years the sum of £7887 9s. 7*d.* has been given to 679 medical men, or to the widows and orphans of medical men, in misfortune. The Committee alone can tell how great and bitter was the distress which has been relieved by the distribution of the above sum. Medical men, hopelessly struggling in ill health or in poverty, have been aided, and often enabled to make their way to success; widows, left wholly destitute, and with large families dependent upon them, have been succoured with so bountiful a hand, that many have been enabled to bring up their families respectably; while orphans, by the aid of yearly grants, have been educated and started in the world.

Further: *sixteen* medical men, their widows or orphans, broken down by age or infirmity, receive annuities for life, to the average amount of £18 each, *six* of whom have each a separate comfortable home at Chippenham in the houses built by Mr. Charles Bailey, and generously given by him to the Society.

The Committee can also point to the gratifying fact, that all the recipients obtained this aid from the Fund without expenditure of money, loss of time, or the anxiety of protracted suspense; a statement of misfortune, well attested, being all that was required.

The Committee may also state, that the Fund has but one paid officer, the Secretary, at a salary of £30 a year; the usual per-centage is paid for collection, but there is no charge for rent or taxes, as a room for the meetings is kindly supplied by a member of the Committee.

In conclusion, the Committee desire to add, that while it has pleased the Great Disposer of all events so to order human life, that want and its concomitant suffering fall to the lot of many of His creatures, it has also pleased Him to endow the human heart with pity and sympathy towards such as are in distress. To this pity and active sympathy, which have given birth to so many virtuous deeds ennobling to humanity, the Committee make this simple appeal; and they do so with full confidence, having a deep conviction that noble-hearted men and women will ever be found who love to give support and succour to a worthy cause. The Committee of the Medical Benevolent Fund venture to think that a more worthy cause can scarcely be conceived than that of a medical man who, having long struggled in the pursuit of his arduous profession, with benefit to his fellow-creatures and with honour to himself, is nevertheless overtaken and crushed by sickness, misfortune, or old age, or cut off in the prime of life, before he has had time to make provision for his family, and his widow and orphans are thus brought face to face with that dismal want and sorrow, to the alleviation of which, in others, so large a share of his own life had been devoted.

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Donations and Subscriptions will be thankfully received by all of the above gentlemen; or by Mr. SELF, Secretary, Lucas-place, Commercial-road East. If by Post-office Order, payable Eastern Branch Office, Commercial-road East.

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE VIII.

TYPHUS FEVER—(*Continued.*)

Progress and duration—crisis and critical days—anatomical lesions—the brain—pharynx and larynx—pulmonary organs—the heart—absence of lesions in the alimentary canal—splenic lesions—summary—changes in the blood—diagnosis—infantile diseases liable to be mistaken for fever.

THE *progress and duration* of typhus fever, when uncomplicated, are influenced by various circumstances.

Its duration is considerably shorter than that of enteric fever, and when it proves fatal, death takes place, in general, at an earlier period of the disease. If we trace the amendment, or *turn*, as it is called in popular language, it will be found that this takes place between the tenth and sixteenth day, but the average duration may be assumed to be fourteen or fifteen days. In mild cases it is short; in the more severe, protracted, seldom, however, exceeding twenty-one days. It will be found, too, by comparing its duration at different ages, that it is shorter in young persons—that is, under the age of puberty—than in adults.

These remarks apply, of course, to simple or uncomplicated typhus, for when intercurrent affections spring up, its duration cannot be defined.

The approach of convalescence is indicated by a gradual decline in the more characteristic symptoms. The delirium, often one of the most prominent, first disappears, and the patient recovers, in some degree, the knowledge which had, for a time, been lost. The memory, however, though much improved, is evidently defective; hence the difficulty in recalling to mind circumstances that had occurred before and during the fever. At the same time, there is a gradual disappearance of the indifference noticed in the patient during the disease; surrounding objects attract attention, and the moral feelings begin to be awakened.

With this improvement in the nervous system, the muscular powers are strengthened; the pulse becomes calm, regular, and open, though frequently weaker than in health; the heat, perspiration, and thirst disappear; the appetite improves, and the nights are passed in comfortable refreshing sleep.

Doctrine of crisis and critical days.—It has been a very common opinion from early times, that in fevers, the decline or disappearance of the symptoms is accompanied or preceded by a *crisis* (a term implying *separation from the body.*) This doctrine, however, cannot be applied to enteric fever, and for the obvious reason, that its progress and duration are so intimately dependent on the various lesions with which this disease is inseparably connected, as to preclude the notion of its progress or duration being influenced by any critical or depurative evacuations from the system.

The doctrine of critical days, therefore, must be considered in reference to typhus fever only.

A change in the aspect of a case of typhus, favourable or otherwise, is sometimes preceded by sweating more or less profuse and persistent, sometimes by copious deposit of lithates in the urine, by spontaneous diarrhœa, some form of cutaneous eruption, or occasionally, by the formation of an abscess. And this theory receives support from comparison with other forms of fever,—the periodic and relapsing, for example,—in which there is an abrupt termination of the febrile disturbance after a profuse and apparently salutary sweat.

When we take into consideration, however, the large proportion of cases in which the convalescence slowly, and, as it were, imperceptibly proceeds, without any evident critical event, we cannot resist the conclusion, that, as a general rule, the fever leaves the body without any marked evacuation, and that when a crisis does occur, it is to be regarded as an exceptional, though favourable, circumstance.

Again, it has been affirmed, that the change either to convalescence or to a fatal issue, happens on particular days, in preference to others, and hence the origin of critical days.

I may for a moment recall to your notice, that the traditional days on which the termination, or crisis, has been supposed to occur, are the third, fifth, seventh, ninth, eleventh, fourteenth, seventeenth, and twenty-first. The non-critical days are stated to be the intermediate days; and, as if to give this theory the appearance of being founded on exact observation, the fourth and the sixth have been considered *secondarily* critical.

The law of periodicity in intermittents—the precision with which the symptoms recur and terminate, as well as the crisis with which the solution of a periodic fever is almost invariably accompanied, are certainly amongst the most singular phenomena in the whole range of practical medicine.

Not less remarkable is the fixed period at which the different forms of efflorescence burst forth in the eruptive fevers, and no doubt, in many respects, the class of continued fevers (typhus more especially) bear, as I formerly pointed out, a strong analogy to the exanthematous.

It is doubtful, however, if the doctrine of critical days, as applied to continued fevers, has been rigidly tested by accurate observations. In dealing with this subject, several circumstances should be kept in view.

1. The fact, that till within a recent period, the types or forms of fever have been unrecognised.

2. Various secondary lesions (complications) do occur, which materially influence, or interfere with, the ordinary, or average, duration of the disease.

3. There is often much difficulty in obtaining such a history of the case, as to admit of its commencement or invasion being accurately determined.

4. The intensity with which the febrile poison operates is by no means uniform, being sometimes sudden and severe, sometimes slow and followed by trivial effects.

5. In drawing conclusions from a large number of cases, there is a possibility that a proportion of acute diseases, not strictly fevers, may have been included.

6. The methods of estimating the duration of the fever, are seldom alike; for example, some fix the termination, not at the cessation of the symptoms or commencement of convalescence, but at the period when the health is completely re-established.

Lastly. In enteric fever, the lesions with which it is associated render its duration so uncertain, that it cannot be defined; it may terminate, as we have seen, in the first, second, or third week, or it may even be protracted to fifty or sixty days, and even beyond.

Anatomical lesions.—It has been stated—and there are certainly grounds for the opinion—that the changes which take place after death from typhus have not been subjected to the same rigorous scrutiny as those of enteric fever. This remark may be true as to the investigations of continental pathologists, as contrasted with their successful elucidation of the morbid anatomy of the latter disease; but the reason is obvious, if we consider how rarely epidemics of typhus have occurred in any part of the continent of Europe.

I cannot, however, admit that the pathology of typhus has been overlooked by British observers, though their labours have been more especially directed to recording the circumstances by which various outbreaks of epidemic fever have been distinguished from each other their various types or forms

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prevalence or numbers affected, etiology, and modes of treatment; and on those points much valuable information has been obtained. But it cannot be denied that much of the obscurity and confusion that have prevailed in regard to the morbid anatomy of fevers in times not very remote, may be ascribed to the hesitation with which the doctrine of the identity or non-identity of the two principal varieties of the ordinary fevers of Britain—enteric fever and typhus—has been received. The distinction is, even in the present day, disputed by many, who, in defiance of the plainest illustrations and the most logical deductions, adhere to the untenable doctrine that the two forms of fever are essentially one and the same disease. But the scrutiny which the pathology of continued fevers has of late years undergone, has led to the important conclusion, that in one form there are fixed and invariable anatomical lesions, while the other is characterized by the absence, rather than the existence of special lesions.

In examination of the bodies of persons who have died from typhus fever, without secondary or intercurrent local disease, in a considerable proportion, after the most careful search, no trace of disease in any organ or tissue can be discovered. In other instances, the only deviation from the normal state is congestion of internal parts, more especially of the mucous surfaces of organs.

Even when secondary affections have arisen and had an important influence on the severity and progress of the fever, or proved even the more immediate cause of death, they do not always leave corresponding effects on the organs or parts affected; so that it is more than probable that their function rather than their structure has been implicated in the febrile conflict.

The *Brain*, in a considerable proportion of cases, exhibits no trace of disease. It is sometimes less firm than natural, so that on removing it from the calvarium, portions of cerebral matter adhere to its investing membranes; but this is not common. This diminished consistence may be limited to the external or cortical substance, or it may be found also in the central parts—the formix and septum lucidum.

Engorgement of the sinuses and larger veins is not uncommon, and congestion of the cerebral substance, shown by an increased number of red points on the cut surface, is found in nearly half of the cases examined.

The *membranes* are more frequently altered than not.

The *pia mater* often bears evidence of congestion of both large and small vessels. With this congestion there may be a varying amount of subarachnoid serosity on the surface and at the base of the brain, or there may be more or less limpid fluid in the cavity of the ventricles.

Dr. Jenner has drawn attention to the occasional occurrence of hæmorrhage into the cavity of the arachnoid in typhus fever. He found this lesion in five out of thirty-nine cases, in which the head was opened. In every instance, the coagulum was in the form of a delicate red film, varying in thickness and colour, and situated on the convex surface of the brain. In one, it consisted of two or three delicate fibrinous films only. In two of the five, the coagulum was confined to the right side; in three, it was double—that is, existed on both hemispheres. In one of the five, it was accompanied by effusion of blood into the substance of the rectus abdominis muscle. The brain substance was apparently healthy in all; and as no aperture could be found from which the blood had escaped, the source of the hæmorrhage could not be ascertained.

The Pharynx and Larynx, in the examinations made at the Fever Hospital (by Dr. Jenner), were both found normal in seventeen out of twenty-six cases. In five, there were signs of inflammation of both larynx and pharynx, and in one of the five there was ulceration of the larynx. The larynx alone was inflamed—that is, without co-existing lesion of the pharynx—in one instance only; but in no instance was the pharynx diseased and the larynx healthy. In not a single instance was there ulceration of the pharynx—typhus showing in this respect a marked difference from enteric fever, in which latter it occurred in one-third of the bodies examined.

Pulmonary Organs.—In a considerable proportion of cases, the mucous membrane of the *bronchial tubes* is more or less congested, indicated by dark-red injection of the membrane, with increase of the ordinary secretion, or with frothy serosity.

In the *pulmonary tissue*, the principal lesion observed is congestion, generally of the posterior portions, sometimes of one, sometimes of both lungs, and with or without diminished consistence of the affected parts. This congested state may be accompanied with consolidation, constituting non-granular lobular congestion; but the granular lobular consolidation so frequently found in enteric fever is much less common—indeed, it is rarely observed in typhus.

In some cases, the only change found is colourless serosity in some portions of lung, often in the upper lobes, the depending or inferior being more or less congested.

Pulmonary gangrene is another incidental though rare lesion in typhus, and when it does happen, can scarcely be mistaken, from the peculiar fœtid odour and complete destruction of the portion of lung tissue involved. It would appear to be due less to pre-existing inflammation than to the action of a specific poison on the lungs. It is generally found in one or more circumscribed portions of irregular form, of a dark-brown or greenish colour, and more frequently at the summit than at the base of the lung. The surrounding lung tissue has an unhealthy appearance, and when cut into is soft and lacerable, as if ready to pass into mortification. Sometimes a pulpy membrane may be seen on such portions of the sphacelated mass as have become detached, and from which a thin bloody sanies has been secreted.

Pleuræ.—In some subjects, serous fluid in varying amount is found in the pleural cavity. Pleuritic inflammation rarely occurs in typhus, and consequently the pleural membrane seldom shows evidence of it; and when it has happened, there is seldom a coating of lymph on the membrane, but more commonly shreds are mixed with the effused fluid in the pleural sac: sometimes the pleural surfaces adhere by a thin layer, which is soft and easily detached.

The Heart.—There is in general no alteration in this organ, except in the more severe and malignant forms of typhus, when the muscular substance is soft and lacerable, evidently partaking of the diminished consistence of the solids in general. The lining membrane is frequently stained of a dark-red colour. The blood found in the cavities is either fluid or in soft masses, showing a defibrinated condition of this fluid.

Alimentary canal.—The great pathological difference between typhus and enteric fever consists in the invariable absence in the one, and the equally invariable presence in the other, of distinctive lesions. In typhus, with the exception of occasional instances of softening of portions of the mucous membrane of the stomach, the whole tract of the alimentary canal is in a normal state. The mesenteric glands are also free from disease. In the large intestines, with the occasional exception of the mucous membrane of the cæcum and colon being of a deep-red colour, from increased vascularity, there is no deviation from their ordinary natural condition.

The Spleen.—In typhus the spleen is normal in about half the cases examined after death. In the other half, it is simply softened, without increase of volume or size, a small proportion only exhibiting both softening and enlargement.

From the dissections performed at the Fever Hospital, Dr. Jenner concludes that splenic lesions are found both in typhus and enteric fever, but the spleen is larger in the latter than in the former; in typhus, it is much less enlarged in those above the age of forty than in those under that age. Splenic softening is also more frequent in typhus after the age of fifty than before, and it is much more often found when death takes place before than after the fourteenth day of the disease. It seems, too, that in both forms, splenic softening is more frequently observed when death takes place at an early than at a late period of either disease.

The *Liver* does not undergo any special change that can be ascribed to the agency of the febrile poison. It may partake of the general softness of the solids; or when cut into, may be gorged with thick dark blood; but whether this congestion existed during life, or is to be regarded as due to changes occurring in the act of dissolution, is yet undetermined.

This short summary of the morbid anatomy of typhus shows that there are no special lesions that can be said to be peculiar to this form of fever. The most common, and perhaps the most constant changes are due to congestion of organs, more especially of their mucous surfaces; but that even these changes are not an essential or invariable element of typhus is proved by the fact, that in a large number of bodies, after the most careful examination, no trace of disease in any organ or tissue can be discovered. When secondary affections arise in its progress, as already stated, they are to be regarded as incidental, having, nevertheless, always an important bearing on the progress and result of the fever, and as being not unfrequently the immediate cause of death.

Changes in the Blood.—The blood, which has from remote ages been supposed to undergo marked changes in its physical properties in fevers, has been, in recent times, subjected to chemical analysis. These investigations show that several of its constituent principles become altered, either primarily or secondarily.

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I need scarcely mention that healthy blood contains, besides water, four essential constituents—*corpuscles, fibrine, albumen,* and *certain saline matters.* The fibrine, albumen, salts, and water, constitute the *liquor sanguinis*—a transparent colourless fluid, in which the corpuscles, red and white, are suspended and carried along in the living vessels.*

Again, when blood is drawn from the body, as in ordinary venesection, and allowed to remain at rest, it separates into crassamentum and serum.

The *crassamentum* consists of fibrine, in which the red and white corpuscles are blended together with a small quantity of serous fluid.

The *serum* differs from the liquor sanguinis in one respect only—that it does not contain fibrine; it contains, however, albumen, which gives it the property of coagulating by heat; and if a degree of heat sufficient to decompose the animal matter be applied, the residuum becomes converted into earthy and alkaline salts.

In regard to the proportional or mean amount of these constituents, Becquerel and Rodier found that in 1000 parts of healthy blood there are of

Water	791·1
Fibrine	2·2
Corpuscles	127·2
Albumen	70·5
Fatty matters	1·6
Extractive matters, salts, and loss ...	7·4
	1000·0

So much for the constituents of *healthy* blood, the outline of which now given may be useful for comparison with the changes which it has been observed to undergo in fevers. But it is to be understood that the observations to be made have reference to the blood in both forms of fever, (enteric and typhus;) the difference in either being trivial.

The blood, in fever, contains a smaller amount of fibrine than in health, and is often deficient also in albumen. Hence, when bloodletting has been resorted to in the treatment, and more especially when performed in the advanced stage, it often coagulates imperfectly, the crassamentum being soft and diffluent, and rarely exhibiting the buffy coat. It is likewise more liable to putrefy than healthy blood, or than blood abstracted in other diseases. This deficiency in the fibrine of the blood in fevers, when uncomplicated, tends to distinguish it from that in acute inflammations, in which there is an increased amount of fibrine, in proportion to the intensity of the disease.

This gradual defibrination of the blood in fevers cannot be ascribed either to bloodletting (if practised in their treatment) or to other antiphlogistic measures, since in other acute diseases these circumstances (bloodletting and other depletives) do not appear to be followed by diminution—nay, rather by augmentation—of the fibrine. It has, moreover, been ascertained that if a local inflammation spring up in the progress of fever, the amount of fibrine becomes increased, though it is still less than in ordinary inflammation, the febrile condition apparently influencing the quantitative amount of this constituent, when an intercurrent or local inflammation has arisen. Besides, as soon as the period of convalescence arrives, the fibrine begins to increase, and before the prescribed nourishment could be so elaborated as to contribute to this change, and which appears to proceed with advancing convalescence.

With this diminution of fibrine, it has been shown by the experiments of Andral and Gavarret, that in fevers a considerable increase in the corpuscles takes place, forming another point of contrast with the blood in primary inflammations, in which there is a slow but certain diminution in the corpuscles.

It may, therefore, be concluded—first, that in continued fevers, the fibrine gradually decreases in proportion to the duration of the fever, never exceeding in amount the normal standard, but being much more frequently below it; and, second, that the corpuscles become increased in amount.

It appears, too, by these researches, that the residue of the serum, and solid constituents generally, are little, if at all, diminished in amount, notwithstanding the statements made by some writers that, according to the duration and intensity of the fever, the salts of the blood, especially chloride of sodium, become decreased, a notable increase of water at the same time taking place.

On this doctrine,—the supposed origin of fevers in morbid changes in the blood,—I may observe, that when we reflect that the blood, which was aptly termed by Bordeu *fluid flesh*, has the same proximate principles as the solids of the body, that it is organised, and apparently endowed with vitality—the doctrine that it is liable to disease rests on a more certain foundation than mere vague hypothesis. Whether the fever poison acts primarily on the blood, producing changes in its sensible properties, or whether, as some are inclined to believe, the changes are secondary, it is scarcely worth while to inquire. Indeed, we have no data to guide us in this inquiry, except the statements of Dr. Stevens, who affirms that he and other practitioners in the West Indies observed, that in persons exposed to the fever-producing malaria, the blood underwent marked changes, even before the symptoms became developed.

Again, I am inclined to believe, that the different forms of fever arise from distinct poisons, however induced; that the true typhus poison acts on the blood alone; that enteric fever is produced by a poison, *sui generis*, which has a compound action on the blood and on the solids, inducing special lesions, with which, as we have seen, this type of fever is invariably associated; and that it is more than probable that the relapsing fever, to be next described, has also its origin in a distinct poison, though from its comparative infrequency, little or nothing, as yet, has been satisfactorily made out as to its etiology. But I know no department of the pathology of fevers more important and more worthy of further elucidation than their connexion with morbid states of the blood.

Diagnosis.—The importance of forming a correct diagnosis between the two forms of fever—enteric and typhus—cannot be over-estimated, the one differing from the other in so many prominent circumstances, and more especially, as we shall presently show, in their treatment.

In order to arrive at a correct conclusion as to their differential diagnosis, it will be necessary to institute a comparison of the individual symptoms of each form.

1. It has been pointed out, that in typhus fever the accession of the symptoms is more sudden than in enteric fever, in which it is generally gradual, slow, and insidious.

2. The heat of skin is more constant and more marked in the early stage of typhus; during the exacerbations, it is often pungent and accompanied by flushing. In enteric fever, the heat of skin is moderate, or it may be entirely absent.

3. The brain symptoms, especially delirium, intellectual dulness, and stupor, are more strongly and early developed in typhus. In enteric fever, the cerebral symptoms appear later—usually not until after the first week—and slowly and gradually increase in severity.

4. In typhus, the bowels are generally confined, so as to require the occasional administration of aperients. There is seldom diarrhœa, and if the bowels act more frequently than usual, the evacuations are not watery. There is, besides, no gurgling on pressing the region of the cæcum, and rarely meteorism. In enteric fever, the evacuations, on the other hand, are generally frequent and watery, and accompanied with griping. The belly is tense, generally inflated, and gurgling noise may often be detected by pressure over the right iliac fossa.

5. Epistaxis is rare in typhus; not uncommon in enteric fever.

6. Intestinal hæmorrhage is very rare, almost unknown, in typhus; frequent in enteric fever.

7. Emaciation is much less marked in typhus than in enteric fever; in the latter, when protracted, it is often extreme.

8. The cutaneous rash is quite dissimilar in the two diseases. In typhus, it is dark and mottled, often extensively diffused over the skin, unchanged by pressure, and persists throughout the disease. In enteric fever, the rose spots are bright, isolated, slightly raised, fade or entirely disappear on pressure, and are found chiefly on the chest and abdomen. They last for a few days, and are succeeded by a fresh crop, which goes through a similar course until the termination of the fever.

9. The anatomical characters (or lesions) are distinctive. In typhus, Peyer's patches and corresponding mesenteric glands are in their natural condition. The vessels and sinuses of the brain are more generally gorged with dark blood. The lungs exhibit more frequently evidence of congestion, especially of the posterior and inferior portions, in typhus than in enteric fever.

* In healthy blood—
Fibrine, Albumen, Salts, Water, } Constitute the liquor sanguinis.
In coagulated blood—
Fibrine, Corpuscles, } Constitute the crassamentum.
Albumen, Salts, Water, } Constitute the serum.

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In enteric fever, the alteration in Peyer's patches and corresponding mesenteric glands form the great distinguishing characteristics of the disease. The spleen is more often enlarged and softened. Ulceration of the pharynx and œsophagus, and softening of the mucous membrane of the stomach, are more common than in typhus.

10. The duration of the two forms may also serve as diagnostic marks. In typhus it is generally less protracted, terminating in recovery or death within the second week, much more frequently than in enteric fever. We have stated that the average duration of typhus does not exceed fourteen or fifteen days; and if prolonged beyond that period, it is generally owing to some secondary affection or complication. In enteric fever, the average duration is longer,—from twenty to thirty days, and extending, as has been shown, in some instances, to forty, fifty, or sixty days, or even beyond.

In children there is more difficulty in determining the diagnosis of the various forms of febrile diseases than in adults. Let me mention a few of the more prominent.

1. Disorders of the gastric system attended with fever are very common, especially amongst the children of the poor, and often simulate enteric fever; or, perhaps, it more frequently happens that the latter is mistaken, and treated as an acute gastric affection by irritating purgatives. If, however, the symptoms that are so peculiar to enteric fever be kept in view, the distinction is less difficult. For example, in enteric fever, the invasion is not sudden, nor can the symptoms be traced to dietetic mismanagement; the prostration is more marked, the child is more restless and agitated, and often delirious in the night; the stools are frequent and watery; the belly tender and inflated; the splenic region dull; and, above all, the characteristic rose spots, if present, and the prolonged duration of the symptoms, are sufficient to indicate that the child is suffering from enteric fever.

2. This form of fever (enteric) may be distinguished from infantile gastric remittent by the irregularity of the paroxysms in the latter; by the absence of rose spots; by the large, often solid evacuations, requiring active aperients for their dislodgement; by the occasional admixture of undigested aliment in the secretions expelled from the bowels; and by decided improvement resulting from a course of treatment that would certainly aggravate, if it did not hopelessly augment, enteric fever.

It is right, however, that I should mention that some physicians of the present day disbelieve in the existence of this infantile gastric remittent fever, without affection of Peyer's patches, which they state to be a constant element in this common infantile disorder. I cannot adopt this conclusion—at least, I am unwilling to do so—until there be better evidence by accumulated observations of the appearances in the intestine, when this form of gastric fever proves fatal, which, I may observe, rarely happens—a circumstance to be regarded as another distinctive character, and showing clearly, to my mind, the non-identity of the two diseases.

3. Another disease of childhood, which it may be difficult to distinguish from enteric fever, is meningitis, and more especially that form which occurs in strumous children—tubercular meningitis. In this affection, the symptoms from the very commencement indicate severe cerebral disease—violent pain in the head, flushing, aversion to light, and as the disease advances, drowsiness, delirium, dilated pupils, and finally deep coma, sometimes alternating with convulsions. There may be sickness, and perhaps vomiting, but the bowels are generally confined. The rose spots, too, so characteristic of enteric fever, are absent.

If we compare these symptoms with those of enteric fever, it will be found that the cerebral symptoms are much less prominent in the latter, at all events in the early period; that there is seldom sickness or vomiting; almost invariably diarrhœa; meteorism; often rose spots; dry, fissured tongue; and, when the fever is protracted, exudation of sordes on the lips and teeth; progressive and often extreme emaciation; sloughing of parts subjected to pressure; and death by gradual exhaustion, rarely, however, preceded by convulsions. The duration of the two diseases is also dissimilar. Meningitis terminates either in recovery or death within the third week, while enteric fever may be protracted beyond the thirtieth or fortieth day.

There is less difficulty in distinguishing cases of infantile typhus. The absence of gastric symptoms, the less pronounced cerebral affection, the less pungent heat of skin, the morbillous eruption, if present, the propagation of the disease by contagion, and its comparatively short and definite duration, are sufficient to distinguish typhus fever from other acute disorders of infancy and childhood.

CLINICAL OBSERVATIONS
ON
SOME COMPLICATED INJURIES ABOUT THE SHOULDER-JOINT,
AND
ON FRACTURE OF THE SCAPULA.

BY FREDERIC C. SKEY, ESQ.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

I WISH to bring under your notice some forms of injury about the shoulder-joint, of not very infrequent occurrence, and which I am inclined to think occasionally escape detection. In order to render the statement clear, I propose to make a starting point from the most frequent form of injury to which this region is liable—viz., dislocation, simple and uncomplicated. If you inquire into the nature of the violence which has led to dislocation of the *humerus* (not of the *shoulder*, as it is commonly termed, for the shoulder, correctly speaking, is incapable of dislocation), you will generally make out that in the act of falling the man's arm has been extended for the purpose of breaking the fall; and that direct force has been applied on the under surface of the limb, whether hand, fore or upper arm; the result of which is, that the head of the humerus is thrust out of the glenoid cavity, by a counter force rupturing the lower part of the fibrous capsule. The ultimate position of the head of the bone depends much on that of the arm at the moment of the fall; whether extended straight from the trunk,—the most common position, when the head falls into the axilla,—or forwards, or backwards, when it is found in either case in the opposite direction.

I shall, however, take as an example a case of dislocation into the axilla. The shoulder is flattened by the removal of the support, as it is termed, given by the head of the bone to the deltoid, which, being stretched, shows the clean outline of its origin. If you pinch it, you find it firm and tight—so tight, indeed, as to draw the elbow away to the extent of about four inches from the side of the body. If you attempt to approximate the arm to the trunk, the latter will recede, because the movement is a painful one, by drawing yet more positively on the already stretched deltoid and supra-spinatus muscles. If, on the contrary, the arm be raised, and the deltoid relaxed, pressure of the fingers upon it will detect the absence of the normal support it possesses in health, and the head of the bone will be felt in the axilla. If the hand be now applied in a similar manner to the opposite axilla, the different relative positions of the bones will be obvious; and, finally, it will be found on measurement that the affected arm is about an inch longer than the sound one. And this sign alone is conclusive as to the existence of dislocation, because the scapula being unchanged in its position, if the humerus extends an inch longer than the opposite bone, it is clear that its head cannot reach the socket. Add to the above the acknowledgment of a recent injury, and you have abundant evidence of simple dislocation of the humerus into the axilla.

The only variety of this accident to which I shall refer is that of dislocation forwards and inwards, in which the head of the bone is carried far upwards towards the clavicle, and when it is said to lie under the pectoralis minor or under the coracoid process, and which process obstructs its further progress in that direction. This is a rare variety of this dislocation, and I should not have alluded to it but for the purpose of marking two features peculiar to it: 1st, that the arm is rather shortened than lengthened; and 2nd, that it is usually accompanied by numbness of the arm, consequent on pressure of the head of the bone on the brachial plexus. The numbness accompanying ordinary dislocation is either absent or very partial; in this variety it is large and general. In both instances it subsides on the reduction of the displaced bone. I remember, some thirty-five years ago, a man being brought into the hospital with a dislocated humerus. While undergoing the necessary manipulation, distinct crepitus was felt in the joint. Its nature and locality were uncertain. The injury was very deliberately examined by the entire surgical staff. Much discussion arose on the case, which was evidently one of dislocation. However, the bone was reduced by the ordinary method adopted at that era,—namely, by extension of the arm outwards,—and the

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crepitus was felt no more. The man recovered in the usual time. A second case presented itself within the year, the entire features of which were precisely similar to the former one.

The impression produced on the minds of many observers of these cases has ever been, that it is possible to have, as the accompaniment of dislocation of the humerus, a crepitus, not caused by a fractured bone, but arising from some unusual injury sustained by the joint; and for many years I was myself inclined to adopt the same explanation, but later experience has taught me otherwise. It appears to me more reasonable to infer in these cases an undetected fracture, than the presence of crepitus without fractured bone. I cannot comprehend the sounds or sensations of crepitus to be caused by the attrition or rubbing together of any two structures of which the shoulder-joint is composed; and under these circumstances I cannot doubt that the injury in both these cases consisted of fracture of the glenoid cavity superadded to dislocation; and when it is recollected that the mode of reduction adopted at that period consisted in drawing the humerus outwards, it is not surprising that the fracture should escape detection during the operation; and if it then escape observation, it is not probable that it would attract notice afterwards, because the simple agency of rest would be available to the recovery from both the fracture and the dislocation.

While employing the term "crepitus," I may observe that there are three distinct varieties of sensation to which the term may be applied, and which it would be well for you to observe. The first is the sensation conveyed by the rubbing together of the two fractured ends of the shaft of a long bone in a healthy subject; the second, the sensation peculiar to the rotation of the thigh in fractured neck of the bone in very old or debilitated persons, which resembles the cracking of an egg-shell; the third, the sensation occasionally conveyed to the touch by the movements of a diseased joint. The last of these is very distinct from the other two, and is the product of tissues less hard than bone. The term "crepitation" is limited to the breaking down of membranous tissues by the pressure of air confined within them. In the two cases I have above quoted the crepitus was clear and distinct, and, as I consider, could have been obtained only by the attrition of a broken bone.

The form of injury which I am about to describe is that of fracture of the glenoid cavity. A man sustains a fall on the shoulder, with the arm parallel to the body, but the force of the blow, whether the result of a fall or of direct violence, is thrown *on the deltoid*. The result is a fracture of some bone, indicated by palpable crepitus. Observation will teach you to judge tolerably correctly, by the sensation thus obtained, whether the crepitus indicates a large or a small fracture, and such knowledge will prepare you for a correct diagnosis of the real injury. Now, the diagnosis of fracture of the glenoid cavity is obtained chiefly by negative evidence, and in recalling to your recollection the bony structures immediately around, you subject each to a careful examination. You examine the clavicle, acromion, and the spine and coracoid process of the scapula. You find all bear forcible pressure, and may therefore be inferred to be sound, you next examine the head of the bone. Pressing your hand firmly on the deltoid, you rotate the arm freely, and you find the head to move as freely with the shaft, and the movement to be unattended with pain. You repeat this examination by raising the arm at right angles with the body, and, pressing the thumb forcibly on the head of the humerus in the axilla, you again rotate, and the movement is both painless and inaudible, revealing no fracture. Nothing remains but the scapula, which, if you are correct in your diagnosis of crepitus, must be broken. It can be nothing else. If you now, while pressing the head of the humerus against the glenoid cavity, rotate the bone, the mystery will be solved, and crepitus will be evidently the result of fracture of a greater or less portion of the glenoid cavity. This evidence can only be obtained in one way—viz., by pressure of the head of the bone against the broken socket. The existence of fracture is borne out by the direction as well as the violence of the force which has caused it, and by the presence of local pain, due not to the broken bone merely, but to a corresponding injury done to the soft parts over and around it. If you have arrived at your conclusions hesitatingly, if a doubt remain on your mind as to the existence of fracture, the patient himself will often solve it on putting the question to him—Have you broken a bone?—and especially if a man of somewhat more than ordinary intelligence; because, however palpable may be that compound sensation of hearing and touch we term crepitus, it is still more palpable to himself when his mind has been directed to it by the probably protracted discussion that has taken place on the nature of his accident. When a patient is made cognizant of the nature of the accident, his evidence becomes valuable. These cases cannot be readily mistaken for dislocation, for in truth they have no sign in common with it, except the disinclination to move the arm, which is universal in its application to all injuries in this region; but especially is there no diminution in the rotundity of the shoulder, and no increase in the length of the arm.

Several of these examples of fracture of the glenoid cavity have come under my observation during the last year. Both the nature and the extent of the injury are readily detectable by the inductive method of examination I have described. The extent of the fracture is not always so easily determined; yet by carefully observing the character and amount of the crepitus, and noting whether it is readily produced by the act of elevating the arm, and pushing the head of the bone against the socket, we shall make a close approximation to the truth.

Fracture of the glenoid cavity may be complicated with dislocation of the humerus; but, so far as my own observation leads me, I believe it to be far more uncommon than simple fracture without dislocation. If the fracture as usually occurs, when superadded to dislocation, is confined to a small portion of the glenoid cavity, the signs of fracture merge in the apparently larger accident of dislocation, the evidence of which is uninfluenced by the presence of the injury to the bone. The shoulder is flattened, the arm is lengthened, the head of the bone revolves on the thumb pressed upon it in gentle rotation of the bone, while the fractured scapula lies behind the head, and escapes observation, unless the violence has been unusually great and the fracture unusually large, and comprising one-half or more of the socket from which the head is thrown. The evidence of dislocation is conclusive, while that of fracture is so imperfect and is so uncommon, that the injury escapes observation. The heel is applied, the bone is reduced, and although the return of the head into the socket may be accompanied with some unusual sensation, which is really that of crepitus, the reduction has been so satisfactory, the restoration of parts so complete, that the question of fracture may scarcely enter the thoughts of the surgeon. Nor does there arise in the after-history of the case any circumstance by which to determine the occurrence of fracture. The fragments are brought into contact by the act of reduction, and in the course of a few weeks are united.

A case of more than usual interest occurred to me lately in the person of a man, aged sixty, in Abernethy ward, who had sustained an injury to the shoulder three weeks prior to his admission. The head of the humerus was obviously thrown from its socket, and the flattening of the shoulder was unusually great. The deltoid was tight, and the elbow was drawn from the side. The arm was lengthened by one inch. The head of the bone rotated with the shaft; the coracoid process was unbroken, but there was distinct crepitus on moving the arm. The man was very positive in his assurance that the injury was caused by a direct fall on the shoulder. I made an attempt to reduce the dislocation, under chloroform, by the aid of pulleys. I brought the bone towards its natural relation to the acromion process, by extension downwards, with a padded fulcrum in the axilla. The natural rotundity of the shoulder was restored during the extension, but on its remission it disappeared. On the second day following I repeated the attempt, more critically, persevering in the extension for nearly half an hour, but with no better success. While under extension the head of the bone became prominent, but returned to its abnormal position on remitting the extending force.

On reviewing all the circumstances of the case, there can be little doubt that the glenoid cavity is separated from the rest of the scapula either in a large proportion or absolutely. A healthy man, possessing the entire power of movement of his arm, sustains a fall directly on his shoulder; the head of the bone is struck inwards with force against the socket, and extreme flattening of the shoulder and crepitus are the immediate consequences; the arm is lengthened, and the elbow projects from the side; the unbroken condition of the head is rendered obvious by its free rotation under pressure; the coracoid process is firm in its position; while two attempts at reduction fail to restore the head of the bone to the glenoid cavity. In what can this injury consist, if not in extensive fracture of the glenoid cavity—the socket of the joint? I believe the fracture to be a large one, because, having seen many cases of fracture of the lower portion of the glenoid cavity, I have never observed one example in which the symptoms were so strongly marked as in this case; while the slipping back of the head of

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the bone, after being brought on two occasions to its normal position, appears to infer the absence, and therefore the inability, of the socket to retain it. The only treatment the case appeared to me to be susceptible of, was that of placing a large pad in the axilla, and leaving the rest to nature; and this plan was adopted.

In cases of fracture of a greater or less portion of the glenoid cavity, an easy position of the arm is all that is attainable, and indeed all that is required. The fragments are usually united in three weeks, during which the arm is placed in a sling.

I had recently another case of fractured scapula under my care in St. Bartholomew's Hospital. This fracture was the result of a fall with violence, but the precise direction of the blow I could not ascertain. The fracture extended vertically through the bone, either through or behind the notch. It was unattended by dislocation, or even by displacement. Its existence was ascertained by the presence of crepitus, which was well marked, and might be detected either by the pressure of the fingers, or by desiring the patient to put into action the trapezius muscle of that side. A large pad was placed upon the scapula, which was firmly bandaged to the trunk. His recovery was both quick and complete. I have described elsewhere a case of fracture of the inferior angle of the scapula. The injury occurred to a lady, who was thrown from her horse. In this case, I could only obtain crepitus by bringing into action the teres major muscle, which takes its origin from the surface of the scapula, through which the fracture had occurred.

ON

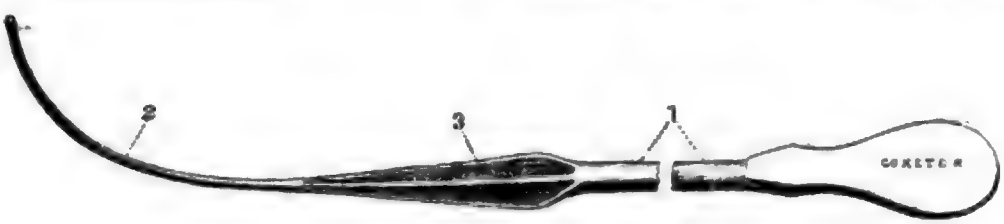
A NEW URETHROTOME FOR THE TREATMENT OF OBSTINATE STRICTURES OF THE URETHRA.

BY JOHN MARSHALL, ESQ., F.R.S.,
SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

I WISH to communicate to the profession, through the pages of THE LANCET, an account of a new instrument for the internal division of strictures of the urethra, which, so far as I can learn, involves a novel principle of action, and may be worthy of trial, not only by myself, but by my professional brethren.

The instrument is a very simple one. It consists, as the subjoined woodcut will show, of a solid steel bougie, of the size No. 10 in the stem, marked 1, of the size No. 2 for three inches at its curved end (2), and having an intermediate cutting portion (3) about one inch and a half in length.

In the construction of this part of the instrument its peculiarity consists. It is here flattened on its upper and under surfaces, so as to form a thin wedge, with two lateral slanting edges, and having a circumference gradually increasing from No. 2 to rather more than No. 10 size. Its upper and under surfaces are neither plane nor convex, but present a central rib, with



[The figure is two-thirds the actual size.]

two lateral hollows, so as to allow of but little hold upon these surfaces when the instrument is in use, and yet maintain its stiffness and its general wedge-like form. At the same time, the grooves also serve to contain some unctuous substance by which to lubricate it.

The lateral borders of this part of the instrument are ground to a smooth, stiff, blunt edge,—something like that of a sword,—not sharp enough to cut the finger or the lip, or even the tongue, when pretty firmly drawn over those parts, but readily severing any yielding though tough organic structure, such as leather, catgut, or even string, drawn over it with a sufficiently firm, sliding movement.

In using this instrument, its smaller end is passed through the stricture to be divided; and if this be carefully done, provided the orifice of the urethra has been previously dilated, if unusually narrow, no sort of cutting or even scratching of the urethra in front of the stricture takes place. The point of the instrument having been ascertained to be in the bladder by the freedom with which it can be moved about, the operator, then standing on the right side of the patient, (who is supposed to be recumbent,) and holding the handle of the instrument in his right hand, and the penis well drawn forward with his left hand, is enabled, as I have found in practice, to pass in the instrument through the stricture, in a few seconds, with a surprisingly small amount of force. The instrument acts smoothly, without catch or jerk, and with a sensation to the operator as if it were penetrating something as soft as cheese.

The operation can, of course, be performed with or without chloroform, but to a patient who had no chloroform the slight pain caused by cutting was less inconvenient than that produced by previous attempts at dilatation. In the case alluded to, the man—a retired Indian soldier, fifty four years of age, and a patient in University College Hospital—had suffered many years from a narrow organic stricture, accompanied with albuminuria. With some patience, after several weeks, the stricture was dilated so as just to admit No. 3. In this condition, on the 24th of February, it was divided by the operation above described, when only a few drops of blood escaped from the urethra. A No. 9 elastic catheter was then passed with the greatest ease. Six hours later, the catheter was removed. From that time the patient has passed his urine in a full stream. On the day after the operation, a No. 10, being tried, did not pass, owing, probably, to swelling of the sides of the canal; but on the seventh day, Nos. 8, 9, and 10, on the eleventh day, Nos. 9, 10, and 11, and on the fifteenth day, Nos. 10 and 11, slipped into the bladder at once, and were withdrawn without any grasping by the walls of the urethra. I may add that neither shivering nor any other constitutional disturbance followed the operation, and that the health of the patient, as might be anticipated, has improved.

The instrument now devised is evidently not a mere wedge-shaped dilator, and, I may remark, is wholly inefficient if its edges are left rounded or non-incisive. Neither does it act in the same manner as the fine-bladed sharp-edged urethrotomes now employed, whether these cut from behind forwards or from before backwards; for whilst, beginning from the internal surface of the strictured part, it divides all the hard, resisting structure, it will merely stretch any tissue beyond, which is soft and elastic enough to yield. At all events, it would seem far less likely, when deliberately used, to cut through the fibrous tissue of the corpus spongiosum urethræ than the thin sharp blades of existing urethrotomes. The very small amount of hæmorrhage following its employment favours such an opinion; and if the fact really turn out to be so, there will necessarily be less risk of urinary infiltration and abscess.

Whilst, however, the nature and extent of the incisions made by the instrument, and the permanency of the relief afforded by it, must be the subjects of future inquiry and experience, I may be permitted to direct attention in the present communication to its simplicity of construction, the facility and safety with which it may be used, and the difference between it and the ordinary urethrotomes.

This new urethrotome may, of course, be made of different sizes; but a smaller size at the point than No. 2 might be less safe for ordinary purposes, and a smaller stem than No. 10 is not desirable, unless for a traumatic stricture in a boy's urethra, or in a case in which that canal is unusually narrow. I may further state that I have had a *straight* one made for the division of strictures in the fore part of the urethra, and also a curved *hollow* one, which acts as a catheter, and thus will determine in cases of peculiar difficulty the fact of the end of the instrument being really in the bladder, and will enable that organ to be injected with water, so as to remove its anterior wall away from the point of the instrument, and subsequently furnish

evidence of the elastic catheter having reached its destination. I have also had the instrument made with the cutting edges both above and below, instead of at the sides; but, for reasons which I need not now state, I have adopted the latter construction.

Finally, it is obvious that a like principle may be applied to instruments for dividing indurated strictures in other canals. It is also evident that it may be adapted to blades capable of being concealed or projected, or to a blade sliding over a smaller guide which has been previously passed.

Savile-row, March, 1860.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

STONE IN THE BLADDER OF A GIRL; REMOVAL BY DILATATION AND INCISING THE URETHRA UPWARDS.

(Under the care of Mr. STANLEY.)

WHEN recording examples of stone in women and female children, we have generally adverted to the fact of the rarity of the affection in their sex, at least in London, as contrasted with males; for amongst the large number of patients annually cut for stone in our hospitals an isolated instance only is here and there met with in females. Most of these have been noticed in our pages, the majority occurring in little girls, and but few of them in adults. (See THE LANCET, vol. ii. 1857, p. 444, for an account of three patients—two children and one woman—operated upon by Mr. Hillman, at the Westminster Hospital, with a reference to preceding cases; also vol. ii. 1858, p. 500, for details of the case of a female child operated upon by Mr. Moore, at the Middlesex Hospital.)

We have often heard the question asked why women are so much less subject to stone than men. Mr. Coulson, in his work on "Lithotomy and Lithotrity," gives the mean result in a number of tables as one woman to every twenty cases of males; but he believes the proportion to be greater than this, for the reason that delicacy prevents numbers of females labouring under urinary diseases from applying for medical relief. However true this may be with regard to adults, it will hardly apply to children. But we think an explanation is afforded by the fact of the facility with which a stone passes from the female bladder, owing to the shortness of the urethra and its general elasticity, and the almost impossibility, therefore, of the calculus remaining to attain a large size. We know, also, that sometimes even pretty large stones pass spontaneously from the female bladder, and are assisted in their exit by the finger of the patient.

We now record two examples, in girls aged thirteen and six years respectively, from each of whom a stone was removed by dilatation and incision of the mucous membrane. In the first case, Mr. Stanley performed dilatation with a Weiss's dilator *after* dividing the upper and anterior part of the urethra for half an inch, cutting towards the pubes, and removed a stone as large as a pigeon's egg. This direction of the incision is that practised by Sir Benjamin Brodie, and occasionally adopted by other surgeons. Thus, Mr. Hillman in one case (already referred to) incised the urethra directly upwards, in the direction of the symphysis pubis, to the extent of a quarter of an inch, and the stone was readily extracted.

In the second example, Mr. Canton grasped the stone by means of a small pair of nasal polypus forceps, in its withdrawal gently dilating the urethra; but he was obliged to divide a small portion of the lower wall of the urethra to permit of complete extraction. No bad consequences resulted.

For the notes of the following case we are indebted to Mr. Rogers, house-surgeon to the hospital:—

E. H——, aged thirteen, a sallow, cachectic, and rather idiotic-looking child, was admitted into Sitwell ward for great pain in micturition, and pain in the groin and back. Her mother stated that for the last twelvemonth she had been falling off, and had become more and more emaciated. No pieces of gravel had ever been passed. The child had had sudden stoppage of urine, but this, apparently, was more from pain than real obstruction. After her admission the specific gravity of the urine was 1018, but it contained neither mucus nor pus. She was placed on a nutritious diet; steel wine was given; and she was directed to have a hip-bath every night. Under this treatment she improved, became more cheerful, and suffered less pain. In January last, however, the pain returned, and was not now relieved by the warm bath. The urine was high-coloured, and mixed with thick ropy mucus, pus, and abundance of triple phosphates. A calculus was now detected.

On February 1st, nitric acid, with decoction of pareira brava, were ordered. Under this treatment, with opiates at night and the continued use of the hip-bath, she again improved. On the 19th, cod-liver oil was ordered. She continued to gather strength. The urine improved very much, containing less pus and mucus.

On March 1st, Mr. Stanley performed lithotomy. The girl having been placed under the influence of chloroform, a grooved staff was introduced into the urethra, with the groove upwards. With a blunt-pointed bistoury passed up the groove of the staff, Mr. Stanley divided the parts above the urethra for about half an inch, cutting in a direction directly upwards towards the pubes. By this incision the lower border of the triangular ligament was freely divided; but Mr. Stanley stated that he did not cut the sphincter of elastic tissue immediately surrounding the neck of the bladder. The incision having been made, the next point was to introduce the dilator without injury to the wound. This was done by turning the staff with its groove downwards, so that a Weiss's dilator could be slipped along the latter. The dilatation was accomplished slowly, and with great care. As soon as the dilatation had proceeded sufficiently to admit of the finger being introduced, the instrument was withdrawn. The stone was now easily detected, and was by means of a pair of forceps, but with some difficulty, extracted. At first the soft coating of the calculus gave way, but the whole mass was finally removed. The calculus turned out to be lithate of ammonia, and was nearly as large as a pigeon's egg. A piece of wet lint was placed on the wound, and poppy fomentations were directed to be applied to the abdomen. She improved rapidly, and by the 12th regained completely the power of retaining her urine. Her recovery was a good one.

CHARING-CROSS HOSPITAL.

STONE IN THE BLADDER OF A GIRL AGED SIX YEARS; EXTRACTION; RECOVERY.

(Under the care of Mr. CANTON.)

HARRIET J——, aged six years, a pale and emaciated child, a native of Scotland, but has lived in London during the last four years. She cut her teeth at an unusually late period, and with very great difficulty, and was unable to walk alone until she was two years of age. The mother states that her daughter was always a long while in passing her urine, but it was not until six weeks ago that she complained of pain on micturition; the flow of urine was then noticed to be occasionally stopped with abruptness. Complete retention, for the first time, occurred two days previous to her admission into the hospital, but was overcome by the use of a warm bath and the administration of a dose of castor oil. Retention took place again the next day, but the above measures having been resorted to without success, the patient was placed under the care of Mr. Canton. Seen at first by Mr. Travers, the house-surgeon, (to whom we are indebted for these notes,) the child presented a pale and most anxious expression of countenance, which had a sickly, sallow hue; the body was much wasted; great pain was complained of in the lower part of the abdomen, and especially at the pubic region, where the bladder was found to be much distended, no urine having been voided for thirty hours pre-

viously. The warm bath was resorted to, and, with some difficulty, a catheter was introduced, which pushed before it into the bladder some obstructing substance, when about a pint of very opaque fluid was drawn off. When seen by Mr. Canton, a calculus was detected in the bladder, and removed by him in the following manner:—A small, curved pair of nasal polypus forceps was readily introduced into the bladder through an unusually wide urethra, and the stone at once grasped between the blades of the instrument; gentle, steady, and continued traction was exercised, and by degrees the urethra became more and more dilated; but as difficulties occurred in bringing the calculus actually to the surface, Mr. Canton divided a small portion of the lower wall of the urethra with a curved bistoury, when the extraction was at once completed. There was a rather large quantity of urine in the bladder at the operation, which was performed under the influence of chloroform. For two or three days afterwards, though some urine dribbled away, there was capability of retaining a portion of it, and the parts being kept anointed with a mild ointment, and cold applications employed, no pain or inconvenience was complained of.

The calculus is nearly circular, and a little more than half an inch in diameter; it is flattened on two opposite surfaces; the colour is whitish, the texture coarse, and the surface finely granular; weight, 25gr. It was seen to consist of a nucleus, about the size of the head of a blanket-pin, and of a perfectly white colour, surrounded by pale-brown laminæ, apparently indurated; these two portions were encased in a pale-buff substance, arranged so as to produce a more or less radiated structure. Chemically, the calculus was composed of oxalate of lime, with minute traces of uric acid and organic matter, to which its colour was doubtless due, the darker portions containing the most organic matter.

A good recovery has been made, with perfect power over the bladder in retaining the urine.

GREAT NORTHERN HOSPITAL.

TWO CASES OF STONE IN THE BLADDER; LITHOTOMY; RECOVERY: THE SECOND CASE OPERATED UPON FOR THE THIRD TIME.

(Under the care of Mr. PRICE.)

WE were lately present when Mr. Price operated upon two cases of stone in the bladder, and the following brief notice will show that connected with each are features of much interest.

In the first case—that of a boy aged about fifteen years—the vesical sufferings for many years had been extreme, but particularly during the last three, so that he was much debilitated and wasted at the time of his admittance into the hospital. On endeavouring to introduce a sound, a hitch occurred at the neck of the bladder; but on inserting the finger into the rectum, a large stone was detected lying in close apposition with the prostate. On pushing away the stone by a movement of the forefinger, the sound readily entered the bladder. The bladder was never empty of urine, nor could micturition be accomplished otherwise than by a constant dribbling.

On the 17th of December, the lateral operation was performed, and a pyriform-moulded stone, weighing three ounces, and of the size and shape as *exactly* represented in the accompanying woodcut, extracted.

Although a very considerable-sized stone was known to be present, yet a very limited opening was made in the prostate, but which, nevertheless, was amply sufficient, due dilating force being used, to admit the outward passage of the calculus, which was fortunately caught by the forceps in its long diameter. The greatest amount of resistance was offered by the tissues external to the urethral canal, but these were further divided by the point of the bistoury. The stone was composed principally of phosphate of lime. That part which had pointed towards the prostate had, as will be noticed, taken the shape of the neck of the bladder, so that it is easy to conceive how the transit of urine in a full stream was always prevented. It is also interesting to remark that two uncles of the boy had both been operated on for vesical calculus, but he was not aware that any other members of his family were sufferers from urinary complaints.

In the second case, the patient was a man about sixty-five years of age, and had on two previous occasions been cut for stone by Mr. Price. In a former "Mirror," (THE LANCET, vol. ii., 1859, p. 161,) will be found a record of these operations. After the man had left the hospital, about the end of last July, he remained free from the symptoms of stone, although the urine continued highly phosphatic, ammoniacal, and loaded with mucus. At the expiration of about two months, smarting pains, referred to the neck of the bladder and the urethral canal, gave him great annoyance; and the urine still continuing in the same unhealthy condition, the bladder was daily washed out with water, and an anodyne solution containing nitric acid injected. The mineral acids, with pareira, were also freely administered. Great care was taken with regard to his diet. Notwithstanding these precautions, his symptoms became more distressing, and when again admitted into the hospital, a small stone was readily detected lying close to the neck of the bladder. The only alternative was again to perform lithotomy. The bladder was in a far too unhealthy condition for lithotrity.

On the 12th March, when under the influence of chloroform, the lateral operation was performed. The line of incision was made exactly along the old double cicatrix, and a very limited division of the prostate effected. A small oval stone, an inch in length, and three-quarters in breadth, was readily removed. It was composed of phosphate of lime, and its rapid formation could easily be accounted for by noticing the large size of the crystals, and the way in which they were matted together by mucus. Mr. Price stated that he preferred entering the bladder through the structures which had been divided there before; for instead of the hazards of the operation being thereby increased, he believed them to be diminished. At the two former operations, seeing the tendency there existed to the formation of stone, he had requested one or more gentlemen who were present to examine the bladder before the patient was untied, so that no doubt could possibly be entertained of the existence of a second stone.

On the second day the greater portion of the urine passed by the proper canal, and has continued to do so since. This Mr. Price accounts for by the very limited opening he made in the prostate, and the smallness of the forceps he used for extracting the stone.

LOCK HOSPITAL.

DIVISION OF STRICTURE OF THE URETHRA BY THE BOUTTONIERE OPERATION.

(Under the care of Mr. HENRY LEE.)

THE notes of the following case were furnished by Mr. Chisholm, house-surgeon to the hospital:—

Thomas T——, aged sixty, single, was admitted January 26th, 1860. He states that he had gonorrhœa twenty years ago. This was followed by stricture of the urethra and perineal abscess, which was opened with a lancet. The opening healed about eighteen months after. He continued to enjoy very good health, and was able to pass a small stream of urine without much difficulty till about six years ago, when, after some exposure to cold, he experienced a tingling and pricking sensation in the urethra, especially in the perinæum, and the flow of urine became impeded, till by-and-bye he could not pass it without a good deal of straining. This state of things lasted about six months, when one day, while straining, he felt something give way in the perinæum, and a considerable quantity of urine escaped through the opening that had been made in this region. He got well under treatment at St. Bartholomew's Hospital, with the exception of the free passage of urine per vias naturales, which was, however, rendered freer

by the occasional introduction of a catheter. He continued under treatment two months. Three years and a half ago he was unable to void his urine. An instrument was then introduced into his bladder, and passed occasionally for six months, when he could micturate in a very good stream. The stricture gradually returned, and twelve months ago he was as bad as ever. Every time he passed urine a small swelling appeared in the perinæum, which slowly increased until it burst, when he had extravasation of urine, and became an in-patient at St. Bartholomew's Hospital. While he was there an endeavour was made to pass an instrument, but without success. He has never since been able to void his urine in a stream, nor has an instrument of any kind been introduced into the bladder.

When admitted, there were to be seen two or three fistulous openings about the perinæum, and an oblong, greatly indurated lump just posterior to the scrotum.

Several ineffectual attempts to pass an instrument with and without chloroform having been made, the patient was placed in the position for lithotomy. A grooved staff having been introduced, the forefinger of the left hand was passed into the rectum, and the exact situation of the prostate gland and urethra ascertained. With the finger retained in the rectum to indicate the exact median line, a scalpel, with its edge directed forwards, was passed into the central line of the perinæum to the depth that was considered necessary to reach the ascertained line of the urethra. An incision was then made forwards to near the point of the grooved staff. The urethra was now opened into the groove of the staff, and the thickened structure which prevented the further progress of the instrument was divided. A large gum elastic catheter was now introduced through the urethra, and, guided by the forefinger of the left hand introduced into the wound, was readily passed into the bladder, and the urine drawn off. The instrument was tied in, and the patient put to bed.

Mr. Henry Lee remarked that he had in several instances operated in this way for stricture, at this hospital and elsewhere; sometimes when an instrument could be got into the bladder, and sometimes when it could not. In these operations no unfavourable symptoms had hitherto shown themselves. This success was attributable, probably, to the mode of performing the operation. In all cases Mr. Lee had been careful to avoid dividing or injuring the deep fascia; the incision was made into the urethra with the edge of the knife directed forwards, and the urethra was divided from behind forwards. In the present instance, as no instrument could be introduced into the bladder, there was no guide for the section of the urethra behind the seat of stricture; the finger introduced into the rectum was therefore made use of to indicate the exact situation of the urethra, and, guided by the information thus obtained, there was no difficulty in passing a knife into the urethra behind the stricture. The urethra then being opened upon the extremity of a grooved staff as far as that could pass, the two openings were connected and the intervening stricture divided. In other cases in which a similar operation had been performed no constitutional symptoms followed, and there was no reason to suppose that any such would follow in this case. It was important to avoid dividing the deep perineal fascia, not only on account of the danger that such a proceeding involved after the operation, but because in so doing one of the guides would be lost, which was of great value during the time of the performance of the operation. After the strictured portion of the urethra had been divided, it was not always easy to pass an instrument into the bladder; but when the deep fascia had been left uninjured, the finger introduced into the wound would readily detect the point at which the urethra passes. Even although the passage should be temporarily closed, the position of the urethra would be marked by a circular yielding spot; and the end of a gum-elastic catheter, guided by the finger and pressed steadily upon this point, would be tolerably sure to find its way without difficulty into the bladder. But if the deep fascia be once divided, the guidance which in its natural condition it affords to the exact position of the urethra is lost.

ENORMOUS HYPERTROPHY OF THE SPLEEN.—M. Sappey lately showed to the Biological Society of Paris a spleen which had reached the following dimensions: length, 13 inches; breadth, 9 inches; thickness, 5 inches. The total weight was 14lb. 4oz. By taking the average of ten normal spleens, the author has found that the ordinary weight is 6¼oz. M. Sappey thinks that the spleen here spoken of is the largest on record, and adds that those mentioned by authors as having reached 15, 18, 20, and even 43 pounds in weight, were not simply hypertrophied, but were cancerous or cartilaginous, &c.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 20TH, 1860.

MR. FERGUSSON, PRESIDENT.

MR. BARWELL exhibited microscopic specimens, from the human subject and from the lower animals, of the Lamella which lies between the True Bone and the Articular Cartilage, demonstrating that it is a tubular structure, the tubes being not lined with a membrane, but filled with a fibrous structure.

A report was desired on these specimens for a future meeting of the Society.

DISEASE OF THE ELBOW-JOINT.

MR. BARWELL presented specimens from a diseased elbow-joint. The cartilage was ulcerated, and the synovial membrane was diseased.

DISEASED PATELLA.

MR. BARWELL also showed a specimen of diseased patella, exhibiting crystalline lithates imbedded in the cartilage.

TAPE-WORM.

DR. LEARED exhibited two examples of heads of tape-worm of a rare species (*Tænia Mediocanellata*), appearing from cases of men who had returned from India. The ova were oval: those of tænia solium are round.

STRICTURE OF THE RECTUM.

DR. MESSER presented a case, which appeared to be of a simple fibrous character. The patient was seventy-nine years of age. Cicatrices of former ulcers were observed in other parts of the bowel.

DISEASE OF THE HEART.

DR. DAVIS showed a case of rupture of the right ventricle of the heart from fatty degeneration. The signs during life were carefully noted and reported. The heart weighed thirty ounces.

SPECIMEN OF HERMAPHRODITISM.

MR. A. DURHAM exhibited numerous specimens illustrating this subject, which he described at considerable length, and with great care.

WESTERN MEDICAL AND SURGICAL SOCIETY.

MR. A. LEGGATT, V.P., IN THE CHAIR.

DR. MARKHAM read a paper on

BLOODLETTING IN DISEASE.

The author, apologizing for the wideness of the subject, drew a complete distinction between the effects of local detraction of blood from an inflamed part and the effects of venesection upon it. Local abstraction of blood, as by leeches applied to an inflamed joint, generally reduces the chief characteristics of the inflammation- the pain, the heat, the redness and swelling. But venesection has no such influence over those inflamed parts, nor any influence at all, except such as is always manifested when large quantities of blood are taken. Now, if these facts be true of external inflammation, he argues they must, by strict analogy, be true of internal inflammations; and therefore local abstraction of blood is useful in all those cases of internal inflammation in which there is a distinct vascular connexion between the skin and the inflamed part beneath it, as, for instance, in pleuritis and peritonitis. He contends, however, from what we see of its action in external inflammation, that it has no beneficial influence over internal inflammations. How comes it, then, that the wisest of our profession have in all ages deemed the remedy so useful in all such internal inflammations? Are we to believe they have all been mistaken? The author answers this in a decided negative, and thus solves the difficulty. He calls attention to the fact, that the chief (and only) battle-field in which the bloodletting controversy has ever been fought is pneumonia. This, then, is the disease in which the benefits of bleeding must have been most beneficially exemplified, and the practice may have been right, though the theory may have been wrong. Men thought that bleeding had a directly beneficial influence over the progress of the local inflammation in the lung: but it was not so; it simply

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relieved the pulmonary and the cardiac congestion which necessarily arises, in a greater or less degree, as a complication of pneumonia. This is the only relief it gives; it frees the partially arrested pulmonary and cardiac circulation, and gives intense relief. Its benefits, therefore, are great and immediate, and its dangers all lie in the future. The greater the extent of the inflammation, the greater the asphyxiating congestion, and the more urgent the necessity for venesection; but, unfortunately, the greater also is the danger of the practice. Recollect, the lungs are the chief blood-making organs of the body, and this all-important function is arrested in proportion to the extent of the inflammation. The loss of blood is, therefore, under such circumstances, an irreparable loss. He ridicules the fear which many have of large losses of blood, and asserts that the body will lose such with impunity, provided the lungs remain unaffected by disease—i. e., so long as the lungs can make fresh blood from the food to supply the wear and tear of the tissues. As a striking proof of this fact, he instanced the large hæmorrhage borne by women in childbed—by fever patients with abdominal symptoms. As a corollary of his views of the indirect uses of venesection, it follows that it is an excellent remedy in all those diseases, whatever their nature, which occasion a congestive condition of heart and lungs, as in pneumonia; and he instanced diseases of the heart, peritonitis, and injuries of the head as cases in which this condition of the pulmonary circulation obtains, and which require venesection. The author concluded by stating, that if his views of the effects of venesection are accepted—viz., that it has no beneficial influence over the inflammation *per se*, but only in those cases in which pulmonary and cardiac congestion arises, it must follow that a very different signification from that generally adopted must be attached to the remedy. It also follows, he thinks, that the remedy is now-a-days much less frequently resorted to than sane therapeutics require. The change-of-type-of-disease theory in no way affects the position he here assumes as to the uses of bleeding. Whether that theory be true or false, the action of bleeding in disease, be it good or be it bad, must be physiologically the same. That theory can only affect the necessity or otherwise of our resorting to the remedy in given cases; it cannot alter its mode of action. He therefore thinks the discussion unnecessary.

Reviews and Notices of Books.

A New and Rational Explanation of the Diseases peculiar to Infants and Mothers; with Obvious Suggestions for their Prevention and Cure. By THOMAS BALLARD, M.R.C.S.E., L.S.A., &c. pp. 128. London: Churchill.

NOT having had an opportunity of hearing the papers forming the basis of this work read before the Harveian Society, we were somewhat puzzled, as we glanced over the title-page of Mr. Ballard's volume, about the "explanation" we were going to receive. We confess that we looked rather shy upon the affair, assuming the pages in our hand to afford only another example of working the present rather popular "dodge" of mourning over infants to catch "Rachels." We perused the book, however, and found ourselves mistaken. We had to acknowledge to having received some useful information, many valuable hints for directing our clinical observation to an important field of inquiry, and much matter for careful reconsideration in our own minds. In fact, whilst out of Mr. Ballard's 128 pages we expected to get only annoyance, we, on the contrary, reaped from them much satisfaction. The author is an acute, careful observer, and argues often convincingly, always ingeniously. But we cannot agree with him in his extreme generalization. The particular cause of mischief he adduces operates, we believe, to a considerable extent; but we must pause before accepting it as the chief worker of evil under all the circumstances which he brings forward, whether relative to the child or the mother. But what is Mr. Ballard's theory? We let him explain it in his own words:—

"Dr. Brown-Séquard, in his 10th Lecture published in THE LANCET, says—'The excitation of the nerves of taste produces an abundant reflex secretion of gastric juice, and also a flow of bile and pancreatic juice in the bowels.' The act of sucking being, *par excellence*, the mode to induce this excitation, it is obvious that these juices must be secreted abundantly during the exercise of this act; and if at the same time a supply of food is received into the stomach, the solvent power of the gastric juice is exerted upon it, and the first process of a healthy digestion results; but should the *sucking* have been *fruitless*, or partially so, it will in all probability have been *forcible* and *prolonged*, and therefore attended by an excessive reflex secretion of gastric juice, which, not meeting with a proportionate supply of food whereon to expend its solvent power, acts upon the mucous coat of the stomach and intestines, and causes various degrees of injury thereto.....The evidence of this process of injury to the intestinal canal being in operation is the presence of those symptoms which immediately result from it—viz., abdominal pain and the frequent and green stools, to which sucking infants are liable. A persistence of this morbid state causes many of those ailments which are usually attributed to teething.....erythema, urticaria, and eczema ..... anæmia ..... laryngismus stridulus, convulsions, cerebral congestion, and hydrocephalus.....invagination, tabes mesenterica—in short, all the diseases of infancy in which we can recognise a failure of the processes of growth and nutrition may be fairly attributed to *fruitless sucking* as a principal, if not the chief cause."—p. i.

Mr. Ballard thus not only traces most of the diseases peculiar to infancy to one common source, but endeavours to prove that many affections also of the mother during the puerperal state are, either directly or indirectly, due to the effects of "forcible and prolonged sucking." Chapped nipples, mammary abscess, after-pains, feverishness, milk fever, and "probably some of the worst cases of puerperal fever," are believed by Mr. Ballard to be due to the cause just mentioned. No doubt many of our readers will smile at all this, and, as we have already said, it is our own opinion that the author carries his views too far. But we strongly recommend judgment to be suspended, and the work itself to be carefully perused before forming a conclusion. One thing we are sure of, that to every practitioner having much to do with infants and children, a perusal of Mr. Ballard's volume will be attended with profit. We refer to the book itself, therefore, for all information regarding the working out of the problem the author proposes, simply remarking that any exaggeration fallen into is fairly compensated by the freshness of the truths undoubtedly exposed.

Journal de la Physiologie de l'Homme et des Animaux. Publié sous la direction du Dr. BROWN-SÉQUARD. Tome III. No. IX. Paris: Masson. London: Baillière.

THIS journal, now firmly established throughout the scientific world, continues to increase in value as it advances in age and popularity. The present number contains thirteen original memoirs, including the remarkable paper of Robin and Magitot on the Genesis and Development of the Dental Follicles; Ollier's further Researches on the Periosteum; three papers by the accomplished editor, Dr. Brown-Séquard, on the Physiology of parts of the Nervous System, worthy of the most distinguished neurologist of the age; and others by Gubler, Chauveau, Balbiani, &c. In the subsequent section of translated papers, extracts, abridgments, and summaries, a complete view is afforded of the progress of physiological science throughout the world. We regret to see that England does not hold a very prominent place in the phalanx; but we may perhaps hope that now Dr. Brown-Séquard is domiciliated amongst us, he may find the means of developing more fully the English contributions to the science which the journal promises ably to represent and notably to advance.

MEDICAL AUTOGRAPHS.—A sale of interesting medical autographs is shortly to take place at Paris. Amongst them is one of Ambrose Paré, on parchment, in which he gives a receipt of 25 golden crowns for half a year's dividend on the stock of the city of Paris. The bulletins respecting the health of the Duchess of Berry and the Duke of Bordeaux, signed by Dupuytren. Also the autographs of Helvetius, the introducer of ipecacuanha; of Boerhaave, Berzelius, Magendie, Broussais, and others.

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THE LANCET.

LONDON: SATURDAY, APRIL 14, 1860.

AT the present moment there is no public question of greater domestic interest than the Poor-law Medical Relief Bill now before Parliament, under the care of Mr. PIGOTT. For many years past it has been widely felt that this department of the Poor-law Administration was in a most unsatisfactory condition. There might be a cumbersome and costly machinery for some purposes; a close and scrupulous economy in other directions; but certainly no one has doubted that parsimony and its attendant evils have been carried to the utmost limits in the provisions for guarding the poor from that calamity which lies at the root of all pauperism and Poor-rates. A wise economy would assuredly provide for the most efficient and vigilant organization against the encroachment of disease amongst the labouring classes. Health is here synonymous with labour, productiveness, independence, and content. It implies Poor-rates at the minimum amount, and, in the absence of commercial depressions, a self-supporting population. Here, common sense dictates that a discriminating liberality should prevail. No working man, woman, or child should be suffered to lapse into ill-health for want of ready access to medical assistance at the onset of sickness. Sickness is but the transition state to pauperism. And, in too many instances, the cold charity of the Union blights for ever the spirit of self-reliance, and renders the return to honest work a labour indeed.

Could this fundamental truth be well impressed upon boards of guardians and their constituents, no obstacle would long delay the remodeling of the present defective and injurious arrangements. There is, indeed, not wanting evidence of the working of more enlarged and wholesome opinions on this point. But it cannot be denied that the most formidable barrier to improvement has been, and still is, the disposition of Boards, in providing medical relief, to apply, in its most absolute and indiscriminate rigour, the principle of competition—of seeking for the cheapest article in the cheapest market.

The consequences of this narrow policy could not fail to attract the attention of the observant. After long agitation, the House of Commons took up the matter in 1855, and appointed a Select Committee to inquire into the subject. This Committee received a mass of evidence, by which the alleged defects in the mode of providing medical relief and the want of adequate remuneration of the medical officers were amply substantiated. In 1858, Mr. SOTHERON ESTCOURT, then President of the Poor-law Board, also became fully convinced of the urgent necessity for reform, and applied himself zealously to the task. Certain recommendations accompanied the Report of the Select Committee; and it may be said that in these the Committee—if not the House—has given full assent to the principles of the measure now in progress. Hitherto, but one of these recommendations has been carried out, and that only partially. The third resolution advised "that every medical "officer to be appointed after the 25th of March, 1855, should "continue in office until he may die, resign, or become legally "disqualified to hold such office, or be removed therefrom by "the Poor-law Board." To give full effect to this resolution—as the Bill proposes to do—would be to provide a most beneficial check upon the abuse of the competitive system.

The other main features of the Bill may be thus described:—The present payments to medical officers are determined by no principle or standard or relation to the professional services rendered. They vary from an average of 1*s.* 2¼*d.* per case, the rate in the metropolis,—some do not get 6*d.* a case,—to 4*s.* 7¼*d.*, as in the north-western division of the kingdom. The total amount paid for medical relief throughout the kingdom is only £154,729. In numerous instances, it is notorious that the surgeon is a direct pecuniary loser by his engagement. And surely no man versed in public business will fail to recognise the danger and impolicy of that position. The Bill provides an intelligible standard. It proposes 2*s.* 6*d.* for each ordinary case of illness when the guardians find the medicines, or 3*s.* 6*d.* when the medical officers find them; and an acreage allowance of 1*d.* per acre. This last will add little or nothing to the salaries of the medical officers of town districts, and will barely compensate the country surgeons for horse-keep and other incidental charges attendant upon travelling long distances to see outlying patients. We can only remark that the allowance per case ought to be 5*s.* at the very least.

In connexion with this subject, the Bill proposes that the payment for drugs, dispensaries, and dispensers shall be a charge upon the Consolidated Fund. This would encourage the separation of the duties of dispensing medicines from the strictly medical and surgical ministrations of the medical officer—a change that would be fertile in advantages to the practitioner and the public. If Government were to pay 1*s.* for each case of illness, the Poor-law Board might establish dispensaries in all large towns, or wherever desirable. This arrangement would be of the utmost service; it would save much suffering and much loss of time to the poor, who are now often obliged to wait many hours for their medicines until the surgeon can return from his rounds.

There is no innovation in the principle of thus transferring a portion of the charge to the Consolidated Fund. The expediency of this division is confirmed by experience. It would tend very greatly to equalize the burden of the Poor-rates, which now press so unequally and so unjustly upon certain portions of the community. And by this approach to equalization, the greatest difficulty in the way of all reform—the opposition of the heavily-weighted parishes—would be overcome.

Several clauses are designed to facilitate the obtaining of medical relief. It is provided that medical relief shall not be deemed parochial relief, nor subject the recipient to any disqualification. By extending the means of getting medical orders, the access to the surgeon is much expedited. Section 35 directs the appointment of a Medical Commissioner to the Poor-law Board, and it is proposed that he shall be nominated by the Poor-law medical officers. We long ago urged the necessity for having a Medical Commissioner. It is remarkable that, on a Board which has constantly to discuss and decide upon matters requiring medical knowledge, no person properly qualified to judge should have a place.

There are various other provisions of great importance, some of which we think are ill-considered, to which we may hereafter refer. But we may now specify that which declares that public vaccinators shall have the same qualifications as Union

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medical officers. This provision, so obvious to common sense, is rendered necessary by the ridiculous order of the Privy Council, which seeks to raise vaccination into a special art and mystery.

We are not aware that any one contests the justice or expediency of those features of the measure which we have above described. We believe that guardians, who are not—the Reverend Mr. KINGSLEY well says—*hostes humani generis*, are only anxious to keep down the rates; and if the Bill can be constructed—as certainly it may be—so as to distribute the burden more equally, and to lessen sickness amongst the poor, the local rates will not be increased. Amongst the general public, we know that a very strong opinion exists, that the medical officers are badly paid. The Poor-law Board has in various ways, at different times, thrown its authoritative decision into the scale of reform. The House of Commons is, we hope, ripe for the question. The medical officers themselves have, under the energetic leadership of Mr. GRIFFIN, put their case fairly and convincingly before the country. It remains for them to improve the advantage they have gained, to persevere till the last in urging their claims by letter and by petitions, upon individual members and upon the Houses of Parliament. If the Bill exhibit evidence, as we admit it does, of want of the technical skill of the "draughtsman," this is a defect which can easily be remedied, when the principles are sound, and when the enactments embody the results of wide and accurate inquiry, digested by patient thought, and enlightened by long practical experience. In according, however, due praise to those parts of the Bill which relate strictly to the legitimate duties of the Poor-law Medical Officer and the Medical Relief of the Poor, we think it a matter for regret that the framer should not have adhered to this text, but have sought to tack on subjects of a quite extraneous nature. We refer to Clause XXXVIII. The provisions of this section of the Bill are absolutely preposterous, and meditate an invasion of the rights of the profession of the most outrageous character. It is actually proposed in this clause, in cases of sudden death,—of course including those of persons found dead,—and in every case of accidental death where no registered medical practitioner has been in attendance prior to the death, to empower the Registrar of deaths to give an order to the District Medical Officer to view the body externally, and to give such certificate of the cause of death as such District Medical Officer may think proper! Thus the District Medical Officer may be introduced into the houses of all the families in the district in which sudden or violent deaths may have happened. The District Medical Officer, under the order of the Registrar, is to receive five shillings for this superficial examination of the body, and one shilling mileage; but the services of the family medical attendant, who may arrive immediately after the death, are completely ignored. This entire section of the Bill is of so outrageous and unconstitutional a nature that should it receive the sanction of a Committee of the House of Commons, it would become the duty of the profession to as energetically oppose the future progress of the measure as they have hitherto earnestly endeavoured to promote its enactment into a law.

IT affords us much satisfaction to be able to announce that the authorities connected with the Medical Department of the Army have, with the concurrence of the Secretary of State for War, decided upon organizing a Sanitarium and Invalid Establishment at the Cape of Good Hope, for the reception of the sick and disabled troops belonging to the various corps serving in China. This arrangement has been made by the Government in order to obviate the necessity of forwarding the wounded and invalid troops over the long voyage to England. Information has been received at the medical establishment of Chatham that several medical officers will be required for the new establishment, and that they will be despatched as early as possible.

It is well known that the Cape of Good Hope has long been resorted to by invalid Indian officials for the recovery of their health; and it is somewhat strange, considering the salubrious and temperate character of the climate, and the centrical position of the colony, lying as it does in the middle of the highway between India and England, that the establishment there of a Government Sanitarium has not been before adopted. It is true that the recent formation of "hill sanitaria" in different parts of India has gone a long way to render an establishment at the Cape less urgently necessary, so far at least as the troops are concerned. But, as both Dr. STOVELL's and Mr. W. MARTIN's* arguments go to show, in comparing the value and effects of the Cape climate upon the one hand, and of the Hill Stations of India on the other, we must bear in mind the modifications necessarily resulting from a change to a reduced temperature which is the effect of a difference of latitude, and that reduction which is the result simply of altitude. We find, e. g., that the effect of a sick man's migrating from a place on the plains of a tropical country to one upon a higher elevation in the same region, is very different from what it is if he proceed to an altogether new region. In the one case, disease of an organic character receives comparatively very little benefit; whereas the voyage to another country, in the course of which the patient frequently changes his latitude, and finally settles in a different geographic locality, even although it may be, as at the Cape, almost on a level with the sea, is found to be far more efficacious in remedying organic visceral mischief and morbid diathetic states. Hence, then, the "hill sanitaria" of India, however valuable, will always leave abundance of scope for such a place as the Cape of Good Hope. But be that as it may, there are no resorts for us amongst the mountains in China, and so sick soldiers must either come to England or stop half way. Considering that the halting place in question is one well fitted by its climate for such a purpose, and that the invalid resting there will be saved the half of a tedious and painful journey, and come sooner under proper hygienic and remedial care, we need scarcely say that the establishment of a Government Sanitarium at the Cape will be a great boon to our disabled troops.

Hitherto, however, many Indian officers of but moderate means have found the voyage to the Cape and a prolonged residence there a rather heavy strain upon their purses. Mr. W. MARTIN, of the Bengal Medical Service, who was at the Cape Colony in 1854 and 1855, tells us that a married man, with one or two children, should not have less than £500 a year; whilst a bachelor might, perhaps, be supplied with all comforts, but not luxuries, for about half that sum. The passage for a family (including one servant) varies from 1200 to 2000 rupees. Men-

* The Indian Annals of Medical Science, No. 7, Oct. 1858.

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servants, natives of India, should not be taken to the Cape, as they are said to be generally a dissipated and troublesome class, though, as regards the Cape servants themselves, great complaints are made both by residents and visitors. Coals cost not less than £3 10*s.* the ton. It is probable, however, now that certain alterations in the "leave regulations" have taken place, and fewer officials stop at the Cape, but come on direct to England, living may have become cheaper, particularly in the items of house-rent, boarding, and servants' wages. Mr. W. MARTIN, combining his own experience with that of Dr. A. MELVIN, Inspector-General of Hospitals in the Cape Colony, and of Dr. STOVELL, has come to the conclusion that, with reference at any rate to the troops, the Cape is one of the most healthy of the British colonies; compared with even a European climate, it may be considered as favourable for British-born soldiers. According to Inspector MELVIN, the climate of the Eastern Division of the colony, and of the frontier districts, is healthier than that of the Cape and its immediate neighbourhood. The average mortality of the troops serving in the colony, during successive periods, when they were not exposed to the risks and fatalities of active military service, amounted to something less than 12 per 1000. Now, when it is considered that the rate of mortality amongst troops serving in the British Isles has been computed to be about 15 per 1000, the proportion of deaths amongst the troops at the Cape appears extremely small. The thermometer has been known to rise as high as 98° Fahr., and to fall as low as 40°. Ice is occasionally found in the country parts near Cape Town. Exposure to the sun does not seem to produce the same injurious effects that would result from the like exposure in the northern hemisphere. Cape Town, though cleanly and substantial, is defective in drainage, and in the parts principally occupied by the coloured population is excessively crowded. Hence there is at times a great mortality from epidemics, chiefly of the class of exanthemata. But speaking generally, from what Mr. W. MARTIN tells us, we may say that the mortality from the diseases which are so fatal in tropical countries, and in the dense populations of Europe, is by no means great. This comparative immunity from the more prevalent causes of death in other parts of the world,—i. e., such as depend upon miasmatic influences,—would appear to arise from the peculiar position of the town and neighbourhood, which causes it to be exposed to strong winds almost all the year round:—

"During the winter, the north and north-west winds blow into the bay; but, during the rest of the year, the south-east wind is almost constantly prevalent. It blows with such force as to scour every corner of the streets and alleys of the town and environs, and is with great justice denominated the 'doctor!'.....That which strikes anyone who has been resident any time in the colony as the most peculiar characteristic of the climate, is the rapid and sudden vicissitudes of the temperature and state of humidity or dryness. Nothing is more common than for the system to be exposed more than once in the day to cold, rendering warm great coats indispensable for comfort, and to heat, rendering light summer clothing equally indispensable.... ..From these circumstances it happens that epidemics or malarial diseases are almost unknown at the Cape, although a great part of the inhabited district in the vicinity of the town is on ground very low and liable to be inundated at times.....The crowded and in general filthy habitations of the lower classes in Cape Town, are not subject to the penalties of typhus or bilious remitting fevers; but they suffer severely, as might be expected, when infectious or contagious diseases—as measles, small-pox, &c.—are imported."—Mr. W. MARTIN, *op. cit.*

It is to be suspected that, salubrious as the Cape climate is, some, like Dr. STOVELL, have yet regarded it in too favourable a light. He states, that not only is there "no cholera, no remittent or intermittent fever, and but very little continued fever," but that "diseases of the lungs are far less prevalent than in Great Britain, and there is no unusual prevalence of disease either of the brain or of the stomach and bowels." Such is not exactly the experience of other medical inquirers. The diseases which would appear to be predominant about Cape Town, and the colony generally, are diseases of the heart, rheumatic affections, and functional disorders of the stomach. In certain epidemics, and at certain seasons of the year, whooping-cough is apt to be rather fatal amongst the children; whilst, as regards education and the rearing of the young, it seems that the climate offers many obstacles, physical as well as moral. There is too much forcing, too little repose, and growth takes place with a rapidity which is injurious to European constitutions. Mr. MARTIN speaks of the enormous size to which both men and women of the European and mixed breed sometimes attain, as being proverbial. No doubt it is often a question for the medical man, whose patient must leave India, whether he should advise him to try the mild but variable climate of the Cape, without the advantages of agreeable occupation and society, or the colder but more bracing climate of Europe, accompanied by superior advantages of mental and social recreative employment. Mr. W. MARTIN gives it as his opinion, that a patient who has

"Spent already the best part of his life in India, and particularly if his disease should be of an organic nature, or even long-continued functional derangement, may be with more safety transferred to such climates as are found at the Cape, or in Australia, than to the more inclement atmosphere of Europe; but to the comparatively young, and those to whom so decided a change as from India to Europe may be borne with safety, and whose income is too small to enable him to secure healthy quarters at the Cape, with accommodation quite suitable to his state of health, a furlough to Europe would, in most cases, be more beneficial."

To the knocked-about, sick, and disabled common soldier from the muddy rivers of China, the new Sanitarium at the Cape of Good Hope cannot fail to prove a greater comfort than his removal to a workhouse or hospital, helpless and diseased, in the middle of winter, amongst the frosts and fogs of even his *native* island.

Since penning the above, we believe that an official notification has been received at Chatham of the appointment of Mr. J. R. TAYLOR, C.B., Inspector-General of Hospitals, principal Medical Officer at Fort Pitt, and one of the hon. surgeons to her Majesty, to the head of the new Invalid Establishment and Sanitarium. The successor of Dr. TAYLOR, at Fort Pitt, has not yet been officially announced.

A SHORT time since we published, at the request of the London Medical Registration Association, a list of the Local Associations throughout the country, accompanied by a request from the Honorary Secretary of the Central body that the Secretaries of those Associations would forward to him corrected lists of their members, with the view that at a fitting opportunity the whole might be printed in one complete list, showing the number of practitioners who are associated for registration purposes, and

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to carry out the provisions of the new Medical Act. A considerable number of those Associations have connected, or as it is termed "affiliated," themselves with the one established in the metropolis. It would afford the means of embodying a large amount of force for the protection of the profession if the remainder would speedily follow their example, so that a bold and powerful front might be opposed to the invasions of quacks and pretenders of all descriptions, who continue to parade medical and surgical titles, and unblushingly invade the rights and privileges of qualified practitioners, to their great injury and loss. If such a large and influential body as is now capable of being formed, ramifying throughout the length and breadth of the land, were fairly consolidated, its moral power would be felt even if it merely kept in existence without undertaking a single prosecution.

It is to be recommended to the central body, that in order to give due weight to the influence of the Local Associations, the President and Secretary of each should become *ex officio* representative members for their respective bodies, with seats in the Central Committee. This proposition is, as we learn, embodied in some new bye-laws, drawn up by a sub-committee of the London Association, as more adapted for that body in its present state of expansion than those which were promulgated while it was only growing into importance. It will give seats to members for many county Registration Associations, and to those for the principal cities and towns of the kingdom in which such assemblages have been instituted. Thus, out of the London Medical Registration Association, a Parliament of the Medical Profession might arise, such as has been often contemplated, but which never until now has met with so good an opportunity for its formation, since it was not until Medical Registration Associations began to arise that there were any societies in existence of a strictly medico-political character.

An object which might worthily claim the attention of the general body, when duly consolidated, is the institution of a "Medical Club-house" in London. This has long been a grievous want on the part of practitioners in the country visiting the metropolis. They have no common home here, and great would be the advantages, both social and scientific, in their finding some centre where they could meet with old college friends, as it may be, or others with whom they desire to hold communication or to become acquainted. It would not be difficult to find a commodious mansion, near Charing-cross, suitable for the purposes of a club-house; and the subscriptions that might be readily gathered from such a body as the amalgamated Registration Associations could compose, would amply support the current expenses of such an establishment. In addition to the dining, breakfast, and bedrooms, the library, and other apartments necessary for a club, room might be found for the meetings of the "Medical Parliament," and offices for the "Registration" business. We throw out these hints for the consideration of the London Medical Registration Association and its affiliated branches; and we shall be happy to afford space in the columns of THE LANCET for communications on the subject.

THE disagreement lately existing between the Governors and the Medical Staff of the Bedford Infirmary, has terminated in a way highly honourable to both parties. At a general meeting, held at the Infirmary last week, a resolution was carried by a considerable majority, which had, in fact, the effect of conferring the right of the medical officers to be *ex officio* members of the committee. "The dispenser also was "placed under the control of the medical officers, who also had "the power to suspend him for neglect of duty or insolence, "reporting the same to the weekly meeting, who should further "report to the quarterly board, which board, and *not* the "weekly committee, shall deal with the case as they shall "think fit."

In a body of English gentlemen, who had had the opportunity of witnessing the efficient and able manner in which the medical officers had performed their duties, it was impossible that any other conclusion could have been arrived at. Of course it was to be expected that some individuals would be found to oppose any measure of justice to the medical staff, and that they should advance objections of the most frivolous and untenable character. We regret that two clergymen should have carried their prejudices against the medical officers to such an extent as to have resigned in consequence of the defeat which they had experienced. It is evident that these gentlemen are not able to appreciate the invaluable services which the physicians and surgeons of the Bedford Infirmary render to that institution. Their loss, then, as active governors will probably not be great. It is only due to the surgeons of the Infirmary to state, that they have conducted themselves, during the whole of the contest, in a most honourable and praiseworthy manner. They have asserted their rights with firmness and moderation, and they evidently regard the resolution of the governors less as a triumph than as a simple act of justice to themselves. The profession in general, however, will view the conduct of Messrs. HARRIS, THURNALL, and SHARPIN as a service rendered to the honourable calling to which they belong, but more especially to the honorary medical officers of charitable institutions throughout the kingdom. They have furnished an example which we trust will not be lost upon those interested in this question. They were united and firm, but withal moderate and courteous in their demands and demeanour. Such a wholesome lesson, we hope, will not be without its influence should a similar contest ever again arise.

THERE is no class of our brethren who have laboured under greater disadvantages than the Militia Surgeons of this kingdom. We have endeavoured to remedy some of the abuses to which they are subjected, and not without success, in the pages of THE LANCET; but if they are to obtain their just rights, they must exert themselves. We are gratified to observe that these gentlemen will hold a public meeting in London on the 19th inst., and that they will afterwards dine together at the St. James's Hall, Regent-street. If these gatherings are properly attended, they cannot fail to have their due weight with those in power. In no profession is the hackneyed axiom, "Union is strength," more applicable than to that of medicine. The Militia Surgeons occupy an important position in the country, and they must look to the House of Commons to redress their grievances. All and each of them have representatives in Parliament, and to these gentlemen they must appeal, both personally and by letter, to interest them in their cause. Their claims to consideration are founded on equity; therefore, let them show by energy and perseverance that they are determined to help themselves, and they will succeed.

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Medical Annotations.

"Ne quid nimis."

GASTRIC SECURITY BY ACT OF PARLIAMENT.

IT was certainly high time that the administration of poison should be recognised as an offence against the law. From the moment that our attention was first directed to this point, we were able to collect, within a short time, four serious cases in which poisonous and noxious substances were introduced into food with malicious intent and most painful consequences. In each instance there was neither compensation for the victim nor punishment for the culprit. The law had not contemplated any other criminal use of poisons than for the destruction of life: for less serious injuries there was no provision. To kill by poison was punishable with death: to render life intolerable was an offence which might be committed with impunity. We found that it was perpetrated with more or less success, with perfect immunity from penalties, four times during the last nine months of 1859. On each occasion we urged the necessity for legislation; and early in the present session a Government Bill passed the Lords and Commons, rendering such offences misdemeanour or felony, according to the intent.

The first case which involved the penalties of this new and, as we think, salutary law occurred at Carlisle during the last week. Two ignorant young fellows went into an inn, and there, by way of a practical frolic, dropped some twist tobacco into a kettle of water. Ten persons partook of tea made with this decoction of tobacco, and in consequence they were all attacked with symptoms of narcotic poisoning. Fortunately, some children of the family did not share the tea. Medical men recognise in nicotine one of the most deadly of all alkaloid poisons, and the joke went near to tragedy. The prosecutor, seeing how severely these young men might be punished for an offence probably committed as the result of ignorance no less than folly, refused to press the charge; otherwise the practical jokers must have been committed to the assizes, and were liable to imprisonment extending at discretion to two years. The course pursued by the prosecutor was tempered with mercy. It would have been hard to punish so severely an offence committed, perhaps, altogether unwittingly. But it cannot be too widely known that practical jokes against health are as little permitted by the laws of the realm as by the rules of real wit or good sense. Henceforth, an Englishman's digestion is protected. His mucous membranes are no longer beyond the pale of the law. No more pills in the soup, or salts in the beer. The stomach has its legal rights and privileges. For the future you may no more nauseate an unwilling victim than tweak his unoffending nose. Let cooks have a care as to their compounds.

ENGLISH SURGERY THROUGH FRENCH SPECTACLES.

THE insular pride of the Briton is more than equalled by the egotism of the Gaul. In one respect it is surpassed. Our insularity ceases where the sway of science begins. We do not assume to be the centres of intelligence, self-sufficing and widely irradiating the nations. We search afar, and beat the bounds of the habitable world in quest of knowledge. Yet, assuredly, the contributions of our countrymen in every branch of learning will bear comparison with those of any other people in the world. The Parisian School of Science affect to be self-taught, and instructors of mankind. This pretension is defeated by their daily plagiarisms; but it is as frequently renewed by their vain protestations. One surgeon translates an English surgical treatise almost *verbatim*; another suggests one of our most familiar operations as a novelty worth trial in France. They imitate and adopt our system of treatment of aneurism, of cleft palate, of amputations and resections; they borrow from us chloroformization, hypnotism, local narcotism; they renew in their solemn discussions the worn-out quackeries which live only in our past history: and after all this, they proclaim at every crossing that Paris is the centre of knowledge and fountain of science. M. Topinard, an intelligent *interne* of the French hospitals, who has recently broken the national rule, and made a surgical tour in the English hospitals, of which he has just published his impressions,* feels it necessary to vindicate the national dignity by observing that Frenchmen "rarely deign to abandon the hearth in quest of instruction." This pilgrimage was undertaken "to fill in some vacant time," and, as M. Topinard frankly confesses, with little expectation of learning anything: "Imbu de la supériorité de notre pratique, je songeais à peine rapporter quelques enseignements nouveaux; mes idées se sont rapidement modifiées." He was surprised to find something to learn. He discovered facts generally unknown in France, but deserving to be examined and imported. He found that his compatriots were exposed to grave errors on the score of English surgery. A few of these he corrects *tant bien que mal*. Some of his observations are novelties in every sense. Thus, he discovered that at St. George's the surgeons or physicians meet in the theatre weekly, and there discuss, in the presence of the pupils, their difficult cases, and the propriety of operations which are not of a pressing character,—and he says, "The most laudable efforts, I am assured, are made there in order to obtain a unanimous vote. What an advantage for patients and pupils!" The points which particularly attracted the attention of M. Topinard, as a late house-surgeon, were the vast superiority of the English methods of dressing wounds, injuries, and fractures; and the superiority of their hospital practice in all that relates to domestic and personal hygiene. In these respects, it is notorious to all but French surgeons that the Parisian school is twenty years behind the English—twenty years of stagnation on their side, and of active progress on ours. The result of a more enlightened attention to those subjects is seen in the fact that the mortality from all great operations in England and in London is by far less—sometimes fully a quarter less—than in Paris.

THE STUDENTS AND THE MEDICAL CORPORATIONS.

WE mentioned that the students of the metropolitan hospitals had been called on by Mr. Griffin and his committee to aid in the general movement for Poor-law Medical Reform, and that as a first step they had resolved to petition the Councils of the great medical corporations. The following memorial has, we understand, been addressed to the Councils of the Colleges of Physicians and Surgeons, the Medical Council, and the Senate of the University of London. It remains to be seen with what effect:—

"GENTLEMEN,—We, the undersigned delegates representing the students of the medical schools of London, appointed to aid in the amelioration of the condition of the Poor-law medical officers throughout the kingdom, respectfully approach you to ask you to represent, that the opinion of your important body, officially expressed on this subject, would greatly influence the decision of the Legislature on the measures of Poor-law Medical Reform, which are about to be submitted to them. We venture to think that the social position and pecuniary emoluments of so large a number of medical practitioners [members of your College] are not matters of indifference to you. The present position of these gentlemen is notoriously inferior to their claims, as members of an honourable and distinguished profession, and the labours incidental to their profession are unfairly estimated in the present scale of remuneration.

"We venture, therefore, to solicit your attention to the Bill introduced into the House of Commons by Mr. Pigott, which proposes the readjustment of the system. That Bill has met with the approbation of nearly all those who are personally concerned, and we believe it to suggest an equitable arrange-

* Quelques Aperçus sur la Chirurgie Anglaise. Par Paul Topinard, D.M., Ancien Interne des Hôpitaux. Paris: A. Cuesse. 1860.

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ment. We trust that your honourable body will take its provisions into consideration, and will think it right to express officially your opinions thereon, and will, if you see fit, take measures to intimate the same to the Government, by memorial or otherwise. We are moved to prefer this request by the respect in which we hold your high representative functions, and in the belief that you will afford your best consideration to a subject closely affecting the interests of a numerous section of the medical profession."

POISON-CUPS.

AMONGST some objects of art last week dispersed at the principal auction rooms of London was a celebrated poison-cup presented by the Sultan Amurath III. to the Emperor Rudolph. Examined by the penetrating eye of modern criticism, it appears only as a cup composed of greyish metal, "supposed to contain an antidote to poison." It is beautifully inlaid with gold, set with pearls, rubies, emeralds, and turquoises, and standing four inches high. This splendid goblet, whose properties would be priceless if they were not fabulous, realized only fifty-five guineas. What a price for salvation from the fate of Cook!

These poison-cups were amongst the mysteries of antiquity, and this is one of the latest extant. It deserves to be noted as one of the curiosities of toxicology. Venice glass and "the best of China dishes, such as the Emperor doth use," were reckoned "amongst the best preservatives against poison for princes and persons exalted unto such fears," in the time of Sir Thomas Browne. It was the ancient doctrine that throughout creation there is a prevalent law of duality (a theory since proved true in a higher sense)—two and two, one against another—poison and antidote. Yet, says Browne, quaintly and truly, "although unto every poison men have delivered many antidotes, and in every one is promised an equality unto its adversary, yet do we often find they fail in their effects. *Moly* will not resist a weaker cup than that of Circe; a man may be poisoned on a Lemnian dish; without a miracle of John there is no confidence in the Earth of Paul;* and if it be meant that no poison could work upon him, we doubt the story, and expect no such success from the diet of Mithridates."

POSTAL CHARGES ON VACCINE.

A WORD in season has its proverbial advantages. It is an axiom in chemistry, which has a general application to the affairs of the world not less striking than its physical value, that new combinations may be effected with facility when the substances under manipulation are in a state of change or *catalysis*, although they be of such a nature that in conditions of repose and inertia it would be difficult or impossible to induce the necessary decompositions and recombinations. At this moment the postal system is probably entering upon the stage of catalysis, and as the searching investigations of the leading journal have produced a determination to effect such a salutary change and reconstitution as the exigencies of the public weal require, we use the moment to press the postal authorities to consider the propriety of permitting the free transmission of vaccine matter by post. There are many reasons why this boon should be granted to the public. The difficulties surrounding uniformly efficient vaccination, under the most favourable circumstances, are greatly enhanced where the practitioner is distant from large centres of vaccination, and is unable to keep up a succession of vaccinations, or readily to resort to a well-conducted vaccine station. Under these circumstances he is compelled to apply by post. On the other hand, practitioners who have a large supply of fresh vaccine matter on hand, frequently intimate through this journal their willingness to voluntarily undertake the labour of forwarding such matter to all who need it. It is under these circumstances that the postal fee becomes somewhat onerous. It is obviously in the interest of the public that all possible facilities be afforded for the free dissemination of fresh vaccine matter. We do but suggest this reform, believing it to be one which does not require argument.

* Terra Melitea.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Mr. Griffin's Remarks on the Poor-law Medical Relief Bill, brought in by Mr. Pigott, addressed to the Members of the two Houses of Parliament.

12, Royal-terrace, Weymouth, April, 1860.

MY LORDS AND GENTLEMEN,—A Bill has been introduced into the House of Commons by Mr. Pigott, entitled, "An Act for the better regulation of Medical Relief to the Poorer Classes in England and Wales, and other Measures of a Medical Character for the Welfare of the People."

In May, 1854, the hon. gentleman moved for the appointment of a Select Committee "to inquire into the mode in which medical relief is now administered in the different unions in England and Wales, and to ascertain whether any additional facilities might be afforded the poor in obtaining medical relief." The Committee sat many days, and obtained an immense mass of evidence, which the House ordered to be printed. From that evidence, and from an extensive correspondence with the Poor-law medical officers, and frequent meetings of them, and deputations to the Poor-law Board, the Bill now before the House has been framed, and Mr. Pigott, who so well understands the entire bearings of the case, has kindly introduced it. The Bill has been called "the Doctors' Bill," and that it has emanated from them I will not deny; but who so likely to know the wants of the poor as those who are continually amongst them? It is, however, their Bill only so far as it enables them honestly to do their duty to the poor. The Bill is essentially the poor man's Bill; it is also the ratepayer's Bill; as that which prevents or lessens sickness amongst the poorer classes must cause a diminution of the rates.

On several occasions I have addressed the members of the Legislature on this subject, but as there are many honourable gentlemen now in the House who have not seen those communications, I have been induced to write a commentary on the Bill, in order that they may understand the motives that have influenced us in framing each section. It is possible some of these clauses may require modification; should such be the case, I pray you not to reject the Bill on that account, but to allow it to go into Committee, and there make it suitable to the requirements of the community at large.

The Poor-law Board, in their instructional letter, dated March 12th, 1842, stated,—"It is the earnest wish of the Commissioners to carry into effect the recommendation of the Committee of 1838, 'that the remuneration of medical officers shall be such as to ensure proper attention and the best medicines; and the guardians will doubtless perceive, that unless the medical officers be adequately remunerated, no vigilance on their part will suffice to procure proper attendance and medicine to the poor under their care.'"

The above was written in 1842, and yet in the year 1857, when a return, moved for by Lord Elcho, was laid before Parliament, the average payment throughout the kingdom was only 3*s.* 1*d.* per case; many of the medical officers actually receiving but a few pence, in one instance 2*d.*, per case. With such a state of things, is there not a fear the poor may suffer, and the ratepayers also?

The salaries of the district medical officers now amount to £154,729; if from this £54,842 be deducted as the cost of drugs, at only 1*s.* per case of illness, the actual sum in forty-five unions being 1*s.* 1¼*d.*, and £73,106 for acreage, at only ¼*d.* per acre, as a slight allowance towards the expenses for horses, in country practice, it will leave a balance of but £26,781, which, if divided by 1,094,939 cases of illness in the districts in the year ended March, 1857, there will remain but 5¾*d.* as a remuneration for professional skill, loss of time, and the labour in attendance on the sick, the average duration of whose illness is twenty-two days for those not on the permanent list, and a still longer period if the latter be included; but even this sum is so unequally divided, that two divisions have nothing, one but a 1¼*d.* per case, while another division has 1*s.* 1¼*d.*

The Poor-law Board, in their minute, dated October 31, 1840, say, "It is difficult to overrate the importance to a union of possessing a body of efficient paid officers. Without efficient paid officers, no union, of whatever size, can conduct its Poor-law business in an economical and satisfactory manner; although the vigilant superintendence of the guardians is necessary to

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the well-working of the union, it is not alone sufficient. Here and there an individual candidate, well fitted for a union officer, may, from peculiar circumstances, be willing to accept it for an inadequate salary; but even he will, probably, after a short time, become dissatisfied, and will desire to transfer his services to some other union, or to seek some other employment." The correctness of this minute is proved by the fact, that during the last five years, 1418 medical officers have resigned their appointments.

By the Bill now before the House, the medical officers ask but 2*s.* 6*d.* for each ordinary case of illness, where the guardians find the medicines, or 3*s.* 6*d.* where the medical officers find them. The acreage, at 1*d.* per acre, will certainly add 2*s.* 2*d.* as an average payment for each case, but of this the medical officers of town districts will receive next to nothing. These sums added together will realize an average payment of 4*s.* 8*d.* per case, when the guardians find the medicines, and 5*s.* 8*d.* when the medical officers find them—a sum actually less than that which was recommended by the Poor-law Commissioners in 1839, as they recommended "6*s.*, or 6*s.* 6*d.* per case, for paupers in rural districts, and an amount, not to exceed 10*s.*, for those not on the pauper list, with extra fees for midwifery and surgical operations." A new table of fees will probably increase the extras by one-third, and thus give an additional average payment of 9*d.* per case.

As a question will naturally arise as to the expense to be entailed on the nation by the proposed Bill, I here give that part relative to medical relief as nearly as it can be ascertained, the calculations having been made on the return moved for by Lord Elcho, and laid before Parliament in 1857:—

For 1,346,947 cases of illness, at 2*s.* 6*d.* each ...	£168,368
For acreage (1*d.* per acre)	146,210
Visits at the workhouses, say	11,000
	£325,578
(This it is proposed to be a charge on the county-rate.)	
Cost of medicines, or dispensaries, at 1*s.* each case of illness	£67,347
(This it is proposed shall be a charge on the Consolidated Fund.)	
Cost of extra medical fees, say	50,000
(This is to be a charge on the common fund of the union.)	
Total	£442,925
PRESENT PAYMENTS.	
By annual vote of Parliament, half of salaries ...	£92,827
Common fund of union, ,, ,, ...	92,827
By ditto, and parishes, extra medical fees... ...	36,386
	£222,040
Proposed increased expenditure	£220,885

The above may appear a considerable increase, and in round numbers it certainly looks so; but is it more than the medical officers ought to have? Is 2*s.* 6*d.*, without medicines, or 3*s.* 6*d.* with, too high a payment for attending an illness, the average duration of which is twenty-two days? Can any honourable gentleman rise in the House, and conscientiously say that it is?

The Right Hon. T. Sotheron Estcourt, the President of the Poor-law Board, in February, 1859, concluded his address to the deputation of Poor-law medical officers in these words,—"The matter ought not to continue in its present state, and if I remain in office, I shall use the best means in my power to put this question on a better footing, and to make such arrangements as will be satisfactory both to you and the public."

I therefore pray you to carry out the intentions of the right hon. gentleman; and I firmly believe no better Bill, upon the whole, can be devised than that introduced by Mr. Pigott, and now before you, which, if passed into law, will be, to quote the words of Mr. Estcourt, "satisfactory to the medical officers and the public."

I have the honour to be,
My Lords and Gentlemen,
Your most obedient servant,
To the Members of the Legislature. RICHARD GRIFFIN, Chairman.

MUNIFICENT BEQUEST TO AN HOSPITAL.—It is announced that, by the will of Mrs. Freeman, who died in London last week, and who was the daughter of Sir Thos. Apreece, who held property in Leicestershire, the sum of £10,000 is left to the Leicester Infirmary, the only stipulation being that a ward shall be called the "Apreece Ward."

Correspondence.

"Audi alteram partem."

THE COLLEGE OF PHYSICIANS AND GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Rumours are flying about that there has been a movement in the College of Physicians to form an examining board which would be satisfactory to general practitioners. Rumour further states that the late negotiations for that purpose with the College of Surgeons have come to no result, the latter not having been willing to meet on equitable terms. If this report prove correct, it is much to be regretted; since a laudable desire exists amongst general practitioners to hold their testimonial of efficiency from the two great Colleges of the kingdom; whilst it is very natural that they should be discontented with the trading character which now attaches to their class through the present examination at the Society of Apothecaries. I feel sure, however, that the general practitioners themselves would be the first to disclaim the injustice of altogether ignoring the Society of Apothecaries, whose great and successful efforts to raise their standard of education have won the respect of the whole profession. I cannot see why the medical part of the general practitioners' examination, which belongs properly to the College of Physicians and to the Society of Apothecaries, should remain unimproved because the College of Surgeons refuse to co-operate; and I think a simple plan to effect it could be suggested. Section 19 of the Medical Act says, that any two or more of the existing licensing bodies may unite to examine. It is, therefore, quite open for the College of Physicians and the Society of Apothecaries to unite, and leave the College of Surgeons to do their own part as they please. It would be easy for the two former corporations to form a joint board, composed of examiners appointed in equal numbers by the two bodies; and by way of further relieving the general practitioner from a trading connexion, the Society of Apothecaries might be restricted in their choice, if thought advisable, to fellows and licentiates of the College of Physicians; the examinations to be held at the College of Physicians, and a joint testimonial to be given by the examiners. This would ensure a very honourable examination to the general practitioners; would relieve them from that part of their present position which they complain of; and would also avoid the injustice of entirely robbing a body of its functions, which truly has by its acts deserved better treatment.

An important question still remains,—namely, how to effect the registration; for it is of no use to offer practitioners an examination unless it will enable them to be duly placed upon the Medical Register. It seems certain that Parliament will grant no new privileges to corporate bodies; although they might, for the gratification of so large a class as the general practitioners, place on Schedule A a title or qualification which is already in the Medical Act of 1858. There are on this point two precedents,—namely, one in the word "Member," which has been introduced into the first and second lines of Schedule A; and a second in the term "Master in Surgery" in universities. Now the Medical Act already contains the title of "Licentiate of Medicine and Surgery;" hence the general practitioner, examined as I now propose, would receive a most appropriate title,—that of "Licentiate in Medicine," already sanctioned by Parliament. Therefore, to ask for that title to be inserted in the eighth line of Schedule A would be seeking really no new privilege, nor would it militate against any existing interest. Upon such grounds, it seems to me reasonable that our medical authorities should move in this matter, and that it is in their power thus to confer a boon on the general practitioner without alarming those parties who make a dogged stand against what they believe to be dangerous revolutions.

I am, Sir, your obedient servant,
April, 1860. OBSERVER.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—After the admission of Messrs. Horton and Meredith to the membership of the College of Surgeons, such facts as the following require no comment:—

I served an apprenticeship with a M.R.C.S., spent three

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years at a London hospital (taking four prizes during the time), and then went to Paris for a year, where I followed a systematic course of lectures and hospital practice, after which I returned, and got the appointment of house-surgeon to a large provincial hospital containing upwards of 130 beds. When I had been there for two or three years, I thought I should like to go up for the fellowship. I accordingly looked at the rules, found I had attended all the lectures required, and had had six years' hospital practice. I had observed a footnote in the bye-laws of the College, which said, "No provincial hospital will be recognised by the College which contains less than 100 beds, and no metropolitan hospital which contains less than 150 beds;" and presuming that, as I was in a provincial hospital containing more than thirty beds over and above the 100 required by the College, I should be all right, I wrote up, stating my intention, and furnishing all the necessary requirements, when, alas! I found I had been at the wrong place—the hospital I was in was "not recognised by the College," and so they could not admit me. I then wrote and explained that the number of cases, medical and surgical (the latter especially), was very much greater where I was than at the nearest hospital recognised by the College, and hoped that, as I had had a more ample opportunity of acquiring surgical knowledge than even at a recognised hospital, I should be admitted to the examination. The application was laid before the Council, and those venerable guardians of the interests and honour of the profession decided that they could not depart from their rules and regulations, and therefore I could not be admitted to the examination. The hospital was not recognised "because a sufficient number of cubic feet of air was not allowed for each patient."

I felt at the time that it was a great absurdity to refuse to allow me to compete for the fellowship because my professional knowledge had been acquired in rather too small a building; but when I see men who have not acquired "any knowledge at all, either from lectures or attendance at any hospital, large or small," made equal to myself in degree, the feeling is changed to one of utter disgust for a College that can perpetrate such a glaring inconsistency, and evince such want of faith towards its members.

I enclose my card, and remain, Sir, yours truly,

April, 1860. A COUNTY HOSPITAL SURGEON.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—The discrepant opinions and statements of medical men with regard to the action of iodine and its compounds must not a little perplex many of your readers.

Dr. Headland states, in his invaluable work "On the Action of Medicines," that a medical man denied altogether the power of iodide of potassium, because he himself had frequently taken a scruple, and sometimes a drachm at once, without effect. Mr. Lizars, of Edinburgh, gives this drug in very large doses, and he states without producing iodism. On the other hand, most practitioners consider ten grains a large dose.

From your report of the proceedings before the Académie de Médecine in Paris, the same difference of opinion seems to exist amongst continental practitioners.

How can we reconcile these varied statements? Is it not true that men who take up a particular theory look for facts to bear them out in it, while they overlook or nullify those which point to an opposite conclusion? This may be one cause of error. The source, however, on which I lay the greatest stress is in the mode of administration; for though ten grains, or less, given at once, may cause unpleasant symptoms, a tolerance of the remedy may be obtained by commencing with small doses, gradually increased. I have tried the effect of very large doses on myself, the results of which I give below.

As a guarantee for the genuineness of the drug, I may state that it was obtained from Mr. Mackay, and Messrs. Duncan and Flockhart, Edinburgh, and Mr. Smith, of this place.

I commenced with two-grain doses, thrice a day, increased by one grain every third day. When I had attained to 100 grains per dose, I intermitted its use for a fortnight, and recommenced with ten grains, increasing the dose by five grains every third day until I was taking an ounce per day. I thought it needless to go beyond this. The large doses were taken in six ounces of water. Beyond slight catarrhal symptoms, the effect was *nil*.

When I performed this experiment,—if such it can be called,—I had no prejudice to contend with or mislead. I was not in practice, had formed no opinion, and had no theory to maintain. I am aware that "one swallow does not constitute a summer;" yet I think I am fairly entitled to give some opinion on the subject.

All medical men are agreed that iodide of potassium, in small doses, is a drug all-powerful for good in a great many diseases; and the conclusion I have come to is, that even if not injurious, these large doses are unnecessary; and until we have further proof to the contrary, I should hesitate to prescribe them in private practice.

I am, Sir, your obedient servant,

Cheltenham, April, 1860. R. S. SIMSON, M.D.

THE UNIVERSITY OF ST. ANDREWS AND THE POOR-LAW BOARD.

To the Editor of THE LANCET.

SIR,—May I ask you to find room in your valuable journal for the following extract from a letter which the University authorities have just received from the assistant-secretary to the Poor-law Board?

"I am directed to state that the evidence now before the Board is sufficient to satisfy them that a person possessing a diploma from the University of St. Andrews is legally qualified to practise medicine. To that extent, therefore, such persons will be eligible to hold the office of Poor-law medical officer, under the order of the Board dated the 10th of December, 1859."

I am, Sir, your obedient servant,

GEORGE E. DAY, M.D.,
Professor of Medicine.

April, 1860.

WHAT ARE THE EFFECTS OF CIRCUMCISION?

To the Editor of THE LANCET.

SIR,—A very interesting question suggests itself in reference to this subject. Has the operation of circumcision any effect in diminishing the habit or practice of onanism amongst the male children and the young lads of the Jewish community? Practising in a neighbourhood where this community abounds, I do not remember ever having had either a confessed or even a suspected case of this description amongst our Hebrew brethren. I wish I could say the same respecting juvenile Christians. The much less liability the male Jews must have to "a deposit of sebaceous secretion under the prepuce and around the corona glandis" removes, of course, one cause of this evil. What is Mr. Johnson's experience on this point? What is the experience on this point of those medical gentlemen who practise to a great extent amongst the Hebrew class of society?

I am, Sir, your obedient servant,

ROBERT FOWLER, M.D. Edin.

Bishopsgate-street Without, April, 1860.

THE COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

[THE North Staffordshire Medical Registration Association have forwarded the subjoined memorial to the Medical Council:—]

To the Members of the Medical Council of the United Kingdom.

GENTLEMEN,—Having heard with surprise and regret that the Council of the Royal College of Surgeons have admitted to examination and granted diplomas to persons who have in no way complied with their regulations laid down for the course of study and hospital attendance, and having also seen that the Royal College of Surgeons justify their proceedings by complaining of the highly-penal clauses of the new Medical Act,—

We, "The North Staffordshire Medical Registration Association," beg to protest against such proceedings, on the following grounds:—

1st. That this Society considers the new Medical Act to be a great boon and protection to the profession, that it has been obtained with great difficulty, and deserves the warmest support both from the profession and the Royal College of Surgeons, whereas this act of the latter materially tends to neutralize its effects.

2ndly. That it greatly depreciates the value of the diplomas of the Royal College of Surgeons, which is in itself a great act

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of injustice to those already holding them, and tends to lower the honour and dignity of the profession.

This Society, therefore, earnestly entreats you to exercise the powers given you by the new Medical Act to constrain the Royal College of Surgeons to act in accordance with the regulations laid down for the admission to the examinations for the diploma of membership of the Royal College of Surgeons, as this Society considers the course they are adopting at present to be inconsistent with the dignity and interest of the profession.

SAM. MAYER TURNER, *Chairman.*
JAMES YATES, *Hon. Sec.*

Newcastle-under-Lyne, April 9th, 1860.

"SURGEON-CHIROPEDISTS!"—WHAT NEXT?

[THE following memorial has been addressed to the Council of the College of Surgeons by the "Surgeon-Chiropedists":—]

To the Honourable President and Council of the Royal College of Surgeons assembled.

GENTLEMEN,—I have been deputed by several leading practitioners as surgeon-chiropedists of England and Wales, to request the honour of your entertaining our memorial for the incorporation of their respected body with your honourable, chartered, and respected corporation upon the same terms as you have admitted and granted certificates to the dentists of this kingdom; and also to pray your honourable corporation to grant a licence from the Royal College of Surgeons which will enable us to practise dentistry with chiropedism in the same manner as the licensed practitioners of dentistry combine the privilege of practising our profession.

I remain, Gentlemen, your most obedient servant,
WILLIAM ADAMS, *Secretary.*

Chiropedists' Society, Thatched House Tavern,
St. James's-street, April 7th, 1860.

POOR-LAW MEDICAL REFORM.

A PUBLIC MEETING of medical practitioners and medical students was held on Thursday afternoon last, at Freemasons' Hall, with a view to promote the success of the measure introduced into Parliament by Mr. Pigott, with regard to Poor-law Medical Relief. The chair was occupied by Mr. R. Griffin.

There were nearly two hundred gentlemen of the medical profession present, from all parts of the country.

The CHAIRMAN, in opening the proceedings, said there could be no doubt that the Bill would work beneficially for the poor, for the ratepayers, and for medical men. The average rate of payment under the present system, after deductions, was only 5¼*d.* a case; and the total amount received was £220,000 a year. By the mode suggested, the total amount would be £442,925. Some gentlemen thought it would be expedient to ask for more than 3*s.* 6*d.* a case; but he was of opinion that it would be better to ask for a reasonable sum, such as Parliament was likely to give, than to make a demand which there was no probability of being complied with. The Chairman then explained the principal clauses of the Bill, and said he had called the meeting with a view to ascertain the general opinion of the profession on the subject.

Dr. ROGERS, of the Strand Union, supported the Bill, and recommended the meeting to do everything in their power to influence members of Parliament, in order to obtain their co-operation and support in the passing of the measure through Parliament. He urged the importance of the Bill in its bearing upon the poorer classes, who needed more efficient medical relief than could at present be given them, and also upon the interests of medical officers. He hoped that the result of the Bill would be, that medical officers would not be snubbed by ignorant guardians, and that the recommendations they made would be treated as communications coming from gentlemen. He doubted whether the Bill would pass during the present session; but that would be no ground for discouragement, and he trusted that every effort would be made to promote its ultimate success. He concluded by moving the adoption of a petition to Parliament in favour of the measure.

Dr. MACKINLAY seconded the motion, which was unanimously adopted.

Mr. NICHOLAS (Wandsworth) moved the adoption of a similar petition to the Poor-law Board.

Mr. WELCH (Bethnal-green) seconded the motion, which passed unanimously.

Mr. ASBURY (Enfield), in supporting the Bill, stated that he had received only 5¼*d.* a case for the last forty years, in a district forty miles round, nothing being allowed for travelling.

Mr. R. RANSOME (Cambridge) moved, "That the thanks of this meeting be given to Mr. Pigott, Mr. Scholefield, and Mr. Briscoe, the introducers of this Bill into Parliament, and that they be respectfully requested to use every means in their power to carry the Bill, with the amendments now suggested, through the House."

Mr. MASON, of Middlesex Hospital, seconded the motion, which was unanimously adopted.

Dr. WHITEMAN (Putney District of the Wandsworth Union) moved, "That it is the opinion of this meeting that all Poor-law medical officers who have not already petitioned the House of Commons in favour of Mr. Pigott's Bill, should do so without loss of time, and use their best exertions to obtain the support of the ratepayers and the medical profession in their respective parishes." He adverted to the importance of petitioning Parliament, and urged the necessity of a unanimous co-operation in furtherance of the measure.

Mr. GRIMLEY (of Banbury) seconded the resolution. He urged upon the profession the necessity of supporting Mr. Griffin more zealously in his exertions, by subscriptions, and of bringing their influence to bear upon members of Parliament.

The resolution was carried with one dissentient.

The CHAIRMAN read the following letter from Sir Fitzroy Kelly:—

"The Chauntry, Ipswich, April 7th, 1860.

"MY DEAR SIR,—I will do all I can for you when the Bill comes before the House; but I am sorry to say I cannot possibly be in town before the 16th, or I would willingly attend your meeting, both for old acquaintance' sake, and because you have a righteous cause. "Truly yours,

"R. Griffin, Esq." "FITZROY KELLY.

He had also received a letter from Sir Benjamin Brodie, explaining the reasons why he felt called upon to abstain from taking any part in the movement.

Dr. ROSS moved a vote of thanks to the Chairman for his persevering exertions in the cause.

Mr. COOPER (of Erpingham, Norfolk,) seconded the motion. He was at one time doubtful of the policy of the movement; but having watched it closely, he felt satisfied that it must succeed, if not this year, in the next, or the year after; and he must acknowledge that the success would be eminently due to the energy of the Chairman. He had been a Poor-law medical officer himself, and he could bear his testimony to the grievances of which they had to complain. With respect to the course of action proposed, he believed it would be useless to petition the Poor-law Board; they should go at once to the Legislature with petitions signed by the clergy, the guardians, and the ratepayers, in addition to those signed by their own profession.

Dr. WHITEMAN called attention to the question of funds, and stated that he had that day unexpectedly received a fee of a guinea for a case, which he should have much pleasure in handing over to the Chairman.

The motion was then put, and carried with acclamation.

The CHAIRMAN acknowledged the compliment. He had given a great deal of time and attention to the cause, and though his labours had increased, still he intended to persevere until success crowned their efforts. With respect to funds, he had received about £160 since the beginning of the year; he had expended about £66, and there was about £40 due to the printer. He might state that the money had been obtained from a comparatively few medical gentlemen, and that if they had more funds at their disposal, the work could be carried on more vigorously.

Mr. POUND (of Odiham) moved,—"That the thanks of this meeting be given to the proprietors and editors of THE LANCET, *Medical Times and Gazette*, *British Medical Journal*, and *Medical Circular*, and other portions of the press, for the aid they had given the Poor-law medical officers by the gratuitous insertion of an extensive correspondence on Poor-law Medical Relief, and for the series of leading articles they have written in aid of the cause of the much-oppressed Poor-law medical officers."

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Dr. TILBURY FOX seconded the motion, which was carried unanimously.

Dr. ROGERS said he had been informed that the Students' Association had a fund of £40 in hand, after having paid expenses. This fact ought to be an example to the Poor-law Medical Association.

Dr. KIDD, thereupon, moved a vote of thanks to the Students' Association, and took the opportunity to bear testimony to the efficiency and value of their services.

The motion was seconded by Dr. L. O. FOX, and carried unanimously.

The meeting then separated.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

AT the last three meetings the Académie de Médecine continued the discussion on Iodism. A letter was read from M. Boinet, who states that he himself had taken iodine for eighteen months for the relief of rheumatic pains. The cure being completed, he was, eighteen months ago, about to discontinue the drug, when he received a communication from M. Rilliet respecting some cases of iodism in Geneva caused by small doses; he therefore continued it until now. For the last three years he had been taking it, sometimes in the form of iodide of potassium, forty-five grains in ten ounces of water, a teaspoonful morning and evening; sometimes in that of iodine biscuits, or the tincture rendered soluble by four grains of tannic acid; and he finds his health improved by that *régime*.

Prof. PIORRY has for the last fifteen years administered iodine in its various forms for syphilis, scrofula, and mal de Pott: internally, the iodide of potassium, from fifteen to twenty grains per diem; sometimes the substance by inhalation, or the tincture burned like punch, according to Mallez's system: but he never observed those symptoms referred to by M. Rilliet, and consequently cannot help thinking that all the apprehensions are founded upon incorrect observations. Many a phenomenon has been attributed to the action of the medicine which properly belongs to the symptoms of the disease for the relief of which it had been administered. Its immoderate use may give rise to some disturbance of the system, but the symptoms are too transient to merit the designation of poisoning. It would be falling into the absurdity of homœopathy to maintain that it is only small doses that produce poisonous symptoms, whilst large ones are innocuous. The action of arsenic cannot be brought forward as an analogy, because arsenic in small doses is absorbed and accumulated in the system, whilst large doses are expelled by vomiting. An attempt has been made to account for the different phenomena observed in Paris and Geneva by the difference in the constituent elements of the water, soil, and atmosphere! When shall we renounce such theories, which put science into an unfavourable position of incertitude? When will medical men confine themselves to strict and correct observation? If we observe attentively, and study the nature of our patients and the modifications which medicines produce in the different states of organo-pathique, we shall see therapeutics rising above chaos, hazard, and fantasy, and assume a scientific and rational basis.

M. CHATIN said that to study goître it is not necessary to go to Switzerland, for there are some goîtres in the neighbourhood of Paris, in the valley of Montmorency. Now, in analyzing the water of that district, we find it to be selenicious, containing very little or no iodine. From numerous researches which he has made for a number of years in various countries at different seasons, he is convinced that iodine is a constituent of the soil, water, and atmosphere, which is constantly introduced into the system by respiration and aliments. It is not necessary to the health of animals and vegetables: the human economy is peculiar in this respect. All discussion on this subject will prove sterile unless we first establish the fact, which ought to be the basis of the discussion—namely, whether iodine is a constituent of the atmosphere. He accordingly proposed that the Académie appoint a commission of the chemical section to examine the subject.

M. GIBERT thought that there must certainly be an illusion either in M. Boinet's or in M. Rilliet's observations. His experience enabled him to submit the following formula:—Pure iodine, as the liqueur iodinée de Lugol, produces very easily gastro-intestinal irritation, so that its effects must be watched. Iodide of potassium is always harmless if not exceeding forty-five grains per diem, and is an excellent antisyphilitic. It is better, however, in its combination with mercury, as the biniodide; the protoiodide acts as an irritant upon the gums and intestines. He agreed, however, with Van Swieten that the bichloride deserves the first rank as an antisyphilitic. The virtue of the internal exhibition of iodine as antiscrofulous has been greatly exaggerated, but its topical action is useful in lesions produced by scrofulous diathesis. Iodism as described by M. Rilliet is almost unknown in Paris.

Professor VELPEAU stated that during his long practice he cannot have administered iodine and its preparations, *intus et extra*, to less than fifteen thousand patients, and he never saw a single case of iodism as described by M. Rilliet. He could adduce some instances where it caused intestinal irritation, and sometimes coryza and ptyalism; two instances, also, of loss of flesh, without its being, however, accompanied by *bulimia*: but he never observed any case of atrophy of the mammæ or testicles. Several hypotheses have been proposed to account for its different action at Geneva and in Paris; but there is a preliminary point which must be settled first—namely, In what proportion do those cases of iodism occur in Geneva? M. Rilliet reported only twenty-three observations of constitutional iodism. Now this number is insignificant when we remember the fact that the number of patients submitted to the daily treatment of iodine is very great. Suppose, then, that those twenty-three cases occurred in forty thousand patients, it would not be at all surprising. The small doses given at Geneva may have something to do with its peculiar action. Large doses are eliminated from the system, whilst small doses produce those effects referred to. He recollected a case in which several drops of acid nitrate of mercury applied to a wound caused profuse salivation and mercurial stomatitis.

M. BAILLARGER.—The question of iodism is as old as the employment of iodine for goître. At first it caused some accidents, which had been exaggerated, and that exaggeration produced the reaction in its favour. Iodism had not been observed everywhere, so that Vienna and Berlin physicians called its existence into question. Dr. Carra, of Vienna, treated 150 goîtres without observing a single accident. The different constituents of the atmosphere in different localities is an inadmissible cause as a modification of its action, for M. Chatin did not find more iodine in the water of Vienna than at Geneva. He agreed with Professor Velpeau as to the importance of ascertaining the proportion of the accidents.

M. BOUCHARDAT suggested that M. Rilliet's memoir was based altogether upon exceptional cases, and had consequently more interest in a physiological than in a pathological point of view. Iodism is very rare, even in Geneva. In spite of the occurrence of these symptoms, the goître disappears in a few days; hence it ought not to deter anyone from employing it in goître, syphilis, and scrofula.

M. RICORD. — Some confusion has been occasioned in the discussion in not keeping the consideration of iodine distinct from iodide of potassium. His remarks, on a former occasion, referred exclusively to iodide of potassium. As to the former, he was convinced that its internal exhibition produced only local irritation. He must, however, defend the protoiodide of mercury as an antisyphilitic against the opinion of M. Gibert. He was sure that it causes less salivation than mercurial friction. The protoiodide produces only a little diarrhœa, whilst the bichloride, recommended by Van Swieten and M. Gibert, determines sometimes true gastro-enteritis.

The discussion will be closed next meeting.

Dr. Quain's excellent paper in THE LANCET of March 17th, p. 267, "On the Use of the Hypophosphites in Phthisis," has given general satisfaction here. I am told by M. Becquerel, of La Pitié, that he offered Dr. Churchill his patients to try his treatment, which he refused. Now, M. Becquerel obtained the drugs from Dr. Churchill's chemist, and made two series of experiments—the first upon twenty-five, and the second upon forty, patients of the La Pitié, and, besides, upon five private patients, and the result was the same as Dr. Quain's. I am also informed, that Dr. Churchill tried the efficacy of his phosphites at the Lariboisière, and the result was—*nothing*.

Paris, March 31st, 1860.

TESTIMONIAL TO M. LESCARBAULT. — The Medical Society of the Elysée district of Paris has just sent to M. Lescarbault, the discoverer of a new planet, a gold medal in commemoration of the event.

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Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the primary examinations in Anatomy and Physiology, were reported to have done so to the satisfaction of the Court on the 2nd inst., and when eligible will be admitted to the pass examinations:—

Messrs. Thomas Neatby, Richard Thomas Lyons, William Matthews, Henry Morris Lemon, George Henry Strutt, Geo. Augustus Angier, Richard Griffiths, Henry Charles Chine, Thomas Melancthon Evans, Edward Matthews James, Wm. Stephenson, William Goddard Rogers, Peter Swales, Horace Sydney Howell, Walter Edwards, Henry Thomas Lanchester, John Woodruffe Brown, William Henry Hartwell, Sebastian Claude Thomas Gardner, Wm. Bazeley, Duckworth Williams, Nathaniel Gilbert Scott, Alexander Byles, Morris Jones, Edwin Broughton Fenn, George Henry Eccles, Conway Hine, Edward Humphry Williams, Richard Owen Jones, Richard Canning Tanner, Samuel Armstrong, William Froude Langworthy, William Henry Murrell, Frederick Howard Marsh, George Herbert Holden, Archibald Grant Colquhoun, Richard Henry Dawson, and Chas. Jenkyns, *of St. Bartholomew's Hospital.*—George Henry Rogers, George William Armstrong, James Henthorn Todd Connor, Brinsley Marcius Walton, James Lumley Earle, Herbert Major Morgan, Wm. Eddowes, Wm. Lockwood, and Augustus Carmichael Forte, *of King's College.*—Thomas William King, Frederic Meggy, Henry Mortimer Hawkins, Thomas Henry Rowe, Wm. Leonard Cass, Morgan John Edwards, James Fenton Stamper, Chas. Ballard, Sidney Thorp, and John Tanner, *of Guy's Hospital.*—Thomas Kenniel Bevan, Thomas Markby, William Shepherd Bennett, Thomas Orme Dudfield, Frank Schofield, William George Tayler, Edward Smith, and William Henry Sheppee, *of St. George's Hospital.*—James Cotton Arnold, Wm. Arthur Rush, Wm. Harvey, Wm. Reginald Beck, Matthew Hale Humphreys, Francis Aggett, and Thomas Dobson, *of Charing-cross Hospital.*—Arthur Nankivell, Charles Rowland Goodman, Edmund Cornish King, Edwin Furse, Edmund Venning, Henry Sutcliffe, David Bowen Thomas, and John Dee Shapland, *of the University College.*—Smart Atkinson Fothergill, Archibald Meggel, Edward Anthony Hedley, George Wharton Close, John Austin Haslewood, and James Collard, *of the Newcastle School.*—Henry Charles Stewart, Humphry Davy, and Baker Greenwell, *of St. Mary's Hospital.*—Louis Stromeyer Little, James Jackson, and Wm. Powell, *of the London Hospital.*—Wm. Grimmer, and Charles Wm. Irvine, *of Aberdeen.*—Daniel Moore, and John Edward Kilburn, *of St. Thomas's Hospital.*—Arthur Wellesley Edis, and Frederick Little, *of the Westminster Hospital.*—Wm. Hooper Masters, *Bristol.*—James Bathgate Dickinson, *Leeds.*—Arthur Wiglesworth, *Liverpool.*—Wm. Henry France, *Sheffield.*—Robert Charnley Smith, *Manchester.*

The following gentlemen were reported to have undergone the necessary examinations in Anatomy and Physiology on the 10th inst.:—

Messrs. Alfred Cooper, Charles Stewart, James O'Brien Kough, Thomas Fox Morrish, Richard Jones Owen, James Bendall, John Williams, Abel Frederick Pennington, Frederick John Sutton, William Morrant Baker, Benjamin Thompson Lowne, William James Thomason, and Charles Brook, *of St. Bartholomew's Hospital.*—Edward Parson, George Okell, Henry Grenfell, George Sealy, Caleb Carey Richards, Richard Allen Lattey, John Truscott Skrimshire, William Griffiths Williams, Thomas Gulston Wollaston, Wm. Nealor Thursfield, Bartholomew Lumley, and John Cook, *of King's College.*—Michael Comport Grabham, Charles Beaumont Waller, Charles Howard Prosser, James Fowler, John Wale Hicks, Joseph Lees, William Frith Hunter, James Vincent Bell, Arthur Clarke, and Alfred Wright, *of St. Thomas's Hospital.*—James Alden Owles, Thomas Pickering Pick, John George Waters, Edward Charles Barnes, John Edward Cartwright, George Pocock Goldsmith, William Hope, and William Prideaux Clapp, *of St. George's Hospital.*—John Hanley Hutchinson, Thomas Griffiths, Frederick Thomas Roberts, Thomas Starkey Smith, Thomas Foulds Horsfall Green, and Michael Oscar Hurlston, *of the University College.*—Walter Mackern, Edward Green, William Frank Smith, Thomas Holmested, and John Edwin Davey, *of Guy's Hospital.*—William Cribb, James Appleyard, Edmund Gwynn, Edward Hunt Carter, and Britton Hodges, *of the London Hospital.*—Henry Smith, James Blake Maurice, Arthur Trehern Norton, and Nathaniel Engleheart Crosswell, *of St. Mary's Hospital.*—William Domett Stone, *of the Middlesex Hospital.*—Robert Harrison, *of the Charing-cross Hospital.*—John James, *of the Westminster Hospital.*—William Hugh Hughes, Frederick Royston Fairbank, Herbert Grove Lee, Thos. Smith, James Allen, William Bird, Frederick John Roberts, John Wells, George Hunstone, John Hollinworth, and Charles Bath Smart, *of Manchester.*—John Edwin Foster, Philip Foster, Edward Gillett Gilbert, and George Walker Skinner, *of Leeds.*—Thomas Harold, Jesse Griggs Pilcher, Wm. John Pilcher, and John Wilton Sheridan, *of Dublin.*—Joseph Thomas Cape and Thomas Savage, *of Birmingham.*—Jasper Capper and William Dooley, *of Liverpool.*—Samuel Nelson, *of York.*—David Norman Evans, *of Edinburgh.*—Henry Burden, *of Belfast.*—Edward Dann, *of Cork.*

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 5th, 1860.

Adams, Thomas Rutherford, Kilmoganny, Kilkenny, Ireland.
Drake, Thomas, Kingsclere, Hants.
Egles, Gabriel Manning, Barcombe, Lewes, Sussex.
Farrant, Samuel, Collompton, Devon.
Godfray, Charles le Vesconte, Jersey.
Godwin, Charles Henry Young, Winchester.
Graham, Adolphus Frederick, Liverpool.
Harris, Arthur Ben., Mevagissey, Cornwall.
Harris, William John, Worthing.
Manning, Frederick Norton, Milton, Northampton.
March, Henry Colley, Newbury, Berks.
Merryweather, Philip Edward Collins, Sydney, New South Wales.
Mitchell, Thomas Carter, Bodford.
Mockridge, John, Army.
Parker, George Fisher, Henley-on-Thames.
Stillwell, James.
Warburton, James Pennington, Betley, Newcastle, Staffordshire.
Wise, William Clunie, Plumstead, Kent.
Young, Edward Parker, Henley-on-Thames.

The following gentlemen also on the same day passed their first examination:—

Evans, David Norman, Denbigh.
Lee, Herbert George, Thame, Oxon.

THE JACKSONIAN PRIZE.—At a meeting of the Council of the Royal College of Surgeons, on the 12th instant, the Jacksonian Prize of twenty guineas was awarded to Mr. John Whitaker Hulke, F.R.C.S., assistant-surgeon to the King's College and Royal Ophthalmic Hospitals, for his essay "On the Morbid Changes in the Retina, as seen in the Eye of the Living Person and after Removal from the Body; together with the Symptoms associated with the several Morbid Conditions," illustrated by cases, drawings, and preparations. At the same time, an honorarium was awarded to Mr. Charles Bader, of the Royal Ophthalmic Hospital, a Member of the College, for his dissertation on the same subject.

EPIDEMIOLOGICAL SOCIETY.—At the annual general meeting on Monday, the 2nd instant, the Council Report was read and adopted. The following office-bearers were elected for the session 1860–61:—*President:* Dr. B. G. Babington. *Vice-Presidents:* Dr. Thomas Addison; Sir B. C. Brodie, Bart.; Sir William Burnett; Rev. Thomas Dale, M.A.; Dr. James Brown Gibson; Mr. R. D. Grainger; Sir Charles Hastings, M.D.; Sir John Liddell, M.D.; Mr. John Nussey; Mr. John Propert; Mr. John Simon; Sir Andrew Smith, M.D.; Dr. Thomas Southwood Smith; Dr. Thomas Watson. *Treasurer:* Dr. Thomas Addison. *Secretary:* Dr. J. O. McWilliam, R.N. *Other Members of Council:* Dr. Aldis; Mr. C. L. Bradley; Dr. A. Bryson, R.N.; Dr. W. D. Chowne; Dr. Headlam Greenhow; Colonel Hough; Mr. T. Hunt; Mr. C. F. J. Lord; Mr. J. F. Marson; Dr. Charles Murchison; Dr. Mapleton; Dr. Nichol; Dr. W. Odling; Mr. J. N. Radcliffe; Dr. B. W. Richardson; Dr. Burdon Sanderson; Dr. E. C. Seaton; Mr. Spencer Wells.—The following papers were read: 1. "On Cholera at Guildford in 1854," by H. S. Taylor, Esq., Guildford; 2. "On Cholera at Wick, Caithness, in 1859," by Dr. Banks of Wick and Dr. Littlejohn of Edinburgh.

APPOINTMENTS.—On the 5th inst. Thos. Skinner, M.D., was appointed one of the Honorary Medical Officers to the Northern Dispensary, Liverpool, in the room of Dr. A. T. H. Waters.

Mr. Fitzgerald, of Folkestone, has been appointed Surgeon to the 5th Cinque Ports Rifle Volunteers.

SCIENTIFIC LECTURES OF THE SEASON.—Prof. Owen recommenced his lectures at the Jermyn-street Museum yesterday (Friday). He has completed the ninth lecture of his course on Fossil Mammalia, and the next will be delivered on the 20th inst.—Dr. Edwin Lankester, the superintendent of the Animal Product and Food Collection at the South Kensington Museum,

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has also announced a course of lectures on Animal Substances in their Economic and Industrial Applications. This collection has now attained a remarkable development, and under Dr. Lankester's active and intelligent supervision it has become a splendid food collection, in which the student of dietetics will find ample subject of study. The courses on Dietetics which are delivered by Dr. Lankester at this Museum are equally remarkable for sound sense and eloquent oratory.—A course of lectures by eminent medical men and other sanitarians is in preparation for the Ladies' Sanitary Association. They will probably be delivered after Whitsuntide in the theatre at the Kensington Museum.

SIR CHARLES BELL.—We learn from the "Athenæum" that towards the end of the year we may look for a memoir of this illustrious physiologist. It is to be selected by a member of the family from Sir Charles's correspondence with his brother, George Joseph Bell. This work, being derived from private sources, will assume the character of an authentic autobiography. Such a reflex of the mind of a man so fraught with knowledge, and so earnest and sagacious in thought, will be looked for with interest beyond the ranks of that profession which he adorned.

LUNATICS IN 1859.—The total number of insane persons in public and private asylums last year was 36,119, besides 682 "criminal lunatics," as they are somewhat unphilosophically called; and this large number does not include the single patients in private houses, of whom no record is kept.

YELLOW FEVER.—By the arrival of the Royal Mail steamer, *Tyne*, at Southampton, on the 3rd instant, we learn that yellow fever had broken out again at Rio de Janeiro, and that the shipping was suffering severely from the disease. At Bahia and Pernambuco the disease was making dreadful havoc amongst the residents. Eight cases had occurred on board the *Tyne* on her homeward voyage, resulting in the death of two saloon waiters and one passenger. Three passengers were landed at Southampton in an extremely debilitated condition. One passenger was seized only eight days before the ship arrived at Southampton, and five before her arrival at Lisbon. No less than seventy-six passengers were consequently huddled into the Lazaretto at Lisbon.

EDINBURGH UNIVERSITY. — The installation of the Right Hon. W. E. Gladstone as Rector of Edinburgh University is appointed to take place on Monday next, the 16th inst., in the Music-hall there. The installation of Lord Brougham as Chancellor is deferred till the Whitsuntide holidays, the noble Lord, who is at present at Cannes, being unable to visit Edinburgh at this season. His Lordship has just accepted the office of President of the Philosophical Institution, rendered vacant by the death of Lord Macaulay.

MARISCHAL COLLEGE, ABERDEEN.—On Wednesday, the 4th instant, the Earl of Airlie was reinstalled Lord Rector of Marischal College and University, Aberdeen, in the presence of a large assemblage of students and citizens. His lordship addressed the audience at considerable length, and was in the afternoon entertained by the students at a banquet held within the college buildings.

QUEEN'S UNIVERSITY AND COLLEGES, IRELAND.—The number of students who took their first degree or diploma in the Queen's University from the 31st of March, 1858, to the 31st of March, 1859, was 45; the number of students who passed their first medical examination in the same year, 15. In addition to these, 15 students who had previously graduated obtained in the same year by examination higher degrees, and four candidates were plucked, making the total number examined 79. The amount paid out of the Consolidated Fund and by parliamentary vote for the support of the Queen's Colleges in Ireland from March 31st, 1858, to March 31st, 1859, was £25,425, and for the Queen's University for the same period £2323.

CAMBRIDGE: THE GUARDIANS AND THE MEDICAL OFFICERS.—At the weekly meeting of the Cambridge Board of Guardians, held on Wednesday, the 4th inst., Mr. J. T. Beck, the medical officer for the most extensive district, was summoned before the Board to give explanations why he had ordered an extra quantity of meat to be given to the patients in his district. Mr. Beck said, in reply, that he had given no orders for meat except in cases where he considered it necessary. He was asked by the Chairman if he was of opinion that it was essential to give meat in cases of ophthalmia, to which Mr. Beck replied in the affirmative. The latter was then called upon to answer why he declined to attend a man who had received a severe injury on the head at a public-house late on Saturday night. Mr. Beck stated that he had received no order, which might easily have been procured from the relieving officer, who resided opposite his own dwelling. Mr. Beck also said that when he made application for the appointment, he was led to believe that in so large a district the extras (stated to be those allowed by the Poor-law Board) would form a very important item for fractures—he had calculated them at £10 per quarter; but it appeared that the guardians had given instructions to the relieving officers to send all cases of fracture and dislocation to the hospital, thereby depriving the medical officers of such extras. He therefore declined to attend cases for which no order was given, because it not only made him responsible, but also required him to give his time and attention without any remuneration. With this explanation, Mr. Beck left the Board-room, but no order was made upon the subject. The Clerk (a legal gentleman) stated that Mr. Beck had acted in conformity with the Poor-law regulations.

MEDICAL INVENTIONS.—The Industrial Exhibition of the Society of Arts is now open. Amongst the objects of medical interest are a hydro-pneumatic inhaler, by Mr. Tompson, which admits of the inhalation of medicated liquids in a minutely divided and misty spray, which may thus pass through the rima glottidis during inspiration without causing inconvenience to the patient; specimens of ozonized cod-liver oil; specimens illustrating the use of sulphate of ammonia and tungstate of soda in rendering fabrics non-inflammable; and microscopic preparations mounted dry, in a manner to remove the objections arising from internal refraction.

PRIZES OFFERED BY MEDICAL SOCIETIES.—The Medical Society of Bordeaux offers, for 1860, a prize of £12 on the following question: "On the Prophylaxis of Tuberculosis." For 1861, a prize of £20 on the following subject: "Show, by well observed and severely controlled facts, whether Disturbances of the Will are independent of Disturbances of the Intelligence; and settle what circumstances constitute a man irresponsible for his acts. What requests could, in this respect, be offered to Government as to a change in the law?" The essays, which may be written in Latin, French, Italian, English, or German, should be sent to M. Dégranges, secretary to the Society, 25, Rue Ste. Catherine, Bordeaux, before September 12th.

THE MEDICAL PROFESSION IN SWITZERLAND.—M. Kingk (of Schaffhausen) has just published some statistical data respecting the medical profession in Switzerland. From these, we gather that the population is about 2,392,740; medical men, 1449, of whom 951 dispense their own medicines; 281 pharmacieus (*sive* pharmaceutical chemists); 784 veterinary surgeons; 44 dentists; and 730 persons engaged in the minor operations of surgery.

HONOURS TO MEDICAL MEN.—M. Corral, physician to the Queen of Spain, and who had lately been created Marquis of St. Gregory, has just been presented with the Cross of Charles III. The King, wishing to testify to his esteem for M. Corral, has sent him the star of the order set in diamonds. —Dr. Farini, governor of the province of Æmilia, has just received, from the King of Sardinia, the Collar of the Supreme Order of the Holy Annonciada. This favour, granted to a medical man, has the more importance as the King has overlooked in M. Farini the want of several quarters of nobility which are indispensable to the candidates for the order. When his Majesty writes to one of the members, he addresses him as his "well-beloved cousin."

DEATH OF PROFESSOR GUISLAIN.—This eminent psychological physician, one of the most learned alienists of Europe, director of the Ghent Asylum, and author of several works on the physiology and diseases of the nervous system, has just departed this life, after undergoing an operation for strangulated hernia, having borne for three days, with admirable fortitude, the most agonizing pain.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 7TH.—The deaths registered in London in the week that ended last Saturday were 1439. In the last two weeks the deaths by bronchitis have decreased from 272 to 236; those by pneumonia from 162 to 109. Small-pox also exhibits a decrease: it was fatal last week in 23 cases. Scarlatina numbered only 26 deaths; diphtheria, 4.

Last week the births of 838 boys and 755 girls, in all 1593 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1617.

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MEDICAL DIARY OF THE WEEK.

MONDAY, APRIL 16	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 3 P.M. LONDON INSTITUTION. — 7 P.M. Dr. F. W. Pavy, "On Experimental Physiology: Ciliary Action." MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.
TUESDAY, APRIL 17	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Dr. T. Spencer Cobbold, "On the Structure, Habits, and Affinities of Herbivorous Mammalia: The Giraffe." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, APRIL 18	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
THURSDAY, APRIL 19	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Mr. David T. Ansted, "On some recent Researches in Physical Geography and Geology: The Atlantic Ocean." HARVEIAN SOCIETY. — 8 P.M. Dr. Fuller, "On the Successful Treatment of Hooping-cough by Sulphate of Zinc and Belladonna."
FRIDAY, APRIL 20	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. ROYAL INSTITUTION. — 8 P.M. Dr. T. Spencer Cobbold, "On the Scope and Tendency of the Natural History Sciences."
SATURDAY, APRIL 21	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Mr. F. A. Abel, "On some Results of the Association of Heat with Chemical Force, Practically Applied."

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

A Surgeon-Apothecary.—It is quite true that the London College of Physicians is seriously weighing a scheme, which, if carried out, would place the general practitioners of England in a similar relation to that College as regards Medicine, to that which they now hold to the College of Surgeons as regards Surgery. The difficulty which scares a party of the College is the fear lest the new Licentiates should be confounded by the public with the Fellows and Members. We see no reason why a measure so seasonable and beneficial should not be carried out. That it should be brought forward by an influential portion of the College, speaks well for the progress of liberal views in that ancient body. If some other designation than "Licentiates"—a term which is identified in the public mind with the pure physician—could be found for the new order, no injustice would be inflicted upon anyone, and the main argument of the opponents of the measure would be broken down.

THE first portion of *Dr. Brown-Séquard's* Lecture, "On Paraplegia," will appear in our next number.

Juvenis must sign the document on the authority of his employer.

REVACCINATION.

L. M. J.—We infer from our correspondent's remarks that the guardians in his parish refuse to pay for cases of revaccination or the vaccination of adults. The following extract from Clause 1 of the Vaccination Act, taken in connexion with the general spirit of the Act and the obvious intention of the Legislature, which was to protect the population from small-pox by means of vaccination, ought, we think, to satisfy boards of guardians that the charges for revaccination and the vaccination of adults should be paid for. It will, of course, be borne in mind that it is only on a certificate of "successful vaccination" that a charge can be made. The success of the operation is, therefore, both a test of the necessity for performing it and a guarantee to the guardians against improper demands. There is nothing so dangerous to the community as an unwise parsimony in this matter. Small-pox has been and still is, prevalent to an extent that constitutes an opprobrium to the land of Jenner. The main causes undoubtedly are—1st, entire neglect of vaccination; 2ndly, imperfect vaccination. From one or other of those causes a large proportion of the population is unprotected, and consequently the epidemic finds everywhere fuel to maintain the flame. "L. M. J." informs us that in his neighbourhood "small-pox is raging fearfully and fatally; the vaccinator is beset by people eager to be vaccinated." The guardians incur a responsibility from which neither the law nor public opinion would release them, if they in any way discourage vaccination under such circumstances.

"*Vaccination Extension Act*, 16 & 17 *Vict.*, *cap.* 120.

"CLAUSE 1.—Guardians and overseers shall take the most effectual means for giving from time to time *to all persons* resident within (their) district due notice of the days and hours at which the medical officer will attend *to vaccinate all persons not already successfully vaccinated* who may then appear there," &c.

A Candidate.—There will be no alteration in the regulations at the next examination.

SIR J. M'GRIGOR AND THE MUSEUM AT FORT PITT.

To the Editor of THE LANCET.

SIR,—My attention has been called to the 86th number of the *Edinburgh Journal* for February, 1860, in which it is stated, on the authority of Dr. Geo. Williamson, a staff surgeon, now doing duty at Chatham, "that Sir James M'Grigor in 1810, then Inspector of Hospitals at Portsmouth, originated and promoted the idea of forming a collection of morbid anatomy for the use of the medical officers of the Royal Army, and that although he began in 1816, when Director-General of the Army Medical Department, and made various efforts to promote this invaluable object, yet little was done to augment the collection until the conclusion of the war, when the infant museum was transferred from the York Hospital at Chelsea to Chatham."

If you will take the trouble to refer to THE LANCET of the 17th April, 1858, p. 401, you will there see it stated that in December, 1814, I first suggested the idea of forming a museum of morbid anatomy at Fort Pitt for the benefit of the medical officers of the Royal Army, and that I obtained that Mr. James Miller should be appointed as curator to that museum—that is, six months before Sir James M'Grigor was appointed Director-General, and about two years before he thought of bringing any specimens from the York Hospital at Chelsea to Chatham. Therefore Sir James M'Grigor has no claims to have first originated and first promoted the idea of forming a museum of morbid anatomy at Fort Pitt for the use of the medical officers of the Royal Army, whatever claims he may have to the credit of having fostered the undertaking which he found begun.

It is to be regretted that Sir James M'Grigor's friends will continue to claim for him credit for having first suggested and first promoted the establishment of this museum at Fort Pitt, and that they force us to remember that his professional acquirements did not allow him to appreciate the value of this boon to the medical officers of the Royal Army.—Your obedient servant,

Bruton-street, Berkeley-square, April, 1860. D. MACLOUGHLIN, M.D.

Dr. Henry Barber, (Ulverstone.)—There can be no doubt that such advertisements are extremely offensive and disgusting; but unfortunately, in the present state of the law, there are no means of putting a stop to these outrages upon decency. It is to be hoped that the Legislature may eventually see the necessity of placing proper restrictions upon the proceedings of quacks and extortioners.

Ego.—Mr. R. Griffin, Weymouth.

Registrar must receive the certificate, but must state that the child died without medical attendance.

A Student will be admitted to examination.

F. J.—The L.S.A.

M.R.C.S., &c.—The bye-law of the College strictly prohibits the practice of pharmacy.

THE GLASGOW FACULTY AND REGISTRATION FEES.

To the Editor of THE LANCET.

SIR,—As one of those who agree with the Glasgow Faculty of Medicine in regarding the compulsory certificate required by the Act 17 and 18 Vict., c. 46, as a gross insult and injury to the medical profession, I was much annoyed at perceiving by an article in your number for March 17th that you have fallen into an erroneous opinion as to the opposition offered to this Act by Scotch practitioners. The idea of our being actuated by an "impetuous pursuit o' siller" is simply preposterous. The number of deaths in Scotland last year was in round numbers 21,000, the number of registered practitioners above 1300, giving on an average seventeen deaths for each practitioner's share; this, at the rate of half-a-crown for each certificate, (which would be as much as could be asked,) would give 22s. 6d. to each of us. Do you really mean to assert that the bulk of the practitioners in Scotland are so needy and so greedy, so ignorant and so shortsighted, as to pretend we have a grievance, when we only want to put about a guinea a year into each of our pockets? But, Sir, we have a real grievance. We are ordered, under penalties, to do what few or none of us would ever have thought of refusing to do if asked civilly, and we are punished for forgetting to give information about matters with which, according to all the rules of common sense, we have not the slightest concern. The relief which most of us desire is very simple: remove the penalties, and trust a little to our good sense and right feeling, and make it the duty of the person registering the death, or of the registrar, to ask civilly and reasonably for a certificate of the cause of death.—Your obedient servant,

Lerwick, April, 1860. G. W. SPENCE, M.D.

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H. F. B.—The medical practitioner is bound, as a person in attendance on the deceased, to give the information required by the Registration Act (6 and 7 Wm. IV., cap. 86) if applied to by the registrar; but this is rarely done, so that the certificate is voluntarily given by English practitioners. In the case referred to by our correspondent, the registrar expressly writes "not certified" under the case attended by the non-qualified man, and thus, in conformity with the instructions of the Registrar-General, explicitly records the fact that the attendant is "not qualified" to give a certificate. We advise "H. F. B." to continue giving certificates, and to make it known that the certificates of the person referred to are not officially recognised.

THE memorial of the Birmingham and Midland Counties Medical Registration Association arrived too late for insertion in our present number.

QUESTIONS RELATIVE TO AD EUNDEM DEGREES, ETC.

To the Editor of THE LANCET.

SIR,—Through the medium of your widely-circulating journal, allow me to ask the following questions relative to the decision of the General Council of Medical Education and Registration in conferring degrees or honours upon distinguished practical or learned and scientific medical men, *ad eundem* rather than by examination, who possess one or more legal medical or surgical qualifications, and have consequently enjoyed the advantages of a regular curriculum of medical and surgical education.

The minute in Council of August 8th, 1859, runs thus:—Moved by Dr. Corrigan, and seconded by Mr. Syme,—"That the General Medical Council is of opinion that any degree or licence obtained since the passing of the Medical Act, without regular examination by the University or College granting such degree or licence, ought not to be placed upon the Register, excepting *ad eundem* degrees or licences in medicine or surgery of any University in the United Kingdom, admitted to the fellowships or licentiateships of the several Colleges of Physicians and Surgeons."

Amendment moved by Dr. Alexander Wood, and seconded by Dr. Williams,—"That the General Medical Council is of opinion that for the future no licence or degree should be given by any of the bodies in Schedule A of the Medical Act without examination."

Votes taken, and amendment carried.

There was evidently a difference of opinion in Council upon the *ad eundem* degrees, and in sweeping over with the besom of destruction such an ancient custom, the mind of the profession outside might with propriety be allowed to give an expression of feeling upon the subject. With this object in view I propose to ask the following questions:—

1st. Whether honorary degrees or diplomas from some of the Colleges or Universities in the United Kingdom of Great Britain and Ireland would not tend, if judiciously granted, to promote a spirit of professional skill and research more adapted to the genius of the medical profession than any honours could do which are granted external to, and independent of, the profession?

2ndly. Whether the science and practice of medicine or surgery can ever be prosecuted in any of the special branches *during* the period of *general medical education* with that degree of success and energy, or with that amount of caution and application which are necessary for their successful completion, as *after* the period of general medical education, when, by the diversity of acquired knowledge, the mind has become more expanded, and the wants in special departments are better understood, in consequence of which the extent and nature of any inquiry which may be instituted will become more specific and concentrated, or observations from practice and experience will become more checked and determinate, and, therefore, more valuable practically considered?

3rdly. Whether specialties in particular branches of practical or scientific research in subjects connected with medicine, directly or indirectly, do not deserve such special consideration, under given restrictions, and according to the nature of the subject, as that of conferring high honorary degrees or diplomas from some one of the legal qualifying bodies, be they Colleges or Universities?

4thly. Whether the late inquiry relative to the conferring of the degree of Doctor of Science by the London University, upon well-known and acknowledged scientific men *without* examination, does not imply that examinations, *however* rigid or varied they may be, never can compeer with the progress of science, and necessarily exclude men deserving high honours, from their having extended the bounds and domains of science, and yet who would be unequal to pass a comprehensive examination in many branches of human knowledge?

5thly. Have not the honorary degrees for many years past, so judiciously conferred upon men distinguished for literature or science by the Universities of Oxford and Cambridge, greatly tended to enhance their utility, and promote worthy emulation amongst labourers in these respective fields of knowledge?

6thly. Has not the discredit which has fallen upon honorary degrees in medicine been occasioned, and that justly, by ignoring the status of practical skill, extensive knowledge, or special researches of much importance in some particular branch of practical or scientific medicine or surgery; and, in place of such a standard, has not the sordid fee been too much the basis of admission to *ad eundem* degrees?

7thly. Is the *abuse* of a custom a sufficient reason for altogether discarding it? Or would it be better to revive it, under certain restrictions as to *time*, as once in two or three years, and also as to *numbers* to be elected as honorary fellows or doctors of some of the many qualifying bodies, subject to approval by the General Council of Medical Education and Registration, before being placed upon the Register as possessing such-and-such a fellowship or degree, as the case might be?

Yours obediently,

London, April, 1860. B. F. B.

Worcester.—1. The question has not been satisfactorily decided in a court of law. If the defendant were sued for work and labour done, it is possible that the plaintiff might obtain a verdict; but the result would be doubtful.—2. The Medical Act has not a retrospective effect, and would have no influence in enabling the plaintiff to recover.

F. Z.—Dr. Simpson's work on Homœopathy may be obtained by order of any bookseller.

Justitia.—The charges are strictly fair and just.

Infelix must send his name and address in confidence, when he shall receive a private note.

THE SIAMESE TWINS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by some of your correspondents suggesting the probable mode in which the Siamese twins were introduced into the world. The paragraph in your journal of March 31st has caused me to reflect upon the subject.

Yours truly,

April, 1860. WM. J. WILSON, M.R.C.S.

Public Vaccinator.—We are fully informed of the intention of the Council of the Royal College of Surgeons of making the various hospitals in London stations or places where free vaccination may be performed. Should the Council succeed in their object, they will add another act of injustice to the many which they have perpetrated against their members. Is it possible that the Council are so ill-informed upon the subject as not to be aware that the plan which they contemplate has been tried in some of the hospitals in the metropolis, and has signally failed?

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The reply which the Secretary of the Admiralty made in the House of Commons a few evenings since, that the provisions of the Medical Warrant of last year would shortly be carried out, is likely to mislead medical students, as well as the public generally. As has been repeatedly observed in your columns, not one single provision of that Warrant, with the exception of the one relating to pay, has, though eleven months have now elapsed, been acted up to, and the result of this want of faith on the part of the Admiralty is, that very few students can be induced to enter the naval service.

In the Navy List, just published, it is stated there are ten ships in want of assistants, and as this list does not show the vacancies that are always occurring on foreign stations, we shall be within the mark in estimating the number of ships actually in want of these officers at double that number, and this while the applicants for admission to the army and India service are far beyond the number required.

When Sir John Pakington, a few nights since, asked if it were true that the assistant-surgeon of the *Queen* had been refused a cabin, while the captain's steward, the officers' steward, and the bandmaster had all been given one, he received the usual evasive answer, that the Admiralty were in possession of no information on the subject. It was, nevertheless, true, as stated by Sir John Pakington, that the assistant-surgeon wrote a letter to the captain of the ship, asking for one of these cabins, and the letter was thrown into the waste-paper basket; and a similar instance occurred recently in the *Donegal*, where the assistant-surgeon, finding he could not obtain a cabin, left the ship.

One cannot, therefore, be surprised at the aversion which medical students have to join the naval service, or at the difficulty which the Admiralty experience in meeting the requirements of the service. So long as the latter continue to exhibit the same indifference to public opinion, and to ignore the Order in Council by withholding from medical officers the advantages granted them by her Majesty, will this service remain as it now is, not only unpopular, but despised.

I remain, Sir, yours, &c.,

April, 1860. M.D.

An Inhabitant of Burnham and a Family Man.—It is contrary to our custom to insert such notices in THE LANCET. If our correspondent will place himself in communication with some one of the respectable medical agents, whose announcements appear weekly in this journal, he will, doubtless, obtain the object of his wishes.

A. B. must supply the evidence of his right to recover by the production of the Medical Register.

USE OF CHLOROFORM IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Two very important questions have been much discussed of late, which are not at all settled, for want of clinical facts. As I am collecting statistics and opinions on these two points, though I have my own opinion very strong, perhaps, with the usual liberality of THE LANCET, you would allow me to say in your columns that I shall be much obliged to any gentleman who will favour me with his impressions on the subject, derived from actual experience or practice.

1st. Whether in midwifery cases, where "turning" has been obliged to be resorted to, chloroform has aided the manipulations or not—in other words, is "turning" effected as easily without as with chloroform?

2ndly. In forceps cases under chloroform, is it better to introduce the blades before or after anæsthesia has commenced?—Yours, &c.,

Sackville-street, Piccadilly, April, 1860. CHARLES KIND, M.D.

ERRATA.—In the list which we published last week of gentlemen who received the diploma of Dentistry at the Royal College of Surgeons, on the 2nd instant, *for* George Charles Kernol, Crisp-street, Poplar, *read* George Charles Kernot, Chrisp-street, Poplar.—And in the list of gentlemen who were elected licentiates of the Royal College of Physicians, Edinburgh, on the 29th ult., *for* Strong, Henry John, Stoke Conway, *read* Strong, Henry John, Stoke Courcy, Somerset.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Oliver Pemberton; Mr. J. Salter; Mr. R. Marley; Mr. W. J. Wilson; Mr. J. Crichton, Worcestershire; Dr. Macloughlin; Mr. Kernot; Dr. M'William; Dr. Tilt; Mr. R. C. Kibbler; Dr. Sidey; Mr. Higgs; Mr. Canton; Mr. Skey; Mr. Henry Thompson; Mr. Stuart; Dr. Day; Mr. Steele, Liverpool; Dr. Ross; Dr. Brown-Séquard; Mr. Yates, Newcastle; Mr. Hunter; Dr. G. W. Spence; Mr. Vasey; Dr. Harris; Mr. Courtenay, Great Yarmouth; Mr. Pridham, Pewsey, (with enclosure;) Mr. Jotham, (with enclosure;) Mr. Hill; Mr. F. Scaife, Thornton, (with enclosure;) Dr. Beamish, Colchester; Dr. Taylor; Mr. Furnivall, Hutton, (with enclosure;) Mr. Ridd, (with enclosure;) Mr. Davies, (with enclosure;) Mr. E. Lloyd, Norwich; Mr. Funnell, Brighton, (with enclosure;) Mr. Williams, Brentford, (with enclosure;) Dr. Hopcroft, (with enclosure;) Dr. Tannahill, Glasgow; Dr. Gilmour, Liverpool, (with enclosure;) Mr. Hallie, Eaglesfield, (with enclosure;) Dr. Chamberlaine, Burslem, (with enclosure;) Mr. Bulmer, Leeds, (with enclosure;) Mr. Rolf, Gateshead, (with enclosure;) Dr. Allanby, Leamington, (with enclosure;) Mr. Hillier, (with enclosure;) Dr. Dickie, Belize; Mr. Germaine; Mr. Watkins, Worcester, (with enclosure;) Mr. Pearse, Cardiff; Rev. J. G. Overton, Calstor, (with enclosure;) Mr. Nowell, Halifax, (with enclosure;) Mr. J. Ashford, Towcester, (with enclosure;) Mr. Duke, Arundel, (with enclosure;) Mr. Wharton, Gosport, (with enclosure;) Dr. Plowman, St. Austell, (with enclosure;) Mr. C. Miller, Great Wakering, (with enclosure;) Mr. Coulcher, Downham; Mr. Irvine, Liverpool; Mr. Alfred Hunt, (with enclosure;) Mr. Lawton, Sheffield, (with enclosure;) Mr. Brewin, (with enclosure;) Mr. W. Taylor, Ipswich; A. F., (with enclosure;) A. K. Z., (with enclosure;) &c.

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Diphtheria, Clerical Sore-throat, Loss

of Voice, and other Diseases of the Mucous Passages of the Throat successfully treated with Solution of Caustic by TOMPSON'S PATENT HYDRO-PNEUMATIC INHALER (which is easy of self use), without pain or inconvenience. Vide THE LANCET, 28th Jan. 1860, and specimen of action at the Agents, MILLIKIN and LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

Lang & Co.'s newly-invented Patent

ENEMA.—This Instrument injects in a perfectly continuous stream, thereby avoiding the chance of injecting air. It also possesses the advantage of being worked by one hand on the top ball; and it requires so little pressure that the greatest invalid may use it with the utmost ease.—Retail of all Instrument Makers and Chemists; Wholesale of Lang and Co., 67, St. Martin's-lane, London.

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WATER BEDS.—EDMISTON & SON (Removed to 5, CHARING-CROSS)

beg to call the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the price and quality of their Hot or Cold Water Beds.

WATER BEDS, according to size, £3 13s. 6d., £5 5s., and £6 16s. 6d.

Water Cushions, all sizes, from 7s. 6d. to 30s. Cotton Elastic Stockings, 4s. 3d.; Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c. Day and Night Urinals, from 3s. 6d. to 12s. 6d. Injection Bottles, Bed Sheets, Accouchement Belts, &c.

India-rubber Chamber Utensils, for Lunatic Asylums, 7s. 6d. each, or 75s. per doz.

India-rubber Mats & Soundless Elastic Floor-Cloth.

Water Beds can be had on hire. Terms, 7s. 6d. per week.

LONDON: EDMISTON & SON, THE POCKET SIPHONIA DEPOT, 5, CHARING-CROSS (late 69, STRAND), W.C.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

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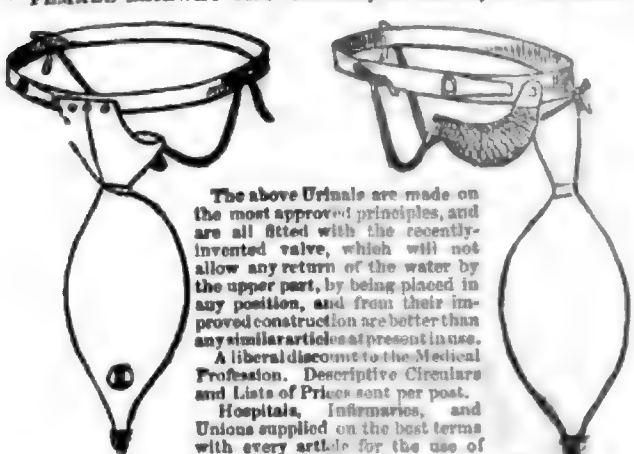
SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.



The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Child's Patent Galvanic Electro Hair

and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

A Handsome Wardian Case, or

Domestic Conservatory, containing a choice Collection of luxuriant and beautiful Plants, to be Sold cheap. Very ornamental for the window of an apartment.—Apply, by letter in first place, W. H. S., 20, Paddington Green.

Invalid Carriage and Perambulator

MANUFACTURER.—Invalid Carriages of every description made to order. A commission allowed for all orders received through Medical Gentlemen.—RICHMOND SMITH, 487, New Oxford-street, London, W.C.

Carriages, New and Second-hand.

BROUGHAMS, in six sizes, PONY to PAIR-HORSE.
PATENT PRINCE BROUGHAM, wheels 24in. apart.
QUEEN BROUGHAM, the lightest made.
SOCIABLE LANDAUS, four shapes and sizes.
CLARENCES for families, every fashionable form.
OPEN CARRIAGES and PHAETONS in great variety.
For Cash, Job, or Exchange.
Messrs. OFFORD, 79, Wells-street, Oxford-street.

Smith, Beck, & Beck, late

SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of
The Council Medal of the Great Exhibition of 1851, and
The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

Microscopes.—J. Amadio's Botanical

MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

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To Students and others.—You will do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

TO SURGEONS, DENTISTS, ETC.

The best House in London for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.
A large Stock of New Instruments always on Sale, all warranted.
Instruments Bought, Sold, or Exchanged.
N.B.—The largest Stock of Second-hand Dissecting Cases in London.

W. F. Durroch, Surgical Instrument MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1749. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.
DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

Huxley's Half-Guinea FULCRUM BELT.—Great advantage will be found from the diagonal arrangement of Huxley's Fulcrum Belt, securing in cases of pregnancy the chief support at the lower part of the abdomen. It is an extremely light and elegant article, and, weighing under 4 oz., is well adapted for India and warm climates. It is the only thoroughly efficacious Belt at a low price. Free by post for 11s. 2d.; to Medical Men, 9s. 2d.
Measures required: Circumference, at *a*, *b*, *c*, depth, from *a* to *c*.—Illustrated and Priced Catalogues free by post on application to E. HUXLEY, 12, Old Cavendish-st., W.

Restoration of the HARMONY of the FACE for PERSONS who have LOST an EYE.—M. BOISSONNEAU, Oculist of the French Army and the Hospitals of Paris, will undertake his accustomed journey to the British Isles in the month of May next, for the application of his Artificial Eyes, endowed with natural and expressive Movements.—His itinerary and dates of stay are as follow: LONDON, Panton Hotel, Panton-street, Haymarket, on the 15th and 16th; MANCHESTER, Brunswick Hotel, on the 18th and 19th; DUBLIN, Royal Hotel, on the 22nd and 23rd; GLASGOW, Lambe's Hotel, on the 28th and 29th.

The New Eye Douche, Invented by SAVORY & MOORE, has elicited the approbation of the most eminent Oculists. *Vide* THE LANCET of March 31st.

143, New Bond-street; 29, Chapel-street, Belgrave-square; and 220, Regent-street, London.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 39, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Operations.—Army, Navy, and India EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Glennie's Nursery Biscuits, for Infants and Invalids. Recommended by the Medical Profession. Manufactured and sold by J. GLENNIE, Sen., 6, Beauvoir-place, Kingsland, London.
Sent to any part of the Kingdom. All orders to be prepaid by money-orders or stamps.

H. Breidenbach, Perfumer to the Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.
H. BREIDENBACH, 157 B, New Bond-street, W.

Glycerine Soap, natural colour, unscented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.
Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Bed Bugs, Green Fly, Red Spider, MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.
Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.
Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—
THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.
It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.
SOAP WORKS, CLERKENWELL, LONDON, E.C.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw, 34, JERMYN-STREET, beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.
N.B. Every description of INDIA-RUBBER BANDAGE vulcanized on the newest principle.
Directions for measurement sent by post.
N.B. A liberal Discount to the Profession.
A female to attend on Ladies.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—
"Somerset, June 20th, 1858.
DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.
I am, dear Sir, yours very truly,
J. W.
To Mr. J. Pratt,
Surgical Instrument Maker,
420, Oxford-street."

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Royal College of Surgeons of England.

Notice is hereby given, that the next PRELIMINARY EXAMINATION for the FELLOWSHIP of this College, in Mathematics, French, and Classics, will be held on Monday, Tuesday, and Wednesday, the 16th, 17th, and 18th instant respectively, at 10 A.M. each day.

April 5th, 1860. EDMUND BELFOUR, Secretary.

A Cambridge Graduate in Honours

(Sen. Opt.) wishes to meet with a few Evening PUPILS in Classics or Mathematics, and will be happy to form preparatory Classes for the London University Matriculation Examination, and also for the Preliminary Examinations at the Royal College of Surgeons and Apothecaries' Hall.—Address, B.A., Guy's Hospital.

To General Practitioners in the

Country.—A Surgeon in London wishes to place his Son, aged sixteen, with a Gentleman in the country, for three years, as a PUPIL, where there is plenty of work and constant occupation, his services being considered equivalent for his board, &c.—Apply to B. F., Churchill's, New Burlington-street, W.

Medical Pupil.—To Medical Agents

and others.—A Physician to a large Metropolitan Dispensary wishes to take a Non-resident or Resident PUPIL. Terms, for Non-resident Pupil, £75, for full apprenticeship; or, for Resident, from £300 to £500, according to duration of residence, &c. No particular agent having been engaged, the ordinary commission on the premium will be paid to any one giving an eligible introduction.—For further particulars, address M. D., care of Messrs. Aickin and Capes, 3, Furnival's Inn, E.C.

King and Queen's College of Physicians in Ireland.—NOTICE.

—During the year ending April 30, 1860, Licentiates or Graduates in Medicine or Surgery of any College or University in the United Kingdom, and Officers holding a Medical or Surgical Commission in her Majesty's service, will be admissible to Examination for the Licence to practise Medicine on production of their Diplomas and satisfactory testimonials of general and professional character.

Candidates will be examined in the following subjects only—viz., Acute Diseases, Chronic Diseases, Materia Medica, and Midwifery.

If Apothecaries, they must surrender their certificate as such before admission.

The Stamp Duty on the Diploma having been repealed, the Fee for the Licence in Medicine until the above date will be £10 10s.

Any Fellow or Licentiate of the College may, on the production of such qualification as the College shall consider satisfactory, obtain the Diploma in Midwifery without further examination. Fee, £2 2s.

Fellows or Licentiates in Medicine, and Licentiates in Midwifery of this College, are entitled by the Medical Act to have their names and qualifications entered as such on the Medical Register, and to practise as Physicians in any part of her Majesty's dominions.

The Licence in Medicine has been recognised as a qualification in Medicine by the Army and Navy Boards, the Poor-law Board of England and Wales, as well as by all other public bodies in the United Kingdom.

A copy of the Regulations of the College and of the Form of Application may be had by applying to the Registrar.

WM. EDW. STEELE, M.D., Registrar.

List of Gentlemen who have obtained

the LICENCE of the FACULTY of PHYSICIANS and SURGEONS of GLASGOW, from October 1st, 1859, till April 1st, 1860:—

Jackson Goodenough Kent ...	Kingston ...	1859
Cleophas William Simpson Seaborne,	London ...	"
Luke Walsh ...	Castlewellan ...	"
James Davidson Mackay Coghill ...	Edinburgh ...	"
William Palmer ...	Worcester ...	"
Thomas Toner ...	Maytone ...	"
James Polson ...	Aberdeenshire...	"
Thomas Clancy ...	Mitchelstown ...	"
Patrick Crowley ...	Bandon ...	"
Cosby William Morgan ...	Australia ...	1860
George Downie ...	East Kilbride ...	"
Henry Bibergiel Beaver ...	Manchester ...	"
Henry John Wellington Leonard ...	Dublin ...	"
Arnot Wylie Pierce ...	Liverpool ...	"
Thomas Graham ...	Paisley ...	"
Francis Hamilton Homfray ...	The Albines, Salop	"
Hunter Finlay ...	Glasgow ...	"
Thomas Heron Steel ...	" ...	"
William Shaw ...	" ...	"
William Graham Young ...	" ...	"
George Brown ...	" ...	"
Henry Adams...	London...	"
Henry Reeve ...	" ...	"
Dionysius Donovan ...	Derby ...	"
Gerald Henry Fetherston ...	Australia ...	"
John Sibley Hicks ...	Glasgow ...	"
William Osborne Lambert ...	Sunderland ...	"
William Wotherspoon ...	Glasgow ...	"
Joseph Conway ...	Greenock ...	"
Andrew Bennie ...	Hamilton ...	"
Adam Gilmour ...	Stewarton ...	"
Robert Bryce Gilland ...	Glasgow ...	"
James Dobbie...	Dumfries ...	"
Michael William Fisher ...	Norfolk...	"
Thomas Allan...	Hamilton ...	"
Walter William Jones ...	Denbigh ...	"
John Glen Richard ...	Dumbarton ...	"
James Hair ...	Port Glasgow ...	"
Hugh Brownlie Craig ...	Strathaven ...	"
John Brunton ...	Glasgow ...	"
John Wilson ...	" ...	"
Thomas Milne ...	Dunipace ...	"
Philip Hulme Hill ...	Openshaw ...	"

R. D. TANNAHILL, M.D., Registrar.

London Hospital Medical College.—

The SUMMER SESSION commences May 1st.

King's College, London.—Physiology.

Dr. BEALE will commence a short COURSE of LECTURES on the Anatomy and Physiology of the Organs of Digestion, Circulation, and Respiration, on Wednesday Evening, April 18th, at 6 P.M. Fee, £1 1s. For syllabus and further particulars, apply at the College Office.

R. W. JELF, D.D., Principal.

King's College, London.—The Microscope.

—Elementary COURSE of LECTURES on the Practical Use of the Instrument; Microscopical Manipulation generally; Methods of Examining Objects, &c. Dr. LIONEL BEALE will commence a Course of Eight or Ten Lectures (which will be given weekly) on Wednesday, May 2nd, at 8 P.M. Fee, £1 11s. 6d. A syllabus may be obtained by applying at the College Office.

R. W. JELF, D.D., Principal.

Practical Geology.—King's College,

LONDON.—Professor TENNANT, F.G.S., will give a Course of Twelve LECTURES on GEOLOGY, having especial reference to the application of the science to Engineering, Mining, Architecture, and Agriculture. The Lectures will commence on Friday morning, April 20th, at Nine o'clock. They will be continued on each succeeding Wednesday and Friday, at the same hour. Fee, £1 11s. 6d.

R. W. JELF, D.D., Principal.

King's College, London.—

SUMMER SESSION, 1860.—OPERATIVE SURGERY.

A Practical CLASS for OPERATIONS on the SUBJECT will be held by JOHN WOOD, Esq., F.R.C.S., during the ensuing Summer Session. It will be especially adapted for the requirements of the Army, Navy, and Indian Medical Appointments, and for the Fellowship of the Royal College of Surgeons. Fee for the Course, including Subjects for the performance of all the chief Operations, £6 6s. If Instruments are provided, 10s. extra.

A CLASS for BANDAGING and the PUTTING-UP of FRACTURES will also be held, to which the Pupils of the Class for Operations will be free. Fee for other Students, £1 1s.

Further information and cards may be had on application to the Secretary's Office.

R. W. JELF, D.D., Principal.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hilder, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.; open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BAYNUMS, Hon. Sec.

Royal Orthopædic Hospital,

315, Oxford-street.—Mr. TAMPLIN will deliver the Annual COURSE of LECTURES, on the NATURE and TREATMENT of DEFORMITIES, at the above Hospital, commencing Monday, May 7th, 1860, at 3 o'clock, and continuing each succeeding Wednesday, Friday, and Monday, at the same hour, until completed. The Course will embrace—

Contractions and Deformities, Congenital and Non-Congenital, of the Foot.
Ditto, ditto, of the Knee.
Ditto, ditto, of the Hip.
Ditto, ditto, of the Bones.
Scrofulous and other Diseases of the Joints.
Lateral and other Distortions of the Spine.
Disease of the Spine.
Wry-neck and Deformities of the Upper Extremities.
Contractions of the Toes and Fingers.
Contractions from Burns, &c.

Legally-qualified Practitioners are invited to attend.

Admission tickets may be obtained from Mr. Tamplin and from the Secretary at the Hospital.

The London School of Dental Surgery,

32, Soho-square.

The Introductory Address will be delivered on the evening of Monday, April 30th, at 8 o'clock, by Mr. SAMUEL CARTWRIGHT, jun., F.R.C.S.

LECTURES.

Dental Anatomy and Physiology—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.
On the mornings of Tuesday, at 8 A.M., during the months of May, June, and July.

Dental Surgery and Pathology—Mr. Samuel Cartwright, jun., F.R.C.S.
On the mornings of Thursday, at 8 o'clock, during the months of May, June, and July.

Mechanical Dentistry—Mr. Robert Hepburn.
On the evenings of Wednesday, at 7 o'clock, during the months of October, November, and December.

Metallurgy in its Application to Dental Surgery—Mr. G. H. Makins, M.R.C.S., F.C.S.
On the mornings of Wednesday, at 11 o'clock, during the months of May, June, and July.

St. Bartholomew's Hospital. —

Lectures for the SUMMER SESSION will commence on the 1st May.

Materia Medica—Dr. Farre.
Forensic Medicine—Dr. Black.
Midwifery—Dr. West.
Botany—Dr. Kirkes.
Comparative Anatomy—Mr. M'Whinnie.
Practical Chemistry—Dr. Frankland.
Clinical Lectures on Medicine, by Dr. Burrows and Dr. Farre; and on Surgery, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey.
Superintendence of Surgical Operations on the Dead Body, by Mr. Callender and Mr. Smith.
Pathological Demonstrations—Dr. Harris.

Students can reside within the Hospital walls, under the regulations of the College. Warden, Dr. Martin.

Further information may be obtained from Mr. Paget, Mr. Holden, or any of the Medical Officers or Lecturers; or on inquiry at the Museum or Library.

Grosvenor Place School of Anatomy

and MEDICINE.—SUMMER SESSION, 1860.

The SUMMER SESSION will commence on Tuesday, May 1st.

Botany—Dr. Bainbridge.
Practical Chemistry—Dr. Thudichum.
Materia Medica and Therapeutics—Dr. Leared.
Midwifery and Diseases of Women and Children—Dr. Braxton and Dr. Priestley.
Medical Jurisprudence—Dr. Francis C. Webb, F.S.A.
Practical Anatomy—Dr. Halford.
Comparative Anatomy and Zoology—Mr. R. T. Hulme, F.L.S.
Psychological Medicine—Dr. Arlidge.

FEES.—General Fee to the whole of the Courses required by the Royal College of Surgeons of England, and the Society of Apothecaries, including One Course of Practical Chemistry, Thirty-five Guineas.

B. W. RICHARDSON, M.D., Hon. Sec.

The PRIZES for Session 1859-60 will be distributed on Tuesday, May 1, at Three o'clock P.M.

For Prospectuses, apply to Dr. Richardson, 12, Hinde-street, W., or at the Residences of the Lecturers.

St. Mary's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURERS.

Clinical Medicine—Dr. Alderson, F.R.S.
Clinical Surgery—Mr. Ure.
Midwifery, &c.—Dr. Tyler Smith.
Practical Chemistry—Dr. Albert J. Bernays.
Botany—Dr. Christopher Dresser.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Burdon Sanderson.
Ophthalmic Surgery—Mr. White Cooper.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy and Zoology—Dr. Grally Hewitt.
Natural Philosophy—Mr. G. R. Smalley, B.A.

The Hospital contains 150 beds. It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils, free of every expense. The advantages of five of these appointments far exceed in money value as many Scholarships of fifty pounds each. There are four Resident Medical Officers, who board (free of all expense) in the Hospital; three of whom are appointed for twelve months, and one (the Obstetric Officer) for six months; there are also four non-resident Medical Officers. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded after competition, preference been given to the qualified Perpetual Pupils of the Hospital.

Further information may be obtained on application to the Dean of the School.

St. Mary's Hospital, April 6, 1860.

St. George's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Mr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Dental Surgery—Mr. Vasey.

The Hospital contains 350 beds. Clinical Lectures are delivered every week by one of the Physicians and Surgeons. A ward is devoted to the Diseases peculiar to Women; and pupils have ample opportunity to attend Practical Midwifery.

Gentlemen who wish to enter to the Hospital and Lectures can do so by the payment of Forty Guineas the first year, Forty Guineas the second year, and Twelve Guineas the third year; but separate payments may be made for the Medical or Surgical Practice, or the Lectures.

The Surgeons' Perpetual Pupils are eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months when duly qualified. Fee for Surgeon's Perpetual Pupil, Fifty Guineas. Pupils are eligible to the office of Obstetric Assistant, when duly qualified, at a salary of £100 per annum. The House-Surgeons and Obstetric Assistant reside in the Hospital. Three Prizes of £21 each are offered this year for "General Proficiency in Medical Studies" and Clinical Reports of Cases in Medicine and Surgery.

The William Brown Exhibition of £40 per annum, tenable for three years, is awarded to Perpetual Pupils of the Surgeons or Physicians.

The Thompson Medal, Sir Benjamin Brodie's and Mr. Lewis Powell's Prizes are awarded for Clinical Reports of Cases in the Hospital; and Sir Charles Clarke's Prize is awarded for good conduct. Each at the termination of the Session.

Further information may be obtained from Mr. Pollock, Treasurer of the Medical School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

University of London.—Matricula-

TION EXAMINATION.—Gentlemen intending to Matriculate in July, 1860, are informed that, by permission of the Council, a CLASS will be formed at University College, under the direction of WILLIAM WATSON, B.A. Lond., and ERNEST ADAMS, Ph.D., for the purpose of reading the subjects required at that Examination.

The Class will assemble on the 17th of April, and meet daily (Saturdays excepted) from 6 to 8 P.M.

Fee for the Course, £5.

For further particulars, apply to Dr. Adams, at the College.

University College, London: Faculty

OF MEDICINE.—The SUMMER TERM will commence on Tuesday, May 1st.

Classes in the order in which the Lectures are delivered during the day:—

Practical Surgery—Mr. Marshall, F.R.S.
Materia Medica and Therapeutics—Prof. Garrod, M.D., F.R.S.
Pathological Anatomy—Prof. Jenner, M.D.
Medical Jurisprudence—Prof. Harley, M.D., F.C.S.
Practical Chemistry—Prof. Williamson, F.R.S.
Midwifery—Prof. Murphy, M.D.
Palæo-Zoology—Prof. Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Prof. Wharton Jones, F.R.S.
Botany—Prof. Lindley, Ph.D.
Hospital Practice—Daily.
Medical Clinical Lectures—Prof. Walshe, M.D.; Prof. Jenner, M.D.; and Prof. Garrod, M.D.
Surgical Clinical Lectures—Prof. Quain, F.R.S.; and Prof. Erichsen.
Clinical Lectures on Ophthalmic Cases—Prof. Wharton Jones, F.R.S.
Practical Instruction in the Application of Bandages and other Surgical Apparatus—Mr. Marshall, F.R.S.
Practical Pharmacy—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the Offices of the College.

ALEX. W. WILLIAMSON, F.R.S., Dean of the Faculty.
April 7th, 1860. CHAS. C. ATKINSON, Secretary to the Council.

To Medical Men.—Arundel, Sussex.

—The Parish Officers of Arundel are ready to appoint a MEDICAL OFFICER, duly qualified, to provide medicine and medical attendance to poor persons in the parish, from the date of appointment to the 25th day of March, 1861. The salary will be at the rate of £50 per annum, exclusive of cases of Fracture and Dislocation, and Midwifery cases, and for Vaccination, which will be paid for according to the scale allowed by the Poor-law Board.

The population of the parish, according to the last census, is 2748; area, 1968 acres.

Apply to Mr. GEORGE LEAR, Visitor, or to Mr. DEAN, Assistant-Overseer, Arundel, on or before the 18th of April instant.

Newton Abbot Union.—The

Guardians of the Poor of the Newton Abbot Union, in the county of Devon, are desirous of engaging the services of a duly-qualified Medical Practitioner as MEDICAL OFFICER and VACCINATOR for the Parishes of Broadhempston, Torbrian, and Woodland, forming the third Medical District of their Union.

The salary to be given is £8 8s. per annum, with the usual fees for Surgical Operations and Midwifery, and for Vaccination.

The Election will take place at the Board-room, Newton Abbot, on Wednesday, the 25th day of April instant, on which day candidates are requested to be in attendance.

By order of the Board,
Newton Abbot, April 5th, 1860. JOHN ALSOP, Clerk.

Dover Union. — General Medical

ATTENDANCE, VACCINATION, &c.—The Board of Guardians of this Union will be ready on Friday, the 20th April, 1860, to receive applications from legally qualified Medical Practitioners to supply Medical and Surgical Attendance upon the Paupers of the First Division of the St. James's district, comprising the parishes of Charlton, Guston, St. James's, and Whitfield, at a salary of £35 per annum. Also for the First Division of the Hougham district, which comprises the parishes of Alkham, Buckland, Caple, Emell, Hougham, Poulton, and River, at a salary of £35 per annum. These salaries are exclusive of the fees set forth in article 177 of the General Consolidated Order of the Poor Law Board; 10s. 6d. will also be paid for each case of Midwifery, and 1s. 6d. for every case of successful Vaccination, performed at or within two miles of the medical officer's residence, and 2s. 6d. if beyond two miles.

The gentleman or gentlemen who may be appointed will be required to keep the several books specified in the orders of the Poor Law Board, and generally to carry out their rules and regulations, as well as the directions of the Board of Guardians.

By order of the Board of Guardians,
Dover Union Workhouse, Buckland, WILLIAM CROSS, Clerk.
March 23rd, 1860.

St. Mary's Hospital, Quay-street,

Manchester.—The Board of Trustees and Subscribers having to Elect a SURGEON in ORDINARY in the place of Dr. Hunter, who has resigned, gentlemen desirous of becoming Candidates for the vacant office are requested to send their Diplomas and Testimonials, addressed to the Honorary Secretary of St. Mary's Hospital, with the words "Medical Testimonials" inscribed on the cover, on or before the 5th of May next; and are also requested to observe that their qualifications must be in conformity with the following rule:—

"That any medical gentleman, duly registered under the 21st and 22nd Vict. cap. 90, shall be qualified for election as one of the Medical Officers of this Hospital.

"That the extreme hospital boundary shall be defined by the Board of Management, and the district included be divided into parts or sections as may by such Board be from time to time thought most advantageous; and each surgeon shall be required to reside within, or conveniently near to the district allotted to him. But no medical gentleman shall be eligible as a candidate for the situation of Honorary Officer to this Hospital who holds an appointment from any club or sick society of any description; and he shall become disqualified if at any time after his election he accepts such an appointment."

THOMAS SOUTHAM, LL.D.,
St. Mary's Hospital, April 14th, 1860. Honorary Secretary.

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PUBLIC PROTEST.

DIPLOMAS IN DENTAL SURGERY.

A certain number of Dentists having associated themselves under the assumed title of "The College of Dentists of England," and having signified their intention of issuing Diplomas of fitness to practise Dental Surgery to those who may consent to such regulations as they shall propose, we, the undersigned, practitioners in Dental Surgery, deem it to be our duty publicly to protest against the proceedings of this so-called College of Dentists of England, as being wholly unsanctioned by law, unwarranted by precedent or by professional usage, and opposed to the opinion and feeling of the great majority of the leading practitioners in Dental Surgery. And we more especially protest against the issuing of Diplomas without legal authority, believing that such Diplomas are calculated to mislead the public, by whom they may be mistaken for the legally authorized Dental Diplomas to be granted by the Royal College of Surgeons of England through its Dental department, consisting of Surgeons and Dentists in equal numbers, and organized in accordance with the provisions of a special Charter granted to that body by Her Majesty in September last, in conformity with the MEDICAL ACT.

Dated February 17th, 1860.

LONDON.
H. J. Barrett, M.R.C.S.E.
E. B. Bartlett.
Thomas Bell, F.R.S., F.R.C.S.E.
W. M. Bigg.
George Bulleid, M.R.C.S.
Alfred Canton, M.R.C.S.E.
Cornelius Carter.
Samuel Cartwright, F.R.S.
Samuel Cartwright, jun., F.R.C.S.E.
William A. N. Cattlin, F.R.C.S.E.
William Cattlin, jun., M.R.C.S.E.
Felix Choice.
W. S. Cockings.
John Alfred Coleman.
William Collingwood, M.R.C.S.E.
J. L. Craigie, F.R.C.S.E.
W. Crampton.
James Davis.
Edward Dellaway.
John Drew.
John W. Elliott, M.R.C.S.E.
J. Evans, M.R.C.S.E.
W. S. Featherstone.
John B. Fletcher.
W. P. Forsyth.
Charles James Fox.
W. J. Gilbert.
G. Gregson.
Charles H. Hampson.
W. A. Harrison, F.R.C.S.E.
J. H. Hatfield.
Henry Hayward.
Howard Hayward, M.R.C.S.E.
John Heath.
John Henderson.
Robert Hepburn.
Alfred Hill.
William Hutchins.
G. A. Ibbetson, F.R.C.S.E.
W. E. Jameson.
George Laurie, D.D.S.
J. L. Levison, D.D.S.
W. H. Lintott.
J. N. Manton.
Wm. Henry May.
W. H. McChristie.
John R. Mummery.
William D. Napier, M.R.C.S.E.
Frederick Normansell.
Albert E. Ollive.
George Owen.
George Parkinson, M.R.C.S.
George Heath Parkinson.
James Parkinson.
John H. Parkinson, sen.
John H. Parkinson, jun., M.R.C.S.E.
Robert Parsons.
John Hy. Phillips.
S. Robinson, M.R.C.S.E.
Arnold Rogers, F.R.C.S.E.
Charles Rogers.
Frederick Rogers.
Henry Rogers, M.R.C.S.E.
Joseph Rogers, M.R.C.S.E.
Thomas A. Rogers, M.R.C.S.E.
James Salter, M.B., M.R.C.S.E.
F. A. Sees.
Edwin Saunders, F.R.C.S.E.
Josiah Saunders.
W. Deacle Saunder.
W. H. Scott, L.D.S.
Edwin Sercombe, M.R.C.S.E.
Isaac Sheffield.
C. Simpson.
Nathaniel Stevenson, M.R.C.S.
Charles Stokes, M.R.C.S.E.
John Tomes, M.R.C.S.E., F.R.S.
S. J. Tracey, M.R.C.S.E.
Edward H. Tweed.
Thomas Underwood.
Burnley Walkinshaw.
Charles Edward Willis.
Thomas John Watson.
A. J. Woodhouse.
H. A. Woolfryes.

ABERYSTWITH.
A. H. Murphy.

BATH.
George Parkinson.
W. D. Winckworth.

BARNSLEY.
R. Canwood, M.R.C.S.E.

BRIGHTON.
T. E. Eden, M.R.C.S.E.
Octavius A. Fox.
Alfred B. Jones, M.R.C.S.
Charles Henry Lambert.
Edward Parkinson.
William H. Whatford.

BIRMINGHAM.
Thos. R. M. English.
Thomas Howkins, M.R.C.S.E.
Wm. Robertson.
W. Suffield.
E. P. Warren.

BRIDGWATER.
Henry Long Jacob, M.R.C.S.E.

BRISTOL.
J. W. Clarke.
Chas. W. Shew.
G. J. Williams.

CARDIFF.
Richd. B. Boulton.

CARLISLE.
Richard Duncan.

CASTLE COMER, WILTS.
A. Sadlow, M.R.C.S.E.

CHELTENHAM.
Thomas G. Palmer.
George L. Penny, M.R.C.S.E.

CHESTER.
Joseph Snape.

CLIFTON.
W. B. Curtis.

CORK.
Richard Barry.

DERBY.
Henry Morley.
J. B. Murphy.

DOVER.
George Ash.
John B. Lindsay.

DUBLIN.
John A. Baker, F.R.C.S.I.
T. Bradshaw.
Chas. Corbett, M.R.C.S.E.
W. J. Doherty.
L. C. D'Oyle.
A. Keary.
William Mackintosh.
F. W. Murray.
W. Murray.
C. Pearsall.
J. Roberts.
E. Sutherland.

DURHAM.
Robert Caldcleugh.

DUNDEE.
A. Blair Spencer, M.R.C.S.E.

EDINBURGH.
Edward Ayton.
John Knox Chisholm.
David D. Hepburn.
Robert Naismyth, F.R.C.S.
Peter Orphoot, M.D.
James Orrock.
Robert Reid.
W. A. Roberts, F.R.S., S.A.E.
John Smith, M.D., M.R.C.S.
John Swanson.
M. J. Watt.
John Wicks.
Andrew Wilson.

EXETER.
S. Bevan Fox.
Thomas Sheffield.

GLASGOW.
Jas. Alexander.
G. W. Buchannan.
Jas. Macpherson, M.D.
Francis Hay Thompson, M.D.

GLOUCESTER.
George F. Fox.

HASTINGS.
T. S. Jackson.
Robert Ransom.

HULL.
E. L. Jones.

IPSWICH.
John T. Cole.
Edw. P. Leigh, M.R.C.S.E.

ISLE OF WIGHT.
William Moore.

JERSEY.
H. R. Hugo.

KINGSTON (HANTS.)
J. M. Llewellyn, M.R.C.S.E.

LEEDS.
John Atkinson, M.R.C.S.E.

LEICESTER.
C. G. Kemp, M.R.C.S.E.
J. E. Murphy.

LEOMINSTER.
E. Forster Bellows.

LIMERICK.
S. G. Hutchins.

LIVERPOOL.
T. H. Austin.
Robert Ganthony.
James W. Berend.
D. W. Ransom.

MANCHESTER.
Robert Brookhouse.
Henry Campion, M.R.C.S.E.
S. A. Rogers.
G. W. Smith, M.R.C.S.E.

NEWBURY.
Charles D. Rogers.

NEWCASTLE-ON-TYNE.
Josh. Peal.

NORWICH.
Joseph Barker.
W. K. Bridgman.
B. W. Harcourt.
William Hay.
Richard White.

NOTTINGHAM.
Walter Browne.
Duncan Hepburn.
James Orrock, M.R.C.S.E.

OXFORD.
Henry J. Virgin.

PENZANCE.
M. Magor.

PERTH.
James Bell.

PETERBOROUGH.
Jas. Edwin Palmer.

PLYMOUTH.
C. Spence Bate, F.L.S.
Stratton J. Coles.

PORTSMOUTH.
John Martin.

PRESTON.
J. Howard Kyan.

ROCHESTER.
Alfred Coleman.

SALISBURY.
W. Buckell.

SCARBOROUGH.
Edward Vezard.

SHREWSBURY.
H. Jones.

SOUTHAMPTON.
Charles Bromley.

SOUTHSEA.
George Lyddon.

STAFFORD.
James Drake.

SUNDERLAND.
E. J. Joel.

SWANSEA.
A. F. Bayntam.
Frederick Clayton Scott.

TAUNTON.
Thomas Coker.

TORQUAY.
H. Barron Rodway.

TRURO.
T. Magor Cardell.
Nathaniel C. Stephens.

WAKEFIELD.
William H. Waite.

WARMINSTER.
R. Forward.

WOLVERHAMPTON.
E. H. Coleman, M.R.C.S.E.
Charles G. de Lessert.

YORK.
Joseph King.

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City Dispensary, 76, Queen-st., E.C.

A Vacancy having occurred in the office of PHYSICIAN to this Charity, through the resignation of Dr. John Cockle, gentlemen desirous of becoming Candidates are requested to forward their applications and testimonials, addressed to the Committee of the City Dispensary, 76, Queen-street, E.C., before Three o'clock in the afternoon of Monday, 30th April inst.; and all applicants must attend the Committee, to be admitted candidates for the office, at Four o'clock on that day.

By Rule 16—No candidate will be considered eligible for the office of Physician unless he be a Graduate in Medicine of a British University, or a Licentiate of one of the Royal Colleges of Physicians by examination; he shall not practise pharmacy or midwifery, nor be interested in the sale of any advertised medicine; and any person shall be disqualified for the office of Physician if at any time after his election he shall engage in any of the above branches, or enter into partnership with any person so engaged either directly or indirectly.

The election will take place on Monday, 7th May next.

By order of the Committee,

April 2nd, 1860. WILLIAM W. E. ATKIN, Secretary.

The Queen's Hospital, Birmingham.

A Special Meeting of the Governors of this Hospital will be held at the Institution on Monday, the 30th of April next ensuing, at 12 o'clock precisely, for the purpose of Electing a PHYSICIAN.

Candidates for the appointment are requested to forward their diplomas and qualifications under cover to the Secretary, at the Hospital, on or before 12 o'clock on Thursday, the 26th of April.

Board-room, April 5th, 1860. DAVID MALINS, Jun., Secretary.

Liverpool Royal Infirmary. —

Wanted, a HOUSE-SURGEON. The salary is £100 per annum, with board, washing, and lodging. He must be unmarried, and a Member of the College of Surgeons of London, Dublin, or Edinburgh, and also a Licentiate of the Apothecaries' Hall of London. Candidates are requested to send in their testimonials, addressed to the Chairman of the Committee, on or before Tuesday, the 24th of April next, and to attend, if required, at the Infirmary, on Tuesday, the 1st of May, at 10 o'clock in the forenoon.

March 22nd, 1860. EDWARD GIBBON, Chairman.

Parish of Liverpool.—The Select

Vestry of this Parish are prepared to receive applications for the office of DISPENSER of MEDICINES at the Workhouse, Brownlow-hill. Salary, £60 per annum, with board and apartments in the establishment, together with gas and fuel. He must be unmarried, under forty years of age, and qualified by experience to check the quality of the Drugs and Chemicals received into his charge. Applications, stating age, with testimonials enclosed, to be forwarded to the undersigned on or before Wednesday, the 18th day of April next.

Parish Offices, March 30th, 1860. HENRY J. HAGGER, Vestry Clerk.

North Staffordshire Infirmary,

ETRURIA, near Stoke-upon-Trent.—The Situation of DISPENSER to the above Institution having become Vacant, owing to the resignation of Mr. T. G. Forshaw, persons intending to offer themselves as Candidates for the appointment must send in their applications, with testimonials, to the Secretary, on or before Wednesday, the 25th of April. The election, which is in the hands of the General Committee, will take place on Tuesday, May 1st, and due notice will be given to those candidates whose personal attendance will be required on that day. The salary is £35 per annum, with board, washing, and lodging; to be increased to £40 at the end of two years, should his conduct be approved. RALPH HOBDLEY, Secretary.

Stockport Infirmary. — Wanted, a

HOUSE-SURGEON.—He must be a Licentiate of the Society of Apothecaries, London; and a Member of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin. The engagement will be for three years, at a salary of £60 for the first, £70 for the second, and £80 for the third year, with board and furnished apartments.

Applications, with testimonials &c., to be sent in to the Honorary Secretary on or before Friday, the 20th instant. The election is by vote of the trustees, and will take place on Monday, the 23rd instant, at Eleven o'clock, in the Board Room of the Institution.

Wanted also, an ASSISTANT HOUSE-SURGEON and APOTHECARY who will have to visit the home-patients. Engagement for two years, at a salary of £30 per year, with board and furnished apartments. The same qualification will be required as above for the House-Surgeon. The appointment will be made by the committee on Monday, the 30th instant, at the Board Room, at Eleven o'clock in the forenoon. Applications, with testimonials, to be sent in to the Honorary Secretary on or before the 23rd instant.

By order,

Board Room, April 2nd, 1860. S. W. WILKINSON, Hon. Sec.

Clun Union.—Medical Officer

Wanted.—The Board of Guardians of the Clun Union will, at a Special Meeting to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 18th day of May next, proceed to the Election of a Medical Officer and Public Vaccinator for the undermentioned districts of this Union:—

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Sheive, Snead, and Wentnor; at the annual salary of £35.

The Bishop's Castle No. 2 District, comprising the out-liberties of Bishop's Castle and the parish of Myndtown, at the annual salary of £12 10s.

The Medical Officer of each district, in addition to the above salary, will be entitled to extra fees for Midwifery and Surgical Cases, and such other fees as are allowed by the General Orders of the Poor-law Board (cod-liver oil to be supplied at the cost of the Union).

Applications, accompanied by testimonials and such evidence of qualification as is required by the order of the Poor-law Commissioners, dated 5th of April, 1860, must be sent to the Board of Guardians at the Workhouse, in Bishop's Castle, before Eleven o'clock in the forenoon of the 18th of May next, at which time and place candidates are requested to attend.

By order of the Board.

Bishop's Castle, April 7th, 1860. FREDERICK PARDOE, Clerk.

Psychological. — A M.R.C.S. Eng.,

L.M., and L.S.A., at present Resident Medical Officer and Director of a Pauper Lunatic Asylum, accommodating nearly one hundred patients, and formerly House-Surgeon of a County Asylum, is desirous of obtaining (within the ensuing three months) the Medical Supervision of a Private Licensed House. An appointment where there would be a prospect of eventually securing (by purchase) an interest in the undertaking would have the preference.—Address, M. Z., Post-office, Cambridge.

Patients, Nervous and otherwise.—

Mrs. BELL, late of West-grove House, Blackheath, has, for the greater convenience of her Medical friends, REMOVED to 13, Abbey-place, St. John's-wood, where she continues to receive a limited number of Patients.

Insanity, Nervous Debility, &c.—

The Medical Profession and the Friends of the Afflicted are respectfully informed that they can be immediately supplied with ATTENDANTS, Male or Female, of undoubted skill, experience, and respectability, on application to the Secretary of the St. John's-wood Association of Attendants on Persons Bodily or Mentally Afflicted.—Address, the Secretary, care of Mr. Bovill, Chemist, 24, Park-terrace, Park-road, Regent's-park, N.W.

To Surgeons.—For Disposal, a long-

established RETAIL and PRACTICE, near Oakley-square, Camden-town. Rent £45. Purchase £150.—Particulars of Mr. Humpage, 44, Chancery-lane, W.C.

Medical.—A Gentleman, fully quali-

fied, who has had considerable experience, and who can furnish the highest references and testimonials, and is, at the present time, holding a responsible public appointment, is desirous of Purchasing, on equitable terms, a SHARE of a leading PRACTICE at the west-end of London. The advertiser is personally known to Mr. Humpage, of whom further particulars may be learnt.—Address, Medicus, care of Mr. Humpage, 44, Chancery-lane, W.C.

A Gentleman wishes to Purchase a

PRACTICE in a town or village, where a House, with good Garden, &c., attached, could be procured. The south of England preferred.—Address, with full particulars and price, to R. L., Messrs. Glover's, Chemist, 19, Goodge-street, W.C.—None but principals need apply.

A highly-qualified Gentleman wishes

to meet with a PRACTICE, in the South or West of England, either as Partner or otherwise. Can give in exchange one of £250 per annum in a large town in the North. As he has not the means to purchase, would give, liberal remuneration for confidential information of a good opening.—Address A. B. C., Medicus, THE LANCET Office, 423, Strand, London, W.C.

For immediate Disposal, a highly-

respectable and increasing MEDICAL PRACTICE, in a Seaport Town in the South of Wales, with appointments, which, with the private Practice, averages £350 per annum, and which may be obtained on easy terms.—Every minute particular may be learnt upon applying, by letter (prepaid), to J. B. O., THE LANCET Office, 423, Strand, London, W.C.

A fully-qualified Married Man, and

a Churchman, desires to Purchase a small PRACTICE, but extendible, in a respectable town, having good schools, and within an easy distance by rail of London; or a Partnership with an elderly gentleman, or one in delicate health, but a town at the sea-side preferred. The advertiser can offer high testimonials of character and ability in his profession, and is of business-like habits.—Address, Veritas, care of THE LANCET Office, 423, Strand, W.C.

To Surgeons (wanting a Settling

Place).—A General PRACTICE for Sale, in an important, increasing town, established five years, producing more than £50 per annum clear from voluntary payments. Possession of an eligible residence, moderately rented, optional. An Introduction to the Connexion will be given. Premium, £150. A doubly-qualified (with whom only the advertiser will treat), well-educated gentleman will find this a good opportunity.—Address (with real name only), X°, Post-office, Hoanley, Staffordshire.

A Gentleman, aged 26, fully qualified,

and who is conversant with all branches of his profession, is anxious to obtain a PARTNERSHIP with an elderly man who might be disposed to be released from the more onerous part of his duty. The advertiser has been House-Surgeon to a large public institution. He would be able to advance a small capital. North of England preferable.—Address, A. K. Z., Post-office, Bury.

Medical Partnership. — The Senior

PARTNER in an extensive suburban first-class PRACTICE is about to retire; there will therefore be a Vacancy for a JUNIOR. A gentleman who has filled the junior office at a large Metropolitan or other general Hospital will be preferred. His moral character must bear the strictest inquiry. The possession of pecuniary resources not so much an object as high professional attainments, gentlemanly manners, and energy of character. Principals only will be treated with.—Address, in the first instance, M.D., care of Messrs. Wilson and Co., 103, Cheapside.

Medical. — To Catholic General

Practitioners.—A Gentleman fully qualified is desirous to enter into an arrangement with a General Practitioner who, from permanent illness, age, or other cause, requires Assistance in the active duties of his profession, with a view to succession at a stated period, and whose services, in the mean time, would be remunerated by a share of the receipts.—Communications on the above head, or information on the subject of an opening for a Catholic Surgeon, &c., to be addressed, prepaid, to T. C., 15, Charing-cross, London.

Wanted to Borrow, £50 for a limited time, on Personal Security, with the additional security of a Policy of Assurance. None but principals treated with.—Address, H. W., 25, Addington-street, York-road, Lambeth, S.

Wanted, a Dispensing Assistant (one accustomed to Union practice preferred).—Address, stating age, salary, and references, to Edin., 145, Bishopsgate-street Without, E.C.

Wanted, by a Graduate of the University of London, and a Surgeon, aged thirty-six, a permanent APPOINTMENT in any part of England or Wales. Thanks will be given in proportion to the annual value, and the strictest secrecy may be implicitly relied on.—Address, R. P. E., Post-office, Great Yarmouth.

Wanted, an In-door Assistant, fully competent to Visit and attend Midwifery. He will be expected to Dispense and keep the Books. A liberal salary and comfortable home will be given for really efficient services.—Address, with references, to Dr. Edwards, Cardiff.

Wanted, by a Gentleman aged 26, unqualified, a SITUATION to Visit, Dispense, and attend Midwifery. Accustomed to Union, Club, and Colliery practice, and a good Accoucheur.—Address, stating salary and full particulars, to Beta, New-street, Dudley, Worcestershire.

Wanted, by a Gentleman who has finished his curriculum and passed his first examination at the College, a SITUATION where he would be principally occupied in Visiting. Has been long accustomed to Club and Union practice, and is a good Accoucheur. He would require a few days in July, in order to complete his examinations at the College.—Address, Medicus, Post-office, Pewsey, Wilts.

Wanted, a Gentleman with the double qualification, to take the Management of the Country portion of an extensive Practice, principally amongst operatives, in a provincial town. Salary, in-doors, £80 per annum, with board and lodging; out-door, at £90, and a small per-centage on the profits. None need apply but those requiring a permanency.—Address, stating age, &c., E. X. G. O. Y., THE LANCET Office, 423, Strand, W.C.

Wanted, a fully-qualified and expe- rienced gentleman to Assist in Conducting an extensive Practice in the Country. First-class references required.—Apply to Corbyn and Co., 300, Holborn.

Wanted, by a General Practitioner in the West Riding of York, a Young Gentleman, as ASSISTANT, not more than twenty-five years of age, competent to Dispense, Visit, attend Midwifery, and keep the Books. Salary, in-doors, £30 per annum.—Address, X. Y. Z., Post-office, Halifax.

Wanted, by a Gentleman with the College qualification, a SITUATION, with permission to attend a Private Class for a few hours daily; board and lodging a sufficient remuneration.—Address, B. T., THE LANCET Office, 423, Strand, W.C.

Wanted immediately, an Out-door Dispensing ASSISTANT, to Visit occasionally. As the duties are light, a large salary will not be given.—Address, stating age, references, and amount of salary required, to Mr. Levick, Surgeon, Ham-lane, Stratford, Essex.

To General Practitioners, &c.—A Gentleman, aged thirty-six, accustomed to Dispensing, Book-keeping, Visiting, Club and Parish Practice, wishes to meet with a SITUATION (out-door preferred) in Town, in which he could take an active part in Midwifery, to which he has devoted much time.—Address, Alpha, Mr. Funnell, Chemist, 50, Queen's-road, Brighton.

A Gentleman attending Hospital Practice, &c., during the ensuing Session, wishes to reside with a Medical Man, where his services for a few hours daily would be considered part equivalent for Board and Lodging.—Address, Mr. William Taylor, Post-office, Ipswich, Suffolk.

An Assistant Wanted in the country, to Dispense, and to Visit and attend Midwifery occasionally.—Address, C. M., Great Wakering, Essex, stating age, qualifications, and salary required; also giving references.

Temporary Assistance.—A Member of College and Hall, aged forty, is open to an ENGAGEMENT from one week and upwards. Terms, Three guineas per week in-door, and travelling expenses.—Address, S. P., at H. E. Beck's, Esq., 82, Bridge-road, Lambeth.

To Medical Men.—A Gentleman is desirous of meeting with an engagement as DISPENSER in town or country. First class references can be given as to respectability and efficiency. Address, W. L., 253, High Holborn, W.C.

A Medical Man, who has held an Appointment abroad, and possesses excellent testimonials of character and ability, wishes to ASSIST a gentleman for six months, or a year. West-end or suburbs of London preferred.—Address, Omega, THE LANCET Office, 423, Strand, W.C.

Locum Tenens or Assistant.—An experienced Locum Tenens, fully qualified, seeks a temporary ENGAGEMENT, or would co-operate with a Gentleman in Town, either for a few hours daily, or *in toto* if desirable. Eligible for Partnership in a respectable Practice.—Address, Medicus, Post-office, 64, Edgware-road.

Visiting and Dispensing Assistant, in a Country Practice. Must be a Member of the Hall or College, or both; steady, sober, accustomed to horse exercise, &c. Salary (in-doors), with board and lodging, £50.—Apply to H. Cooper, 30, Moor-street, Soho.

Medical.—Wanted, a Situation as Visiting or Visiting and Dispensing ASSISTANT, by a M.R.C.S., who is also an Apothecary and Accoucheur; town or country. Advertiser is thirty-three years of age, unmarried. Satisfactory references can be given.—Address, stating terms, to H. D. I., THE LANCET Office, 423, Strand, W.C.

Assistantship Wanted immediately by a young Gentleman, where, during the next Winter Session, time would be allowed to attend one or two Lectures. Is a good Dispenser, and has excellent references. Neighbourhood of Charing-cross or St. George's Hospital preferred.—Address, X. Y. Z., Bristol General Hospital, Bristol.

A M.R.C.S., aged 26, is desirous of an immediate Engagement as a Visiting ASSISTANT. A manufacturing or mining district preferred. Is accustomed to Union and Private practice, and has had much experience in Midwifery and Dispensing. Satisfactory references can be given.—Address, F. T., 171, Union-street, Borough. Remunerative salary expected.

A married Gentleman, sine Diplomâ, is open to an Engagement as Out-door Visiting and Dispensing ASSISTANT. He is a first-rate Accoucheur, and perfectly conversant with all branches of the Profession. He would be found able to conduct a Branch Practice, or to take the heavy duties. First-rate references, and a permanency desired.—Address, Mr. Brewin, City of London News Rooms, Cheapside, E.C.

An In-door Visiting and Dispensing ASSISTANT is Wanted by a General Practitioner, in a rural district in Kent. He should have some diploma: be able to ride, give good references, and attend Midwifery. Salary £50 per annum.—Address (free), C., 44, Frith-street, Soho, London, W.

To Chemists' Assistants.—Wanted immediately, a thoroughly competent ASSISTANT, between forty and fifty years of age. Must be an active Prescriber, Dispenser, and Retailer. Satisfactory references required. Salary, 50 Guineas per annum.—Apply by letter, T. Rayner, 4, Trafalgar-square, Charing-cross.

Dispensing Assistant.—Wanted, by a Gentleman aged twenty-one, who has recently completed a five-years' apprenticeship, an Engagement as above with a Surgeon. A permanent situation preferred, within easy distance of one of the Medical Schools, and with liberty to attend lectures and hospital practice (or he would accept an Engagement until October).—Address, D. S. S., Post-office, Oxford.

A doubly-qualified Out-door Assis- TANT, who must be well recommended, is Wanted immediately in a market town and station on the East Cornwall Railway. References, with particulars as to age, salary, &c., to be sent to Dr. Plowman, St. Austell, Cornwall. N.B.—None need apply unless wishing for a permanent situation.

Brighton.—Locum Tenens.—A Gen- tleman wishing to leave town for two or three weeks is desirous of entrusting the charge of his Practice to a fully-qualified and registered Practitioner, not less than thirty years of age. None need apply whose character will not bear the strictest scrutiny.—Apply to S. R. T., Post-office, Brighton.

An Out-door Second Assistant Wanted at large Iron Works in South Wales. He will have to Dispense, Attend to Accidents, and other emergencies, when the Surgeon and Assistant-Surgeon may be on their rounds and not easily met with, and assist generally during the absence from home of either of the above gentlemen. Salary, £80 per annum. The Situation offers the best possible opportunities for the attainment of professional experience, as well as affording time for reading. Membership of the College of Surgeons required, and references as to correct conduct.—Apply to L. Redwood, The Lawn, Rhymney, Monmouthshire.

Practice for Disposal in a capital town in one of the Home Counties. The income would be small at first, but there is ample scope for its improvement. A small premium required.—For further particulars, address, A. B., 21, Harp-lane, London, E.C.

To Surgeons and Chemists.—To be Disposed of, a BUSINESS in the above line (established thirteen years), in a densely populated neighbourhood, with a good Corner Shop. Rent and taxes about £20 per annum. Coming-in, £120.—Address, A., the Stationer's, 34, Langley-place, Commercial-road East. No agent need apply.

Partnership.—A fully-qualified Gen- tleman, aged twenty-six, a Scholar and Gold Medalist of his College, and who has served nearly all the practical offices of a London Hospital, wishes to associate himself with a Practitioner of undeniable position in extensive and good class Practice. Communications addressed in the first instance to Medicus, High-field-house, Moor-town, near Leeds, will be most faithfully respected. The advertiser is prepared with capital.

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Three Practices are required — incomes from £400 to £700 per annum—for gentlemen suitably qualified, possessing ample private incomes to support good class residences, which are essential. If within sixty miles of London, with immediate transfer, preferred.—Communications addressed to Mr. Wilson, 26, Charles-street, Waterloo-place, S.W., will be most confidentially received, and meet with attention.

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Medical.—For Disposal, a genuine, well-paying PRACTICE, of between £300 and £400 per annum, in a favourite metropolitan suburb. May be entered upon on easy terms.—Immediate application necessary, to Mr. J. BOWMER, M.R.C.S., 50, Lincoln's-inn-fields, W.C.

Medical.—Partnership in an old-established and highly-respectable PRACTICE, with RETAIL, in London—receipts, £1600 per annum—may be secured on equitable terms. Most satisfactory references will be required and given.—Apply to Mr. Jacobson, No. 38, Walbrook, London, E.C.

To Surgeons, &c.—An Introduction to a respectable PRACTICE can be secured, through the medium of a very select Retail Chemist's Business, in an eligible position, west end of London. Purchase, £350.—Apply to Mr. Jacobson, 38, Walbrook, London, E.C.

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THE LANCET.

A Journal of British and Foreign Medicine, Physiology, Surgery, Chemistry, Criticism, Literature, and News.

No. XVI. Vol. I. 1860. | LONDON, SATURDAY, APRIL 21, 1860. | Price Sevenpence. Stamped, Eightpence.

LECTURES on the Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities. By C. E. Brown-Séquard, M.D., M.R.C.P., Hon. Fellow of the Faculty of Physicians and Surgeons of Glasgow, Physician to the National Hospital for the Paralysed and the Epileptic, &c.
Lecture I. Part I. ..... p. 389

A Clinical Examination of the Value of the Operation of Turning in Labour Obstructed through Coarctation of the Pelvic Brim. By Robert Barnes, M.D., F.R.C.P., &c. 390

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
The Cure of Typhoid Fever ... 391

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

St. George's Hospital:
Two Cases of Œdema of the Glottis; Tracheotomy; Fatal Result in each Case 392

St. Bartholomew's Hospital:
Œdema of the Glottis, suddenly supervening in the Hospital in a Case of Jaundice from Obstruction in the Hepatic Duct 393

King's College Hospital:
Warty Growths in the Larynx, threatening Suffocation, in a Pregnant Woman; Tracheotomy; Death in fourteen hours: Ineffectual Labour in the interval; Post-mortem Cæsariotomy 393

Clinical Records.—Recent Hæmatocele.—Enlargement of Submaxillary Glands after Removal of Cancer of the Lip 394

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society:
Remarks on the Scrofulous Conformation, or Diathesis; based principally on the Study of the Skeleton 394

Medical Society of London:
Radical Cure of Varicocele by Subcutaneous Section 396

Obstetrical Society of London:
Hydatidiform Degeneration of the Ovum.—Complete obliteration of the Canal of the Small Intestine by Fœtal Peritonitis; Amussat's Operation. — Four Cases of Menorrhagia treated by Injection, or Scraping of the Uterus and Injection combined; with Remarks on this Plan of Treatment 397

REVIEWS AND NOTICES OF BOOKS.
The Journals, &c., for the Quarter 399

LEADING ARTICLES.
Dr. Brown-Séquard's Lectures 400
The College of Physicians and General Practitioners . 400
"General Orders" and the Medical Service in India ... 401
Deodorization of the Thames 402

MEDICAL ANNOTATIONS.
The College of Physicians, and Surgeons in General Practice.—Half-Fledged Surgeons.—Medical Education at Oxford. — The Corn-Cutters' Chaff 402

The Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity 404

CORRESPONDENCE.
Swallowing several Teeth attached to a Plate, with safe Passage through the Bowels 399
Poor-law Medical Reform Association: Letter from Mr. Griffin... 405
Mr. J. Adams's Case of Femoral Hernia 405
Blunt Urethrotome for Stricture of the Urethra 406
Iodide of Potassium in Large Doses: Note from Mr. de Méric 406
Reflex Paraplegia 406

A New Kind of Scotch Surgeon ... 406
On Unsuspected Sources of Lead Poisoning 406

Qualifications and Examination of Candidates for Commissions in the Army Medical Service 407
The College of Surgeons and Uneducated Candidates: Memorials to the Medical Council..... 408
House of Commons 408

MEDICAL NEWS.
University of Oxford 390
The Adulteration of Food and Drink Bill 399
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30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ¼-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 21, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

Reduction of Duty. — Hedges and

BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

REDUCTION OF THE WINE DUTIES.

W. & A. Gilbey, Wine, Spirit, and

Liqueur Importers and Distillers, are now doing by far the largest Trade of any other house in the kingdom, their connexion exceeding at the present time 16,000 private Families and more than 60 of the most important Hospitals, Military Messes, and Public Institutions, beg to offer the following advantages to consumers at the reduced duties lately fixed by the Chancellor of the Exchequer.

WINES FROM THE CAPE OF GOOD HOPE.

PORT, SHERRY, MADEIRA, MARSALA, all first growths, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £12 19s. per quarter cask of 28 gallons.

Also first growths with age 24s. per dozen, £4 0s. 6d. per 7-gallon cask, £7 19s. 3d. per 14-gallon cask, £15 15s. per 28-gallon cask.

They are pure, delicate, wholesome, and in every way suitable for either dinner or dessert.

The exclusive use of these Wines in most of the Important Institutions, of which a List can be had, is a sure proof of their restorative qualities.

The Custom House returns for 1859 show that W. & A. G. paid duty on the unprecedented quantity of 73,464 gallons of these Wines alone in that year.

WINES FROM FRANCE AT THE REDUCED DUTIES.

CLARETS, VIN ORDINAIRE, 18s. and 24s. per dozen; and White Wines, CHABLIS and SAUTERNE, 18s. and 24s. per dozen.

These our leading importations are superior to those generally drunk in this country, and together with our other high class French Wines, of which full particulars are detailed in our Prices Current, are all shipped to us under the superintendence of one of the leading Bordeaux Houses.

CHAMPAGNE AT THE REDUCED DUTY.

CHAMPAGNE, 33s. per dozen quarts, and 18s. per dozen pints.

A most superior sparkling Wine. Since the reduction of the duties, we have made a large contract to have the above Wine shipped direct from the Epernay vineyards. We consider it as good as any Gentleman can wish to have on his table.

WINES FROM MARSALA AT THE REDUCED DUTIES.

MARSALA, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £10 3s. 6d. per quarter-cask of 22 gallons.

This is Ingham, Stephens, & Co.'s superior old Bronté Wine, and is considered by many superior to the finest Sherries.

WINES FROM SPAIN AT THE REDUCED DUTIES.

SHERRIES, Pale and Golden, at 26s. per dozen, £4 7s. 6d. per cask of 7 gallons, £8 13s. 3d. per cask of 14 gallons, and £17 3s. per cask of 28 gallons.

The almost total disappearance of the Vine Disease in Spain, combined with the reduction of the duties, enable us to import an extremely good Dinner wine at this price.

WINES FROM PORTUGAL AT THE REDUCED DUTIES.

Fine old PORT from the wood, 8 years old, 30s. per dozen, £5 1s. 6d. per cask of 7 gallons, £10 1s. 3d. per cask of 14 gallons, and £19 19s. per cask of 28 gallons.

This our leading article from Oporto is the old school of mature silky Port from the wood, with body and bouquet. This is more palatable and wholesome than those extremely high-priced old Bottled Wines, which have nothing left to recommend them but vegetable decay.

Other Ports of various ages, both duty paid and in the Docks.

FOREIGN AND BRITISH SPIRITS AT THE REDUCED DUTIES.

BRANDY, the finest Cognac	20s. per gallon.
Do. very old	24s. "
RUM, finest Jamaica	14s. "
WHISKEY, Pure Old Scotch	16s. "
Do. Pure Old Irish	16s. "
GIN, excellent Household	9s. "
HOLLANDS, Genève or Schiedam, "the Silver Stream," as imported	12s. "
Do. do. In the original Green Cases and Square Bottles as imported	28s. per dozen.

In consequence of the universal consumption of Spirits, we have devoted especial care and attention to this branch of the Trade, in selecting those only of a pure and genuine high character, and are resolved to maintain the reputation we enjoy throughout the United Kingdom as purveyors of the finest old Spirits that can be had.

A dozen full-sized bottles of any of the above Wines at the quoted prices, or for 5s. in stamps a dozen samples of nearly all of the above can be had, or any two samples for 12 stamps, sent securely packed and labelled.

A detailed Price List of other Wines, Spirits, and Liqueurs sent on application.

In England, Cheques to be crossed to our Bankers, the BANK OF ENGLAND, and Post-office Orders made payable to the General Post Office, LONDON; in Ireland, the BANK OF IRELAND, and General Post Office, DUBLIN; in Scotland, the BANK OF SCOTLAND, and General Post Office, EDINBURGH.

W. & A. GILBEY, 357, Oxford-street, LONDON.
31, Upper Sackville-street, DUBLIN.
12, St. Andrew's-square, EDINBURGH.

DU BARRY'S DELICIOUS HEALTH-RESTORING

Revalenta Arabica Food is invaluable

to the dyspeptic, habitually constipated, the hectic or nervously delicate, as it absorbs all irritating acidity, and restores the faculty of digestion, functional regularity, sound refreshing sleep, and nervous and muscular energy to the most enfeebled.

Sold in canisters, 1lb., 2s. 9d.; 2lb., 4s. 6d.; 12lb., 22s.; 24lb., 40s. The 12lb. and 24lb. canisters carriage free on receipt of post-office order by Barry Du Barry and Co., 77, Regent-street, London; Fortnum, Mason, and Co., 182, Piccadilly, London; and all Grocers and Chemists.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity .. 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Pure Country Milk and Cream,

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN,

have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

Flour, warranted free from adulteration,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 9s.; Seconds, 8s. 4d.; Meal for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bullford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

T. Kingsford and Son's Oswego

PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1861.

Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

Gluten Bread, Semola, Chocolate,

BISCUITS, CAKES, and PATÉS, for Diabetes, Consumption, Dyspepsia, Asthma, Invalids and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Procter and Son, Newcastle; J. Rendall, Torquay, Exeter, Taunton, and Plymouth; J. Lofthouse, Hull; Mackay, Edinburgh; and Wholesale only of G. VAN ABBOTT, 13, Basinghall-street, E.C.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

THE LANCET states, "This is superior to anything of the kind known." The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blancmange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

WHOLESALE AGENTS.

LONDON—John Bell & Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Joseph House, 114, Minories.
LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Redcross-street.
MANCHESTER—Jewsbury & Brown, 113, Market-street.
DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.
GLASGOW—J. B. Webster, Oswald-street. | ABERDEEN—J. J. Kennedy.
EDINBURGH AND YORK—Raimes, Blanshards, & Co.

☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS, 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TURSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 22, Conduit-street, London, W.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE, 30, Ludgate-hill, near St. Paul's, E.C.

NOTICE.—"BEWARE OF IMITATIONS."
LEA AND PERRINS'

"Worcestershire Sauce" is pro-

nounced by connoisseurs to be a most agreeable addition to every variety of dish.

*** See the names of LEA AND PERRINS upon every label, bottle, and stopper. Sold by Messrs. CROSSE AND BLACKWELL, London; and by Dealers in Sauces generally.

Sole Manufacturers, LEA AND PERRINS, Worcester.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of CROSSE and BLACKWELL, 21, Soho-square.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

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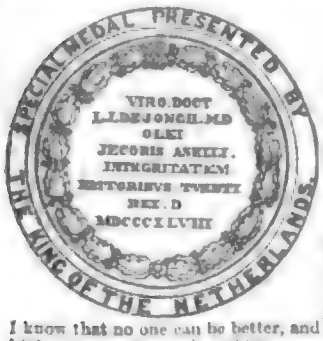

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London. Physician to the London Hospital, &c. &c

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

"(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

Carbonate of Bismuth, preferable to the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

Fluid Confection of Senna. The price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

Syrup of Iodide of Iron with Sarsaparilla, invaluable in Strumous Affections; 2 fluid drachms contain 5 grains of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

Tannate of Glycerine, a powerful Astringent, miscible with water in any proportion.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest new Newfoundland Oil, 12*s.* gn. Quinæ Disulp. by 6oz., 6*s.* 6*d.* oz. Potas. Iodid., 13*s.* lb. Liq. Sarsæ Concd., 5*s.* 6*d.* and 10*s.* 6*d.* Liq. Taraxi., 5*s.* lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154*a*, Fenchurch-street, E.C., London.

Those who cannot swallow Cod-liver Oil in its pure state should try NEWBERY'S COD-LIVER OIL CAKES.

"The gingerbread is extremely light and pleasant, the flavour of the oil being completely covered."—MEDICAL TIMES, February 12th, 1859.

Packets, 1*s.* 9*d.* and 3*s.*

F. NEWBERY & SONS, 45, St. Paul's Churchyard, London, Proprietors of "Pulvis Jacobi Ver., Newbery's." Established A.D. 1746.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3*s.* 4*d.*; one ounce, 9*s.*

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Liquor Folii Ricini, for increasing the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Dr. Belloc's Lozenges and Powder of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2*s.* the box of lozenges, 2*s.* 9*d.* the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Sir J. Murray's Pure Fluid Magnesia is now perfected by him, at his Factory, London; as patented, 1850; improved, re-carbonated, sparkling, and saturated, it is most effective.—Orders to be sent to him, or Mr. Linder, 104, Strand.

Price to Retailers:—

1*s.* 6*d.* Bottles	... ...	8*s.* per Dozen.
2*s.* 6*d.* "	... ...	20*s.* "
3*s.* 6*d.* "	... ...	28*s.* "

Macord's Isinglass Plasters. Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: Jan. 31st, 1844.—After having used in the London Hospital Mr. MACORD'S Isinglass Plaster, I am enabled to say that it has afforded me much satisfaction; I have found it to adhere well, and to be free from any irritating property.—JAMES LUKE, Senior Surgeon, London Hospital.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Plaster of Paris.—Stevens and Son's superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

J. C. PART, 186, Drury-lane, London.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1*s.* 6*d.* each, and in four-ounce bottles, 5*s.* each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Liquor Potassæ Permanganatis (CONDY). Gr. ij. ad ℥ i.

LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

Solutions of pure Permanganates, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; J. Mackay, 121, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea.

Health, Fresh Air, and Pure Water. By her Majesty's Letters Patent.—CONDY'S FLUID contains nascent OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating, and invigorating properties of this fluid, render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the body of invalids, incorporating in poultices, washing and healing wounds, or for general purposes of ablution when in health. Patronized by the Board of Health and most public departments, Hospitals, Schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6*d.*, 1*s.*, and 2*s.*; stronger and purer, 1*s.*, 2*s.*, and 4*s.*

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CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
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Seltzer, Vichy, Pulna, &c., from their respective analyses.

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Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES.*

By C. E. BROWN-SEQUARD, M.D., M.R.C.P.,
HONORARY FELLOW OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW,
PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTIC, ETC.

LECTURE I.—(Part I.)

Gentlemen,—The principal object of this lecture is to point out the extreme importance of a clear diagnosis of the various forms of paralysis of the lower limbs, and especially of the two most frequent and distinct forms—viz., the *reflex paraplegia*, and the paralysis due to myelitis. The necessity of distinguishing this last form of paraplegia from the preceding is quite evident when we know that the treatment that may prove beneficial in one of these forms may be extremely injurious in the other. I will show, hereafter, how important it is to find out what form of paraplegia is submitted to our care, before we make use of any of the various active remedies that are most frequently employed against the paralysis of the lower limbs, especially strychnine, phosphorus, ergot of rye, belladonna, and cantharides.

Although a great deal has been done in the last century by R. Whytt, Pott, and others with regard to the clinical history of paraplegia, it is in this century, and we might say during the last few years, that the most important practical features of this grave affection have been either discovered or well described. I do not intend to give here an account of the progress of our knowledge concerning this affection, as I only wish to discuss some practical questions; but in trying to solve these questions, I will take the opportunity of stating what we owe to the late Dr. Graves, of Dublin, to Romberg, and to several other writers.

The first questions I will examine relate to the so-called *reflex paraplegia*—i. e., to a paralysis of the lower limbs due to an excitation that has come to the spinal cord from a sensitive nerve. The excitation, after having reached this nervous centre, may be *reflected* on the bloodvessels of this very centre, or on those of the motor nerves or the muscles. I shall not stop to examine which of these three modes of production is the most frequent, as I am anxious to lay aside all the theoretical part of the history of paraplegia; but, before going farther, I must discuss the preliminary question whether there is really or not a *reflex paraplegia*. Looking at the large number of facts, recorded by various writers or observed by myself, it seems almost useless to enter into such a discussion, and I would not have done it had not a most able physician lately tried to throw doubt on the existence of this form of paraplegia.

I will endeavour to show—

1st. *That a paralysis of the lower limbs may be caused by an alteration in the periphery or the trunk of the various sensitive nerves.*

2nd. *That this kind of paralysis differs extremely from the other kinds of paraplegia by many symptoms, and by the frequency and rapidity of cure.*

As regards the first of these two propositions, it can easily be proved by the very facts which serve to ground the second, and especially those facts in which a sudden or a very rapid cure followed the removal or cure of the alteration of a nerve, which was considered as the cause of the paralytic affection. It is evident that such a rapid cure could not take place in cases of paraplegia depending upon a disease of the spinal cord or its membranes. We will, by-and-bye, relate several cases of rapid or immediate cure of paraplegia, and, amongst others, one recorded by Romberg, in which the paralysis which seemed to be due to a prolapsus uteri, was cured at once after the womb had been replaced in its normal position, and another mentioned by Graves, in which a paralysis of the lower limbs, due to a spasmodic stricture of the urethra, was almost immediately cured by the dilatation of this canal.

The following characteristics of reflex paralysis, either in the lower limbs or elsewhere, tend to show how distinct this kind of affection is from cases of paralysis depending upon an evident organic alteration of the nervous centres:—

1. An outside excitation, starting from some sensitive nerve, exists before the reflex paralysis appears.

2. The variations in intensity of the outside excitation are often followed by corresponding variations in the degree of the reflex paralysis.

3. When the outside excitation ceases altogether, the reflex paralysis also sometimes ceases altogether, and in a short time.

4. The various modes of treatment of paralysis are usually unsuccessful in cases of reflex paralysis so long as the outside excitation persists.

5. Post-mortem examinations in cases of reflex paralysis show that this affection does not depend upon any marked organic alteration.

If there were not cases enough to show the existence of reflex paraplegia, the immense number of cases of reflex paralysis in all the upper parts of the body would already be sufficient to prove at least the possibility of the production of this affection in the lower limbs. We might easily give long lists of cases of paralysis the production of which cannot be explained otherwise than by a reflex action. We will only mention a few, to show that almost all the parts of the body may be affected with paralysis in consequence of an outside excitation.

1st. Paralysis of the optic nerve (amaurosis). There are many cases of this paralysis due to an injury to the frontal nerve, and there are several in which the cure has been very rapid after the section of the nerve between the irritated spot and the nervous centre, so as to abolish reflex action.

2nd. Paralysis of the auditory nerve has been observed as a consequence of a neuralgia, appearing, increasing, diminishing, or disappearing with this outside nervous excitation.

3rd. Paralysis of one arm, one hand, of a few muscles of the face, the eye, the neck, the trunk, of the pharynx, the œsophagus, the bladder, the rectum, has been observed as a consequence of an excitation of a sensitive nerve of animal or organic life. Teething, worms, some kinds of irritation of the womb, and diphtheritis, are the most frequent causes of these partial paralyses, which have often been cured, almost at once, after the cessation of the cause.

4th. The cases of intermittent paralysis of the arm, the face, or even the whole half of the body, as, for instance, a case recorded by Ollivier d'Angers,* are usually reflex affections, appearing and disappearing with an outside excitation.

5th. The paralysis of various parts of the body, depending upon a progressive muscular atrophy, is also, in many cases, of a reflex origin, the atrophy being due to a peripheric excitation, such as neuralgia, as shown by my pupil and friend, M. Clément Bonnefin.†

That paraplegia may be caused by external excitations as well as other kinds of paralysis, is a fact which will be, I hope, clearly established by the history I am about giving, of the symptoms and treatment of the various forms of paraplegia.

* The substance of these Lectures, in a condensed form, was part of a Course of Lectures on various subjects, delivered in April and May, 1859, to classes of Professors, Practitioners, and Medical Students in the Universities of Edinburgh and Glasgow, and in Dublin.

* Traité des Maladies de la Moelle Epinière. Paris, 1837. Vol. ii., p. 12.

† The number of cases of reflex paralysis, published in the medical journals and in many works, is so considerable that it would be easy to give cases of paralysis or anæsthesia of the various parts of the body showing that the outside exciting cause may start from any sensitive nerve, and especially from its termination in a mucous membrane or in the skin. We will only refer here to some few cases in which paralysis was caused by worms. Pétrequin mentions a case of *amaurosis, immediately* cured after the expulsion of a tænia. Other cases of rapid cure of amaurosis after the expulsion of worms have been recorded by Houzelot, Remer, Fallot, Revolet, and Girandy. (See "Traité des Entozoaires et des Maladies Vermin," p. 57, par C. Davaine, 1859.) Itard relates two cases of rapid cure of *deafness* after the expulsion of lumbrici. Other cases are mentioned by Davaine. (*Loc. cit.*, p. 57.) Mondière relates a case of *immediate* cure of *aphonia*, after the expulsion of sixty lumbrici. (*Gaz. des Hôpit.*, p. 208, 1843.) In the journal *l'Expérience*, (vol. vi., p. 47, 1840,) there is a case of a woman, who, for three months, was *paralysed of the two upper limbs*, and who was cured *immediately* after the expulsion of a tænia. This case had been observed by Dr. Moll, of Vienna. Mangon relates a case of *hemiplegia* cured a few days after the expulsion of worms. (Davaine, *loc. cit.*, p. 56.) It would be very easy to lengthen considerably the list of such cases. I will refer those who wish to know more on this subject to the admirable work of my learned friend, Davaine; and to an excellent paper of Dr. Heslop, of Birmingham, published in the *Dublin Quarterly Journal of Med. Science* of May and August, 1859.

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To give at once an idea of the striking differences between the kind of paraplegia which deserves the name of reflex and one of the forms of paraplegia of centric origin, we will condense in the following table the principal features of two of the most characterized varieties of reflex and centric paralysis of the lower limbs—i. e., of paraplegia due to a disease of the urinary organs, and paraplegia due to myelitis.

Urinary Paraplegia.	*Paraplegia from Myelitis.*
1. *Preceded* by an affection of the bladder, the kidneys, or the prostate.	1. No disease of the urinary organs, except as a *consequence of the paralysis.*
2. Usually lower limbs alone paralysed.	2. Usually other parts paralysed besides the lower limbs.
3. No gradual extension of the paralysis upwards.	3. Almost always a gradual extension of the paralysis upwards.
4. Usually paralysis incomplete.	4. Very frequently paralysis complete.
5. Some muscles more paralysed than others.	5. The degree of paralysis is the same in the various muscles of the lower limbs.
6. Reflex power neither much increased nor completely lost.	6. Reflex power often lost, or sometimes much increased.
7. Bladder and rectum rarely paralysed, or at least only slightly paralysed.	7. Bladder and rectum usually paralysed, completely, or nearly so.
8. Spasms in paralysed muscles extremely rare.	8. Spasms frequent.
9. Very rarely pains in the spine, either spontaneously, or caused by pressure, shock, warm water, ice, &c.	9. Always some degree of pain, either spontaneous or by external excitations.
10. No feeling of pain or constriction round the abdomen or the chest.	10. Feeling of pain or constriction, or both, and painful spasm of some abdominal muscle.
11. No formication, no pricking, no disagreeable sensation of cold or heat.	11. Always formication or pricking, or both, and various sensations of heat or cold.
12. Anæsthesia rare.	12. Anæsthesia very frequent, and always, at least, numbness.
13. Usually obstinate gastric derangement.	13. Gastric digestion good, unless the myelitis has extended high up in the cord.
14. Great changes in the degree of the paralysis, corresponding to changes in the disease of the urinary organs.	14. Ameliorations extremely rare, and not following changes in the condition of the urinary organs.
15. Cure frequently and rapidly obtained after a notable amelioration of the condition of the urinary organs.	15. Gradual progress towards a fatal issue.

The above table is drawn from very numerous cases observed by Mr. Stanley, Rayer, Leroy d'Etiolles, jun., Landry, Macario, Mr. S. Wells, and others, or by myself. We will by-and-bye give a short account of many of these cases.

It may be necessary to say that, sometimes, myelitis is produced by an excitation, starting from diseased urinary organs, in patients attacked or not with a reflex urinary paraplegia. Of course, in these cases, as in some recorded by Dr. Gull, the symptoms of myelitis may be observed when this inflammation appears.

The clinical facts which I will now summarily relate will show not only that the paraplegia due to a reflex influence from some of the urinary organs is quite distinct from the paraplegia depending upon an organic disease of the spinal cord or its membranes, but that there is a radical difference between this last kind of paraplegia and the reflex paralysis of the lower limbs due to an excitation starting from sensitive nerves of other organs and parts than those which constitute the urinary apparatus.

UNIVERSITY OF OXFORD.—In a Congregation holden on the 15th inst., Benjamin Collins Brodie, of Balliol, had the degree of M.A. conferred upon him.

A CLINICAL EXAMINATION OF THE VALUE OF THE OPERATION OF TURNING IN LABOUR OBSTRUCTED THROUGH COARCTATION OF THE PELVIC BRIM.

By ROBERT BARNES, M.D.,
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
VICE-PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON,
PHYSICIAN TO THE ROYAL MATERNITY CHARITY, ASSISTANT OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL, ETC.

First Labour: Contracted pelvis; protracted labour; impending exhaustion; craniotomy. Second Labour: Turning; a living child.

CASE 2.—(R. M. C——.) On the 2nd of February, 1858, my assistance was required at a protracted labour by a midwife of the Royal Maternity Charity. The patient, a pluripara, had always had lingering labours, and the last child was still-born. She was now in labour at term. She had been seen by a surgeon at ten P.M. the day before. The head was at that time presenting at the brim, and it was reported that she had been in labour some hours without progress. I saw her at three A.M. on the 2nd. The pains had then remitted; the patient was weak and restless, her pulse small. The head was in the first position. The sacral promontory projected so as to be easily reached by the finger. The antero-posterior diameter was estimated at 3·50″. The cranial bones overlapped considerably at the sagittal and lambdoidal sutures, the skull being somewhat flattened between promontory and pubes. But still the full transverse diameter of the head had not entered the strait, nor could it do so unless under the influence of considerable additional force. A fair degree of uterine contraction now returning, I waited an hour; when, finding that the force required could not be supplied by the patient, that there was no advance, that symptoms of exhaustion were appearing, and being satisfied that the forceps would not deliver a living child, I lessened the head, and delivered by crotchet. The extraction was easily accomplished; for the moment the capacity of the head was diminished, strong expulsive action set in. The placenta was removed in five minutes, and the uterus contracted well. The patient recovered favourably.

Second labour.—The woman had disregarded my injunction to have labour brought on prematurely in the event of another pregnancy, so that on Feb. 15th, 1859, she being in labour at term, my assistance was again required. When I saw her, the os was fully expanded, head and foot presenting. As the patient's strength was still good, I determined to deliver by turning. The version was effected under chloroform without difficulty, the presenting leg being brought down. The head was jammed for twenty minutes in the brim between the promontory of the sacrum and the symphysis; it was dragged through under considerable force, emerging into the cavity with a sudden slip. The child was born asphyxiated, but in half an hour cried loudly. It was not of large size; the head was much compressed at the sides. Mother and child did well.

Commentary.—This case gave me both satisfaction and surprise. I little expected that a living child would be born after the head had been subjected to such great and protracted compression. Had not the head been of somewhat less than average dimensions, the result would not, I believe, have been so favourable. Still in this case, as in No. 1,* all the conditions of safety to the mother and child could be secured by bringing on labour at the end of the eighth month, and resorting to version should the head not freely enter the pelvic brim. Here were a conjugate diameter of 3·50″, and a head below the average dimensions. In most instances, the natural forces, if of ordinary vigour, might overcome a disproportion of this kind. In this particular case the natural forces were insufficient, and it became necessary to choose between the forceps, turning, and craniotomy. I postponed craniotomy as the last resource. It is possible that the forceps might have been successful; but cases which I shall hereafter relate will show that, except under special circumstances, this instrument will not

* THE LANCET, April 7th, p. 341.

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effect delivery obstructed through disproportion, with less risk to the mother or with more safety to the child, than can be attained by turning. The last operation could place the child's head in the most favourable position for entering the contracted brim. The hold obtained upon the legs and trunk would give the obstetrician a degree of power which neither the natural forces, nor the forceps, nor both combined, could supply. The power so obtained, when exerted, would equalise the transverse diameter of the child's head and the conjugate diameter of the pelvis most directly, and with the least possible violence. Brought into the brim base foremost, the plastic skull most easily adapts itself to the rigid distorted contour. The compressing force, first bearing upon the skull in its extreme transverse diameter, soon lessens this, because above the promontory and on either side there is no obstacle to the expansion of the skull. On the other hand, the forceps cannot exert the requisite degree of compressing force under equally favourable conditions. The compression cannot be applied directly to the transverse diameter of the skull; it must fall either obliquely or in the occipito-frontal diameter. In either case, the compression, by lessening the occipito-frontal diameter, must increase the bulging of the bi-parietal diameter, and bring this—the obstructing part—into more violent impaction between the promontory and symphysis. The instrument thus adds to the very difficulty which it is sought to overcome, and calls for a supererogatory increment of force to balance that excess of resistance which it has itself created.

Turning has this great advantage, that it brings no artificial difficulty to enhance that difficulty which already exists.

The case before us does not mark the limit of the applicability of turning in contracted pelvis. It is true that with a conjugate diameter of 3·50″ and a small head, the passage through the pelvis was not effected without some difficulty, and some risk to the child's life. But experience has proved that a living child of full size may be extracted through a yet smaller pelvis with safety to the mother. We must therefore pursue the inquiry, and study fresh cases, before we can determine the limits of the conservative application of turning in contracted pelvis.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

THE CURE OF TYPHOID FEVER.

THE patient who occupied this bed, and is now about to be discharged cured, after a sojourn of only twelve days in the Hospital, exemplifies the practical value of a plan which I can earnestly recommend for the treatment of one of the most violent and deadly diseases of civilized life—typhoid fever.

I am afraid to say how old is the recommendation of emetics in the earlier stages of many febrile disorders. But Sir Henry Holland, who some years ago attempted, in his classical work, ("Medical Notes and Reflections,") to reinstate these agents in the position from which they had lapsed by an unjust neglect, specially pointed out their value, on various grounds, in such states.

My own views, however, are not the mere "*line upon line, and precept upon precept,*" the due enforcement of which, in teaching an art like Medicine, would excuse the want of all originality. On the contrary, approaching this important therapeutic subject by a perfectly distinct path, I have been led to a theory and a practice quite as distinct from that of the older authorities, though by no means incompatible with it.

In studying the act of vomiting some ten years ago, I made some experiments, (THE LANCET, 1853, "On the Treatment of Fever;" and "Cyclopædia of Anatomy," article "Stomach,") which justified the conclusion, that in the vomiting of certain drugs from the stomach, there was incidentally a specific determination of these drugs to the gastric and adjacent intestinal mucous membrane; by virtue of which afflux the vomiting they provoked had the object and effect of removing them from the system.

Extending this conclusion to the study of typhoid and other fevers, of which then and soon after I was treating numerous (about 100) cases of an almost epidemic character, I was led to recognise, in the earlier symptoms of the malady, a specific determination of the feverous poison to the great alimentary tract of mucous membrane; and especially to its upper part, as represented by the stomach. And as a corollary to this view, it seemed worth while to try the effect of agents which, like emetics, seemed, from my own researches, to determine an increased afflux of blood to this mucous membrane, as well as an increased secretion, and even excretion, from it.

In plain English, however dangerous the facility of such a merely humoral theory in general, there seemed to be special physiological reasons for its validity in this instance. On the other hand, trained by the watching of large epidemics, I believed myself little likely to mistake for fever any febricula or slighter malady; and could see no possible harm in repeating, artificially, an act which I had felt, in my own person, gave some temporary relief to the terrible symptoms which usher in a typhoid fever.

Without troubling you with the details by which I had slowly to convince myself that this measure was really successful, I venture to sum up their results:—

1. Emetics, early in fever, are most advantageous: with proper precautions, always harmless; in most instances, extremely beneficial; in some cases, positively cutting short the malady by a speedy cure.

2. They ought only to be given in an early stage, for which we may generally find an arbitrary limit in the first four days from that of the inaugural rigors, but which is practically better defined by the access and duration of the nausea or vomiting of this epoch.

3. Later than this period, they seem to have much less influence. Indeed, in many cases, it may be doubted whether they have any effect at all. While, on the other hand, the purging they often cause—a purging itself also decidedly useful in the outset of the malady—obscures the symptoms subsequently requiring to be recognised and treated, by its resemblance to that diarrhœa (of intestinal lesion) which systematically occurs in typhoid fever, and to that diarrhœa incidental to typhus.

4. Ipecacuan seems, on all grounds, the best emetic; and the wine, in ounce or two-ounce doses, the best preparation. Warm water should be plentifully taken to facilitate its action.

5. Once or twice a day for three or four days is the greatest number and frequency of vomitings I have found it advisable to induce.

These are the general claims of the emetic procedure. Let me remind you, however, to check them by some cautions and doubts. It would be wrong to receive and endorse the suggestions of even scientific Medicine on terms such as would secure acceptance for the outrageous nonsense of Homœopathy or any other quackery.

"*Were these really cases of fever?*" On this point it may be added, to the mere assertions of myself and other eye-witnesses, that not only was no characteristic wanting, but that some of the cases most successfully arrested were examples of unusual severity, occurring in circumstances permitting no doubt; cases from a whole family struck down simultaneously, or acquired by a traceable contagion.

"*Are such cures intrinsically probable?*" When, like Professor Gullaway's pills, any remedies are asserted to cure *all* diseases with the same rapidity and certainty, the mildest of critics may be pardoned a doubt. And, conversely, the very failures of emetics are confirmations of their efficacy, by bringing their action under laws such as few of our best remedies quite interrupt or suspend. Emetics cure in the early, not in the late, stage; cure when they help and imitate, not when they thwart and oppose, the processes of Nature; cure the young more easily than the old; and lastly, reduce the fever far more frequently than they absolutely cut it short, to something which, to vary the proverb, though it "can't be cured," *may* "be endured." Sometimes, indeed, after this imperfect cure, you can trace a kind of dwarfed or rudimentary counterpart of every subsequent stage of the fever; the malady being scarcely shorter than usual in point of absolute time, save in the complete ablation (so to speak) of the whole period of convalescence. The patient lies in bed, with a pulse of 80 or 90; cheerful, but weak; asking to get up, but content to obey the prohibition to do so; requiring some food, but no stimulants, and scarcely more medicine: perhaps getting a little gentle diarrhœa — itself best left without special treatment — just enough to show that he *has* bowels, and that the malady has touched them. Between the fifteenth and twentieth days, however, he quietly rises from his bed, recovered.

The case of our patient discharged to-day shall be the pennyworth of bread to this intolerable deal of sack. A healthy lad of fourteen, he was sent in from a reformatory on the third day of unmistakeable typhoid, with the face, tongue, pulse

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(130 per minute), and every other symptom of this disease, in its worst form. He was vomited freely for two days in succession, during which he was somewhat purged by the ipecacuanha also. On the third day after his admission, his pulse, which had dropped steadily, had fallen to 72 per minute. On the fifth day, his tongue peeled. The half diet and diaphoretics he has hitherto taken were now exchanged for full diet and quinine. To-morrow, the twelfth day from his admission, and the fifteenth of his fever, he goes out, I think we may say, *cured* — certainly recovered.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. GEORGE'S HOSPITAL.

TWO CASES OF ŒDEMA OF THE GLOTTIS; TRACHEOTOMY; FATAL RESULT IN EACH CASE.

(Under the care of Dr. PITMAN and Dr. PAGE.)

WHEN dropsy of the glottis occurs as an idiopathic affection, the danger to life is often in the highest degree imminent; for if this form of inflammatory disease is not at once recognised, the patient may be destroyed in a few hours. In many laryngeal affections that terminate fatally, the aperture of the glottis is found to be nearly closed by œdematous infiltration of its lips, this condition being the final result, as it were, of the exploding violence of the disease.

Acute inflammation of the larynx is divisible into two forms: one, the acute catarrhal laryngitis, affecting chiefly the mucous membrane of the larynx; the other, œdema of the glottis, involving the submucous areolar tissue. This division is that of Cruveilhier, and is simple, clear, and readily understood; it has been adopted by Ryland, and more recently by Dr. Gibb, in his work on the Throat and Windpipe. The term "acute catarrhal laryngitis" serves to distinguish the first form from any other disease of the larynx, and in it all the active symptoms of inflammation are present, accompanied by their usual and well-known phenomena. On the other hand, in œdema of the glottis they are absent. And, as every physician is aware, the line of treatment to be adopted must necessarily be exactly the reverse of that employed in the first or severely acute form of inflammation; for instead of using any depletory measures at the beginning, they must be of a supporting kind throughout.

The symptoms, then, of œdema of the glottis are different from those of acute inflammation. The great feature in the former is the extreme dyspnœa, which continues to increase, with a hissing inspiration, and all the appearances indicating impending strangulation. There is no difficulty in swallowing, as in acute laryngitis, unless the epiglottis is also involved, nor is there any external pain, but a feeling of constriction, with an increasing impediment to the act of inspiration. There is an absence of fever and other symptoms of laryngitis, and generally no inflammation of the fauces. The patient undergoes frequent spasmodic attacks of painfully suffocative breathing.

In the main, these were present in the two following cases, and we believe also in a third patient in the same hospital; but notwithstanding the treatment pursued, and the resort to tracheotomy, the vital powers were so prostrated that a fatal termination was the result in each case. After death, nothing was found beyond œdema of the glottis and the parts around.

We would here draw attention to a mode of treatment worthy of more consideration than has been accorded to it—one that promises speedy relief, and for which the profession are indebted to Lisfranc. It consists in making small punctures in the œdematous parts, to let out the fluid. When the finger can be readily introduced into the mouth, the lips of the glottis can be felt as two tense, smooth, and rounded tumours, just behind the epiglottis; they cannot always, however, be reached. This plan of treatment was practised successfully by Mr. Busk, at the *Dreadnought* Hospital-ship, in instances of sailors thus affected. Great relief was experienced by numerous punctures with a sharp-pointed bistoury at the back of the tongue, the uvula, and the pharynx, repeated every two or three hours. The relief was found to be sudden and decisive, and much serum was got rid of, its expulsion being promoted by gargles of warm water. Here, then, was a cure effected without opening the windpipe.

It has been questioned by some pathologists whether the form of œdema of the glottis which we to-day illustrate by three examples is a real inflammation, from there being simply an effusion of serous fluid. It is probably a low inflammatory process, equally as active and rapid in its influence upon the nervous system as the acute form, and therefore of great importance to recognise early. In certain cases, when death is slow, pus or sero-purulent fluid is poured out in the submucous areolar tissue, and this latter can be sometimes drawn out in shreds. In other examples, where death has been speedy, serum alone has been found.

In the first of the following cases, death occurred in thirty-two hours, and in the second in seventeen hours, from the commencement of the attack. For the notes of both cases we are indebted to Dr. Dickinson, Medical Registrar to the hospital.

Austin G——, aged fifty-one, admitted Sept. 16th, 1859, under the care of Dr. Pitman. Except an attack of syphilis some years ago, this man was said to have had good health until four o'clock in the morning of the day of admission, when he awoke with extreme difficulty of breathing. He was brought to the hospital at noon; he was then breathing with visible distress and muscular effort, and with a loud hissing sound. His face and lips were pallid, and he was covered with cold perspiration. The pulse was very small and rapid. An emetic was at once given, but no relief followed its action. Mr. Prescott Hewett, who was in the house, saw him immediately, and proceeded to cut down upon the cricoid cartilage, which was with difficulty severed; apparently it had become ossified. The incision was extended downwards through a few of the upper rings of the trachea, and a free opening made. A tube was then introduced, through which he breathed freely. He appeared to be much relieved by the operation, and expressed himself to that effect. An hour afterwards, he was seen to be breathing well through the tube, and partially through the nostrils. He pointed to the upper part of the larynx as the seat of some uneasiness. The pulse was then 120, soft and full, but not quite regular. When seen by the physician, he was ordered to take, in the form of a pill, half a grain of opium and three grains of calomel every two hours; twelve ounces of wine were also allowed. This he swallowed with difficulty, some of it being ejected through the tube whilst coughing. On the following morning he was asleep, breathing deeply and regularly through the opening. As he had had a sleepless night, it was not thought right to disturb him. After this, he became more pallid, the finger-nails turned blue, and at noon he expired, without any apparent dyspnœa.

Examination twenty-one hours after death.—The body was in good condition. There was an incision in the middle line of the neck, which had divided the crico-thyroid membrane and cricoid cartilage. The breadth of the neck at the upper part was considerably increased. The muscles were brawny and infiltrated with lymph, and the glands were somewhat enlarged. On examining the pharynx, the velum palati was found to be thickened from effusion. All the parts were much thickened in a similar manner down to the upper margins of the glottis. This thickening was more especially marked in the right aryteno-epiglottidean fold. The glottis itself was also somewhat thickened, but no œdema existed below the true vocal cord, nor was there any distinct evidence of inflammation, or even congestion. The cartilages of the larynx were ossified. There were old pleural adhesions in both sides of the chest. The lungs and heart were healthy. The left kidney contained a large mass of strumous deposit. The ureter and pelvis of the kidney on the right side were much dilated. The cause of this was at first obscure, but afterwards, on minute inspection of the mucous membrane of the bladder, a small mucous polypus was found close to the orifice of the right

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ureter, which in some positions exactly closed it, and had, no doubt, obstructed the flow of urine down it.

Peter C——, aged twenty-five, admitted on Nov. 26th, 1859, under the care of Dr. Page. He worked at a baker's. On the evening before admission he said he had gone to bed perfectly well; he awoke about one o'clock in the morning with pain in his throat. At three he arose, as was his custom, and worked till six. At that time he was suffering greatly from dyspnœa. This continued until half-past nine, when he was brought to the hospital. He was blue, struggling for breath, and apparently at the point of death. Mr. Hammerton at once gave an emetic-dose of tartarized antimony, and bled him to the extent of eighteen ounces. The emetic acted well, and the bleeding very greatly relieved him. He then had two grains of calomel every four hours. When he was seen at noon, he way lying quietly, with a pale face, free from duskiness, and with ruddy lips. The breathing was free from distress—32 in the minute; the pulse 104, soft. He still complained of pains about the larynx. The voice was low, but not obviously unnatural in tone. The blood was neither cupped nor buffed. He was now seen by the physician, and laryngotomy was suggested; but, on consultation, it was considered that the case was not sufficiently urgent to warrant the operation. He was visited in the evening by the physician, who found him tranquil and easy, with no sign of venous blood in the colour of the face or lips, a good pulse, and apparently in a promising state. He had a short time previously had a short spasmodic attack of dyspnœa. About ten minutes after this, just after having expressed himself better, and got out of bed without help, he was suddenly seized with extreme shortness of breath, turning blue, and struggling for air. The house-surgeon was in the hospital at the time, and the trachea was opened as soon as possible, and before the pulse ceased; but he never breathed afterwards.

Examination twenty hours after death.—The body was in good condition. There was the mark of venesection on the right arm, and the blood being very fluid a large quantity had run out of the wound (which was quite recent) after death. The fauces and pharynx were quite healthy. There was very great œdema of the aryteno-epiglottidean folds, and of the whole cellular tissue, as low down as the true vocal cords. The edges of the ventricle of the larynx were brought into close apposition by the swelling, and mucous fluid, of a milky appearance, exuded from the sacculus on pressure. Below the true vocal cords there was no effusion whatever; but the mucous membrane was somewhat reddened. There was an incision into the upper part of the trachea, just above the right lobe of the thyroid body, which would easily admit the passage of the index-finger. There were pleural adhesions of the right side of the chest. All the viscera were healthy.

ST. BARTHOLOMEW'S HOSPITAL.

ŒDEMA OF THE GLOTTIS, SUDDENLY SUPERVENING IN THE HOSPITAL, IN A CASE OF JAUNDICE FROM OBSTRUCTION IN THE HEPATIC DUCT.

(Under the care of Dr. FARRE.)

IN addition to the two cases of dropsy of the glottis which we noticed in St. George's Hospital, the preparations of which we also had the opportunity of examining in the museum, through the kindness of Mr. T. Holmes, the curator, another striking example came under our observation at St. Bartholomew's, of which the following is a very brief outline:—

Thomas C——, aged forty, was admitted October 1st, 1859, with icterus of five weeks' standing. He had all the usual symptoms consequent upon this: clay-coloured stools; sickness; skin of a universal deep-yellow tinge, which extended to the conjunctivæ. He was submitted to mercurial and other treatment with but partial benefit, after which ox-gall was given with decided advantage for a time, and then discontinued. The mercurial treatment was abandoned on account of the debility which it produced. On the 28th of November he was ordered gentle applications of electro-galvanism transmitted through the liver, with good results; and the skin did not seem so dark in colour. His improvement, however, was but slight. An examination of the liver did not disclose any enlargement, nor were there any symptoms of gall-stones, nor, in fact, any positive indication of the precise seat of biliary obstruction.

Early in December, whilst sitting up in the ward, he was suddenly seized with extreme dyspnœa and hissing inspiration, and the symptoms were so urgent that tracheotomy was performed; but death ensued within a few hours after the commencement of the attack, which a post-mortem examination revealed to have depended upon œdema of the glottis. The jaundice was at the same time found to have originated in obstruction of the hepatic duct from extension of inflammation to the substance of the liver in its neighbourhood; and although the hepatic ducts were dilated, no bile was found in them.

KING'S COLLEGE HOSPITAL.

WARTY GROWTHS IN THE LARYNX, THREATENING SUFFOCATION, IN A PREGNANT WOMAN; TRACHEOTOMY; DEATH IN FOURTEEN HOURS; INEFFECTUAL LABOUR IN THE INTERVAL; POST-MORTEM CÆSARIOTOMY.

(Under the care of Dr. BUDD.)

OF the many remarkable and rare cases which have appeared in the "Mirror" for many years past, but one only has presented peculiarities in any way similar to the case recorded below. The instance to which we allude was that of a female admitted into St. George's Hospital, under Mr. Pollock's care, for syphilitic laryngitis. Tracheotomy was performed, labour afterwards set in, and she was delivered of a living child whilst wearing the tube, and made a good recovery, (THE LANCET, vol. ii., 1856, p. 48.) The patient whose case is here detailed (through the kindness of Dr. E. S. Thompson, house-physician to the hospital) was a woman at the full term of pregnancy, who had been subject to warty growths in the larynx for some months, but which were not detected during life. After being in the hospital for a few days, the dyspnœa was so urgent that tracheotomy was performed by Mr. Mason, the house-surgeon, with relief for the moment. The pains of labour set in, and every effort was made to effect a speedy delivery, but in vain, and she died fourteen hours after the windpipe had been opened. Cæsariotomy was now resorted to by Dr. Sansom, the physician-accoucheur's assistant, and the child removed from its matrix, but all efforts at resuscitation were unavailing. Thus both mother and child were lost. The pregnancy was a painful coincidence, as in Mr. Pollock's case; but its end was not so fortunate. We record the case in our series of laryngeal affections, as it happens to be one of a rare kind, depending upon growths from the mucous membrane of the interior of the larynx. Our space on the present occasion prevents our going more into the subject than to observe that it is possible that a diagnosis of their presence might have been made at a period when the symptoms were not so urgent, and when an operation would have held out better prospects of success.

A florid-looking woman, thirty years of age, married, and nine months pregnant, was admitted into the above hospital, under the care of Dr. Budd, on the 10th of March, 1860. She stated that she had always been healthy, had had four children and two miscarriages, and had been subject to occasional sore-throat. She first observed an alteration in her voice in July, 1859; and on admission she could not speak above a whisper. Her breathing was attended with a loud stridulous noise. There was an occasional feeling of suffocation, but no difficulty in swallowing. She had a slight cough, with mucopurulent expectoration, which microscopical examination proved to contain lung tissue. Her face was dusky, lips blue, respiration hurried, and the breathing over both lungs feeble. There was some dulness at the apices, with harsh breathing and gurgling crepitus. There was no tenderness over the larynx externally. On introducing the finger into the fauces, the epiglottis felt somewhat thickened, and the vocal cords tumid and cushiony.

A solution of nitrate of silver, half a drachm to an ounce of water, was freely applied to the vocal cords, and iodide of potassium prescribed, with some temporary relief. On the evening of the 16th of March, however, the breathing became much more difficult. Various antispasmodics and counter-irritants were tried, and local depletion, but without success; and towards morning the lividity of countenance and dyspnœa became so great that a fatal termination was anticipated; she grew rapidly unconscious, and it was evident that she could not live many minutes.

Tracheotomy was performed without difficulty by Mr.

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Mason, the house-surgeon, who, having exposed the windpipe, drew it forwards by means of two hooks inserted on either side, opened the trachea, and introduced the ordinary tube. No pain was experienced during the operation. The patient was a good deal relieved, and recovered her consciousness; the breathing, however, continued much embarrassed, the bronchi being obstructed by frothy mucus, and the face and integuments of the chest emphysematous. Stimulants were freely administered, but she got weaker, and sank fourteen hours after the operation.

Labour having set in some few hours before death, it was thought expedient to make some attempts to save the child. Turning was tried, but found impracticable. Immediately after death, the Cæsarean section was performed by Dr. Sansom (the physician-accoucheur's assistant), but the child gave no sign of life, and all attempts at resuscitation were fruitless.

At the post-mortem examination, a vascular warty growth was found occupying the interval between the true and false vocal cords on the right side, obliterating the ventricle of the larynx, and projecting across into the opposite ventricle so as almost completely to obstruct the passage. The posterior surface of the epiglottis was rough and thickened, and the mucous membrane at the upper part of the trachea was thick and corrugated. The apices of both lungs were riddled with small cavities.

CLINICAL RECORDS.

RECENT HÆMATOCELE.

A FEW weeks back, we gave a brief account of a case of spontaneous hæmatocele, occurring at Guy's Hospital, and for which castration had to be performed. Of the two forms of hæmatocele—namely, the spontaneous and the traumatic—the latter is known to be by far the most common, and a good example of it came under observation, on the 11th of February, at St. Bartholomew's Hospital. The patient was an otherwise healthy man, who had been subject to hydrocele of the left side. This was tapped some ten days before, at the hospital, and thirty ounces of serum withdrawn, without the escape of a drop of blood. The man foolishly went to work immediately after the operation, his occupation being one requiring some exertion in connexion with a newspaper, necessitating a great deal of running up and down stairs. The scrotum began to swell on the evening of the same day, and gradually continued to enlarge, till it had attained the size of a very large cocoanut. It was very ponderous, felt semi-elastic, and its nature was easily determined. Mr. Lawrence made a free incision into it on the 11th of February, and a quantity of dark, fluid blood spirted out with very great force, several clots remaining behind, which were turned out of the sac of the tunica vaginalis with the hand. The sac was now much smaller from contraction, and its obliteration is being slowly effected by still further contraction and granulation from the bottom. In all probability, no bad effects would have resulted could this man have remained quiet after the tapping of his hydrocele, but it is no uncommon occurrence to observe patients who have submitted to this procedure go about their ordinary avocations almost immediately afterwards.

We subsequently learnt that suppuration became established, and general contraction ensued, with closure of the wound.

ENLARGEMENT OF SUBMAXILLARY GLANDS AFTER REMOVAL OF CANCER OF THE LIP.

A MIDDLE-AGED man, with an epithelioma of the lower lip, had it removed by a V-incision by Mr. Erichsen, at University College Hospital, in July, 1859. The wound united, and he left quite recovered from the effects of the operation. There was then no enlargement of the glands anywhere. In March he presented himself with swelling of the glands in the right submaxillary region, no doubt contaminated by the original cancerous disease, although the cicatrix in the lip was healthy. Mr. Erichsen observed to his pupils that as he had lately had experience of some of the evils consequent upon leaving glands in this condition, he determined to remove them in the present instance, more particularly as they did not appear to involve the sheath of the carotid artery, although they were probably close to it. Chloroform was therefore administered on the 7th March by Dr. Andrew, and an incision made parallel to the border of the lower jaw. After much patient dissection, two enlarged glands were removed, together with a small portion of the submaxillary gland itself, and in effecting this it was necessary to divide the facial artery. This vessel with several smaller ones were tied, and the hæmorrhage ceased. Nitric acid was applied to a patch of suspicious tissue, which seemed to be the remains of the envelope of the affected glands. The wound was allowed to heal up by suppuration, and as Mr. Erichsen believed the disease was entirely local, the man has thus been placed in as favourable a condition as possible for a complete recovery.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 10TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

REMARKS ON THE SCROFULOUS CONFORMATION, OR DIATHESIS; BASED PRINCIPALLY ON THE STUDY OF THE SKELETON.

BY T. G. HAKE, M.D., M.R.C.P.

(*Communicated by* DR. BALY.)

THE author observed that scrofula might be regarded as one of the oldest diseases on record, and as having affected mankind from a period prior to history. But the chief interest of its antiquity resides in its alliance, as a disease, with a peculiar conformation of body, or diathesis, the anatomical characters of which, duly considered, belong to race, and, in fact, constitute it a variety of man. This conformation, distinct from the disease, has only been described by modern writers. Its features penetrate every system of organs, and are far more numerous than its literary history would lead us to suppose. It is the hereditary element on which scrofula, tuberculosis, and rickets are engrafted, and it was his purpose to trace its embryological and ethnological relations.

The characters of the scrofulous type of conformation refer, as observed by previous writers, to the shape of the cranium, the jaws, the limbs, and to the symmetry and growth of the body in general. But these characters, observed without any guiding principle, afford a superficial view only, and convey, in some instances, a contradictory one of the conformation in question.

Origin of the scrofulous conformation.—By means of an extensive comparison of anatomical elements, it has been found that while several of these and other characters are abnormal in relation to the European, or so-called Caucasian, they are distinctive of the inferior races; that all these characters are discoverable in the fœtus or the child; that, as a rule, the features of the scrofulous conformation, and of the inferior varieties of mankind, exist normally in the embryonic and infantile structures of the European, or higher type of man.

Definition of terms, and their application.—The terms strumous and scrofulous are so deeply associated with morbid characters as to be inadequate to convey a correct idea of many of the facts adduced in this paper. It would not satisfy the requirements of correct definition to say that a grey or blue eye belonged to the scrofulous group of structures, while every other part was well developed; yet such a feature is of the same class of phenomena as rickets: in the one, the deposit of dark pigment is arrested; in the other, phosphate of lime—both belong to the same early type.

To express the immature organization which accompanies tuberculosis, scrofula, and rickets, but which frequently exists without either of these being present, the term sporagenetous is employed by the author: it embraces immature characters under whatever circumstances they may arise, whether in the healthy or strumous habit, or amongst the inferior races.

The following propositions were then stated by the author as the conclusions at which he had arrived, and illustrated at full length by tables and reports:—

1. A resemblance is to be found between the characters of the head and pelvis of the so-called scrofulous conformation, and of the same parts in the lower races of mankind. This is especially true of the cranium and pelvis, less so of the long bones.

2. Want of resemblance in the special characters of the limbs of a scrofulous type of conformation, and of the lower races, excepting those of gigantic or dwarfish stature, limits the inquiry ethnologically; but the general features of both have their prototype in the fœtus. On a careful study of the long bones characterized by stunted growth, and by excessive growth, they have been found to be marked by deviations from the normal

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type, but these peculiarities proved to be normal in the later embryo and child.

3. The anatomical conformation of the scrofulous type, thus due to the persistence through life of certain fœtal peculiarities, is liable to become the seat of strumous disease. This proposition is borne out by the circumstance that various forms of strumous disease, hereafter enumerated, are found in bones in which the fœtal characters are clearly defined. The same remark applies to rickety bones.

4. Comparison of the cranium and long bones of an adult of the scrofulous type with those of the fœtus and child, displays their common characters. During the period of intra-uterine life, and afterwards, the cranium is large in proportion to the other parts of the skeleton; the frontal portion is low and narrow; the sides are compressed, widening towards the posterior part, which is large; while the antero-posterior diameter greatly exceeds the lateral at its broadest line. These characters gradually give way after birth to those of the Caucasian type, except in such children as inherit the scrofulous diathesis, in whom they persist throughout life. The long bones, during intra-uterine life, except in the first few weeks, have the form of a double truncated cone joined at their apices. This form continues in some degree during childhood, with a gradual approach to the mature form. But in the subjects of strumous disease, or rickets, the fœtal characters are more or less preserved.

5. The scrofulous and inferior types of man differ respectively from the higher type only to the extent to which they agree with the fœtus, as relates to the osseous system in particular.

6. The crania of the fœtal series (oval type*) and those of the adult inferior varieties of man, correspond, by admeasurement, in their relative diameters. The cranium of the adult Ethiopian and Mongolian finds its parallel constantly in the European fœtus. The average length and breadth of the first is as 1·36 to 1; of the second, as 1·15 or 1·20 to 1.

7. The pelvis of the fœtus has characters which agree with those of rickety subjects in the same structure, and with those of certain adult varieties of man. The pelvis is oblong, in a direction from the symphysis pubis to the sacrum, in the European fœtus, also in the male negro, the New Hollander, the male and female Buschisman, the male Polynesian, (Hunterian Collection.) It is oblong in the European child also, but its transverse diameter becomes the greatest at maturity in the latter. In the fœtus, the negro, (St. Bartholomew's Museum,) and in others of the lower races; in the rickety subject, as well as in the mammalia of the lower series, with few exceptions, the obturator foramen is oval; in the European, at maturity, it is almost triangular. In the fœtus, the dwarf, the female Buschisman, &c., the ilia are upright; in the adult European they are expanded and hollowed. The elongated sacrum observable in the fœtus is noticeable as an inferior type in the dwarf, and in the New Zealander from the Isle of Pines. (Hunterian Collection.)

8. It is of importance to establish fixed characters, by means of which the diagnosis of strumous diseases may be effected.

9. An illustration is derived from the predominance of the organic over the earthy constituents of bone, as characteristic both of rickets and of the osseous system in the embryo.

10. Mollities ossium from fatty degeneration is a form of struma accompanied by embryonic characters. In this disease the neck of the femur, instead of rising boldly at an obtuse angle from the shaft, ascends at one of 9 °, or thereabouts, as in rickets—a feature characteristic of the sporagenetous type, and of the mammalian series, to a great extent.

11. In congenital hydrocephalus the albuminous membrane forming the cranium does not everywhere advance to the osseous state, thus showing the persistence of a fœtal character.

12. There is an antagonism of the ends and shaft of long bones. The fœtal skeleton is typical of the scrofulous conformation of bones. Taking the femur as an example, the characters of that bone have been minutely observed and compared in the fœtus, the healthy adult of the European, the different lower races, and the scrofulous type of conformation. During the early weeks the femur represents a shaft without enlarged ends—a mammalian type, principally of the lower quadrumana. The ends progressively enlarge; their transverse diameter increases in a greater ratio than that of the shaft up to birth, when the ratio of the lower end to the shaft is about three to one. Development then takes a new direction, that of transforming the fœtal into mature characters. This consists in the formation of the lines and surfaces of the condyles, of the neck and head of the bone. In exceptional cases, the increasing ratio proceeds, and the development is interrupted or completely checked. This is noticeable in deformed fœtal skeletons, in rickets, and in the sporagenetous type at large. In rickets, if the end of the bone bears a greater proportion to the shaft than is normal, it is because the latter has not reached its maturity. The shaft of long bones in rickets, and likewise in congenital hydrocephalus, which is the same affection, is not only diminished in length, but in its true diameter, taken at right angles with the direction of its curvature, if distorted, and in the ordinary way if straight, as it often is in hydrocephalic cases. Thus no morbid character is discernible in rickets; if a disease, it is one only of misplaced natural conditions, and belongs to the anomalies of the organization. Thus viewed, it may, and probably always does, commence in the fœtus; nor is the accidental occurrence of curvature necessary to show that it is present. The proportion of the lower end of the femur to the centre of the shaft is fœtal when it falls below 3·1 in relative diameter; it is normal when such ratio subsists. When this occurs at the same time that the shaft and end have surpassed their normal diameters, the limb approaches giantism in these respects, and may present its truest example.

13. There is an abnormal antagonism of the ends and shaft of long bones in rickets. Eighteen examples of rickets have been measured, and divided into two groups,—the first comprising the femora of such as have preserved the proportions of a fœtal type through life; the second of such as have the character of excessive development of the ends in relation to the shaft. In four examples of the first, the shaft exceeds the normal diameter; while in every instance save one the end falls below it. In every example of the second, the shaft is below the normal diameter, and, except in one instance, the end also. In the first group, the ratio of the end to the shaft varies from 1·8 : 1 to 2·9 : 1; in the second group, from 3·1 : 1 to 5·2 : 1.

14. The formation of parts, like the cranium, being consentaneous with the growth of the central organ, expresses its outline; but that of independent parts, like the femur, is subject only to its own law of development, and when arrested in its passage to maturity, affords the simplest exponent of the constitution of early life, of which the strumous diathesis consists.

15. The fœtal cranium, during the early weeks of embryonic life, has a conformation approaching to that of the Ethiopian type; at the twelfth week, or thereabouts, to the Mongolian; it afterwards attains by degrees to that of the Caucasian, and it is, for the most part, amongst the rudimentary forms of this latter that the scrofulous conformation is to be identified after birth.

16. The pelvis of Europeans is often marked by characters not found in those of the true oval type, but discoverable in the fœtus and lower races. The oblong pelvis is of this character; it is a feature of the sporagenetous type. It is found in the Ethiopian; amongst Europeans it is abnormal, except in the fœtus and the child. The round, or oval, obturator foramen, is a leading character of the sporagenetous group. It is found in rickety skeletons, in some of the inferior races, and throughout the mammalian series, with very few exceptions. In the human fœtus this opening is constantly oval; in the adult European it is somewhat triangular.

17. The thorax of sporagenetous subjects is distinguished by characters which are discoverable in the fœtus. The ribs in rickety subjects are dwarfish in length, but their ends are large, as in the embryo. Their shortness narrows the chest, and throws the sternum forward; a state similar to that which is present at birth. The ossification of the sternum is often not complete.

18. The spinal column of the same class of subjects is marked by fœtal characters. Spina bifida (and the acephalous and anencephalous state associated with it) must be regarded as rachitic; a view confirmed by the conformation of the femur. The sacrum is oblong in this class.

19. The jaws and the teeth are marked by characters of a fœtal type in subjects of the scrofulous conformation. The jaws are frequently prognathous in strumous habits; the teeth project, and are with difficulty covered by the lips. In an anencephalous fœtus in Guy's Museum the muzzle is prognathous.

20. The natural classification of scrofulous diseases affecting the osseous system (osteo-struma) is based on their common origin in bones of a sporagenetous type. Many examples of bone which were the seat of morbid or abnormal changes have been examined. The following conditions have been found in bones that were characterized by the absence of well-developed traits: 1, rickets; 2, enlargement of bone; 3, concentric atrophy of bone; 4, fatty degeneration of bone; 5, enlargement of the

* Caucasian.

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medullary cavity of bone; 6, dryness of osseous tissue and lightness of weight; 7, growth of compact tissue external to the walls of bone; 8, osseous tumour with different proportions of cancellous and compact tissue; 9, deposit of compact tissue in the concavity of bones distorted by rickets; 10, hydrocephalus; 11, excess of oleine in bones (greasy); 12, diminution of compact tissue; 13, excess of cancellous tissue; 14, caries; 15, fracture; 16, inflammation of medullary membrane; 17, medullary tumour of bone (osteo-sarcoma); 18, ulceration of ends of bone; 19, ulceration of cartilages of bone; 20, anchylosis of bones by cancellous structure.

21. The immature parts subsisting in the midst of mature structures in the skeleton are not all of the same developmental age, but are arrested in their formation at different epochs of life.

22. The anatomical conformation on which scrofula is engrafted penetrates the organization generally. Polyearchia scrofulosa, enumerated amongst the characters of a strumous diathesis as affecting adults, is often accompanied by fatty degeneration of the heart. This abnormal disposition in the cellular tissue to produce fat (having a fatal tendency to deposit it in the place of muscle in the adult) is natural in the infant, up to the period of its second dentition especially. As the organization matures, it gives way, and its persistence is an indication of struma—of a constitution that does not ripen. It may disappear for a time; but the circumstance of its renewal supplies the proof that the tissue in which it exists retains its early character, displaying its tendency in the form of fatty liver, fatty degeneration of the bones and muscles, probably of mottled kidney, and of tubercular disease, in which margaric acid takes part. This view of the probability of an immature cellular tissue amounts almost to certainty in rickets—a condition reaching from fœtal life to manhood—during which interval the inorganic matters of bone, abundant in the blood, are not assimilated beyond their fœtal amount, but are excreted by the kidneys.

The cartilaginous form of the skeleton, its imperfect ossification, belong to the same class of effects as alopecia connata, &c., and are proper to the scrofulous constitution.

The prolonged infancy of our species has to be taken into account in explaining the blue eye of adults. Dr. Hake had long been desirous of examining the negro fœtus in relation to these points. The opportunity has recently occurred through the courtesy of Dr. Murie, of the Hunterian Museum. He found the iris of a pale colour, greyish-blue. The hair was black, the skin of the hands and feet white, of the other parts of the body slightly tinged with brown, while that of the face was olive. There was an Ethiopian cast of feature: the nose depressed, the nostrils transverse, the lips thick, the effect being heightened by the colour of the hair and complexion. The features themselves were scarcely distinguishable in shape from those of a European fœtus of from four to six months, and in their character and type were such as are daily observable in European adults of a sporagenetous type of conformation. The dark races follow the lower mammalian type in their more rapid progress to maturity than the European.

Dr. WEBSTER remarked that the author had stated that some of the indications of the scrofulous diathesis were blue eyes, light hair, and a pale complexion. Amongst the northern nations of Europe—the Albinos and the Germans, whom these peculiarities characterize—no doubt scrofula was exceedingly prevalent. In the south-west of Ireland, however, scrofulous affections, particularly of the eyes, were very common, whilst the inhabitants presented an opposite appearance to those above mentioned. Blue eyes and light hair were scarcely ever seen in Spain, the Spaniards being usually very dark and Moorish in appearance; yet scrofula, as he could testify from late personal observation, was more common amongst them than the inhabitants of either Ireland or the more northern nations of Europe. Dr. Hake had also stated that dwarfs were peculiarly liable to scrofula, yet that disease might, indeed, so arrest the development as to produce dwarfs; but, in opposition to this, it must be recollected that, excepting the Swedes, there was not a more manly and gigantic race of men than the Spaniards, especially in those districts where scrofula was unusually common. He (Dr. Webster) believed that the author had attributed to the influence of race results which were evidently owing to food and other causes. It was well known that scrofula was unusually prevalent in those nations whose inhabitants subsisted chiefly on vegetable diet. That was the case in Spain, and also in Italy, where the complexion of the inhabitants was likewise dark. It had been observed not only in other countries, but in Great Britain, that, in proportion to the quantity of animal food eaten, scrofula diminished.

Dr. HAKE said that his views had been necessarily somewhat imperfectly expressed, in consequence of his paper having only been read in abstract. The fact was, that he had only adduced the blue eye as a feature evidencing immature development. He objected to term it scrofulous, and merely used it as embracing a feature not necessarily unhealthy, but as really indicating an immature development of an organ or part. The blue eye in the European, particularly in the more northern races, seemed to be the point which nature considered perfect; when she accordingly arrested her development in that point, and extended it in some other direction under some system of organs. Dr. Webster had remarked that scrofula existed frequently in people of a dark complexion, but it must be recollected that the subject of scrofulous disease had not then been brought forward, but merely the conformation on which it was based or engrafted had been adduced as a subject of discussion. Had it been otherwise, it would have been demonstrated that scrofula existed very largely amongst the darker races, and particularly so amongst the aborigines of our Australian colonies.

Dr. MERYON observed that it would greatly advance our knowledge if we could establish an ethnological relation in reference to the scrofulous diathesis. The omission of the tables referred to in Dr. Hake's abstract had preserved him from much criticism. The paper was no doubt of a very suggestive character. If the propositions were true, however, they should be universally so; but when it is recollected that the scrofulous diathesis prevailed where the darker eye was present in the lower development of man, there was evidently a certain amount of discrepancy in the author's proposition that the blue eye was coincident with the scrofulous conformation. The blue eye might be regarded as the type of northern races; but then scrofula was not more common in them than in the southerners. Indeed, he should suppose that it was less prevalent amongst the Teutonic than the dark-eyed and dark-skinned races. With respect to the proposition advanced by Dr. Hake regarding the deposit of phosphate of lime in bone, if it were a correct one, it should admit of universal application. It will be found, however, that as we descend to the lower animals a greater deposit is witnessed in some of them—for instance, in birds—than in man. If the skeleton of a phlegmatic Dutchman and that of an Arab were compared, he supposed it would be found that there would be much more phosphate in that of the Arab, and his bones consequently would be of a denser character. Mr. Busk had recently examined several skulls of the Teutonic type, and these were very small when compared with the other bones found with them. The development of the skull was to a certain degree attributable to the individual culture of a nation. With respect to the development of certain bones, it should be remarked that the humerus of the turtle and the femur of the crocodile were rounded in proportion to the rest of the skeleton. In the case of the crocodile, it was certainly necessary that the femur should be rounded to a certain extent; in fact, all the reptiles had more rounded bones than any other class of animals. He (Dr. Meryon) did not think that the author's conclusions were borne out by the physical development of animals generally. If the propositions enunciated were correct, Dr. Hake might have extended his analogy to the intellectual faculties, and had he done so, he would have found that there was a very low form of intellectual development in many of the dark-haired races.

Dr. HAKE, in reply, stated that he laboured under the disadvantage of having had his paper read only in abstract. Had it been presented to the Society in its original shape, it would have been found to have met many of the objections which had been raised against it. He was gratified, however, to have heard those objections, because they would doubtless lead to further investigation of the subject, and tend to elucidate a very difficult and interesting question.

(To be continued.)

MEDICAL SOCIETY OF LONDON.

DR. GARROD, PRESIDENT.

MR. HENRY LEE read a paper on the

RADICAL CURE OF VARICOCELE BY SUBCUTANEOUS SECTION.

The author observed that the operation which he had adopted for the last seven years was the same for varicose veins in whatever part of the body they might be situated. It consisted in dividing the veins under the skin, and allowing the cut surfaces to heal by simple union. With this mode of operating

there was no inflammation produced, no ulceration, and no suppuration. The patients were confined to bed a comparatively very short time. The operation gave very little pain, and, when properly performed, was unattended with danger. Before dividing the veins, Mr. Henry Lee considered it essential to the safety and success of the operation that the veins should be closed both above and below the part to be divided. This was effected by introducing very thin needles under the veins, and at right angles to them, and passing a figure-of-8 ligature round the ends of the needles. A very slight degree of pressure was sufficient in this way to close the veins. The needles were thus made use of as temporary ligatures, and were to be removed as soon as the divided ends of the veins had become consolidated with the surrounding parts. This usually occurred in three or four days; two days later the patients were allowed to get up and resume their usual occupations. In this operation, as there was no ulceration nor suppuration, there was no probability of any purulent absorption. In fact, union by first intention or adhesive inflammation was the only action necessary to the success of the operation; anything beyond this was either unnecessary or injurious. Mr. Lee described two ways in which the operation might be performed. The veins might be divided at the same time that the temporary ligatures (by means of the needles) were applied, or an interval of two days might be allowed to elapse between the introduction of the needles and the division of the veins. In the latter case, the blood in the veins between the needles usually became coagulated, and thus ensured the obstruction, not only of the trunk of the vein, but also of any collateral branches. This latter operation was the best in cases of varicocele, as it prevented any little effusion of blood that was liable to take place in the cellular tissue of the scrotum if the veins were divided immediately after the introduction of the needles. Several cases illustrating both plans of treatment were given, showing how little inconvenience the patients suffered, and in how comparatively short a space of time they were cured.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 4TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

THE President informed the Fellows present that the volume of "Transactions," to the publication of which they had all looked forward with a great degree of interest, would be distributed in the course of a few days. The volume (a copy of which was handed round) was in every way creditable to the Society, and it was a matter of congratulation to the Fellows that their first year's labours had resulted so satisfactorily.

HYDATIDIFORM DEGENERATION OF THE OVUM.

Dr. GRAILY HEWITT exhibited to the Society a specimen of the above interesting pathological condition. It had been presented to him by Dr. R. Uvedale West, of Alford, and was about the size of a goose's egg. When it came into Dr. Hewitt's possession it was complete, but much torn and dismembered. In the restored condition in which the specimen was exhibited the relation of the several parts was very obvious, and it was now perfect. The decidua was very much thickened, and formed a cavity from the superior part of which the altered chorion villi projected downwards, and during life filled the cavity formed by the decidua. The ovum was about the same *age* as the one described by him in the volume of "Transactions" now before the Society, but had remained much longer in the uterus; some of the vesicles were as large as grapes. The patient had a child nine months before expelling this product, and had had a "show" about every seven weeks since, her child having died when a few weeks old. Finally she had hæmorrhage for three weeks, which ended in its expulsion. With reference to the nature of the change in the ovum in these cases, he had no doubt that the embryo perished first, the subsequent changes being a result of continuance of *growth* of the chorion villi, while their *development* was arrested.

Dr. ROUTH inquired whether watery, alternating with bloody, discharges had been present in this case?

Dr. GRAILY HEWITT stated, in reply, that no watery discharges had, he believed, been noticed. Such discharges only attended a stage of the growth later than that observed in the present instance, and were consequent on bursting and discharge of the contents of the vesicles. As to the question of diagnosis, the presence of these watery discharges was not pathognomonic; for in cases of polypus, watery alternating with bloody discharges were occasionally observed.

CASE OF COMPLETE OBLITERATION OF THE CANAL OF THE SMALL INTESTINE BY FŒTAL PERITONITIS; AMUSSAT'S OPERATION.

BY R. DRUITT, M.R.C.P.

(*With coloured drawing by* Dr. WESTMACOTT, *and preparation.*)

An infant was born on the 25th December, well nourished, covered with vernix caseosa, vigorous, and well formed, yet having the upper part of the abdomen swollen, and the superficial veins much enlarged. The first twenty-four hours of its life were passed pretty well; it cried, sucked, and slept as usual. Then came on fits of pain, restlessness and sickness. Dr. Druitt found at this time that urine had passed abundantly, but no motion. The anus was well formed, and admitted the finger; and several attempts were made to procure a motion by injections and inflation of air, but in vain; these attempts, however, pacified the child, who strained, and seemed desirous of relieving her bowels; but it appeared as though the bowel admitted nothing to pass higher than the rectum. Six hours later, the symptoms had become more urgent, and the vomiting stercoraceous; and Mr. H. Lee, who was consulted, consented to perform Amussat's operation for opening the descending colon. A transverse incision was made in the left loin, and many cautious attempts were made to reach the bowel, but without avail, as no fæcal matter passed. The child survived till the fifty-sixth hour, taking no nourishment, and suffering pain and vomiting by fits. A post-mortem examination the next day revealed quite enough to explain the symptoms and the difficulty of the operation. About the junction of the upper and middle thirds of the ileum there was a portion of bowel tied together in a coil by a multitude of adhesions, which matted it together and united it inextricably to the mesentery. Above this spot the jejunum was immensely distended; below it, the remainder of the ileum and the whole of the large intestine were pale, small, undeveloped, and empty. This lower, empty portion of the intestines was entirely discontinuous with the upper, and began by a distinct rounded extremity. In fact, it was evident that the child had been the subject of fœtal peritonitis, and that one band of adhesion had acted on the bowel precisely as a ligature does on an artery; the canal had been divided and obliterated, and the severed extremities had healed up. The good nutrition of the infant, and the abundance of vernix on the skin, spite of the condition of the digestive tube, deserved notice. There was no trace of syphilis or other disease in the mother, save an attack of colic just before quickening.

FOUR CASES OF MENORRHAGIA TREATED BY INJECTION, OR SCRAPING OF THE UTERUS AND INJECTION COMBINED; WITH REMARKS ON THIS PLAN OF TREATMENT.

BY C. H. F. ROUTH, M.D.,

PHYSICIAN TO THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.

After premising that the following cases had been under treatment before admission into the hospital, but unsuccessfully, Dr. Routh proceeded to relate them:—

CASE 1.—A. B——, married, with a family, aged forty-six, with menorrhagic menstruation for upwards of a year, on two occasions so violent as to necessitate active treatment to save life. Examination per speculum revealed bunches of small polypi within the cervix. Uterus was dilated by a sponge tent, and the polypi scraped away by a gouge. No injection. Relief complete.

CASE 2.—M. P——, married, with a family, aged thirty-four. Menorrhagia succeeding defective menstruation. Actively treated. No polypi visible on examination, but softened and highly vascular uterine mucous membrane. Dilatation by sponge tent; scraping off the lining membrane, and injection of compound tincture of iodine. Some uterine pains followed, but cure complete.

CASE 3.—M. L——, married; no children; menorrhagia of two years, following metritis. Treated in another hospital, but unsuccessfully. Hæmorrhage excessive after introduction of sound. No polypi visible, except after dilatation, and simply removed, followed by injection of iodine. In a fortnight much improved; but catamenia still being too copious, operation repeated; uterus scraped; another polypus removed; uterus injected again with tincture of iodine. Cure complete.

CASE 4.—E. R——, aged forty-five, married; face quite blanched; menorrhagia of eighteen months' duration. Examination revealed a blanched uterus, but no polypi till after dilatation. A polypoid mass was then removed by gouge, and two

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again subsequently. Injection used as before. Cure complete.

In remarking on these four cases, samples of many more, the author stated the cases only went to prove the advantages of injection and scraping of the uterus, when combined—a mode of cure first introduced into London practice by his colleague, Dr. Savage. The use of both plans separately had been long known, but rarely practised, in England. The dangerous effects of injections were so much dreaded, that they were seldom employed. The author quoted several opinions, amongst others a very decided one from Dr. Simpson. He ventured to state that the danger was owing to the injection being used without providing means for *its free egress*, which could only be done by the previous employment of the sponge tent. The occurrence of peritonitis, he believed, was not due to the passage of fluid up the Fallopian tubes, in proof of which the author adduced an experiment of the late Dr. Chiari, of Vienna, in which immediately after death in a female, the most powerful force applied by a syringe fastened to the os uteri failed to push the fluid in the Fallopian tubes. The peritonitis in these cases, he believed, was due to penetration of the injection through some ulcerated spot in the veins of the uterus, or simply to sympathy. This last view was exemplified by a case in which Dr. Routh merely injected warm water, which was retained for a time in an enlarged but indurated and retroverted uterus. This produced intense pain until rejected, which might have gone on to inflammation; *à fortiori* would this apply in a case where an astringent injection was used. In this case no sponge tent had been previously employed. Dr. Routh had used several fluids as injections—compound tincture of iodine, tincture of muriate of iron, strong solution of tannin, &c. In relation to the operation of scraping off the polypi, with or without the entire mucous membrane of the uterus, several instruments now in vogue were noticed: Dr. Simpson's, Sir C. Locock's, Récamier's, and two modifications of the author's, which he preferred as safer. There were two conditions of uterine mucous membrane he had observed in these cases of menorrhagia: the villous membrane without polypi, and that with small polypi, which last he looked upon as only hypertrophied villi, in proof of which he adduced microscopical examinations. The author then detailed the mode of dilatation by sponge tents, which dilatation was not to say complete until (having drawn down the uterus by a special hook provided for that purpose, which was shown) the index-finger could feel all the surface of the uterine mucous membrane to the fundus, and then any polypi could be felt and removed. The cure was completed by the injection, which set up a new and absorptive action in the uterus. If the scraper were too sharp, and allowed to cut too deep, peritonitis would probably occur. But a much more superficial scraping sufficed if the injections were also used. Hence one of the uses of the combination of these two plans. It had been shown by his friend, Dr. Savage, that the sponge tents alone would often suffice to set up this absorptive action, and thus diminish the volume of an enlarged uterus. So also, by stimulating its contractile power, they favoured the expulsion of any injection subsequently used. The author did not recommend this plan of treatment in every case, but in all those cases where, other derivative and general treatment having failed, the practitioner was called upon to do something more.

Dr. GRAILY HEWITT inquired whether Dr. Routh had any experience as to the effects of his operation on the procreative powers of the patient. Although he concurred in the propriety of removing any excrescences of the mucous membrane when such were present, he could not see how any such complete removal of the mucous membrane as that practised by the author could be necessary or even justifiable.

Dr. TANNER remarked that he considered it to be a matter of duty to make a few observations on the paper which had just been read. He felt this chiefly because for six years he had been connected with an institution of a similar kind to the one to which Dr. Routh was attached, and he had not met with cases which demanded the very active treatment recommended by that gentleman. It was, of course, no uncommon circumstance to see women suffering from great congestion of the uterine mucous membrane, the result of chronic inflammation; but he believed that they could be cured by simple and safe measures, and especially by rest, and the administration for some time of small doses of the bichloride of mercury. He would never think of scraping off the mucous membrane, and then injecting the compound tincture of iodine into the uterine cavity, in such cases. With regard, more particularly, to the use of injections into the uterus, Dr. Tanner agreed with Professor Simpson that their employment was fraught with danger. Such a proceeding might be adopted six, eight, ten or more times, and no ill result follow; but he apprehended that every now and then alarming symptoms would set in, which were likely to end fatally. He had seen one instance in the practice of another gentleman, where the injection of a weak solution of nitrate of silver into the uterus caused great pain, which lasted some time, and was only subdued by large doses of opium. Even in one of Dr. Routh's cases there had been symptoms of tetanus after the scraping and injection. If caustics were required in the treatment of softening of the uterine mucous membrane,—and he by no means meant to assert that they were,—why not use the solid nitrate of silver? We are often told that gaseous injections into the uterus are valuable in relieving pain, and that their use is unattended with danger. Yet Scanzoni relates the case of a woman who was about to undergo amputation of an hypertrophied cervix uteri. Carbonic acid was injected into the cavity of the uterus by a suitable apparatus; but hardly had some cubic inches of the gas penetrated into the cervix, when the patient screamed out, and said she felt the air rushing into her abdomen, neck, and head. Tetanic convulsions then set in, and, after great suffering, death ensued in two hours. This case required no comment.

Dr. GRANVILLE had no experience of "scraping" the uterus. During his practice, he had not been accustomed to treat the cavity of the uterus with such disrespect as had been shown in more recent practice. To remove the mucous membrane for a possible good would be more than he would risk. As to injections, in some cases he had seen no effect produced, whilst in others he had witnessed very disastrous results.

Dr. ROGERS was for some time unwilling to use injections into the cavity of the uterus. He had, however, for some years past employed them, and in no case had any serious result followed. With respect to "scraping" he had no personal experience to offer, but he had seen Dr. Routh's practice, and knew that no bad results had apparently followed therefrom.

Dr. ROUTH, in reply to Dr. Hewitt, stated that he had not followed these cases to know of their subsequent parturitions; but as these patients subsequently always menstruated regularly, and as in every labour the mucous membrane of the uterus was expelled as decidua and again produced, there could be no doubt that after scraping it off by the gouge it could be reproduced in like manner; and so procreative power, he did not doubt, was in no way impaired. In reply to Dr. Tanner, he could only say that softened mucous membrane of the uterus, or hæmorrhoidal membrane, such as described by Dr. Simpson, did exist, and apart from inflammation. He had seen such cases. In the one described in his paper where menorrhagia co-existed with procidentia uteri, and where the mucous membrane was perfectly visible, there could be no doubt of it. There was no danger in the operation, any more than in scraping any ordinary mucous membrane, nor even in injection of the same, if it had been previously fully dilated. In such cases the uterus was in the same position as a vagina. The danger was in injecting an *undilated* uterus, where, because the injection was retained, it created irritation and subsequent inflammation. Sometimes, it was true, injection produced temporary sickness and faintness; these symptoms might frighten one uninitiated, but they were purely nervous symptoms. In some cases, even the mere passing of a sound would produce like symptoms. In the case mentioned by Dr. Tanner there was no explanation of the death. If the case was that of a pregnant woman, as Dr. Hewitt stated, the death might be due either to the passage of carbonic acid in the uterine veins, or to perforation of the uterus. He had twice seen the uterus perforated by a common sound. In these cases no bad result had followed. In a third instance, which he had heard of, he believed death had resulted. At any rate, carbonic acid was commonly introduced into the uterus now-a-days, and with perfect safety. He had only instanced four cases as examples; but his experience was not limited to six, or eight, or even ten. In his own and Dr. Savage's practice he might have seen some thirty or forty cases, and all did well. But he (Dr. Routh) had not said that he treated all cases of menorrhagia in this way, but only those which had resisted other treatment. Many of these had been treated by medical men of large metropolitan hospitals, and these gentlemen certainly did not lack brains. If he, therefore, had cured in this way, speedily and without danger, several such cases, surely the plan was one worthy of the attention of the profession. After thanking Dr. Granville and Dr. Rogers—the former for giving him the credit of doing well, perhaps, although he had not practised the operation himself; and the latter for having given him the evidence of

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his own observation and practice in similar cases.—Dr. Routh said he hoped the plan would be tried more generally, but that all who did so should remember that the injections were only safe when the uterus had been so dilated by sponge tents as to admit of the free egress of the fluid injected.

Reviews and Notices of Books.

THE JOURNALS, ETC., FOR THE QUARTER.

THE opening pages of this the fiftieth number of the *British and Foreign Medico-Chirurgical Review* are taken up by a good practical article upon "The Site and Construction of Hospitals." It is illustrated, by permission of Miss Nightingale, and Mr. George Godwin, the editor of the *Builder*, by some of the plans and wood-blocks used by them in their late useful essays upon the subject. The latter is so extensive and important, however, that no single review article can hope to do more than give a very superficial glance at the question. Dr. Wilks, of Guy's, and Mr. Sidney Jones, of St. Thomas's Hospitals, are next weighed in the balance relative to their recent pathological labours. Whilst the reviewer recognises the merits of Dr. Wilks, he offers what we consider the following suitable advice:—

"Above all, we hope to see Dr. Wilks emancipate himself more and more from the somewhat narrow and local feeling under which he writes. Let him always clearly have it before him that he is a member of the great community of science, and not a mere Guy's-man, living in and for the hospital and museum and the well-known 'Reports.' He has accumulated a vast store of experience; to make it available in the full, he must enter into communications more widely than hitherto with the great minds of the past and of the present, and make it his aim not to reflect or to rule the ideas of a coterie, however distinguished, but to take the world for his audience, and to say to it what is worthy of being said to all."

The third article, upon "Paediatrics,"—embracing Condie, West, and Whitehead,—partakes of the usual direct and practical tendencies characterizing discussions upon this matter in the pages of this Review. It contains some observations connected with vaccination worthy of consideration. The fourth and fifth papers are the "heavy guns" of the artillery of our contemporary, and embrace the subjects of "Cardiac Pathology" and the "Theory of Development in Nature." Mr. Darwin's views, of course, are discussed in the latter article. Dr. Garrod on "Gout," Dr. Priestley on the "Gravid Uterus," with "Hypnotism" and "Ovariotomy," follow in succession. The original communications are Peacock on "Contraction and Obliteration of the Aorta," Barwell on "Osteitis," and Retzius on "Ethnology."

The *Journal of Psychological Medicine* (No. XVIII.) touches, in its "Quarterly Retrospect," upon three important topics—namely, of the probable influence of the Divorce Court upon the morality of the nation, of the attempt to propagate religious knowledge by conducting services in theatres, and of the operation and value of midnight prayer-meetings in diminishing what has been characterized by way of pre-eminence as the "social evil." An interesting "Biographical Sketch of Pinel" is contained in the present number, along with several other articles of interest to the psychologist and alienist physician.

Of the *Journal of Mental Science* (No. XXXIII.) we can speak in good terms. Its first paper, upon the Construction and Fitting-up of Lunatic Asylums, may be read with advantage; and the next one, upon the "Psychical Diseases of Early Life," forms a fitting accompaniment to the interesting chapter upon Disorders of the Mind and Idiocy, contained in the last edition of Dr. West's work upon the Diseases of Children. Dr. Maudsley's sketch of the morbid vagaries, &c., of Edgar Allan Poe is a fitting pendant, likewise, to a well-known paper in the "Edinburgh Essays," called "Infanti Perduti." The Rev. W. G. Davies, the Chaplain to the Asylum, Abergavenny, continues the consideration of "Consciousness as a Truth Organ" in the present number.

The *Transactions of the Medical and Physical Society of Bombay* (No. V., New Series for the year 1859) have just come to hand. The present number is chiefly occupied by the annual medical reports of regiments in the Bombay Presidency. We may, however, call special attention to Dr. Cook's Meteorological Report on Beloochistan; Dr. Carter's account of Calculi in the Grant Medical College, and Sub-Assistant-Surgeon Rustomjee's "Cases of Diseased Foot." Messrs. Giraud and Haines' "Analysis of the Mineral Springs and various Well and River Waters in the Bombay Presidency" should not be forgotten.

The sixth part of *Ure's Dictionary of Arts, Manufactures, and Mines* is before us, carrying the new edition as far as "Fermentation." Some important and interesting subjects are treated of in this number—e. g., Diamond and Diamond-Cutting, Distillation, Electricity applied to the Arts, Engraving, Cotton Factory, &c. We need scarcely say that the work continues to maintain the high character with which it made its *début*.

SWALLOWING SEVERAL TEETH ATTACHED TO A PLATE, WITH SAFE PASSAGE THROUGH THE BOWELS.

To the Editor of THE LANCET.

SIR,—The necessity for attention to the teeth artificially attached to a gold plate, when they become out of order, is of so much importance that I beg to trespass upon your space to relate briefly the particulars of the following interesting case, which were communicated to me by Dr. Julius, of Richmond, Surrey:—

Mrs. —— swallowed a gold plate on which were three or four teeth, fixed with clasps at each end of the plate for attachment to the adjoining teeth. One of the clasps had become bent, and formed a sharp point. Some hours afterwards she complained of severe pain in the stomach, which seemed very much distended. Dr. Julius made her lie on her right side, and keep quiet. After the lapse of some hours the pain suddenly left her, and her expression was, that "it went off with a jerk and a pop." She felt nothing more until about twenty-four hours afterwards, when she suffered severe pain in the caput coli, which persisted for some hours, and then passed off in a similar manner. The next morning, Dr. Julius was hurriedly sent for, and on arriving found her in great agony, with a constant desire to pass urine and relieve the bowels. Upon passing a catheter into the rectum, he distinctly felt a hard metallic substance firmly fixed across the bowel, about two inches above the sphincter. He now introduced a three-bladed speculum, and dilated the bowel as much as could be borne, and, with the aid of two pairs of forceps, he brought down the sharp end of the plate, and then extracted it, with very slight injury to the mucous membrane. In a few days she was quite well; and, as Dr. Julius observes, after a good washing, used the same teeth again to assist in recruiting her strength after the painful ordeal she had passed through.

The teeth swallowed were two central and two lateral incisors, with the clasp extending to the first molar. One of them had become displaced, and she neglected to have it adjusted. The consequence was they became loose, and were suddenly swallowed, clasp and all.

My object in sending these particulars is to point out the necessity of persons immediately attending to any imperfection in artificial teeth worn in the mouth, however arranged, for the purpose of preventing such accidents as that just narrated, which might have proved more serious, but, fortunately for Mrs. ——, terminated without any serious inconvenience. There are many individuals who will not believe that such a piece of plate with teeth attached as that just described will pass through the bowels at all.—I am, Sir, yours obediently,

Park-square, Regent's-park, April, 1860. THOS. H. HARDING.

THE ADULTERATION OF FOOD AND DRINK BILL.—This Bill, as amended in committee, has been printed. It now contains 12 sections; and imposes a penalty, not exceeding £25 nor less than £5, for adulteration of food or drink. Analysts may be appointed, and purchasers may have the articles analyzed.

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THE LANCET.

LONDON: SATURDAY, APRIL 21, 1860.

THE exceedingly grateful duty devolves upon us this week of publishing the first portion of a short Series of Lectures from the pen of the celebrated Dr. BROWN-SÉQUARD, "On the Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities." With regard to a knowledge of the physiology of the nervous system, Dr. BROWN-SÉQUARD has attained a position which is altogether unrivalled. The pathology and therapeutics of the nervous system, considered by such an authority, cannot fail to attract the universal attention of the profession.

THE isolated and anomalous position of the London College of Physicians, as regards the practice of Medicine in this country, appears at length to have engaged the earnest deliberations of that venerable body. Holding a Charter which dates from the reign of HENRY VIII., it now occurs to them that the time has arrived to discuss the question, whether they have done their duty to the public in nursing with jealous care the powers entrusted to them, for the simple perpetuation of a small body of pure physicians, abandoning as beneath their notice the control of the qualifications of the general practitioner. Was that the object intended by the Charter? Was it considered worth while to institute a corporation, with extensive authority over the practice of Medicine, just for the purpose of maintaining a small medical aristocracy, sometimes numbering five or six hundred members or less? Could a few hundred men minister to the medical wants of the population? And if not, what was to become of the population? For centuries the College cared not. It stood aloof. The acquisition of medical knowledge by those who were to practise the healing art was left to accident. The apothecary of the last century, with his bolus, lancet, and glyster-pipe, represented the medical science, to which was abandoned the health of the mass of the community. Even when the College of Surgeons assumed the charge of examining and certifying as to the fitness to practise Surgery, the College of Physicians still slumbered on, impassive as the gilt pill that surmounted the dome in Warwick-lane. Nor was it even disturbed by the crisis of 1815. The progress of medical science and the advanced intelligence of the time imperatively demanded a large extension of the supply of well-educated practitioners of Medicine. The duty of meeting this demand was urgently forced upon the College. The College wrapped itself up in its dignity, and lost a great opportunity. The task, thus abandoned, was taken up by a trading company. Medicine received by this connexion a blow which has deeply injured it in its public relations; and the College lost all the influence and *prestige* which it might have enjoyed in the profession had it undertaken the charge of conducting the examinations in Medicine.

The College of Surgeons, confining itself to Anatomy and Surgery, issued diplomas qualifying the general practitioner to practise Surgery. But this at best implied only a half-qualification. Who was to supply the other half? The common sense of the public would not be satisfied with less than a full qualification. The surgeon was therefore driven to seek his licence to practise Medicine at the same establishment where he purchased his drugs, or to practise Medicine upon the strength of his surgical diploma. In the event of his adopting the latter alternative, he has had to resign his claim to those public appointments for which a double qualification is required. Many have chosen this course. Many have resorted to a variety of expedients in order to supply a real or colourable substitute or mask for the degrading Apothecaries' licence. Some take degrees in Scotland; some purchase them abroad; and for the last year there has been a continuous stream of surgeons and apothecaries rushing over the border, each with ten guineas in his pocket *plus* his travelling expenses, eager to secure the licence considerately offered to him by the Edinburgh College of Physicians. Men of business, the shrewd and the simple of the community, witness this extraordinary flight in pursuit of Scotch parchment, and wonder what it all means. Is that, they exclaim, the way in which doctors are made! Why do men thus turn their backs upon the place where they studied and where they are known, to seek where they are not known for a document which informs all men that the holder is a fit person to be trusted as a physician? Cannot they get diplomas in London? These are the questions that naturally arise. That such questions should arise is evidence enough that there is something wrong in the medical polity of England. We see a large body of gentlemen, many deservedly distinguished by their professional acquirements, placed by the defect of our system in a position so false that they feel it necessary to resort to expedients which cannot fail to excite surprise, if not suspicion, in the public mind.

We do not think the London College would do well to imitate this part of the example set by its sister in Edinburgh. But there can be no valid reason why it should not take up that position in relation to Medicine which the College of Surgeons holds in relation to Surgery. The arguments against this course seem to us feeble and prejudiced in the extreme. If, it is said, the College examine and license men to practise Medicine, these men will be styled and registered as Licentiates of the Royal College of Physicians; and the public will confound them with the class of pure physicians who go through a higher general and professional education, occupy the position of teachers and hospital physicians, and who practise in a different manner. Now this argument can mean nothing else than that the dignity and monopoly of the order of physicians, as at present constituted, are in danger of being invaded. Is this true? Is the public really so undiscerning? If a consulting-surgeon is wanted, is it usual to send to the suburbs of London for a gentleman of local celebrity keeping an open surgery? Yet he may have the same diploma as Sir BENJAMIN BRODIE. But the public is not led astray by that circumstance. Nor is the case different when a physician is wanted. It does not so much matter whether a physician be a Fellow or a Member of the College. It is enough if he is known to practise as a physician, and is able to maintain his claim to superior confidence by giving proof of greater scientific and professional acquirements. If he cannot hold his ground by this tenure, it is vain, it is unjust, to endeavour to preserve for him an exclusive privilege by arbitrary corporate enactments.

The only aristocracy, the only privileged class, which the

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profession or the public will tolerate is an aristocracy of talent. If the College seek to maintain a higher order of physicians, it must take care to elect to the Fellowship none but men who have earned a fair reputation, and to disregard mere conventional respectability. A College so constituted need not fear association with the general practitioners. On the contrary, by placing itself at the head of the medical profession of England, it would grow in influence and authority, and raise the status of the practitioners of medicine, without impairing its own; it will cease to be a Club of Physicians, and become truly a College of Medicine. The most powerful engine for stimulating and guiding the progress of medical education is undoubtedly the power of examining and licensing candidates for practice. What the Examining Board requires, that will the Schools provide. Grievous and irreparable will be the error, if the College of Physicians continue blind to its mission, and surrender the noble privilege of directing the medical education of the practitioners of England.

Since the foregoing remarks were written, we are happy to find that at a full meeting of the Fellows of the Royal College of Physicians it was resolved, after ample discussion and by an overwhelming majority, to make the requisite arrangements for extending the licence to general practitioners. We shall again refer to this interesting subject at an early opportunity.

A FORTNIGHT back we drew attention to a General Order, recently issued by the Commander-in-Chief in India, which contained a censure, or at least an implied censure, upon one or more superintending surgeons. We pointed out, however, that in the East the justice of the rebuke was by a large party denied; and it was asserted that, from "a mere accident," advantage had been ungenerously taken to cast a stigma upon medical officers of long service and high standing, and, indeed, to bring into disparagement the whole Medical Department of the Army. Considering that the implied censure in the General Order might be undeservedly injurious to the interests of the medical service of India, occurring as it does at a time when the question of the reorganization of the Indian army is under discussion in Parliament, we have sought further information as to the truth of this unfortunate matter. We are bound in fairness to the medical officers to say, that the more it is inquired into, the more unjust does it appear in respect to them, and the more does it present the character of one of "the many kicks the doctor gets from the military authorities." We are assured, upon good foundation, that the impression in Calcutta is, that the General Order was intended for the public and the press to bite at, and thus to foster the *prestige* of the combatant over the non-combatant officers. Those who are best qualified to pronounce judgment upon the subject admit that it is to be regretted that the Commander-in-Chief, instead of publishing a hasty and ambiguous Order, did not inquire more fully into the matter before yielding to what appeared a tempting opportunity to tarnish the fame of the non-combatants generally and the doctors in particular. A more dignified procedure would have prevented a very serious evil which the Order in question bids fair to bring in its train. After this covert reproof, a superintending surgeon will not venture to use that check upon waste and extravagance which we are assured is becoming more necessary every day. We have an opportunity of placing before our readers a statement of the consumption of quinine and cinchona bark during the last ten years in Bengal:—

Year.	Quinine. lb.	Cinchona lanc. Cortex. lb.	Cinchona lanc. cont. lb.	Cinchona cord. Cortex. lb.	Cinchona cord. cont. lb.
1849–50	520	1097	961	146	339
1850–51	513	1251	1027	172	122
1851–52	628	1594	2129	475	496
1852–53	811	1064	1903	166	238
1853–54	638	1005	597	170	357
1854–55	773	1409	1427	443	602
1855–56	985	615	1290	755	598
1856–57	1050	2579	1921	76	346
1857–58	1656	1938	2239	229	753
1858–59	1521	1647	1305	318	296

These statistics, one would think, show no delicacy on the part of the medical officers in prescribing certain drugs, nor stinginess of the Government in supplying them. Yet a Calcutta newspaper (the *Englishman* of Dec. 24th, 1859,) speaks of the ill-judged method of fulfilling "indents" which obtains in England, and goes on to say that—

"An application for a large quantity of drugs is received with incredulity, and a quantity is prepared for despatch according to some imaginary estimate of wants which the medical authorities in London may think sufficient. It is not improbable that the shortcoming of quinine noticed by Lord Clyde is entirely owing to the authorities in England merely sending out one-half or less of the amount indented for."

We answer, Look at the above figures, Mr. *Englishman*, and then tell us what you think of England's niggardliness to one Indian Presidency *quoad* quinine and cinchona bark. If they are not sufficient, we beg to add that, as respects the "home indents," they have never been curtailed since Dr. HUME was Examining Physician, and in answer to demands relative to drugs at least Government has always been very liberal. The truth is, as we before observed, that, instead of parsimony, there has been rather extravagance. This needed checking, but the General Order has done that which will prevent superintending surgeons from limiting the waste. We are assured upon authority which can scarcely be in error, that through carelessness somewhere, a very large amount of medicine is stolen, that one can always purchase Government quinine in the bazaars up-country, and that there is great pilfering of nitrate of silver and of iodide of potassium—drugs in much demand by amateur photographers. As regimental surgeons are so jealous of any reductions in their "indents," much of this wholesale theft passes unchecked by the higher authorities.

We believe, then, that the statements of the *Englishman*, which support the General Order, that it is the practice of the officers in charge of the medical stores in the East to cut down "indents" one-half or more without any good reason, and of the authorities in England to act upon the same principle, to contain just about as much truth as the implied assertion that the superintending medical officer of the Gwalior district had neglected his duty. However, we are glad to find that the Supreme Government has taken up the matter, and that we may now look for some official and authoritative settlement of the dispute. Where there is any smoke there is without doubt always some fire. There may be much of the former, and but little of the latter, it is true; nevertheless, there it is, however minute. We before pointed out the diminutive flame which, according to the *Delhi Gazette*, has given rise to all this hubbub. Further inquiry has proved to us the truth of the assertion that the Commander-in-Chief was misin-

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formed as to the true state of the case in respect of two of the corps; but that in the other corps, it would seem,—and this is the flame of so much smoke,—the medical officer did not send an "emergent indent" for quinine until he had only one-and-a-half day's supply in store; at least, such is the version which appears to be based upon the best authority. Now, we must so far agree with the spirit of the General Order as to maintain that a rebuke is not undeserved by any surgeon of a European corps who allows it to be a week, or even a day, without quinine or cinchona. For even during the height of the mutiny, when almost all communication was cut off from Calcutta, the Apothecary-General (A. GRANT, Esq.) often transmitted quinine by letter (dâk), and any want of that essential drug, at the present time, is surely inexcusable considering the liberal way—judging from the above table—in which it is given out by Government. We have chosen to allude to the Apothecary-General by name, since we believe that from the admirable arrangement he made there was no scarcity of drugs during the two trying years of the mutiny, although there was complete loss of the Cawnpore depôt, and partial destruction of the Sealkote one, and both medical store-keepers killed.

In dismissing this rather painful and unpleasant subject, we feel warranted in assuring our *confrères* in Bengal, that the interests and honour of the local service cannot be here in better hands than in those of Mr. RANALD MARTIN. The influential position of this gentleman in the Councils and Commissions for India will tend much towards final justice being done to the Medical Department in our Eastern possessions. We know, however, that at present there exists amongst the officers, both of the Medical Service and of the Indian Army generally, a pervading feeling of despondency that they are to be thrust into the background. Yet *all* do not, we are glad to think, participate in this impression, believing that their English friends will be just and generous towards them in whatever changes may be decided upon for the benefit of India, and for the interests of the State.

DRS. MILLER, HOFMANN, and FRANKLAND have presented a Report on the subject of the Deodorization of the Thames to the Metropolitan Board of Works. They examine two points. First, the last year's experience of the use of lime and chloride of lime. They think there can be no doubt that the state of the river was decidedly improved by the means then adopted. The temperature of the river was for a whole month above the hottest point which it attained in the previous summer, the rainfall of the preceding autumn and winter was decidedly deficient, and the quantity of sewerage matter was greater than in former years; yet, according to the testimony of many who made it their particular object to observe this point, the offensive condition of the river was mitigated.

They report, secondly, on the necessity for the use of some disinfecting agent. They think disinfectants ought to be used, and that their application at the outfall of the sewers should be commenced some weeks before the hot weather sets in. They state that the lime and chloride of lime, when employed last year, were the best and cheapest agents that could be obtained on the emergency.

During the summer, experiments were made to determine the value of perchloride of iron. These experiments pointed out this agent as the one which, taking all circumstances into consideration, is best adapted to operations of such magnitude.

They state distinctly that they believe the use of perchloride of iron will effectually arrest the putrefaction of the matters daily contributed by the sewers, and go far towards reducing the condition of the river to that in which it would be if the sewerage products were for a time diverted; but they do not anticipate that the use of the perchloride or any other agent, in the only manner which is at present practicable, will altogether prevent decomposition in the body of the water and the mud already in the river.

To this we may add that in spite of the increased freshet-supply, there is already evident so great an accumulation of sewage-matter, which the down-scour is unable to remove from the urban limits, that the early application of remedial measures is urgently demanded. It is, indeed, but sad evidence of the wisdom of the Board of Works, or of Parliament,—which is as much to blame in this matter,—that we must first devise and construct enormous and costly works to throw away that which might be applied with profit to our starving pastures and arable lands, and then be compelled to expend more money simply in order to mitigate the nuisance attending this wretched scheme.

It appears to us that the application of disinfecting agents at the outfalls of the main sewers, as contemplated, is an insufficient measure. It is above the outfalls, in the course of the large sewers, that the decomposition of the sewage begins. The application of chemical reagents ought to be instituted in various parts of the periphery of the sewerage system. The District Boards ought to work in harmony with the Metropolitan Board. The expenditure of a moderate sum in applying lime or perchloride of iron to the main branch-sewers in different parts of the capital would have the twofold benefit of mitigating the nuisance and danger arising from the escape of noxious gases from gulleys, and of simplifying and aiding the task to be accomplished of lessening the amount of offensive matter discharged into the Thames.

We want not only to purify the river, but also to purify the streams of sewage as they flow under our feet and past our dwellings. The two things may be done simultaneously, and, to a great extent, at the same cost. The Metropolitan Board ought, without a week's delay, to put itself in communication with the District Boards, and to organize a common scheme of operations.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF PHYSICIANS, AND SURGEONS IN GENERAL PRACTICE.

THE Royal College of Physicians, by a decision of its Fellows during the present week to grant licences to general practitioners, has taken a very commendable step in advance of the Royal College of Surgeons in point of liberality. This resolution was carried by a very large majority in the largest meeting of the College, perhaps, ever known. The immediate effect of this new decision will be very greatly to strengthen and extend the influence of that corporation. At present, the constitution of the College of Physicians is more liberal than that of the College of Surgeons, since the Fellows, who decide on the more important questions, are by far more

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numerous than the Council of the College of Surgeons. As their decisions are more popular, so also are they more just and politic. It is to be regretted that the conference of the Colleges of Physicians and Surgeons for the formation of a joint Board for licensing general practitioners broke down, owing to differences on a not very important matter, which the latter corporation pressed to the utmost. The College of Surgeons have need to beware of an obstinate course, lest they sacrifice interests entrusted to their keeping. The Physicians have acted in the present instance according to precedent, since the Registrar produced to the meeting an extract from the minutes in which it was stated that a licence of the College was expressly granted to a general practitioner in 1688. They have a further and more dangerous precedent. Their Charter gave the right to license in "medicine and chirurgery." And we suppose that they might be tempted to revive this forgotten privilege, and to grant a full licence to the general practitioner in medicine and surgery. At least, they deserve well for the present measure, which tends further to that professional unity of qualification which we regard as the *ultimatum* of medical reform. Thus, we are likely to have the "one Faculty" established at last, and through the instrumentality of the Royal College of Physicians!

HALF-FLEDGED SURGEONS.

THE recent admission to the membership of the Royal College of Surgeons of persons who have not gone through the usual course of professional education, by which they have been qualified for registration as surgeons without fulfilling the preliminary conditions required under the Medical Act, is likely to be made the subject of parliamentary comment. Mr. Postgate, of Birmingham, acting as chairman of a special meeting of the General Committee of the Birmingham and Midland Counties Medical Registration Association, has requested Mr. Scholefield to undertake to inquire in the House of Commons from the Home Secretary whether these proceedings are sanctioned by the Medical Council.

In the correspondence forwarded to us, Mr. Postgate states the case at some length, and expresses his opinion upon it. He observes that the object of the Medical Act is to obtain for the public the highest possible amount of medical and surgical skill, as well as to distinguish by registration the qualified from the unqualified practitioner. Looking exclusively to the practice of surgery, a knowledge of practical anatomy is essential, and equally so is a thorough training in surgical manipulation in the wards of a large infirmary. A candidate must undergo this course of study, however fit naturally he may be for a surgeon; without it, he might say from book knowledge what ought to be done, be declared, after a verbal or written examination, capable of doing it, and yet fail altogether in practice, and only become competent after observing the results of his crude experiments on the luxated limbs and broken bones of his patients. Hence this step of the Council of the College of Surgeons is to be regarded as detrimental to the public by ranking these half-made surgeons in the same class with those gentlemen who have devoted much time and considerable sums of money whilst pursuing the preliminary professional education. He expresses, therefore, the hope that Mr. Scholefield will see the necessity for asking Sir George C. Lewis, in Parliament, as soon as may be—

1. Whether the recent admission to the membership by the Council of the Royal College of Surgeons of England of persons who have not undergone the required professional education is sanctioned by the General Medical Council appointed under the Medical Act?

2. If not, whether the General Medical Council intend to put in force the powers vested in them by Clause XX. of that Act having reference to cases of this description?

We are happy to find that Mr. Scholefield will act on the suggestion which has been submitted to him.

MEDICAL EDUCATION AT OXFORD.

WE informed our readers lately of the proceedings initiated in the Hebdomadal Council at Oxford, with the view of bringing the medical organization of that body in harmony with the system in vogue amongst the other Universities and licensing bodies, empowered severally to grant degrees in Medicine. The Medical Statute, which was submitted on the suggestion probably of the Regius and other Medical Professors, in its main propositions fully met the requirements of the Act. It was, however, discussed, amended, rejected in its last stage, and now stands in the same form for further consideration. Two clauses in the new Statute were considered objectionable. The first of these was the provision that the Examiners in Medicine might be Bachelors of any faculty. This clause was evidently inserted in order to meet the case of a gentleman who had not proceeded beyond the degree of B.A. This was rejected on the ground that it is highly objectionable to assent to "the creation of a privilegium by a general law." The other clause was of a very unpopular and undesirable character. It bestowed power on the Regius Professor of Medicine to decline recommending any candidate for the degree of Doctor of Medicine—a refusal which would amount to plucking the aspirant—unless a formal essay be presented to him which he should consider to be worthy of publication. This absurd revivification of the old formal theses is ludicrous and impracticable. The value of theses is tolerably well understood now-a-days to be nearly zero, unless in exceptional cases. The presentation of a thesis is an old-fashioned custom, to which men still conform as a part of the ancient and respectable traditions of the Universities; but since almost every candidate, whatever his defects, could succeed in compiling, borrowing, or purchasing a thesis which should satisfy academical requirements, it was obviously inadvisable to afford to the Regius Professor a veto founded on his approval or disapproval of theses submitted to him. Such a veto may be dangerous if exercised according to the dictates of caprice or prejudice, but cannot under any circumstances be of value as an educational test.

THE CORN-CUTTERS' CHAFF.

NOBODY knows where the shoe pinches better than the chiropodist. Therefore we may suppose that the corn-cutters of Great Britain are acting under the impulse of some secret sting, of which the public knows nothing, but which goads them to the verge of desperation, otherwise they would hardly have voluntarily offered themselves up on the sacrificial altar of humiliation for the edification of the surgical profession. They have proposed that there should be admitted within the pale of the College of Surgeons of England a band of Licentiates in Corn-cutting!—then also in cheese-paring and hair-cutting. The connexion of the barbers with the surgeons is really of respectable antiquity. They have never ceased to regret dissociation from the surgical body; and if the College should consent to absorb into its ranks all the barbers, corn-cutters, cuppers, and hair-dressers in London, we should find ourselves in a somewhat strange assemblage. Probably further developments of the principle of connexion suggested in the memorial of the chiropodists might yet be found. It were of course idle to contemplate the possibility of the Council of the College taking into serious consideration a request so preposterous; but it is not uninteresting to study the psychical conditions under which the document is framed. Here are some scores of respectable, sober men, no doubt of at least average intelligence, perhaps something more than average attainments; yet these men, after deliberate counsel, resolve upon adopting a proceeding which is no sooner communicated to the outer world than it is saluted with unanimous and irresistible laughter. What can be the influence of long association which thus warps the judgment and obscures the vision of several scores of otherwise sensible men? We are sorry that these gentlemen should have

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exposed themselves to the inevitable ridicule which attaches to their act. Licentiates in Corn-cutting of the Royal College of Surgeons of England! Surely such a proposition was never seriously intended. Let the committee assure us that it is only meant as a good joke. We really believe the corn-cutters are chaffing the Council.

THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

ESTABLISHED 1788.

THE question has often been asked—How is it that so many of the practitioners of medicine die in straitened circumstances? The public are unacquainted with the real position of the great mass of the members of our profession. They are often astonished to hear that a gentleman who has been known to them only as the kind friend and helper in the time of need,—as the indefatigable worker, early and late,—and whose wealth had been judged of by the respectable appearance which he had been bound to sustain, has left his widow and family unprovided for, and has bequeathed to them only the inheritance of a good name and a spotless reputation. But we, who are acquainted with the subject, can unfold the cause of this often melancholy occurrence. It is only after years of patient study, pursued at the cost of great mental and physical labour, that the student is entitled to present himself for examination. He then probably passes some years in the practical pursuit of his profession as an assistant. Launched on the great ocean of the world to seek his fortune as a practitioner, he finds himself surrounded by vessels all competing in the race: some with true colours; some mere pirates, who seek not only to obstruct his passage, but are ever ready to filch from him a part of his cargo. Quacks of every description are on the open sea. Hydropaths, homœopaths, mesmerists, and a host of other knaves are ever at his prow and at his stern. He battles manfully with the waves, and with the piratical craft by which he is surrounded; and eventually, in spite of all disadvantages, gets into full sail, and appears to be making a prosperous voyage. To sink the simile: how is a man in good practice to hold that which he has obtained? With increased practice comes increased expenditure—increased mental and bodily labour. Many break down early in the struggle. Some devote a long life in the service of the public, but have only lived, as it were, from hand to mouth. A few, more fortunate, rise not only to eminence but fortune, and from these few it is that the ill-informed public draw a false conclusion respecting the mass of our professional brethren. We are too apt to charge men with improvidence who fail to devote some of their earnings to the insurance of their lives for the benefit of those they leave behind them; but how little such a charge would be just may be gathered from the secret history of many a struggler in the great battle of life.

These reflections have been urged upon us by the incessant appeals to our notice from the destitute widows and orphans of medical practitioners. It is true that we have the Society whose name heads this article, the Medical Benevolent Fund, and the Benevolent College; but that these excellent institutions are unable to respond in any adequate manner to the calls made upon them is proved in a hundred ways. The mention of one only will be sufficient. The number of children of medical men in the London Orphan Asylum is three times as great as that of any other of the learned professions. We have advocated on many occasions the claims of the Society for the Widows and Orphans of Medical Men in the pages of this journal. It is difficult to understand how it is that this Society is so ill supported by those more immediately interested in its success. We cannot believe that our brethren have paid sufficient attention to this most admirable institution. If they know its value and disregard its advantages, then are they justly chargeable with supineness and culpability. It was said at the seventy-second anniversary of the Society, held last week, by more than one speaker whose observations are entitled to consideration, that the institution was unknown, and therefore unsupported. In the cause, then, of providence and charity, we place upon record the last report issued by the Committee:—

"This Society was formed in the year 1788, by Dr. Thomas Denman, Dr. Richard Dennison, Dr. Andrew Douglas, Dr. John Sims, Dr. John Squire, Mr. William Chamberlaine, and Mr. Thomas Rendall, with the object of establishing a Brotherhood for relieving, half-yearly, those widows and orphans of its deceased members who might need assistance.

"It unites the advantages of a Provident with those of a Benevolent Society. It is provident, as by the small yearly subscription of two guineas the members do, through it, protect their own families from destitution, should they unexpectedly need it; and it is benevolent, as its benefits are conferred only on those who are left in straitened circumstances.

"The Society was for many years honoured by the gracious patronage of their Royal Highnesses the late Dukes of Kent, Sussex, and Cambridge, and it has been at all times greatly assisted by legacies, donations, and contributions from its members, and other benevolent persons, who were desirous of relieving the distress to which, as is well known, the families of medical men are peculiarly liable by the death of the husband and father; and who felt that the relief, so urgently needed by the distressed widows and orphans, can be more effectually supplied by a society than by private benevolence.

"The experience of seventy years has fully proved the need that existed for this Society, for, as is shown by the table annexed, 114 widows and 179 children of members of the Society have been placed in comfort by an aggregate sum of £53,000, paid in half-yearly sums. Many of these recipients were in a state of absolute poverty when the Society stepped in to succour them.

Periods of Five Years.	No. of Widows Relieved.	No. of Children Relieved.	Amount of Ordinary Relief. £ s.	Apprentice and Self-Maintenance Fees. £ s.
Sept. 1793 to Sept. 1798	4	11	305 10	26 5
" 1798 " 1803	9	28	686 0	26 5
" 1803 " 1808	16	42	1143 11	30 0
" 1808 " 1813	15	36	1467 0	30 0
" 1813 " 1818	18	20	2340 10	
" 1818 " 1823	23	11	3454 0	120 0
" 1823 " 1828	25	12	3574 10	60 0
" 1828 " 1833	28	10	4429 0	60 0
" 1833 " 1838	33	13	6130 0	105 0
" 1838 " 1842	33	8	5360 0	60 0
" 1842 to Nov. 1847	37	15	6766 0	
Nov. 1847 " 1852	41	23	7425 10	
" 1852 " 1857	44	45	7786 10	100 0
" 1857 " 1858	39	29	1710 10	65 0
In 65 years of payments	114	179	52875 11	682 10

"In the year 1857–58, £1775 10s. was distributed amongst 39 widows and 29 orphans; and in 1858–59, £1828 10s. amongst 39 widows and 25 orphans.*

"Great care has been taken, in the management of its resources, to secure the means of affording *permanently* such relief as the Society provides for those whose unfortunate condition renders assistance needful; and the good which it has accomplished has proved the wisdom and benevolence of those who originally planned the Society, and the prudence and efficiency with which its affairs have since been conducted.

"The Society's affairs are managed by a president, twelve vice-presidents, three treasurers, and twenty-four directors, who are elected by the members annually, and whose services are gratuitous. Members of the Medical Corporations of London, and medical graduates of the Universities of Oxford, Cambridge, London, and Dublin, are at present eligible as candidates, if residing within seven miles of the Post-office, or in any part of the county of Middlesex.

"The Secretary attends at the Office, 53, Berners-street, every Wednesday and Friday, from four to five P.M."

Is it possible that, if this Society were well known, there would at this moment be only 163 members paying annual subscriptions to its funds? It is true there are 293 members for life; but the majority of these, it is to be hoped, are in such circumstances that their widows and children will never require to draw upon the funds of the Society. After this expo-

* The names of the recipients of the bounty of the Society are held sacred, and are known only to those who distribute its funds. Neither canvassing nor publicity is requisite.—ED. L.

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sition, we shall make no appeal to those who are in a position to assist by their contributions, or to those who may subscribe for the benefits which their widows and children may receive from it. The facts are before us; they speak in a language of such eloquence and force, that homilies can add nothing. One fact, however, adduced by the excellent and benevolent President of the Society, Mr. Thomas Arthur Stone, at the anniversary last week, we will mention. If that be not sufficient to enlist the members of our profession in the cause of this Society, then we shall be out of heart in our anxious efforts for the welfare of the needy members of the profession. Premising that the instance he mentioned was but one amongst many of those which have come to his knowledge, the President stated that a gentleman in large practice was induced to become a subscriber to the Society. He died suddenly during the past year. He had paid twenty guineas in subscriptions. He left his widow and children totally unprovided for. They have appealed to the Society. The answer to that appeal is, indeed, a striking instance of the value of the institution. They will receive £95 a year from its funds!

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

[LETTER FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—The Poor-law medical officers and others assembled at a public meeting on April 12th unanimously passed a vote of thanks to you for the valuable aid you have afforded them, by the gratuitous insertion of an extensive correspondence on Poor-law medical relief, and for the series of leading articles you have written in aid of the cause of the much-oppressed Poor-law medical officers. In this vote of thanks I cordially join, as there is no man in the profession knows better than myself the readiness with which, during the last four years, you have gratuitously inserted all communications addressed to you in furtherance of the cause, and the invaluable aid you have rendered us by your leading articles.

On the day succeeding that of the general meeting I had a long interview with Mr. Pigott at Hecktield, and I have since sent to him written amendments on the Bill, which will, I trust, meet the objections of all reasonable men. For instance, I have proposed so to alter the Act that it will be impossible for two officers to be appointed to one district. It is also proposed to add to Clause 37, "But nothing herein contained shall have the effect of displacing any of the present medical officers of health, but those already appointed shall continue in office subject to the regulations of the Privy Council, and become permanently appointed in the same manner as is provided for Poor-law medical officers in Sect. 8 of this Act." It is also proposed to have inserted in Clause 38, on sudden deaths—"Provided, nevertheless, that should the registrar have reason to believe that any registered medical man, who is resident within five miles of where the deceased is lying dead, has been his usual medical attendant, although not immediately preceding his death, then it shall be the duty of the registrar to direct his order of inquiry to him instead of to the district medical officer."

I trust these various alterations will meet the views of the profession generally, and that there will be no dissension amongst ourselves; if there must be a fight (and most assuredly there will be one), let it be with the guardians, and not with our medical brethren.

The Bill now before the House was set down for a second reading last Monday, but as it was a Government night, Mr. Pigott had but little expectation that it would come on; and, from a letter I have received from him this morning (Tuesday), I find he has, at the request of Mr. Villiers, and from the fact that so much business is before the House, put off the second reading of the Bill until Friday night, May 4th. Knight, in his *Official Advertiser*, says, "It does not appear that the Bill has the concurrence of the Poor-law Board, and they have transmitted copies to the several boards of guardians for their consideration; and it is not improbable the second reading will be postponed in order to afford time for the boards of guardians and the country generally to express their views on the subject of the measure." I have little doubt, from the foregoing quotation, and from private information I have received, that we shall have to encounter considerable opposition; it is, therefore, the duty of the profession to lose no time in petitioning the Legislature, and also privately informing the members of Parliament that the Bill, though it lessens the grievances of the Poor-law medical officers, is in truth a Bill for the poor man and the ratepayers, as its tendency is to lessen pauperism, which must cause a diminution of the rates. I firmly believe that if the guardians could see the matter in its true light they would heartily join in a support of the measure; let it be the task of the Poor-law medical officers to enlighten them.

The clause making Poor-law medical officers sanitary officers is most valuable, as preventive and curative medicine ought to be allied. That clause alone, if carried, would save thousands of lives annually, and prevent an immense amount of suffering to the poor; it would also tend to lessen the burden of the ratepayer.

I am, Sir, yours, &c.,

Royal-terrace, Weymouth, April 17th, 1860. RICHARD GRIFFIN.

*** We regret that Mr. Griffin proposes to retain Clause 38, with the alteration — we cannot say improvement— that he has now suggested. The provisions of this clause are entirely foreign to the legitimate objects of the Bill, and we consider them to be an invasion of the advantages conferred upon the profession by the Medical Witnesses Act, which awards two guineas to a medical practitioner, at an inquest, when a post-mortem examination has been made. When this fee is paid, the magistrates cannot disallow it in the account of the Coroner. Thus we cannot advise the profession generally to petition in favour of a measure which contains a section of so objectionable a character. The proposal in Clause 38 is nothing more nor less than this: that the Poor-law medical officer is to be paid 5s. and mileage for depriving a brother practitioner of a fee of two guineas. With whom did the idea of Clause 38 originate? Probably Mr. Griffin will be so kind as to inform the profession.—ED. L.

MR. J. ADAMS'S CASE OF FEMORAL HERNIA.

To the Editor of THE LANCET.

SIR,—In the number of your journal for April 7th, p. 349, "A Case of Femoral Hernia, which had descended beneath the Pectineal Portion of the Fascia Lata," &c., is related, under the head of the proceedings of the Royal Medical and Chirurgical Society. The case was read *in extenso* on the 17th of March, and the abstract was supplied by me, according to custom, for publication in THE LANCET. I was prevented by severe indisposition from attending the Society when the case was read. I much deplore this, because I should have been able to convince Mr. Fergusson that there was no unwillingness on my part to perform an operation, as he insinuates. I carefully examined the groin from day to day in company with the house-surgeon, and, on one or two occasions, in the presence of one of my colleagues, to ascertain if there was any swelling, or any other condition which would justify an exploratory operation. Nothing of the sort could be detected until the fifth day after the patient's admission. At this time a slight fulness was felt by me, and I therefore made the examination referred to. My opinion is, that the slight tumefaction became apparent only when suppuration occurred in the sac, and that it did not exist before, or it would not have escaped the observation of all who examined the case. I can assure Mr. Fergusson that I have no dread of early operations in hernia; and I agree with him that, if the operation had been performed earlier, the patient's life might possibly have been saved. This reflection, however, is not very consoling to one's mind; and I confess I am somewhat surprised that so trite an observation, carrying with it a most mortifying reflection, should have emanated from so high an authority. The true interest in the case, in my opinion, depends on the peculiar position of the hernia; for, as far as my reading enables me to judge, it is in this respect unique.

There are two slight inaccuracies in the printing of my abstract which are not unimportant. Thus the fascia covering the hernia was *inelastic*, and there was an *unusual* development of the inner fibres of the pectineus muscle, which covered the swelling. I am, Sir, your obedient servant,

St. Helen's-place, April, 1860. JOHN ADAMS, F.R.C.S.

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BLUNT URETHROTOME FOR STRICTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—In your last number, there is a description of what is supposed to be a new mode of effecting the internal incision of stricture, by Mr. Marshall. Its principle is the employment of a knife made sufficiently blunt as not to cut any part of the urethra through which it passes, excepting where it is opposed by the stricture, or where some force is required to pass it.

I took advantage of the last sexennial competition for the Argenteuil prize in order to lay before its adjudicators—the French Academy of Medicine—the history of several improvements in the treatment of stricture and stone, which had been improperly published as their own by surgeons on both sides of the Channel. The Academy itself had saved me this trouble in respect to one of the principal of these—the direct or eccentric dilatation of stricture, instead of dilatation on the principle of the wedge; and they had deprived M. Perrève's stricture dilator (called in this country Mr. Holt's dilator) of the honour it had attained of being placed at the head of several improvements which had been submitted to them, on discovering that its principle had long before been explained, and its advantages insisted on, in my "Treatise on Stricture." In my brief competitive essay (which has since been published) other improvements were mentioned which had occurred to me since the publication of that treatise; and amongst these, at pages 22 and 24, I suggested the employment of a blunt knife in cases where incision is the appropriate practice. A sound is there described, having in one portion of it blunt cutting edges, of about an inch in length, and situated two or three inches from the point. The principle of its action is explained in the latter page; and at page 6 of the Introduction, another mode is suggested of carrying out the same principle—namely, by a sharp cutting edge, acting by pressure alone, and not in the manner of a saw.

I conceive that the principle of bluntness in cutting instruments is advantageously applicable to other operations in surgery, including the division of the stricture in strangulated hernia, and the incision of the prostate in lithotomy.

Of course Mr. Marshall had not read this prize essay, nor probably had he observed my allusion to this principle of bluntness of cutting instruments in one or more papers which I have lately published on the present defective modes of removing stone from the bladder. As the practice of internal incision has come more into use since the hazard and inefficacy of external incision has become manifest, it is of importance that the safest plans of accomplishing it should be known. I fear that the recent improvements in the treatment of stone, or the substitution of dilatation for cutting, will be greatly impeded by the imperfect nature of the dilating instruments employed.

I am, Sir, your most obedient servant,

York-street, Portman-square, April, 1860. JAMES ARNOTT, M.D.

IODIDE OF POTASSIUM IN LARGE DOSES.

(NOTE FROM MR. DE MÉRIC.)

To the Editor of THE LANCET.

SIR,—The experiment mentioned by Dr. Sisson, of Cheltenham, in your journal of last week is extremely valuable, as showing that tolerance may gradually be obtained with iodide of potassium, as with tartar emetic, by gradually increasing the doses. As the effect of 100 grains per diem was *nil*, I conclude that the experiment was undertaken when Dr. Sisson was in perfect health; the data obtained are therefore only of physiological importance. As to the effect of gradually increased doses upon patients affected with various diseases, very few facts have been recorded, except as regards the tertiary symptoms of syphilis. Here Ricord tells us that "two scruples a day may be given at first.....Fifteen grains should be added every five days to the quantity given daily, until a drachm and a half per diem is given, which I have rarely gone beyond." (Hunter and Ricord on the Venereal Disease, American edition, p. 470.) These doses seem to be perfectly well borne in France; and M. Ricord had very lately occasion to state this before the Academy of Medicine of Paris, during the discussion upon iodism in Geneva.

Now, my object in requesting a corner in your journal is to observe that climate and nationality must have some influence on the effects of remedial agents, for I have never been able, in public or private practice, to go beyond half a drachm a day, in three equal doses. When the thirty grains were reached, the patients (either male or female, but always labouring under syphilis) were invariably seized with all the symptoms of feverish disturbance, and to such an extent as to render the abandonment of the iodide quite imperative. I now rarely prescribe more than seven grains to be taken three times a day, which doses never cause any inconvenience.

I confine myself for the present to this simple statement of facts, and remain, Sir,

Your obedient servant,

Brook-street, April, 1860. VICTOR DE MÉRIC.

REFLEX PARAPLEGIA.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask those of your readers who may have observed cases of paraplegia,—originating from a disease of the genitals, the urinary or the digestive organs, or from any other peripheric cause,—to have the kindness to favour me with the particulars of those cases.

Yours very truly,

81, Wimpole-street, Cavendish-square. C. E. BROWN-SÉQUARD, M.D.

A NEW KIND OF SCOTCH SURGEON.

To the Editor of THE LANCET.

SIR,—I thought everybody was agreed that there are quite a sufficient number of surgeon-manufactories in Scotland, where there are already two—the Edinburgh College of Surgeons and the Glasgow Faculty. But a new prospect opens up. I see the Edinburgh University is trying to get powers to give a surgical licence; and when their big brother has succeeded, I suppose the lesser fry will follow suit, so that instead of two, we shall have five or six Scotch bodies all giving surgical licences. We shall have Aberdeen surgeons, St. Andrews surgeons, two kinds of Edinburgh surgeons, and two sorts of Glasgow surgeons. What a mess of confusion, besides the absurdity of it!

I always thought before, that what a University gave was at least meant to pass off for something higher than a common medical licence—had at least some small rag of academic savour about it. But on comparing the proposed regulations of the Edinburgh University with those of its neighbour, the College of Surgeons, I see the University unblushingly offers its surgical degree on some months less study than the College, besides having nothing at all academic about its preliminary examinations. Then comes another mystery, or sham: the degrees of Bachelor of Medicine and Master of Surgery are to be given for the same examination; they are to be halves, and yet are meant to do as separate licences; and this easy-going double degree having been solemnly conferred at the mature age of twenty-one, the Doctor's degree may come by post at the age of twenty-four. Well, do you call this reform? What do our English Universities say to degrees in Medicine going off at this rate? and what are our Colleges of Surgeons about that they are not up in arms to stop the small beginnings of this coming flood of *quasi* surgeons? Masters in Surgery (C.M.), I believe they mean to call them; but it must be a mistake for Tyro in Surgery (T.C.) Save us, then, from this threatened invasion of T.C.s from the Scotch Universities!

I am, Sir, your obedient servant,

April, 1860. A SURGEON.

ON UNSUSPECTED SOURCES OF LEAD POISONING.

To the Editor of THE LANCET.

SIR,—A few days since the enclosed letter, addressed to a firm in London, was placed in my hands. Its publication will serve to put many on their guard against a source of danger from lead poisoning but little suspected. It is not alone curry powder which is sometimes packed in lead foil, but tea, cayenne, snuff, and many other articles. The remedy is very simple; it consists in the use of tin in place of the lead foil. I am acquainted with several cases of lead poisoning from this cause.

I am, Sir, your obedient servant,

Wimpole-street, April, 1860. ARTHUR HILL HASSALL, M.D.

"GENTLEMEN,—Passing through my kitchen to-day, during the preparation of a curried fowl from some of your powder, my attention was drawn to the manner in which you pack it—viz., in lead foil. On examination (by tearing off a piece of the wrapper), I found the powder coated thickly with a grey powder, which, I have little doubt, although I have not yet tested it, is oxide of lead, and, I need not say, highly poisonous.

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I enclose a piece of the foil, and have still one packet untouched, bought at the same time and place, which I will forward to you if you desire it.

"My object in writing to you on the subject is, that you may investigate the matter; and if you find, as I think you will, that it will be proper to modify your mode of packing this article, I shall consider myself repaid for the small trouble I have taken, and the loss of part of my dinner, if you will be good enough to inform me when the change takes place.

"I am, Gentlemen, your obedient servant,

"E. P."

QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ARMY MEDICAL SERVICE.

1. EVERY candidate presenting himself for admission to the competitive examination required for the Army Medical Service must be unmarried. He must produce a birth certificate from the district registrar, or a certificate of baptism in which the date of birth is stated; or, if neither of these can be obtained, an affidavit from one of the parents, or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the candidate is not above twenty-six nor under twenty-one years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

2. The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

3. The candidate must possess a diploma in surgery, or a licence to practise it, from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or from some other corporate body legally entitled to grant a diploma in surgery, or a licence to practise it. He must besides, and in addition to such diploma or licence, possess a degree in Medicine, or other legal qualification to practise medicine in Great Britain or Ireland.

4. Degrees, diplomas, licences, and certificates of age and character, must be lodged at the Army Medical Department for examination and registry, at least one week before the candidate appears for examination.

5. On producing the foregoing qualifications, the candidate will be examined by the Examining Board on the following subjects:—Anatomy and Physiology. Surgery. Medicine, including Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy. (The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside.) Comparative Anatomy, Zoology, and Botany, with especial reference to Materia Medica. The subjects for this part of the examination will be taken from the following books:—1. "Animal Kingdom," by W. S. Dallas, F.L.S. 2. "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Elémentaire d'Histoire Naturelle," par Milne Edwards. 3. Lindley's "School Botany," Lindley's "Medical and Economic Botany," Henfrey's "Elementary Course of Botany." Candidates who may desire it may be examined in the Elements of Physics and in Physical Geography. The following books are recommended for this purpose:—1. "Elements of Natural Philosophy," by Golding Bird and C. Brooks. 2. "Physical Geography," by Mrs. Somerville.

6. The names of candidates who pass the preliminary examination of the Examining Board, will be sent to the Director-General, and communicated to the professors of the Army Medical School. The names will be arranged in the following classes:—

CLASS 1.—Names of those who have passed a pre-eminently distinguished examination, *arranged in their order of merit.*

Characters which distinguish the excellence of each. Fitness for special service.

CLASS 2.—Names of those who have passed a creditable examination, *arranged in alphabetical order.*

Statement of the topics in which each has individually excelled or fallen short.

CLASS 3.—Names of candidates who have passed the MINIMUM examination, *arranged in alphabetical order.*

Statement of the particular branches of science in which each has been found to be DEFICIENT.

This information will enable the professors of the Army Medical School to carry out their instructions with a definite aim as regards each class.

7. After passing his preliminary examination, every candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on—1, Hygiene; 2, Clinical and Military Medicine; 3, Clinical and Military Surgery; 4, Pathology of Diseases and Injuries incident to Military Service. These courses to be of not less than four months' duration.

8. At their conclusion, the candidate will be required to pass an examination on the subjects taught in the School. The examination will be conducted by the professors of the School. The Director-General, or any medical officer deputed by him, may be present and take part in the examination. If the candidate give satisfactory evidence of being qualified for the practical duties of an army medical officer, he will be eligible for a commission as assistant-surgeon.

9. During the period of his residence at the Army Medical School, each candidate will receive an allowance of 5*s.* per diem, with quarters; or 7*s.* per diem, without quarters, to cover all costs of maintenance; and he will be required to provide himself with uniform, (viz., the regulation undress uniform of an assistant-surgeon, but without the sword.)

10. All candidates will be required to conform to such rules of discipline as the Senate may, from time to time, enact.

Rules for the Examination of Assistant-Surgeons previous to Promotion.

This examination is intended as a test for promotion, and may be taken at any time after the assistant-surgeon has served five or more years.

When assistant-surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the principal medical officers of stations where assistant-surgeons may be eligible for examination. It will be the duty of the principal medical officer of the station to deliver these sealed questions to the assistant-surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the surgeon of the regiment, or other superior medical officer, that the assistant-surgeon has availed himself of every opportunity of practising surgical operations on the dead body.*

The assistant-surgeon will also be required to transmit, together with his answers to the Director-General, a medico-topographical account of the station where he may happen to be at the time, or of some other station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a medico-statistical report of his regiment for a period of at least twelve months.

If the Examining Board is satisfied with the replies to the questions, and the Director General is satisfied with the certificates and with the medico-topographical or statistical report, the assistant-surgeon will be held qualified for promotion.

The assistant-surgeon will thus be subjected to three separate examinations within the first ten years of his service, each examination having a definite object. The first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an army medical officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of medical science.

War-Office, March 24th, 1860.

Schedule of Qualifications.

Recommended by

1† years of age, in last,

a candidate for employment in the Medical Department of the

* The assistant-surgeon may see this certificate before it is sent to the Director-General.

† Christian and surname at full length.

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Army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted.

I declare that I am unmarried, and that I labour under no mental nor constitutional disease, nor *any imperfection* or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate.

I have the degree of A.M. or A.B. from the*
I have the degree of M.D. from the
I have a licence to practise Medicine from the
I have a diploma in Surgery from the
I have a licence to practise Surgery from the
(Signature at full length)
(Date)
(Place of residence)

THE COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

MEMORIAL FROM THE BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION TO THE MEDICAL COUNCIL.

To the President and Members of the Medical Council.

WE, the undersigned President, Vice-Presidents, and Committee of the Birmingham and Midland Counties Medical Registration Association, beg respectfully to call your immediate attention to a practice of the Council of the Royal College of Surgeons of England of granting its diploma to persons who have not undergone the usual preliminary course of professional education.

Such irregular grants of diplomas have been not unfrequent of late, and examples of the exercise of such discretionary powers on the part of the Council of the College of Surgeons having come under our immediate notice, we thought it our duty to forward to the said Council a strong remonstrance upon the subject; and we received a reply, the purport of which was to justify the proceedings of the College of Surgeons on the ground of "the stringency of the Medical Act."

This explanation appears to us (and, we believe, to the profession generally) wholly unsatisfactory; for we are firmly and decidedly of opinion that the recent course of action of the College of Surgeons, while it is extremely unjust towards the present members of that body, can neither conduce to the good of the public nor to the dignity of the profession.

We believe these irregular grants of diplomas to be in direct contravention both of the letter and of the spirit of recent legislation; and considering, as we do, that the members of the Medical Council are the proper guardians and exponents of the Medical Act, we are most anxious to elicit their opinion, at their earliest convenience, with reference to the question at issue between the Royal College of Surgeons and (we may fairly say) the whole body of the profession.

BELL FLETCHER, M.D., Birmingham, *President.*
JOHN ANTHONY, M.D., Birmingham,
THOMAS TAYLOR, Birmingham,
EDWARD MOORE, Halesowen, } *Vice-Presidents.*
SAMUEL BERRY, Birmingham,
S. A. BINDLEY, Birmingham,
JOHN CARTER, Edgbaston,
THOS. P. HESLOP, M.D., Birmingham,
W. LEES UNDERHILL, Tipton,
EDWIN CHESSHIRE, Birmingham,
OLIVER PEMBERTON, Birmingham,
JOHN POSTGATE, Birmingham,
WALTER C. FREER, Birmingham,
GEORGE YATES, Birmingham,
CHARLES TOWNSEND, Birmingham,
C. S. MEEKE, Birmingham,
JOHN WARNOCK, Birmingham,
W. R. JORDAN, Birmingham,
G. T. YELLOWLY, Birmingham, } *Committee.*
SAMUEL SPRATLY, *Hon. Sec.*

To the General Council of Medical Education and Registration in the United Kingdom.

WE, the undersigned, being duly registered medical practitioners, residing in the district of South Staffordshire and East Worcestershire, beg to represent to the General Council of Medical Education and Registration the fact of recent admission to the membership of the Royal College of Surgeons of England of persons who have not undergone any regular course of professional education, and who, from their social position and general attainments, are not entitled to such honour.

The undersigned wish particularly to draw your attention to Clauses XX. and XXI. of the Medical Act, 21 and 22 Vict., with the view of putting such clauses in force. We grieve to think that we are compelled to make this earnest appeal to you, but the common interests of our profession, and those of the general public in particular, leave us no choice in the matter.

S. D. PEREDAY, Dudley.
D. TIMMINS, ,,
J. P. BADLEY, ,,
C. A. J. TOMPSON, ,,
D. JOHNSON, ,,
J. GREEN, Sedgley.
B. S. BROWNE, West Bromwich.
C. T. MALE, ,,
P. A. COTTERELL, ,,
H. DUNCALFE, ,,
W. J. KITE, ,,
W. LASCELLES MORRIS, Brierley-hill.
W. C. GARMAN, Wednesbury.
S. WOODALL, ,,
H. E. PROCTOR, ,,
W. SYMES, ,,
N. BEST, ,,
G. E. HOWITT, ,,
C. QUINTON, Willenhall.
C. HANDY, Darlaston.
WM. H. POPE, Wolverhampton.
HEN. GIBBONS, Wolverhampton.

April, 1860.

* The dates of graduations and the Universities or Colleges are to be stated.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MONDAY, APRIL 16TH.

Lunatic Asylums: Petition from Stoke-upon-Trent, for amendment.

Medical Relief Bill: Petition from Clerkenwell, in favour.

Medical Relief (Ireland): Petition from Oughterard Union, for amendment.

Poor-law (Medical Officers): Petitions for inquiry into their condition, from Alderbury Union, Guy's Hospital, and Mile-end.

TUESDAY, APRIL 17TH.

Adulteration of Food and Drink Bill: Read a third time and passed.

Medical Relief Bill: Petitions in favour, from Kidderminster (two), Clerkenwell, and Hexham and Haltwhistle.

Poor-law (Medical Officers): Petitions for amelioration of their condition, from J. W. Johnson and others, Wolverhampton, Macclesfield, Downham (two), S. E. Clarke and others, W. Travers and others, Cambridge, Crewkerne, and Cromer (three).

Registration of Births, &c. (Scotland) Act: Petitions for exemption from the compulsory grants of gratuitous certificates of deaths, from E. S. Sinclair, J. Latta, Thurso, Skye, and A. M'Kinlay.

WEDNESDAY, APRIL 18TH.

Medical Relief Bill: Petitions in favour, from Godstone Union, Lingfield, White Roothing, Putney, Wandsworth and Clapham, and Kensington.

Poor-law Medical Officers: Petitions for inquiry into their condition, from Clitheroe Union, and Atherstone Union.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 13th inst.:—

Burden, Henry, Belfast.
Dann, Edward, Fermoy, Ireland.
Davey, Alexander George, Walmer.
Drake, Thomas, Kingsclere, Hants.
Everett, Benj. George, Warminster, Wiltshire.
Gimson, Wm. Gimson, Walton, Leicestershire.
Greenhill, Jos. Ridge, Lewes, Sussex.
James, Edw. Matthews, Shrewsbury.
Lee, Frederick Fawson, Salisbury.
Manning, Frederick Norton, Milton, Northamptonshire.
Maskelyne, Geo. Henry, Farringdon, Berkshire.
Metcalfe, Rich., Hawes, Wensleydale, Yorkshire.
Pechey, Wm. Crisp, Walthamstow.
Pilcher, Jesse Griggs, Dublin.
Pilcher, Wm. John, Dublin.
Pyburn, James, Newcastle.
Robinson, George Hillgrove, Cork.
Skegg, John Jos., St. Martin's-place.
Smith, Thomas, Stockport.
Stockwell, Fred., Bruton, Somerset.

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At the same meeting of the Court, Mr. Charles Richard Godfrey, of H.M.S. *Sealark*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date May 18th, 1855.

The following gentlemen were admitted members on the 16th inst.:—

A'Beckett, W. Goldsmid, Melbourne, Australia.
Braddon, Chas. H., Upton-on-Severn.
Brumwell, Geo. Murray, Monkwearmouth, Sunderland.
Bush, Danvers W., Weston, near Bath.
Buszard, Frank, Lutterworth, Leicestershire.
Butler, Thos. M., Guildford, Surrey.
Cockcroft, J., Middleham, Yorkshire.
Collins, Chas. Phillips, Grafton-street, Fitzroy-square.
Dean, Peter Thos., Lower Broughton, Manchester.
Farrant, Samuel, Collumpton, Devon.
Fernie, Edward, Wellingborough.
Harding, John Alfred, Bath.
May, Henry, Birmingham.
Moore, James Foster, Bradford, Yorkshire.
Sheridan, John Wilton, Killeshandra, Co. Cavan.
Sissons, Wm. Harling, Hull.
Walker, W. Holmes, Romford, Essex.
Warner, John, Leighton Buzzard.
Williams, Evan Evans, Llandyssil, near Carmarthen.

At the same meeting of the Court, Mr. James Johnstone, of H.M.S. *Lizard*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the Edinburgh College, his diploma bearing date Jan. 2nd, 1849.

The following gentlemen were admitted members on the 17th inst.:—

Appelbee, Edw., Cropthorne, Worcestershire.
Barlow, W. H., Oldham, Manchester.
Cooke, R., Swansea, Glamorganshire.
Cotton, Thos., Spalding, Lincolnshire.
Dawson, Wm. H., Exeter, Devon.
Dean, Octavius, Manchester.
Dow, Henry Boothby, Pembridge-villas, Bayswater.
Drewry, Geo. Overend, Fitzroy-square.
Duce, Jas., Wednesbury, Staffordshire.
Edger, Wm., Barnstaple, Devon.
Evans, Herbert Norman, Hampstead.
Grosjean, James Keith Jeanneret, Regent-street.
Hawthorn, Henry John, Uttoxeter, Staffordshire.
Macnamara, James, Great Ealing.
Maurice, Oliver Calley, Marlborough, Wilts.
Meade, Harry, Bradford, Yorkshire.
Parker, G. Fisher, Henley-on-Thames.
Ridsdale, Henry Russel Symons, Torquay, Devon.
Rogers, Fred. J., Helston, Cornwall.
Stedman, James, Downham-road, Islington.
Sutton, H. G., Ilminster, Somerset.
Travers, Wm., Poole, Dorset.
Woodman, John, Exeter.

The following gentlemen were admitted members on the 18th inst.:—

Chisholm, Edwin, Sydney, New South Wales.
Cooke, John, Newent, Gloucestershire.
Cumming, John Stewart, Limehouse.
Dane, Thomas, Barrow-hill-place, Regent's-park.
Eldershaw, Fred., New North-road, Hoxton.
Fortescue, Geo., Sydney, New South Wales.
Gisburn, John Jas. Walker, Hunslet, near Leeds.
Hadwen, Aurelius St. John, Waterloo-road.
Harvey, Octavius Chas., Jamaica.
Haynes, Allen Lankester, Evesham, Worcestershire.
Kemot, A. B., Rayleigh, Essex.
Lomas, H. W., Belper, Derbyshire.
Lyons, Richard Thomas, Madras.
Nicholson, Edward, Brighton.
Orwin, Thos. Wm., Haverstock-hill.
Paine, Wm., Topsham, Devon.
Ruttledge, Wm. Fred., Farringdon, Berkshire.
Smith, Thomas Bower, Weaverham, near Northwich, Cheshire.
Taylor, Fred., Kingselere, Hants.
Ubsdell, Henry, Conduit-street.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 12th, 1860.

Barker, Daniel, Macclesfield.
Bartleet, Thomas Hiron, Birmingham.
Cockcroft, John, Middleham, Yorkshire.
Dawson, William Henry, Exeter.
Huxley, James Usher.

The following gentlemen also on the same day passed their first examination:—

Bailey, Frederic Charles, Norwich.
Makens, John, Ringshall, Suffolk.
Trimmer, Francis, Gloucester.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen have been admitted Licentiates of the College:—

Armison, George, Northumberland.
Bellyse, Edwin Swinfen, Audlem.
Fenton, John, Staffordshire.
Moir, John, Edinburgh.
Ross, Thomas Fraser, Ross-shire.

APPOINTMENTS.—On the 2nd instant Patrick Heron Watson, M.D., late Assistant-Surgeon Royal Artillery, was appointed Assistant-Surgeon to the Royal Infirmary, Edinburgh, in room of Mr. Lister, who has been appointed Professor of Surgery to the University of Glasgow.

Nicholas McCann, M.D., D.L., of Parliament-street, Westminster, and of Lismoy House, county Longford, Ireland, has been appointed a magistrate for that county.

The office of principal medical officer at Fort Pitt Hospital, Chatham, rendered vacant by the appointment of Inspector-General J. R. Taylor, C.B., to the head of the Invalid Establishment and Sanitarium formed at the Cape of Good Hope for the troops from China, has been conferred by the Director-General of the Medical Department upon Deputy Inspector-General T. D. Hume, M.D., late head of the medical staff at Cork.

ROYAL SOCIETY.—The total number of candidates for admission into this learned body at the annual election in June amounts to forty-seven; and as the Council can only recommend fifteen, many eminent persons ambitious to have the title F.R.S. appended to their names must be disappointed. According to a list just issued to Fellows, there are seventeen medical gentlemen desirous of that honour, twelve being Doctors of Medicine. The persons selected by the Council must be announced to the Society next month.

LINACRE PROFESSORSHIP OF PHYSIOLOGY IN THE UNIVERSITY OF OXFORD.—The following notice has been issued at Oxford:—"The electors to the Linacre Professorship—namely, the Archbishop of Canterbury, Visitor of Merton College; the Warden of Merton College; the President of the Royal College of Physicians, London; the President of the Royal College of Surgeons of England; and the President of the Royal Society—will proceed to the election of the First Professor on Thursday, the 24th day of May, or as soon thereafter as may be. The emoluments of the Professor will be the proceeds of four Fellowships suspended, or to be suspended, in Merton College, to an amount not exceeding £800 per annum, so soon as four Fellowships shall have been suspended. In the meantime he will receive the annual proceeds of the Fellowships suspended at the time of his election, together with the amount which has accrued from these Fellowships since they became vacant. The Linacre Professor will also be Tomlinson-Aldrichian Professor of Anatomy. Out of the endowments of these united Chairs, which amount to about £200 per annum, will be paid a Demonstrator of Anatomy and Keeper of the Physiological Collection, at such time as to the University shall seem fit. The Linacre Professor is precluded from practising either medicine or surgery. The other regulations respecting the Linacre Professor may be seen in the University statutes (ed. 1858, Tit. IV., sect. 1, § 13, p. 22), and the ordinances in respect of Merton College, sanctioned by her Majesty the Queen. Candidates are to send their applications, addressed to Felix Knyvett, Esq., Secretary to the Archbishop, Lambeth Palace, London, S., on or before the 15th day of May, 1860."

VICTIMS OF POISONED WOUNDS.—M. Caillieux, one of the most eminent veterinary surgeons of Caen, in France, has just died from the inoculation of virulent matter, after the amputation of his arm had failed to arrest the intoxication of the system.—M. Peter Ivani, assistant-surgeon of the Maggiore Hospital of Milan, died on the 24th of February last, four days after a dissection wound.

DECREASE IN THE MORTALITY OF LIVERPOOL.—It was announced at the last meeting of the Liverpool Health Committee, that during the past quarter the number of deaths in the borough had been less by 162 than the average of the corresponding quarters of previous years.

CEPHALOTRIPSY WITHOUT TRACTION VERSUS THE CÆSAREAN OPERATION.—M. Pajot, professor of clinical obstetricy at the Paris Faculty, has just substituted the former for the latter operation, in a case where, from rickets, the antero-posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.

REGISTRATION OF DEATHS.—DEPUTATION OF THE FACULTY TO THE LORD ADVOCATE.—On Friday, the 13th inst., a deputation from the Glasgow Faculty of Medicine met the Lord Advocate, by appointment, at his own house in Edinburgh. The deputation was composed of Dr. Scanlan, the president of the Glasgow Faculty, Dr. Young, Messrs. M'Carron, Chalmers, and Walker. Dr. Scanlan introduced the members of the deputation, who were met by his Lordship with the utmost cordiality. On opening the conference, the deputation urged the unreasonableness and injustice of the State assuming to itself the position to exact gratuitous services from the members of the medical profession in Scotland, and enforcing compliance by a system of pains and penalties. His Lordship at once frankly admitted that great hardship existed in the case, and could only urge the great benefit the public gained by ob-

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taining these services in extenuation of the course pursued by Government. Subsequently, an animated conversation ensued, during which the oppressive and unworkable nature of the Act was forcibly brought under his Lordship's notice. The deputation then respectfully entreated his Lordship to use his influence to obtain a repeal of the penal clause, which would have the effect of placing the medical practitioners in Scotland in a satisfactory and honourable position, and thus enable them to give a hearty co-operation in getting up the Registrar's statistical returns, as well as remove a most offensively invidious distinction which exists between the medical men in Scotland and in England, where the penal system is unknown. As his Lordship appeared to be under the conviction that the voluntary plan, as practised in England, had failed to procure valuable statistical documents, the deputation quoted from an editorial article in THE LANCET of the 7th inst., which proved that "England, where the voluntary plan has existed for over twenty years, now enjoys a system of vital statistics which it is the vain ambition of despotic and centralist Governments to emulate." After the matter had been thoroughly discussed, his Lordship said that at present he could not make any statement, as the Bill lately introduced to amend the Act in which the clause complained of existed was in the hands of Sir Wm. Dunbar; but he would see Sir William on the subject, and would also consult with the Registrar-General of England as to how the returns have been made there. On leaving, one of the deputation remarked that he thought the appropriation of the property or services of any class of men by Government, on the plea that it would be a "public benefit," without due compensation, was rather a dangerous principle, as by-and-by some Parliamenters might propose to wipe out one-half of the national debt, urging that it would be a "great public benefit" to do so. His Lordship laughed, remarking that that was taking a very extreme view of the case, and looked as if he thought that the Parliamenters who might think of trying such a system would find they had in the fundholders altogether a different race of men to deal with from the Scotch doctors.

MIDDLESEX HOSPITAL MEDICAL COLLEGE.—Extensive additions are being made to the School buildings of the Middlesex Hospital. A new chemical theatre, laboratory for practical chemistry, and room for histological and microscopical investigation are in course of erection. The museum has been enlarged. These alterations are being carried out with the approval and co-operation of the Weekly Board.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.—The following resolutions were adopted at the annual meeting, held at the Royal Cork Institution, on March 20th:—Proposed by Dr. Popham, and seconded by Dr. O'Leary: "That we rejoice at the formation of Medical Protective Associations, convinced from experience that united exertions alone can secure justice, as well to the profession at large as to its members employed in the public service."—Proposed by Dr. Bennett, of Bruff, and seconded by Dr. Meade: "That a late event, whereby an autocratic power was exercised towards an individual member of the profession, a public officer, shall determine us to seek, by every constitutional means, the free exercise of remonstrance to public boards, (the privilege of all British subjects,) when we are convinced that any link in the detail of evidence before a self-constituted body is wanting."—Proposed by Dr. O'Connor, and seconded by Dr. M'Carthy: "That we deem every movement made to advance the interests of Poor-law medical officers should be as fully directed to those of the sick poor, the interests of both being, in our minds, inseparably united."—Proposed by Dr. Gregg, and seconded by Dr. Wycherly: "That the arduous duties of medical practitioners in the Civil service are as fully entitled to remuneration, and, after a certain number of years, to a retiring allowance, as those of military and naval officers; and that we deem £100 per annum the least salary a Poor-law medical officer should receive under any circumstances."—Proposed by Dr. Mackesy, of Waterford, and seconded by Dr. O'Flyn: "That when an extended reform in Parliamentary representation is about to be discussed before the Legislature, we deem it a favourable opportunity to press the claims of so influential a body as the medical profession of Ireland to a representation in the House of Commons, and that petitions be at once drawn up, signed, and forwarded for presentation; that to the House of Lords to the Earl of Cork, and that to the Commons to Lord John Russell."—Proposed by Dr. M'Evers, and seconded by Dr. Armstrong: "That medical men, notwithstanding their having petitioned Parliament on the subject, are still compelled to attend assizes, quarter sessions, and various courts of justice without receiving proper remuneration; therefore, that a committee be formed forthwith to take such steps as they may deem necessary to obtain redress of these grievances."—Proposed by Dr. Tanner, and seconded by Dr. Corbett: "That to the general medical as well as to our local press are due the warmest thanks of the profession for its unswerving advocacy of the rights and principles of medical men, especially of those employed in public institutions."

JOSHUA R. HARVEY, M.D., *Chairman.*
CHARLES ARMSTRONG, M.D., *Hon. Sec.*

MORTALITY IN THE RUSSIAN CAPITALS.—At St. Petersburg, the number of births in 1858 amounted to 17,658 (9147 boys, and 8511 girls), while the deaths were 19,077. This fact, which occurs every year, demonstrates that, as the deaths exceed the births, the population of that city is only kept up by immigration. The number of illegitimate births increases, while marriages are diminishing. At Moscow, the number of births was 11,267 (5822 boys, and 5445 girls), and that of deaths 11,703.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 14TH.—The weather was last week unusually cold for April, and the mortality in London was high, though, as in the previous week, it was considerably lower than it had been in the last three weeks of March. The deaths in the week that ended last Saturday were 1407. The deaths referred to bronchitis in the week are 208. Pneumonia was fatal in 116 cases. Phthisis also continues fatal, for this disease numbered 179 last week. But the two zymotic diseases, small-pox and scarlatina, do not appear to gain force, as the weekly mortality from them has lately been less than it was in the first three months of the year. Five persons died from burns: one man from his clothes taking fire; two others from the burning of the houses in which they dwelt; two persons were burnt by means not recorded. Ten infants were suffocated in the bed-clothes. Four infants were murdered. A porter aged sixty-six years died from want, on the 27th of March, at 19, Phipp-street, Shoreditch. Three persons died from intemperance, besides two from delirium tremens.

Births, Marriages, and Deaths.

BIRTHS.

On the 27th ult., at Norland-square, Notting-hill, the wife of T. Spencer Cobbold, M.D., F.L.S., of a daughter.

On the 29th ult., at Willingham, near Gainsborough, the wife of J. C. B. Smallman, M.D., of a daughter.

On the 30th ult., at Oxford-street, Southampton, the wife of Henry Palk, M.D., of a daughter.

On the 3rd inst., at Cockermouth, the wife of Geo. D. Armstrong, Esq., M.R.C.S.E., of a son.

On the 4th inst., at Salisbury-green Cottage, Dalkeith-road, Edinburgh, the wife of Geo. O. Hope, M.D., of a son.

MARRIAGES.

On the 10th inst., at the Globe, Dalkeith, Archibald Hewan, Esq., Surgeon and Medical Missionary, Old Calabar, to Isabella, youngest daughter of the late Rev. Andrew Elliot, Ford.

On the 11th inst., at St. Ann's Church, Sutton Bonnington, Notts, Chas. Walter Eddy, M.D., to Frances Rosa, second daughter of Wm. Paget, Esq., of The Cliff.

On the 12th inst., at Ledbury, Charles Francis Lewis, L.R.C.P.E., second son of Professor Harman Lewis, M.A., to Helen, youngest daughter of the late Thos. Hill, Esq., of the Old Rock, Dymock, Gloucestershire.

DEATHS.

On the 1st inst., at Corfu, John Cambell, M.D., Staff-Surgeon, aged 33.

On the 1st inst., Harry Wykeham, second son of J. Wickham Barnes, Esq., M.R.C.S., of Islington, aged 13 months.

On the 3rd inst., at Devonport, Mary, wife of Edwin Bishop, M.D., daughter of the late M. W. Jeffery, J.P., aged 23.

On the 3rd inst., at Newport Pagnell, suddenly, R. Collison, Esq., Surgeon, aged 78.

On the 6th inst., at Cambridge, aged 31, Catherine Montagu Fisher, wife of Wm. Webster Fisher, M.D., Downing Professor of Medicine in the University.

On the 14th inst., at Western-road, Brighton, Olive Yates widow of the late Thos. Yates, M.D., of Brighton, aged 73.

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MEDICAL DIARY OF THE WEEK.

MONDAY, APRIL 23
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Thudichum, "On Intravasation, Embolia, and Cytastasis, as Causes of Cerebral and other Paralysis."

TUESDAY, APRIL 24
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia in the Zoological Gardens: Deer."
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. Jas. Syme, F.R.S. Edin., "On the Treatment of Axillary Aneurism."—Dr. Mercer, "On the Condition of the Prostate in Old Age."

WEDNESDAY, APRIL 25
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY.—8 P.M.

THURSDAY, APRIL 26
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION. — 3 P.M. Professor Ansted, "On Physical Geography and Geology: The Atlantic Ocean."
- ROYAL MEDICAL BENEVOLENT COLLEGE.—Eighth Annual Festival at the Freemasons' Tavern.

FRIDAY, APRIL 27
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Mr. F. A. Abel, "On Recent Applications of Science to Military Force."
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON. — 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.—Nomination of Officers.

SATURDAY, APRIL 28
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force: the Non-Metallic Elements and the Metals."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

A Surgeon.—Similar views are expressed by several correspondents. The clause is altogether foreign to the proper objects of the Bill. The measure with such a clause in it, will never be enacted into a law. Mr. Griffin should announce forthwith that the objectionable section (38) will be entirely withdrawn.

A PART or the whole of the letter of *Mr. Davie* next week.

COLLEGE OF PHYSICIANS AND GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—In your last number you state that it is under consideration by the London College of Physicians whether they shall, in some form or other, associate the general practitioners of England with their body, and you think that could some name be found to distinguish us now apothecaries from the consulting fellows and members, the arguments of the opponents of such a scheme would be broken down. I need scarcely say how cordially I agree with the liberal and honourable proposition, and therefore, with all deference, I would venture to suggest that the College might, with all respect to its honour and dignity, establish an order of "Associates in Medicine and Midwifery," to whom the bye-law of fee or consulting practice would not apply. As a general practitioner of many years' standing, I beg to state that I am sure it is not the wish of any class to invade or injure in the slightest degree the legitimate rights of the fellows and members of the College; for it is certain that to lower them either in fees or dignity, is only to reflect positive injury upon ourselves. But, Sir, it is felt by us to be a great hardship, now there is a free trade in physic, that all the Universities and Colleges should be opening their doors to the general practitioner, save and except that one that should have sheltered and fostered us as far back as 1815; but let by-gones be such. It is not yet too late for the College to institute an examination in Medicine and Midwifery at a moderate fee, and thus include within its walls hundreds, who feel that they must now send their rising youth northwards for titles and position, which they would much rather obtain for them at home. If the College does but proffer a fair and honourable union for such, the old harmonious union between the physician and the more humble (but equally a) practitioner of medicine will be preserved, and many a poor gentleman will feel that, although from the "res angusta domi" he is compelled to the walks of general practice, yet that he is the *associate* of gentlemen in a time-honoured institution, and no longer a recipient of the licence of a company of traders! By such union the friendly help of the careful consulting physician will still continue to be as valuable as it has hitherto been to the great bulk of the profession, and we shall feel as friends, and not as jealous rivals.

I remain, Sir, yours, &c.,

London, April, 1860. L.S.A.

*** The College have, in the most liberal spirit, determined that the title shall be *Licentiate*.—ED. L.

Bartholomew's.—The particulars of the dispute as to the competency of the obstetric physician to carry out the treatment, surgical as well as medical, of the cases in his department, are known to us. We shall revert to the subject more fully on another occasion.

L.S.A.—The certificate will be sufficient.

Mr. P. C. Price.—The report shall appear in our next impression.

HOMŒOPATHIC QUACKERY.

To the Editor of THE LANCET.

SIR,—Your very excellent article in THE LANCET of February 18th, exposing the homœopathic humbug, suggests the idea that persons holding the diploma of the College of Surgeons or the certificate of the Apothecaries' Society, and practising homœopathy, are exposed by the bye-laws of each body to erasion from their list of members or licentiates. If this power were exerted by each body, the offenders would then be liable to prosecution by the Registration Associations for practising without any right to do so. I am inexperienced in medical law; but these remarks may suggest to your very able pen some mode for accomplishing this desirable result. I have seen the evil of the homœopathic quackery in my own family, in which three valuable lives have been lost under its treatment.

I remain, Sir, yours faithfully,

April, 1860. F. D.

*Mr. B***** shall receive the information he requires, in a private note, on his furnishing us with his address in confidence.

Ph. D.—He can call himself Doctor, but not M.D. It is usual to sign Ph. D.

Studens.—Gray's Surgical Anatomy.

Lex.—Not without a qualification in medicine and surgery.

A CASE IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—As I neither felt nor expressed myself "puzzled"—and I think I can also answer for Mr. Jeaffreson—at the midwifery case I sent you on the 3rd March, I know not what the party, who shields himself from responsibility under the fictitious signature of "Obstetricus," means by imputing such a feeling to either of us. I, for one, have long since ceased to be "puzzled" in obstetric practice; but the case in question being merely one of unusual occurrence, and not resulting either from a "small" nor "premature" fœtus, even he, without fear of contradiction, may admit, possessed novelty. For that, and that alone, did I deem it worthy of record.

"Obstetricus" may, for ought I know, be one of the first accoucheurs of the day, or he may be the merest tyro in the science. It is not for me to decide; but as anything emanating from those who write as he does (under fanciful signatures) will ever be received with suspicion, I refrain from questioning him on this or any other subject, but leave him to enjoy the glorious consciousness of being able to strike without fear of detection or retaliation.

Yours obediently,

Pembroke Dock, April, 1860. W. THOMAS, L.R.C.P. Edin.

*** This must close the correspondence.—ED. L.

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Dr. Desneux.—Ce que l'honorable auteur de l'article sur la Version, publié dans notre journal du 7 Avril, entend par "Rotation Method," est la méthode découverte par M. Marshall Hall, et qui consiste à imprimer au nouveau-né asphyxié une série de demi-rotations du côté sur la poitrine. La méthode susdite a été pleinement décrite par le grand physiologiste lui-même dans ce journal au mois d'Avril, 1856.

APPEARANCES ON DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—An inquest has been held on the body of a chemist and druggist of this village, whose death has been attributed to chloroform. A bottle, containing about a drachm or rather more of this most dangerous fluid, was on a table within reach of the body, which was found on the face, with the right arm tightly clenched on the back of the head, and the left hand tightly grasping the scrotum. The face and body were of a blue or livid tint, and cold and rigid. The deceased, who lived alone, was seen alive at nine o'clock the previous night, and the shop not having been opened at half-past twelve on the following day, it was broken into, and the body found as mentioned. Bread and cheese and two newspapers were on the parlour table, as if he had eaten a moderate supper, and had been reading until he retired to rest. The jury (very properly, I think) returned an open verdict, and thus the matter rests at present.

I have seen a reasonable amount of practice; but I never heard that such rigidity would so speedily follow a death by chloroform, as the symptoms usually described make us suppose death would be placid, and that no such convulsive spasms would have happened had it ensued from such a mode of poisoning. The bladder and intestines also voided their contents.

Perhaps some gentlemen, who have had experience of poisoning by this liquid, would be kind enough to inform me whether such appearances as are here described have been noticed when death has ensued under the administration of this most deadly fluid.

I remain, Sir, yours truly,
H. R. C. LITCHFIELD,
Twickenham, April, 1860. Late Student at Westminster Hospital.

*** A post-mortem examination was made in this case, and there was no doubt, from the evidence given at the inquest, that the death was attributable to the effects of chloroform. The "open verdict" mentioned by our correspondent had reference only to the circumstances under which the poisonous agent was taken or administered, upon which considerable obscurity existed.—SUB-ED. L.

Intending Student.—Only those gentlemen who commence their professional education on or after the 1st of January, 1861, will have to undergo the preliminary examinations. The Secretary at the College would give any further information required.

Mr. H. C. B. Hillier.—We have no advice to offer on the subject.

THE POSITION OF SURGEONS TO RIFLE CORPS.

To the Editor of THE LANCET.

SIR,—Your all-powerful and successful pen in ameliorating the condition of surgeons in the Army and Navy induces me to direct your attention to their position in the Rifle Corps. As you justly observed some weeks ago, we were not slow in coming forward, like the sister professions, at the beck and call of our country; but, instead of having a proper place assigned to us, we are expected to undergo as privates the severity of the drill, marching, parade, &c., or retire from the corps as ineffectives. It is true that a surgeon and assistant have been appointed to our battalion (the Queen's), 1500 strong; but what would their services be amongst so many upon an emergency? The only company of the corps in which a surgeon has been appointed is the 15th, and you will scarcely believe it that at the muster-roll his name is called after the ensign, and he is allowed and expected only to act as a private on drill and parade. No other surgeon has been appointed to the other companies. In the 1st, there are two serving as privates; in the 2nd, one serving in the same capacity, the other having resigned, finding himself altogether out of place. Last Saturday we mustered at Westminster Hall at four o'clock, drilled there to five, and then marched to the Westminster boys' playground, marching and counter-marching there until seven, and, all cramped, the medical man returns home, to be called hurriedly to his patients to make up for lost time. Just picture to yourself the anomaly of a man professing to heal wounds, sallying forth from his house, armed for a laceration. We are also politely informed—and this is no exaggeration—that should any accident happen, or in case of any emergency, we are to be called out of the ranks to assist. Our feelings will be appealed to in such a case, and our honour will be placed in jeopardy.

I remain, Sir, your obedient servant,
M.R.C.S., A PRIVATE IN THE QUEEN'S WESTMINSTER
April, 1860. RIFLE CORPS.

A Candidate.—The regulations may be known by application to the Secretary of the Royal College of Surgeons.

M.R.C.S.—The matter is still *sub-judice*.

The Great Mogul.—We will answer the question in the next LANCET.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Acting upon the suggestion of your correspondent, Dr. Roden, I had a petition written out after the form supplied by the indefatigable Mr. Griffin. I have obtained the signatures of the principal rest ents of this town and neighbourhood. In one instance only was I refused a signature, which I regret to say was by a medical practitioner, who but a few years ago accepted the situation of Poor-law surgeon. The apathy hitherto shown by union medical officers is unaccountable; but I sincerely hope that they now see the necessity of at once striking the blow, and supporting in every way possible the movement now on foot for ameliorating their condition.

I remain, Sir, yours, &c.,
Narberth, April, 1860. M. G. EVANS, M.D.

M.B. Lond.—We believe it is now stated with authority that Sir John Romilly, the Master of the Rolls, has consented to become a candidate to represent the University of London in Parliament, provided a sufficient support be obtained. Upon this latter point we apprehend there cannot be a doubt.

CHLOROFORM IN PROTRACTED LABOUR.

To the Editor of THE LANCET.

SIR,—With all due deference to the opinion of Mr. Thomas (*vide* THE LANCET, March 31st), whose extended practice gives him the advantage of having tested the soundness of his principles, I venture to think that his advice respecting the use of ergot in the case I detailed (Feb. 25th) would have proved of incalculable mischief.

Firstly, I must notice that he takes, as the grounds on which to recommend ergot, the symptoms as they appeared on my first visit, and not those noticed subsequently, which pointed in no unmeaning manner to prostration from undue action without a compensating result.

One might, if inclined to be hypercritical, cavil with the principles of Mr. Thomas, who recommends accoucheurs to "bide their time," "as nature simply aided, not forced, will of herself accomplish results perfectly astounding," whilst the practice he suggests, of giving ergot, can hardly, I think, be free from the charge of *aiding* nature in a rather *forcible* manner.

I am, Sir, your obedient servant,
Guildford, April, 1860. FRED. D. ROSS, M.R.C.S.

EFFECTS OF CIRCUMCISION.

To the Editor of THE LANCET.

SIR,—Dr. Fowler, in a letter which appears in your last impression, draws attention to the effects of circumcision with reference to the practice of onanism, which is, he believes, extremely rare amongst the Jewish community, and suggests an explanation.

I have at the present time under my care a case of spinal paralysis in a Hebrew, aged thirty-five, the origin of which he refers to excessive onanism in early life. About three months since, a younger brother of the above consulted me for a slight attack of spermatorrhœa, brought on by the same cause.

I am, Sir, your obedient servant,
Mount-place, London Hospital, April, 1860. R. DUCHESNE, M.R.C.S.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "Ignoramus," I beg to state that during the last epidemic of scarlet fever, which for more than eighteen months has prevailed in this locality, I have seen many cases "sine exanthemate," and that at least three of them have been "followed by desquamation of the cuticle." Yours, &c.,
Stranraer, Wigtonshire, April, 1860. SCARLATINA.

THE PUFF DIRECT!

THE following nonsense is from a provincial paper:—

"MEDICAL HONOURS.—The *Lancaster Gazette* says:—'Lancaster has had the honour of being the birthplace of some men who have risen to eminence by their own individual exertions, as witness Whewell, Owen, Frankland, and others; and we are glad to find that she has not lost her *prestige*, for another name, though not of such world-wide renown, has been added to the list. By *The Times* newspaper, we find that our valued townsman, Dr. Leack, of Blackburn, has taken up the highest degree in his profession, and we may safely assert that in this, as in the case of the other Lancasterian notables, it has been *attained solely by his own individual exertions*. On reference, we find the *degrees* Dr. Leack has obtained are as follows:—Carmichael Premium, Dublin, 1842 and 1843; Licentiate in Midwifery, Dublin, May 1st, 1843; Member of the Royal College of Surgeons of England, June 10th, 1843; Licentiate of the Society of Apothecaries, London, Feb. 17th, 1853; M.D. University and King's College, Aberdeen, April 17th, 1856; Fellow of the Royal College of Surgeons of England, June 10th, 1854; Licentiate of the Royal College of Physicians, Edinburgh, July 12th, 1859; and Member of the Royal College of Physicians, London, March 17th, 1860.'"

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. C. Williams; Mr. H. Harman Lewis; Dr. Brinton; Mr. J. Bedingfield; Mr. A. B. Kernot; Dr. Brown-Séquard; Mr. J. Postgate; Dr. W. Thomas; Dr. Murpratt; Mr. Rawdon Macnamara; Mr. Roe, Coleraine, (with enclosure;) Mr. T. Francis, Acton; Dr. Wilson, Glasgow; Mr. R. H. Courtenay, Great Yarmouth, (with enclosure;) Dr. Allanby, Leamington, (with enclosure;) Mr. Lawrie, Newcastle-on-Tyne, (with enclosure;) Mr. Braithwaite, Hereford, (with enclosure;) Mr. Cross, Birmingham, (with enclosure;) Mr. F. Scaife, Thornton, (with enclosure;) Mr. J. Glover, Dorrington, (with enclosure;) Mr. Pearce, Cardiff, (with enclosure;) Mr. Herns, Truro, (with enclosure;) Mr. Arrowsmith, Redcar, (with enclosure;) Col. Scott, (with enclosure;) Mr. R. Davis, Dunmore, (with enclosure;) Mr. Germaine, Turvey, (with enclosure;) Mr. R. Duchesne; Dr. Broster, Brynmawr, (with enclosure;) Mr. J. Alsop, Newton Abbot, (with enclosure;) Dr. Watson, Bury, (with enclosure;) Mr. Hall, Staveley, (with enclosure;) Mr. Hillier, Andover, (with enclosure;) Mr. Berdoe, Brighton, (with enclosure;) Mr. A. Pearse, Botesdale, (with enclosure;) Mr. Wharton, Gosport; Mr. C. Paull, Redmire; Mr. Stokes, Maidstone, (with enclosure;) Mr. R. Griffin, (with enclosure;) Mr. W. F. Lovell, Compton Martin; Mr. Holm, Camden-town, (with enclosure;) Mr. Butcher, (with enclosure;) Dr. Luce, Settle, (with enclosure;) Mr. Scott, Holbeck, (with enclosure;) Mr. Wilding, Church Stretton, (with enclosure;) Mr. E. Greensill, Stourport; Mr. Maybury, Richmond; Mr. Molyneux, Tooting, (with enclosure;) Mr. Nowell, Halifax; Dr. Palk, Southampton; Mr. W. J. Addison, Kineton, (with enclosure;) Mr. J. Hodgson, Cradley, (with enclosure;) Mr. J. West, Hulme, (with enclosure;) Dr. Orpen, Lisheens; Mr. B. Rogers, Thornley; Dr. Locking, Tealby, (with enclosure;) Mr. Evershed, Arundel, (with enclosure;) Mr. Fletcher, Liverpool; Mr. E. Davis, Pentypridd; Mr. Earle, Halifax; Mr. Sewell, Swindon, (with enclosure;) Mr. R. S. Bowker, Appleby; Equity; A Private in the Queen's Westminster Rifle Corps; A Surgeon, Edinburgh; Infelix; Western General Dispensary; &c.

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Patent Self-Adjusting Trusses. —

SALMON, ODY, and CO. most respectfully inform the public that their TRUSSES have been in use upwards of 50 years, and are found to answer the purpose with more ease and security than any other invention. They will answer for right or left side, requiring no understrap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.—N.B. A female attends from ten till two o'clock. Ladies are requested to apply at Mr. Ody's private door.—Manufactory, 293, Strand.

In Chancery. (V.R.) £10,000 Damages.

The Proprietors of the GLENFIELD STARCH hereby caution the Trade against selling ANY IMITATION of their Starch, whereas, by a decision of the Master of the Rolls, Wotherspoon *v.* Turner (reported in the *Times* and other London papers of 26th Nov. 1859), they render themselves equally liable with the makers of the spurious article in the above penalty.

GLENFIELD PATENT STARCH is the only STARCH used in her MAJESTY'S LAUNDRY.

WOTHERSPOON & CO., Glasgow and London.

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

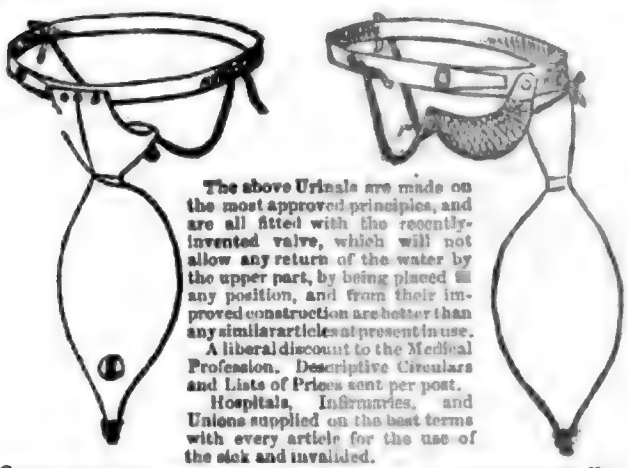
MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

16, MOORGATE STREET, NEAR THE BANK, LONDON, E.C.

SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.



The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Sawyer's Norwich Truss.

Sole Agents:

Messrs. BURGESS, WILLOWS, & CO., Wholesale Druggists, 101, High Holborn, London, W.C.

At Pratt's, Army, Navy

Surgeons, and others, can be supplied with the best

SURGICAL INSTRUMENTS.

Travelling Urinals ... ... from	13s.
Brass Enema Syringe, in Case ...	7s. 6d.
Elastic Stockings	5s.
Case of Amputating Instruments	£3 15s.
Pocket Case	30s. & 42s.
Tooth instruments ... ... from	25s.

Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a new Truss; all of which have been approved and ordered by the Army Medical Board.

PRATT, SURGICAL INSTRUMENT MAKER, 420, Oxford-street.

Restoration of the

HARMONY of the FACE for PERSONS who have LOST an EYE.—M. BOISSONNEAU, Oculist of the French Army and the Hospitals of Paris, will undertake his accustomed journey to the British Isles in the month of May next, for the application of his Artificial Eyes, endowed with natural and expressive Movements.—His itinerary and dates of stay are as follow: LONDON, Panton Hotel, Panton-street, Haymarket on the 16th and 16th; MANCHESTER, Brunswick Hotel, on the 18th and 19th; DUBLIN, Royal Hotel, on the 22nd and 23rd; GLASGOW, Lamb's Hotel, on the 28th and 29th.

The New Eye Douche, Invented by

SAVORY & MOORE, has elicited the approbation of the most eminent Oculists. *Vide* THE LANCET of March 31st.

143, New Bond-street; 29, Chapel-street, Belgrave-square; and 220, Regent-street, London.

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Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Therapeutics have now made

immense progress in the treatment of diseases (Gout and Rheumatism) known in the earliest ages. Hippocrates, in his works, frequently refers to them; Galen, Aretæus, Cœlius Aurelianus, also mention them; Sydenham, T. Short, Stahl, and F. Hoffmann, have particularly devoted their attention to them; and lately Scudamore, W. Gairdner, also Bouillaud, Chomel, and Béquin, whose works unfortunately have not proved so useful as might have been expected in these peculiar diseases.

Dammann's Therapeutic System appears to be a most important and useful acquisition to Medical Science. It consists simply in the use of a most ingenious Apparatus, hermetically closed, in which the patient is placed, leaving his head quite at ease. In this position, by means of valves most skilfully arranged, he is exposed to chemical fumigations, which are quite under the control of the practitioner, and may be varied there and then, according to the patient's case. But in order to cause these chemical fumigations to act energetically, hot dry air is first introduced into the Apparatus, so as to cause an abundant perspiration.

Dammann's system does not of course preclude the use of internal remedies, which are generally administered when the patient is in a violent perspiration.

This novel mode of treatment has been most successful in Paris, a success fully confirmed by the wonderful effects obtained in London.

Dr. LACOMME, 2, Carlisle-street, Soho.

W. F. Durroch, Surgical Instrument

MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1740. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.

E. Huxley solicits those

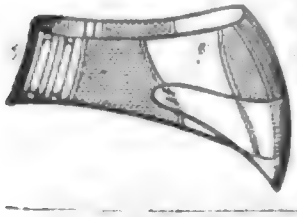
Gentlemen who have hitherto paid the high charges made for SPIRAL STOCKINGS, BELTS, &c., to favour him with their orders for these goods, and effect a saving of 30 per cent. He can assure the Profession that, though so much cheaper, he never makes an article which can by any one be regarded as inferior to those made by others, however pretentious. Discount to the Profession, 20 per cent. Measures required: Circumference, at *a*, *b*, *c*, *d*, and *e*; length, from *a* to *d*, and *d* to *e*. Priced and Illustrated Catalogues on application to

E. HUXLEY, 12, Old Cavendish-street, Oxford-street.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN STREET, beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.—N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.



Directions for measurement sent by post. N.B. A liberal Discount to the Profession. A female to attend on Ladies.

For Varicose Veins and Weak-

NESS.—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

POPE and PLANTE, 4, Waterloo-place, Pall-mall, London.

The Profession, Trade, and Hospitals supplied.

Wanted, Left-off Clothes. Ladies

or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

To Gentlemen.—Notice of Removal.

Mr. MILES has found it absolutely necessary to remove his Business to more spacious premises, which will enable him more fully to carry out the plan originated by him of making

TROUSERS AT SIXTEEN SHILLINGS PER PAIR;

and every article connected with his business in accordance therewith. Mr. MILES'S New Address is 73, BROOK-STREET (four doors west of Hanover-square).—No connexion with any other house.

S. W. Silver and Co.'s Outfitting

WAREHOUSES, 66 and 67, Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Hyam and Co.'s Conjoint Garments,

consisting of Guinea Coat and Vest, Twenty Shilling Trousers and Vest, and Thirty-eight Shilling Whole Suits; well designed from uniform patterns.

LONDON: 86, Oxford-street.
BIRMINGHAM: 21, 22, and 23, New-street.
LEEDS: 42, Briggate.

HYAM & CO.'S CAMBRIDGE, SAC, AND PAGET JACKETS.—The best possible garments for gentlemen's customary in-door or out-door wear. Price 12s. 6d., 16s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S DRESS AND SURTOUT COATS, in West of England Wool-dyed Black Cloths, Invisibles, Saxony Broad Cloths, Woaded Fabrics, &c. Price 25s. to 63s.

HYAM & CO.'S OVER-COATS AND CAPES, in Venetian and Llama Cloths, Undressed and Mixed Tweeds, Lustres, Merinos, Cashmerettes, &c. Price 16s. 6d., 21s., 26s., and 35s.

HYAM & CO.'S JUVENILE COSTUME, displaying faultless adaptation to early age, habits, and growth. Children's Belt Suits, in new and beautiful materials. Price 10s. 6d., 15s. 6d., and 21s. Over-Coats and Capes, 8s. 6d., 10s. 6d., 12s. 6d.

HYAM & CO.'S HARROW, ETON, AND RUGBY SUITS.—Three new styles, becoming in design, serviceable for school or dress wear, and admirably adapted for young gentlemen. Price 15s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S CLOTHING TO ORDER.—Designed in every variety of novel fabric. French and English Cutters employed.

HYAM & CO.'S TRUE-FITTING TROUSERS.—To order, on a self-adjusting and shape-retaining system. Price 17s. 6d. Vests to match, 8s. 6d.

Caution.—Hyam and Co. are con-

nected only with the following Establishments:—

LONDON: 86, Oxford-street.
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Mappins' Electro-Silver Plate.—

MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Threaded.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks "	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons "	27 0	38 0	40 0	50 0	44 0	54 0
Do. Forks "	27 0	38 0	40 0	50 0	44 0	54 0
Tea Spoons "	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

Estimates furnished for services of plate for hotels, steam-ships, and regimental messes.

A costly book of engravings, with prices attached, gratis and post free.

MAPPIN BROTHERS, 67 & 68, King William-street, City; Manufactory, Queen's Cutlery Works, Sheffield.

Mr. Howard, Surgeon-Dentist,

52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication.—52, Fleet-street. At home from 10 till 5.

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Infants' New Feeding Bottles.—These celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

Darling's Commercial and Family TEMPERANCE HOTEL, Market-street, (entry from College-street,) ST. ANDREWS.

Royal Crystal Palace Family Hotel, NORWOOD, S. (late MASTERS').—The Directors beg to announce that the repairs and additions to the Hotel are now nearly complete, and that the building will be ready for the reception of Visitors on the 1st of May. Suites of rooms commanding uninterrupted views of the loveliest scenery in England may be secured for the coming months by immediate application to the Manager. The Coffee-room has been enlarged and redecorated, and will be fitted with every comfort and supplied with every luxury. The Hotel is but five minutes' walk from the railway station, and is separated from the Crystal Palace only by the road.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

Apothecaries' Hall. — Medical Students wishing to pass the next Preliminary Examination at Apothecaries' Hall may hear of a TUTOR whose Pupil passed at the last examination. —Address, Samuel Hague, LL.B., 9, Holland-place, Denmark-street, Camberwell, S.

M.D. Aberdeen, &c. — A limited number of Candidates can be Prepared, privately or by correspondence, for the July Examination for this Diploma. Gentlemen can also receive assistance in their studies for other professional examinations.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

Operations.—Army, Navy, and India EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

King's College, London.—The Microscope.—Elementary COURSE of LECTURES on the Practical Use of the Instrument; Microscopical Manipulation generally; Methods of Examining Objects, &c. Dr. LIONEL BEALE will commence a Course of Eight or Ten Lectures (which will be given weekly) on Wednesday, May 2nd, at 8 P.M. Fee, £1 11s. 6d. A syllabus may be obtained by applying at the College Office. R. W. JELF, D.D., Principal.

Practical Geology.—King's College. LONDON.—Professor TENNANT, F.G.S., will give a Course of Twelve LECTURES on GEOLOGY, having especial reference to the application of the science to Engineering, Mining, Architecture, and Agriculture. The Lectures will commence on Friday morning, April 20th, at Nine o'clock. They will be continued on each succeeding Wednesday and Friday, at the same hour. Fee, £1 11s. 6d. R. W. JELF, D.D., Principal.

King's College, London. — SUMMER SESSION, 1860.—OPERATIVE SURGERY.

A Practical CLASS for OPERATIONS on the SUBJECT will be held by JOHN WOOD, Esq., F.R.C.S., during the ensuing Summer Session. It will be especially adapted for the requirements of the Army, Navy, and Indian Medical Appointments, and for the Fellowship of the Royal College of Surgeons. Fee for the Course, including Subjects for the performance of all the chief Operations, £6 6s. If Instruments are provided, 10s. extra.

A CLASS for BANDAGING and the PUTTING-UP of FRACTURES will also be held, to which the Pupils of the Class for Operations will be free. Fee for other Students, £1 1s.

Further information and cards may be had on application to the Secretary's Office. R. W. JELF, D.D., Principal.

Midwifery. — Dr. J. G. Wilson, F.F.P.& S.G. (Physician to the Glasgow Lying-in Hospital, &c.), intends delivering, during the ensuing Summer Session, a short Course of LECTURES on the History, Use, and Application of the various INSTRUMENTS employed in OBSTETRIC Practice.

Further particulars to be learned on application at Dr. Wilson's residence, Hope-street.

Glasgow, April, 1860.

Midwifery and Diseases of Women and CHILDREN.—Dr. MATTHEWS DUNCAN, F.R.C.P.E., will commence his COURSE of LECTURES on the above subjects on the 2nd of May, at 10 A.M., in the Medical School, No. 4, High School-yards, Edinburgh. This Course qualifies for all the Academical, Collegiate, and other Boards.

Fee for a First Course, £3 5s.; Second Course, £1 3s.

He will also continue to give Instructions in PRACTICAL MIDWIFERY, at the Royal Dispensary, on Tuesdays and Fridays, at 1 P.M.

A CLASS for FEMALES will be commenced at the same time, intending Pupils for which to apply at 55, North Castle-street, at 1 P.M.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

University of London.—Matriculation EXAMINATION.—Gentlemen intending to Matriculate in July, 1860, are informed that, by permission of the Council, a CLASS will be formed at University College, under the direction of WILLIAM WATSON, B.A. Lond., and ERNEST ADAMS, Ph.D., for the purpose of reading the subjects required at that Examination.

The Class will assemble on the 17th of April, and meet daily (Saturdays excepted) from 6 to 8 P.M.

Fee for the Course, £5.

For further particulars, apply to Dr. Adams, at the College.

Royal College of Surgeons of England. Notice is hereby given, that the Pass or Surgical Examination for the DIPLOMA of this College, advertised to take place on Tuesday, the 1st of May next, is Postponed till Thursday, the 3rd of May next.

That the Professional Examination for the FELLOWSHIP of this College will be held on Tuesday and Thursday, the 15th and 17th of May next.

That a Primary or Anatomical Examination for the DIPLOMA of this College will be held on Monday, the 21st of May next, and following days.

And that a Surgical or Pass Examination for the DIPLOMA of MEMBER of this College will be held on Monday, the 28th of May next, and subsequent days.

Particulars relating to these several Examinations may be obtained on application at the College.

April 12th, 1860. EDMUND BELFOUR, Secretary.

St. Mary's Hospital Medical School. The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURERS.

Clinical Medicine—Dr. Alderson, F.R.S.
Clinical Surgery—Mr. Ure.
Midwifery, &c.—Dr. Tyler Smith.
Practical Chemistry—Dr. Albert J. Bernays.
Botany—Dr. Christopher Dresser.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Burdon Sanderson.
Ophthalmic Surgery—Mr. White Cooper.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy and Zoology—Dr. Grally Hewitt.
Natural Philosophy—Mr. G. R. Smalley, B.A.

The Hospital contains 150 beds. It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils, free of every expense. The advantages of five of these appointments far exceed in money value as many Scholarships of fifty pounds each. There are four Resident Medical Officers, who board (free of all expense) in the Hospital; three of whom are appointed for twelve months, and one (the Obstetric Officer) for six months; there are also four non-resident Medical Officers. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded after competition, preference been given to the qualified Perpetual Pupils of the Hospital.

Further information may be obtained on application to the Dean of the School.

St. Mary's Hospital, April 6, 1860.

Guy's Hospital. — The Summer SESSION commences on Tuesday, the 1st of May.

MEDICAL OFFICERS.

Consulting Physician—Thomas Addison, M.D.
Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant-Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.
Assistant-Surgeons—Alfred Poland, Esq.; Cooper Forster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon-Dentists—T. Bell, Esq., F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURES, &c.

Demonstrations on Cutaneous Diseases—Dr. Gull.
Medical Jurisprudence—Dr. Taylor.
Materia Medica—Dr. Habershon.
Midwifery—Dr. Oldham.
Ophthalmic Surgery—Mr. France.
Pathology—Dr. Wilks.
Comparative Anatomy—Dr. Pavy.
Botany—Mr. Johnson.
Practical Chemistry—Dr. Odling.
Manipulative and Operative Surgery—Mr. Bryant.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Mr. Poland, Mr. Cooper Forster, and Mr. Bryant.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance; or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics and Mathematics. The three first candidates will receive respectively £25 £20 £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, April 12th, 1860.

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London Hospital Medical College.—

The SUMMER SESSION commences May 1st.

NICHOLAS PARKER, M.D., Hon. Sec.

The London Hospital Medical College.

OPERATIONS on the SUBJECT, under the Superintendence of Mr. NATHANIEL WARD.—For particulars, apply to Mr. Ward, 1, Broad-street-buildings, E.C., or at the College.

April 13th, 1860. NICHOLAS PARKER, M.D., Hon. Sec.

Westminster Hospital School of

MEDICINE.—The SUMMER SESSION will commence on Tuesday, the 1st of May, 1860.

Materia Medica—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Midwifery and Diseases of Women and Children—Dr. F. Bird.
Botany—Mr. Syme.
Practical Chemistry—Dr. Marcet, F.R.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, F.R.S.

Clinical Lectures by the Physicians and Surgeons.

Further information may be obtained from the Secretary of the Hospital,

F. J. WILSON.

Charing - cross Hospital Medical

COLLEGE.—The SUMMER SESSION will commence on Tuesday, May 1st.

Summer Session—May, 1860, to end of July, 1860.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries, £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

MEDICAL PRACTICE.—Full period required, £10 10s. Surgical, £10 10s. Both Medical and Surgical Practice, full period, including the Clinical Courses, £31 10s. JOHN ROBERTSON, Hon. Sec.

Grosvenor Place School of Anatomy

and MEDICINE.—SUMMER SESSION, 1860.

The SUMMER SESSION will commence on Tuesday, May 1st.

Botany—Dr. Bainbridge.
Practical Chemistry—Dr. Thudichum.
Materia Medica and Therapeutics—Dr. Leared.
Midwifery and Diseases of Women and Children—Dr. Bloxam and Dr. Priestley.
Medical Jurisprudence—Dr. Francis C. Webb, F.S.A.
Practical Anatomy—Dr. Halford.
Comparative Anatomy and Zoology—Mr. R. T. Hulme, F.L.S.
Psychological Medicine—Dr. Arlidge.

FEES.—General Fee to the whole of the Courses required by the Royal College of Surgeons of England, and the Society of Apothecaries, including One Course of Practical Chemistry, Thirty-five Guineas.

B. W. RICHARDSON, M.D., Hon. Sec.

The PRIZES for Session 1859-60 will be distributed on Tuesday, May 1, at Three o'clock P.M.

For Prospectuses, apply to Dr. Richardson, 12, Hinde-street, W., or at the Residences of the Lecturers.

St. George's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Mr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Dental Surgery—Mr. Vasey.

The Hospital contains 350 beds. Clinical Lectures are delivered every week by one of the Physicians and Surgeons. A ward is devoted to the Diseases peculiar to Women; and pupils have ample opportunity to attend Practical Midwifery.

Gentlemen who wish to enter to the Hospital and Lectures can do so by the payment of Forty Guineas the first year, Forty Guineas the second year, and Twelve Guineas the third year; but separate payments may be made for the Medical or Surgical Practice, or the Lectures.

The Surgeons' Perpetual Pupils are eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months when duly qualified. Fee for Surgeon's Perpetual Pupil, Fifty Guineas. Pupils are eligible to the office of Obstetric Assistant, when duly qualified, at a salary of £100 per annum. The House-Surgeons and Obstetric Assistant reside in the Hospital. Three Prizes of £21 each are offered this year for "General Proficiency in Medical Studies" and Clinical Reports of Cases in Medicine and Surgery.

The William Brown Exhibition of £40 per annum, tenable for three years, is awarded to Perpetual Pupils of the Surgeons or Physicians.

The Thompson Medal, Sir Benjamin Brodie's and Mr. Lewis Powell's Prizes are awarded for Clinical Reports of Cases in the Hospital; and Sir Charles Clarke's Prize is awarded for good conduct. Each at the termination of the Session.

Further information may be obtained from Mr. Pollock, Treasurer of the Medical School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

The London School of Dental Surgery,

32, Soho-square.

The Introductory Address will be delivered on the evening of Monday, April 30th, at 8 o'clock, by Mr. SAMUEL CARTWRIGHT, jun., F.R.C.S.

LECTURES.

Dental Anatomy and Physiology—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.
On the mornings of Tuesday, at 8 A.M., during the months of May, June, and July.

Dental Surgery and Pathology—Mr. Samuel Cartwright, jun., F.R.C.S.
On the mornings of Thursday, at 8 o'clock, during the months of May, June, and July.

Mechanical Dentistry—Mr. Robert Hepburn.
On the evenings of Wednesday, at 7 o'clock, during the months of October, November, and December.

Metallurgy in its Application to Dental Surgery—Mr. G. H. Makins, M.R.C.S., F.C.S.
On the mornings of Wednesday, at 11 o'clock, during the months of May, June, and July.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for

Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

Bristol Medical School. — The

SUMMER SESSION will commence on Tuesday, the 1st of May.

LECTURES.

Midwifery—Dr. J. G. Swayne.
Botany and Vegetable Physiology—Mr. T. E. Clark.
Forensic Medicine—Mr. W. M. Clarke.
Materia Medica and Therapeutics—Dr. Barder.
Practical Chemistry—Mr. Herapath.

Practical Instruction and Cases are provided for the Students of the Midwifery class.

Students attending the class on Botany accompany the Lecturer on Herbonizing Excursions.

HENRY EDWARD FRIPP, M.D., Hon. Secretary.

Old Park, April 8th, 1860.

Sydenham College, Birmingham,

opposite the General Hospital.—The SUMMER SESSION will commence on Tuesday, the 1st of May, when the following Courses of LECTURES will be delivered:—

Midwifery and the Diseases of Women and Children—Dr. Elkington and Mr. Blake.
Therapeutics—Dr. Russell.
Materia Medica and Pharmacy—Mr. Bassett.
Practical Chemistry and Toxicology—Dr. Hill.
Botany—Mr. Westcott.
Forensic Medicine—Mr. Orford and Dr. Blunt.

The College is situated in the immediate neighbourhood of the General Hospital, which contains 240 beds, and which afforded relief to nearly 20,000 in- and out-patients during the last year. The Clinical Lectures will be continued, as usual, by the Physicians and Surgeons of the General Hospital.

Further particulars may be learned from the Principal, Dr. Bell Fletcher, Waterloo-street; from the Treasurer, Dr. Russell, Newhall-street, who is authorized to enter Students; and from the Secretaries, Mr. Frowd Jones, Newhall-street, and Mr. Bassett, St. Paul's-square.

Liverpool Royal Infirmary School of

MEDICINE.—The SUMMER SESSION commences on 1st May next.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—Mr. Grimsdale.
Materia Medica and Therapeutics—Dr. Nevins.
Medical Jurisprudence—Dr. Cameron.
Toxicology—Dr. Edwards.
Botany—Dr. Collingwood.
Ophthalmic Medicine and Surgery—Dr. H. Taylor.
Practical Chemistry—Dr. Edwards.
Pathological Anatomy—Dr. Gee.

LECTURES.—WINTER SESSION.

Principles and Practice of Surgery—Mr. Long.
Principles and Practice of Medicine—Dr. Inman.
Anatomy and Physiology } Mr. Fletcher and
Anatomical Demonstrations } Dr. Waters.
Chemistry and Pharmacy—Dr. Edwards.

In addition to the Prizes in each Class, the following EXHIBITIONS are offered for competition annually:—

ROYAL INFIRMARY MEDICAL SCHOLARSHIP, value £42, consisting of a Gold Medal and Six Months' Free Board and Residence, with Dressership and Clerkship in the Royal Infirmary. Should the Scholarship be gained by a Resident Pupil of the Infirmary, Six Months' Payment (£31 10s.) will be returned to him.

FOUR EXHIBITIONS, value £31 10s. each, consisting of Free Board and Residence in the Royal Infirmary for Six Months, with Dressership on award of Medical Board.

For further particulars, apply to Mr. Fletcher, 13, Mornington-terrace.

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Royal Free Hospital. — Twelve

LECTURES, showing the GUIDANCE of SURGICAL PATHOLOGY in CLINICAL SURGERY. By FREDERICK J. GANT, Surgeon and Pathological Anatomist to the Hospital.

*** The Course will commence on Monday, April 30th, at 4 P.M., and be continued on succeeding Mondays. Members of the Profession are invited to attend.

Royal Medical Benevolent College,

Epsom.—MAY ELECTION.—The Votes and Interest of the Governors are very earnestly solicited on behalf of CHARLES EDWARD WINTER. The pressing nature of the case is well known, and this being the FOURTH and LAST application, it is hoped that such support will be given to it as will ensure the Election of the child.

Proxies thankfully received by Dr. McCann, 50, Parliament-street, S.W., and by Mrs. Winter, 6, Lansdowne-road, Notting-hill.

Royal Medical Benevolent College.

Incorporated by Act of Parliament.—Notice is hereby given, that the ANNUAL GENERAL MEETING of the Governors of the College will be held at the Office of the College, No. 37, Soho-square, on Tuesday, the 8th of May, at Two o'clock precisely. Ten members of the Council will go out of office on that day, in accordance with the provisions of the Act of Incorporation. The Council will propose to the meeting that six of these gentlemen—viz., J. F. France, Esq.; Francis Hird, Esq.; G. C. Johnson, Esq.; the Rev. George Pocock; Dr. Sparke; and Dr. Harrington Tuke, be re-elected; and that John Birkett, Esq., Green-street; Dr. Cholmeley, Russell-square; Sir Thos. Phillips, King's Bench-walk, Temple; and William Carr, Esq., Blackheath, be elected to fill the vacated seats.

Notice is also given that the following Resolutions will be proposed by the Council, viz.:—

1. That the following Bye-law be substituted for the existing 25th Bye-law:

"XXV. Removal of Scholars.—Should it become necessary, in the opinion of the Head Master, to expel or remove from the College any Exhibitioner or other Scholar, the Head Master shall, before taking any step tending to the expulsion or removal of such Scholar, inform the Secretary in writing of the reasons which in his judgment necessitate such a course, and the Secretary shall thereupon summon a Council to inquire into the matter, or shall bring it before the next Council; and the Council shall, if they see fit, expel such Scholar, or cause his removal from the College."

2. That the following words be inserted after the word "Warden" in the first line of the 20th Bye-law:—

"(or the Steward or Superintendent, if there shall be no Warden at the time of such misconduct)."

The Annual Balance-sheet to the 31st December, 1859, will be ready three days before the meeting, and may be obtained by Governors on application at the Office.

By order of the Council,
ROBERT FREEMAN, Secretary.
HERBERT WILLIAMS, Assist.-Sec.

Office, 37, Soho-square, London, W., 16th April, 1860.

Todd Memorial Fund.—

COMMITTEE.

The Earl of Abingdon.
The Earl of Harrowby.
The Earl Howe.
The Lord Bishop of Lichfield.
The Lord Bishop of Derry.
William Cotton, Esq.
Joseph Hodgson, Esq., F.R.S.
Rev. Canon Jennings.
The Hon. Mr. Justice Keating.
Sir Richard Mayne, K.C.B.
Sir J. Emerson Tennent, K.C.B.
Thomas Watson, Esq., M.D.
P. O. Malley, Esq., Q.C.
G. T. Gream, M.D.
Sir Edward B. Lytton, Bart., M.P.
W. T. Copeland, Alderman, M.P.
R. T. Armitage, Esq., M.D.
L. S. Beale, Esq., M.B., F.R.S.
W. C. Begley, Esq., M.D.
P. Blackiston, Esq., M.D., F.R.S.
W. Bowman, Esq., F.R.S.
T. Bridgwater, Esq., M.B.
George Budd, Esq., M.D., F.R.S.
A. Cannon, Esq., M.D.
Wm. Connor, Esq., M.D.
C. Philips Croker, Esq., M.D.
R. T. Evanson, Esq., M.B.
A. Farre, Esq., M.D., F.R.S.
W. Fergusson, Esq., F.R.S.
R. T. Frere, Esq., M.D.
W. B. Gill, Esq., M.D.
J. H. Green, Esq., F.R.S.
W. A. Guy, Esq. M.B.
T. Hawkesley, Esq., M.D.
F. W. Headland, Esq., M.D.
J. W. Hulke, Esq., F.R.C.S.
G. Kennion, Esq., M.D.
J. S. Davies, Esq., M.D.
G. W. Lawrence, Esq., M.B.
G. Lawson, Esq., F.R.C.S.
E. Liveing, Esq., M.B.
B. G. McDowel, M.D.
A. Meadows, Esq., M.D.
W. H. Parsey, Esq., M.D.
R. Partridge, Esq., F.R.S.
J. L. Propert, Esq., M.R.
J. Russell, Esq., M.D.
W. Stokes, Esq., M.D.
T. H. Tanner, Esq., M.D.
E. S. Thompson, Esq., M.B.
J. Wood, Esq., F.R.C.S.

With upwards of one hundred other gentlemen.

The object of the subscribers is to place a Statue of Dr. Todd in the entrance hall of King's College Hospital, which, in a great measure, owes its existence to his exertions; and to found an annual Prize at King's College, to perpetuate his memory as an eminent physiologist and clinical teacher.

Subscriptions may be paid to the Todd Memorial Fund at Messrs. Twinings', Strand; or to Dr. Miller and Mr. Harley, King's College, London, the Hon. Secretaries of the Fund.

The subscriptions already announced amount to nearly £900.

Halifax Infirmary and Dispensary.—

A Vacancy having occurred in the Medical Board of the above Institution, a General Meeting of the Governors will be held at the Infirmary on Wednesday, May 16th, at Twelve o'clock at noon, for the purpose of Electing a PHYSICIAN.

By order of the Weekly Board,
THOS. ADAM, } Hon. Secs.
WM. CRAVEN, }

No gentleman is eligible to the office of Physician who shall not have graduated at some regular University of the United Kingdom of Great Britain and Ireland, after performing the usual exercises; or who practises any of the following branches of the profession,—viz., surgery, pharmacy, or midwifery—or who is in any way connected with such practice. Candidates are requested to send their testimonials to the Infirmary, under cover to the Ven. Archdeacon Musgrave, the President, on or before May 9th.—N.B. There is no local candidate.

Halifax, April 18th, 1860.

Royal South Hants Infirmary.—The

Committee of Management are desirous of receiving applications for the appointment of HOUSE-SURGEON to the Infirmary.

Candidates must be Members of the Royal College of Surgeons and Licentiates of the Society of Apothecaries.

All further particulars can be learnt on application to the Secretary, to whom diplomas and testimonials must be sent on or before Saturday, May 26th.

The Election will take place on Monday, June 11th, when the personal attendance of candidates at the Infirmary will be required.

Medical Officers.—The Trustees of

the Parish of ST. MARY, ISLINGTON, in the county of Middlesex, intend to proceed to the Election of a MEDICAL OFFICER for each of the following Parochial Wards—viz., Upper Holloway, and Thornhill.

The Officer appointed for the District of Upper Holloway will also have to take Medical charge of the Infant Poor Establishment, Hornsey-road.

A Committee will meet on Tuesday, the 1st of May next, at 7 o'clock in the evening, to see candidates for the appointments.

Information as to salary, qualifications, extent of district, &c., may be obtained upon application to me.

Applications for the offices should be sent, accompanied by testimonials and diplomas, to me, on or before the 28th April instant, and candidates should attend at the Parochial Offices, Liverpool-road, Islington, on the said 1st of May, at 7 o'clock in the evening.

G. A. COOPER, Clerk to the Trustees.

Newton Abbot Union.—The

Guardians of the Poor of the Newton Abbot Union, in the county of Devon, are desirous of engaging the services of a duly-qualified Medical Practitioner as MEDICAL OFFICER and VACCINATOR for the Parishes of Broadhempston, Torbrian, and Woodland, forming the third Medical District of their Union.

The salary to be given is £8 8s. per annum, with the usual fees for Surgical Operations and Midwifery, and for Vaccination.

The Election will take place at the Board-room, Newton Abbot, on Wednesday, the 25th day of April instant, on which day candidates are requested to be in attendance.

By order of the Board,
Newton Abbot, April 5th, 1860. JOHN ALSOP, Clerk.

Dover Union. — General Medical

ATTENDANCE, VACCINATION, &c.—The Board of Guardians of this Union will be ready on Friday, the 20th April, 1860, to receive applications from legally qualified Medical Practitioners to supply Medical and Surgical Attendance upon the Paupers of the First Division of the St. James's district, comprising the parishes of Charlton, Guston, St. James's, and Whitfield, at a salary of £35 per annum. Also for the First Division of the Hougham district, which comprises the parishes of Alkham, Buckland, Capel, Ewell, Hougham, Poulton, and River, at a salary of £35 per annum. These salaries are exclusive of the fees set forth in article 177 of the General Consolidated Order of the Poor Law Board; 10s. 6d. will also be paid for each case of Midwifery, and 1s. 6d. for every case of successful Vaccination, performed at or within two miles of the medical officer's residence, and 2s. 6d. if beyond two miles.

The gentleman or gentlemen who may be appointed will be required to keep the several books specified in the orders of the Poor Law Board, and generally to carry out their rules and regulations, as well as the directions of the Board of Guardians.

By order of the Board of Guardians,
Dover Union Workhouse, Buckland, WILLIAM CROSS, Clerk.
March 23rd, 1860.

St. Mary's Hospital, Quay-street,

Manchester.—The Board of Trustees and Subscribers having to Elect a SURGEON in ORDINARY in the place of Dr. Hunter, who has resigned, gentlemen desirous of becoming Candidates for the vacant office are requested to send their Diplomas and Testimonials, addressed to the Honorary Secretary of St. Mary's Hospital, with the words "Medical Testimonials" inscribed on the cover, on or before the 5th of May next; and are also requested to observe that their qualifications must be in conformity with the following rule:—

"That any medical gentleman, duly registered under the 21st and 22nd Vict. cap. 90, shall be qualified for election as one of the Medical Officers of this Hospital.

"That the extreme hospital boundary shall be defined by the Board of Management, and the district included be divided into parts or sections as may by such Board be from time to time thought most advantageous; and each surgeon shall be required to reside within, or conveniently near to the district allotted to him. But no medical gentleman shall be eligible as a candidate for the situation of Honorary Officer to this Hospital who holds an appointment from any club or sick society of any description; and he shall become disqualified if at any time after his election he accepts such an appointment."

THOMAS SOUTHAM, LL.D.,
St. Mary's Hospital, April 14th, 1860. Honorary Secretary.

Clun Union.—Medical Officer

Wanted.—The Board of Guardians of the Clun Union will, at a Special Meeting to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 18th day of May next, proceed to the Election of a Medical Officer and Public Vaccinator for the undermentioned districts of this Union:—

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Shelve, Snead, and Wentnor; at the annual salary of £35.

The Bishop's Castle No. 2 District, comprising the out-liberties of Bishop's Castle and the parish of Mynd town, at the annual salary of £12 10s.

The Medical Officer of each district, in addition to the above salary, will be entitled to extra fees for Midwifery and Surgical Cases, and such other fees as are allowed by the General Orders of the Poor-law Board (cod-liver oil to be supplied at the cost of the Union).

Applications, accompanied by testimonials and such evidence of qualification as is required by the order of the Poor-law Commissioners, dated 5th of April, 1860, must be sent to the Board of Guardians at the Workhouse, in Bishop's Castle, before Eleven o'clock in the forenoon of the 18th of May next, at which time and place candidates are requested to attend.

By order of the Board.
Bishop's Castle, April 7th, 1860. FREDERICK PARDOE, Clerk.

by Google

North Staffordshire Infirmary, ETRURIA, near Stoke-upon-Trent.—The Situation of DISPENSER to the above Institution having become Vacant, owing to the resignation of Mr. T. G. Forshaw, persons intending to offer themselves as Candidates for the appointment must send in their applications, with testimonials, to the Secretary, on or before Wednesday, the 25th of April. The election, which is in the hands of the General Committee, will take place on Tuesday, May 1st, and due notice will be given to those candidates whose personal attendance will be required on that day. The salary is £35 per annum, with board, washing, and lodging; to be increased to £40 at the end of two years, should his conduct be approved. RALPH HORDLEY, Secretary.

To Medical Men.—Arundel, Sussex.—The Parish Officers of Arundel are ready to appoint a MEDICAL OFFICER, duly qualified, to provide medicine and medical attendance to poor persons in the parish, from the date of appointment to the 25th day of March, 1861. The salary will be at the rate of £50 per annum, exclusive of cases of Fracture and Dislocation, and Midwifery cases, and for Vaccination, which will be paid for according to the scale allowed by the Poor-law Board.

The population of the parish, according to the last census, is 2748; area, 1068 acres.

Apply to MR. GEORGE LEAR, Visitor, or to MR. DEAR, Assistant-Overseer, Arundel, on or before the 18th of April instant.

A Resident Surgeon and Apothecary is required for the WESTERN GENERAL DISPENSARY, Marylebone-road. Salary £100 per annum, with furnished apartments, fuel, light, attendance, &c. Candidates must be unmarried, members of the Royal College of Surgeons of England, Edinburgh, or Dublin, and licentiates of the Apothecaries' Company to practise in London. They will be required to attend a meeting of the Medical Committee on Friday, the 27th inst., at Eight o'clock P.M., having previously forwarded their qualifications and testimonials to the Secretary, of whom further particulars may be obtained.—By order,

April 18th, 1860. J. MARTIN, Secretary.

Westminster Hospital, Broad Sanctuary.—Notice is hereby given, that, in accordance with a law recently passed, the Committee are prepared to Elect, on Tuesday, the 22nd of May next, Two Resident Medical Officers—a HOUSE-PHYSICIAN and a HOUSE-SURGEON—without salary, but who will have board and lodging free of expense. Candidates for these appointments—which are to be held for one year, to commence on the 5th of June next—must be qualified to practise under the Medical Registration Act of 1858, and must produce certificates, as to the House-Physician, of his having served the office of Clinical Clerk for a period of not less than six months, and, as to the House-Surgeon, that of Surgeon's Dresser for a like period, at some recognised Hospital. Both will be selected after a Competitive Examination, which will take place at the Hospital, for House-Physician, on Monday, the 14th May next, at One o'clock P.M.; and for House-Surgeon, on Wednesday, the 16th May, at the same hour. Candidates must send in their names to the Secretary of the Hospital, not less than seven days before the date of the Examination.—Further particulars may be obtained on application to the undersigned,

F. J. WILSON, Secretary of the Westminster Hospital.

Champion-hill, Surrey.—Capital Family Residence, with excellent Stabling, Pleasure and Kitchen Gardens, and Paddock.

Messrs. Winstanley are directed by the Executors to offer for SALE by AUCTION, at the Mart, near the Bank of England, on Thursday, the 17th of May (unless an acceptable offer is previously made by private contract), a very substantial and desirable detached FAMILY RESIDENCE, in most perfect order, and situate on that justly-admired eminence, Champion-hill, only half an hour's drive from the City or West-end. It is approached by a carriage-drive, and contains eleven principal and secondary bed-chambers, three dressing-rooms, large nursery and school-room, bath-room, paved entrance-hall, leading to a dining-room, 32 ft. by 18, library or music-room, splendid drawing-room or saloon, 45 ft. by 18 ft., all communicating with each other, and forming a grand suite of reception-rooms; a conservatory, gentlemen's room, billiard-room, store-room, and all necessary servants' offices, most conveniently arranged, and abundantly supplied with water; stabling for nine horses, and standing for three carriages, lofts, and men's room over, &c.

The pleasure-grounds are disposed with considerable taste, and the kitchen-gardens contain vinery and other forcing-houses. The whole, with the paddock, comprises about seven acres, and is held by Lease under Dulwich College for an unexpired term of 31 years, at a ground rent of £50 per annum.

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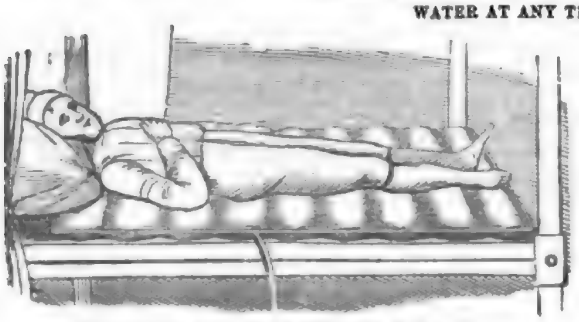

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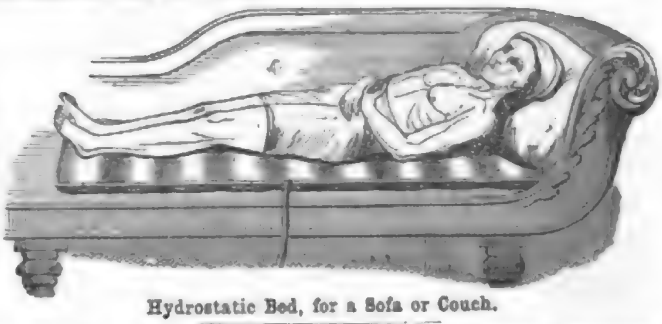

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FIG. 1.

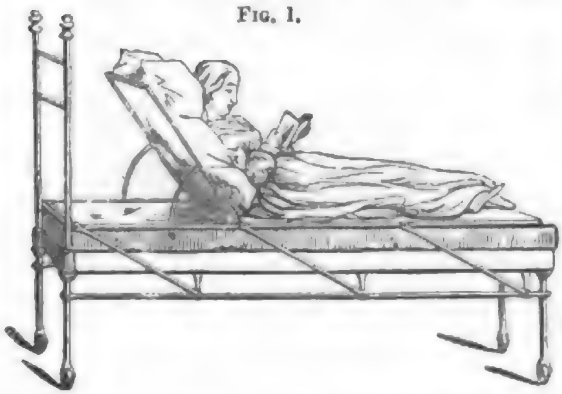

FIG. 1 represents a patient on the Patent Lift Bedstead, the back portion only of the Lift being in use, so as to enable the head and shoulders to be supported at any required inclination.

FIG. 2.

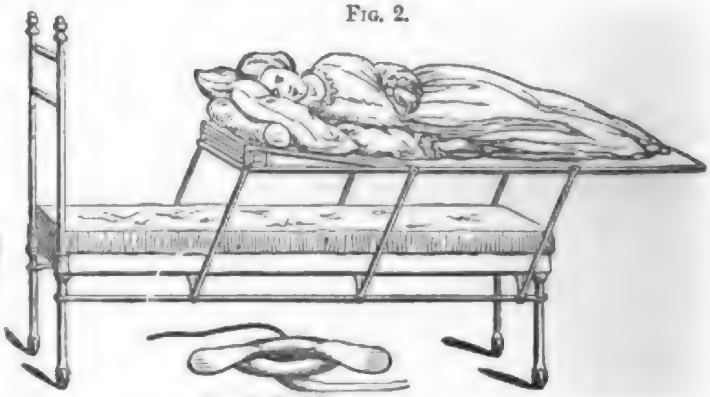

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FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

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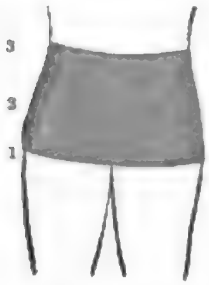

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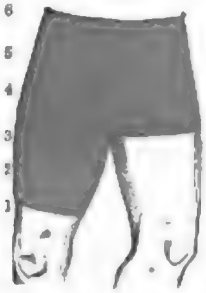

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Lecture I. Part II. 415

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
Complicated Cancer of the Stomach. (*With an Engraving.*) 417

On the Influence of Tropical Climates on the Rise, Progress, and Treatment of Uterine Inflammation. By Edw. John Tilt, M.D., M.R.C.P.L., (continued.) 418

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society:
On a Case of Imperforate Arch of the Aorta in which the Root of the Aorta was Ruptured 419

Medical Society of London:
On the Treatment of certain Diseased Conditions of the Hip-joint by Complete and Partial Excision of the Articulation 419

Pathological Society of London:
Exhibition of Specimens of various Diseased Organs.—Ear Crystals.—Vermiform Substance passed from the Bladder.—Contracted Pelvis.—Apoplexy of the Pons Varolii.—Extravasation of Blood into and Softening of the Pons Varolii and Medulla Oblongata in an Epileptic.—Extensive Extravasation of Blood into both Supra-Renal Capsules.—Fracture of the Head of the Femur, the result of Injury sustained by Jumping, in a Maniac.—Nævus of Large Size 421

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On the Physiology of Digestion.—Laryngoscopy.—Sequel to the Case of Rupture of the Uterus in a Patient who had, one year before, undergone the Cæsarean Operation.—Cataract in Diabetes.—Cutaneous Eruptions following the Use of Iodine 423

LEADING ARTICLES.

Admission of the General Practitioners as Licentiates of the Royal College of Physicians 425

Improvement in Army Hospital Administration 425

Office of Coroner: Report of the Committee of the House of Commons 426

MEDICAL ANNOTATIONS.

A Hint to the College of Surgeons.—The Medical Council at Law.—Labour and Hard Labour.—The Setting Sun in Blackfriars 426

House of Commons: Report of the Committee on the Office of Coroner 427

CORRESPONDENCE.

The College of Surgeons and Uneducated Candidates: Memorial to the Medical Council 429

Lunacy *versus* Law and Physic ... 429

The Royal College of Physicians and General Practitioners 430

Pirogoff's Operation: Letter from Dr. Eoen Watson 430

A Surrey Inquest 430

The University of London and Dr. Quain 431

The Summer Stench of the Thames: Letter from Dr. J. M'Grigor Croft 431

Stricture of the Œsophagus: Letter from Mr. Maclwain 432

Naval Surgeons on Half-Pay 432

Complicated Injuries about the Shoulder-joint 433

Medical Trials.—The Birmingham and Midland Counties Medical Registration Association. Successful Prosecution of an Illegal Practitioner: In re Theed 433

House of Commons.—Registration of Births, &c. (Scotland.)—Registration of Births, &c. (Ireland) 433

MEDICAL NEWS.

Certificates of Deaths in Sardinia . 434

Pepsine in the Severe and Obstinate Vomiting of Pregnant Women 434

Pass-lists of the Royal College of Surgeons, Apothecaries' Hall, and University and King's College, Aberdeen.—Royal College of Surgeons, Edinburgh.—Appointments.—The Medical Benevolent Fund.—Lectures at the Royal College of Surgeons.—Poor-law Medical Reform Association (Students' Branch).—Deodorization of the Thames.—Her Majesty's Levée.—Militia Surgeons' Medical Benevolent Society.—Testimonial.—The Sphygmographer, or Register of the Arterial Pulse.—The Dietetic Inventiveness of Hunger.—Health of the Metropolis 435

Medical Diary of the Week 435

Notices to Correspondents 436

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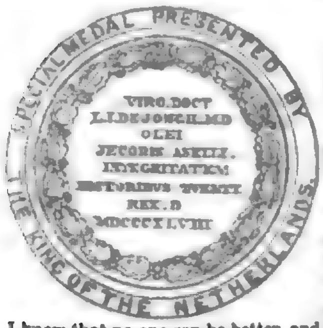

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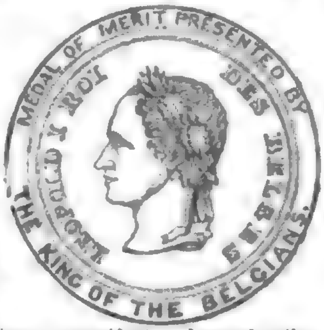

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The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 37, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMERED, of the University College Hospital, writes thus:—

"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

BASTICK'S

More Certain Forms of Remedies.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended by Dr. O'Connor in Atonic Dyspepsia and in certain functional uterine derangements. ("Medical Times," Feb. 27th.)

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, which, as originally devised and prepared in his laboratory, continue to receive the patronage of the highest medical and surgical authorities at home and abroad (*vide* British and foreign medical journals).

Brook-street, Bond-street, London.

Aërated Lithia Water. — The continually increasing demand for this water, originally made by Messrs. BLAKE, SANDFORD, & BLAKE at the request of Dr. GARROD, and the search in all quarters for the rare a kali it contains, afford abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS.

Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.
Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Superphosphate of Iron and Super-PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

H. Breidenbach, Perfumer to the Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 a, New Bond-street, W.

West-end Dispensing Establishment.

(NOTICE OF REMOVAL.)

Messrs. CURTIS, in returning their sincere thanks to the Profession for past favours during many years of unremitting energy at their former House of Business in Crawford-street, beg to inform the Profession that, in consequence of a considerable increase in their Business, they have removed the DISPENSING and FAMILY BRANCH of their Trade to more eligible premises (No. 48, BAKER-STREET), which are replete with every convenience for carrying on an extensive Business, the arrangements being such as must ensure accuracy and punctuality in despatch, so essential to the mutual interest of the physician and patient.

48, Baker-street, W., Jan. 1st, 1860.

N.B.—The Wholesale and Manufacturing Branch is carried on, as heretofore, at No. 15, Crawford-street, W.

72 nauseous Drugs (Copaiba, Cod-liver Oil, Tar, Turpentine, &c.) enclosed in Jujube Envelopes, by LE MAOUT, French Chemists, 57, Princes-street, Leicester-square.

N.B.—French Prescriptions accurately Prepared.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."

Surgeons appointed to Ships to all parts of the world.

Surgical Instruments for Surgeons to Ships.

F. G. MOORE, M.R.C.S., 34, Tertace, Tower-hill, London, E.C.

The Surgeon's Portable Medicine CHEST, containing 26 bottles of different sizes, and a variety of useful Implements and Appliances; arranged compactly in a polished Oak Case, with lock and key, and strap to carry by. The dimensions are—10 in. long, 7 in. wide, and 7 in. high.

From THE LANCET, *December 24th*, 1859.

"S. MAW & SON, of Aldersgate-street, have manufactured a very useful and convenient little chest for gentlemen in practice in the country. It is so arranged, in a perfectly portable compass, as to contain all the drugs which may be required in the treatment of disease. In addition, it contains a proper supply of lint, strapping, oiled silk, gutta percha, bandages, a minim measure, a small spatula, scales, caustic brushes, scissors, needles and silk, laryngeal sponge, elastic male and female catheters, and glass syringe. It is altogether a most useful accompaniment to the carriage of a country practitioner; and we believe that, when known, it will be extensively patronized."

The price, complete, with fittings, &c., is £4.

S. MAW & SON, 11, Aldersgate-street, London, E.C.

Glycerine Soap, natural colour, unscented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by

PRICE'S PATENT CANDLE COMPANY (Limited).

In Chancery. (V.R.) £10,000 Damages.

The Proprietors of the GLENFIELD STARCH hereby caution the Trade against selling ANY IMITATION of their Starch, whereas, by a decision of the Master of the Rolls, Wotherspoon v. Turner (reported in the *Times* and other London papers of 26th Nov. 1859), they render themselves equally liable with the makers of the spurious article in the above penalty.

GLENFIELD PATENT STARCH is the only STARCH used in her MAJESTY'S LAUNDRY.—WOTHERSPOON & CO., Glasgow and London.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF

DR. J. COLLIS BROWNE'S

(M.R.C.S.L. EX-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

MEDICAL PROPERTIES:—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission:—

..... "And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 1½0 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—i.e., cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication—i.e., irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is, what is perhaps better, a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., Eng.;
Formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"*To the Editor of the* MEDICAL TIMES AND GAZETTE.

"Sir,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling sure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"SIR,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Surgeon, Egham, Surrey.

"SIR,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"SIR,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. R. J. BOULTON and Co., Hornsastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr. J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per Ounce, and in quantity of 10 Ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist,
33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

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Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of

NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser
2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN-STREET,

beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE vulcanized on the newest principle.

Directions for measurement sent by post.

N.B. A liberal Discount to the Profession.

A female to attend on Ladies.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.

Priced and Illustrated Catalogues on application to

E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset, June 20th, 1858.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,

J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
430, Oxford-street."

To Students and others.—You will

do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

TO SURGEONS, DENTISTS, ETC.

The best House in London for

SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.

A large Stock of New Instruments always on Sale, all warranted.

Instruments Bought, Sold, or Exchanged.

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE IX.

RELAPSING OR RECURRENT FEVER.

Historical sketch. Nature, symptoms and progress—anatomical characters. Febricula, its nature and symptoms.

This peculiar form of fever—not of frequent occurrence, but appearing as the leading feature of some epidemics—derives its name from a relapse or recurrence of the symptoms taking place after a definite period of convalescence, so that there appear, as it were, two distinct fevers blended in one disease.

In my first lecture I stated that it had been recognised by Dr. Rutty more than a century ago (in 1739), and alluded to by him in his history of the diseases of Dublin. "In July, August, September, and October," writes Dr. Rutty, "a fever prevailed which terminated in four, for the most part in five or six days, sometimes in nine, and commonly in a critical sweat: it was far from being mortal. I was assured of seventy of the poorer sort at the same time in this fever, abandoned to the use of whey and God's good providence, who all recovered. The crisis, however, was very imperfect, for they were subject to relapses even sometimes to the third time." He describes the same fever as occurring also in 1740, 1745, 1764, and 1765; remarking that in the fever of 1765, the bowels were in some instances remarkably affected.*

In the records of subsequent Irish epidemics, we find frequent allusion made to relapses after apparent convalescence, but from want of more precise details, we can only infer that sporadic cases of relapsing fever had been observed during the epidemic visitations of the time. This seems to have been the case more particularly in the epidemic fever of 1817, 1818, and 1820, which, from the crisis almost invariably taking place on the fifth day, was popularly termed *the five days fever*—the disease always terminating by copious sweating.

From the reports of Drs. Barker and Cheyne of the fever that prevailed in the same years, relapses seem also to have been very common, for at Cork the numbers who relapsed are computed at 2000, and at Waterford it was estimated that a fifth or sixth of those who were attacked with fever also relapsed.

In his description of the fever of 1826, Dr. O'Brien mentions that it was distinguished by its short periods, terminating in three, five, seven, or nine days; but the second of these periods was the most frequent. The person, previously in perfect health, was seized with sickness at the stomach, headache, pain in the small of the back, and chilliness. On the approach of the evening, all these symptoms increased, and the febrile paroxysm was formed; the chilliness increased to a rigor, the nausea to vomiting, which harassed the patient during the first three or four days in the form of an empty straining, and frequently continued through the whole course. On the evening of the fifth or seventh day, the *exacerbatio critica* commenced, which, mostly with the intervention of a rigor, but very frequently without this symptom, terminated in a profuse perspiration, which continued through the night, so that on the following morning the crisis was complete, and the patient generally became convalescent.

These particulars correspond with the epidemic relapsing fever of Edinburgh, except that in the latter, the abrupt termination happened in the majority of the cases on the seventh day.

We possess, moreover, excellent histories of this form of fever, as it has been observed in different parts of Scotland, at various periods within the last forty years. It constituted a large proportion of the Edinburgh epidemic (1817–20) described by Dr. Welsh,* and seems to have been even more common in Glasgow a quarter of a century afterwards, for we find in the published records of the Glasgow Infirmary that in ten years—from 1843 to 1853—no fewer than 7804 cases of this relapsing fever were admitted into this hospital; and when we reflect that this form constituted a proportion only of the fever cases, some idea may be gained of the prevalence of epidemic fever in Glasgow in those years.

I had the opportunity of witnessing this fever when it appeared in Edinburgh in 1817–20, in the description of which, after detailing its prominent features, Dr. Welsh states, that of 743 tabulated cases, 183 relapsed—being in the proportion of one in five; but nothing is mentioned that would lead to the inference that he regarded these relapsing cases as a distinct or peculiar type of fever; indeed, this monograph appears to have been written rather with the view of showing the supposed advantages of indiscriminate and unnecessary waste of blood in its treatment, than of directing attention to the peculiar features of a form of fever differing in many respects from previous epidemic visitations.

Dr. Wardell,† in an excellent account of the Scotch epidemic fever of 1843–44, mentions, that of 980 cases, 603 had one or more relapses; 67 had two relapses; nine had three; and one had four; and there were one or two other instances in which the patient had no fewer than five separate and distinct attacks. From this account it appears that not less than two-thirds relapsed before leaving the hospital; and as Dr. Wardell assumes, when it is considered that many might have a return after their discharge, it would be no exaggeration to state that three-fourths relapsed.

We find also from Dr. Cormack's work,‡ that unless antiperiodic remedies were given one or more relapses took place, but in a limited number of cases only were these remedies successful in preventing relapses. In the cases observed at the same period, and reported by Dr. Craigie, 110 out of 182 relapsed, or about 60½ per cent.

In and around London this relapsing fever has been less frequently witnessed. If the table of admissions into the London Fever Hospital be referred to, it will appear, that of the numbers of all forms received in the ten years between 1848 and 1857, there were only 441 examples of it, and since 1854 there has not been a single case.

From these details it may be inferred that this somewhat singular disease has never constituted the character of an entire epidemic, but only of a proportion of the cases. It is extremely probable that it originates from a poison *sui generis*, and that it is contagious does not admit of doubt. Moreover, if we examine closely this fever as it has prevailed at different times, though there may have been a great resemblance in the general features of the disease, a marked difference in epidemic constitution will be evident; so that, as has been pointed out by Dr. Wardell, the relapsing fever of 1817–20 differed materially from that of 1843–44, in so far that the former was so much more acute in form than the latter, in which, too, the relapses were far more frequent, and the yellow cases more numerous. This shows that in relapsing, as in other forms of fever, differences in type, more or less marked, take place,

* A Chronological History of the Weather and Seasons, and of the Prevailing Diseases of Dublin, by John Rutty, M.D. London, 1770. pp. 75 and 76.

* Practical Treatise on the Efficacy of Bloodletting in the Epidemic Fever of Edinburgh.

† Medical Gazette, vols. xxxvii. and xl.

‡ On the Epidemic Fever at present prevailing in Edinburgh and other Towns. 1843.

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and require to be carefully observed when an epidemic first appears.

As to the nature of this fever, by some it has been thought to resemble the *Suette*, or sweating fever of Normandy, and by others, the yellow fever of the West Indies. Dr. Wardell says (*op. cit.*), "there were undoubtedly some considerations which led to the supposition that the epidemic relapsing fever bore certain resemblance to the Suette, or sweating fever of Normandy. In a few instances, though these were of rare occurrence, the epidermoid tissue was raised into vesicular eminences, varying from the size of a millet seed to the section of a small pea, these vesicles containing a transparent fluid, and quite unattended with any areolar blush. On the third day they became shrivelled and opaque, and desquamated in thin furfuraceous scales. From the occasional presence of these bullæ with other more logical characters, some degree of similarity certainly was manifest between it and the Suette. There were physicians who endeavoured to show its near alliance to the yellow fever of the West Indies—indeed gave it as their opinion that, in some respects, there was a positive identity between the two, only that the epidemic prevalent in this country had become greatly modified by climate and other circumstances calculated to alter its general features. When we take into consideration the unusual number of yellow cases, together with two or three cases of less important correspondent symptoms, we are compelled to admit that the assertion is not wholly unfounded. No trace of its importation into Scotland, however, could be found, which has generally been the case where yellow fever has been communicated from one country to another."

Relapsing fever has always appeared to me to be a form intermediate between the continued and periodic, but having a more close analogy to the latter. I have been led to this view by considering the suddenness of the invasion, the abrupt termination of the symptoms after a definite period by copious and apparently critical sweat, the interruption of the convalescence by a similar though shorter paroxysm, or it may be paroxysms, of nearly certain duration, and a final abrupt cessation of the disease generally after critical sweating. Even in the more severe cases, in which there was gastric disturbance with jaundice, and occasionally cerebral symptoms, the resemblance to the malignant or pernicious periodic fevers, more particularly those included under the bilious remittents of tropical climates, is striking.

Symptoms and progress.—In relapsing fever the invasion is sudden. The patient, previously in good health, without warning, is seized with a feeling of indisposition, complaining of chilliness or shivering, acute headache, languor and lassitude, severe muscular aching, and arthritic pains. The appetite fails, the skin becomes hot and dry, the tongue white, the desire for fluids constant, and the urine scanty and high-coloured. Towards evening the symptoms are aggravated; the night is passed either in restless agitation or with snatches of unrefreshing sleep. Occasionally the heat of skin is relieved by irregular sweating, but still the other symptoms suffer no diminution. Vomiting of bilious fluid, often accompanied with pain at the epigastrium, is an early and nearly constant symptom. It may occur in the first or primary fever only, or it may come on in the relapse also. As the disease progresses, the patient becomes more prostrate and disinclined for bodily or mental exertion, the pulse more rapid and tense, the tongue more thickly coated, the bowels constipated, the muscular and arthritic pains more acute; and the nights are passed in restlessness and wakefulness, unless the nervous system be calmed by the aid of opiates.

About the third day a marked remission of the symptoms is often observed; but whether there be a remission or not, at a period varying from three to seven days—more commonly on the fifth day—a copious general sweat breaks out, and almost immediately afterwards the fever vanishes, leaving the patient unexpectedly free from the painful symptoms with which a few hours previously he had been harassed. Dr. Cormack, who watched the phases of this singular disease, tells us that the change for the better was often sudden and complete, the patient one day moaning and groaning in pain, and on the next at his ease and cheerful, complaining only of hunger and weakness.

This apparent convalescence, however, is not of long duration, for when the patient and his medical attendant reasonably conclude that, from the favourable change that has occurred, the fever is at an end, and that time only is required for complete restoration to health, a sudden and unlooked-for recurrence of the previous symptoms takes place. This relapse happens at some period between the twelfth and the twentieth day (from the beginning of the disease), or on or about the seventh after the crisis, and without apparent cause or indiscretion on the part of the patient. The relapse is indicated by the same symptoms as the primary fever—rigors, headache, muscular aching, hot skin, thirst, quickened pulse (the rapidity being often disproportionate to the other symptoms), coated tongue, and loss of appetite.

After a few days—two, three, four, or five—this second attack suddenly ceases after a profuse sweat, and the patient becomes a second time convalescent. The return to health is comparatively rapid and complete in the young and vigorous, but in the aged, and especially in those who have been previously in indifferent health, the strength is more slowly regained.

Nor does the mildness or severity of the relapse appear to be influenced by the previous attack; for it has been observed that the symptoms of the second are sometimes more mild, at other times more severe, than those of the primary fever. In some instances, for example, in which the first attack was by no means severe, the second has been characterized by delirium, deep jaundice, violent purging, and other grave symptoms. Such cases are, however, not common.

Sometimes, again, a second but mild relapse takes place, generally about the twenty-first day; and I have already alluded to the circumstance, that patients have suffered three, four, and even five separate and distinct attacks. Such frequent relapsings have been seldom noticed in the epidemics in England.

Other anomalies are, in some instances, observed. Thus, the symptoms of the relapse, instead of appearing suddenly, come on gradually and insidiously; or instead of the ordinary well-marked progress of the symptoms, there may be only slight acceleration of pulse, and a little increased heat of skin, to mark its occurrence; occasionally, in place of the abrupt termination of the attack by sweating, the crisis has apparently been connected with some other evacuation, such as hæmorrhage from the nose, diarrhœa, or the menstrual discharge. In some cases, on the other hand, in which the ordinary symptoms of the first attack have been well-marked, there has been no relapse, nor anything approaching to a recurrence.

There appears, too, to be a greater tendency in relapsing fever than in other acute diseases in pregnant women, to abortion or premature delivery. So invariably, indeed, according to Dr. Wardell's experience, did this happen, that throughout the whole duration of the Edinburgh epidemic,—a period extending over at least fourteen or fifteen months,—he never discovered even a solitary instance of the impregnated uterus not expelling its contents; and the statements of others, whose opportunities of observing this fever were equally ample, confirm this statement. The same tendency to abortion was observed in the patients received into the London Fever Hospital.

The relapsing fever sometimes, however, assumes a more severe character, the aspect of the symptoms from the commencement indicating a much more serious disease. The rigors are violent; the heat of skin is intense; the heart's action depressed, indicated by the softness and compressibility of the pulse; the patient complains of extreme prostration, and feeling of exhaustion or sinking; there is often incessant vomiting of bilious fluid, accompanied with a more or less deep jaundiced appearance of the skin, though the evacuations exhibit no deficiency of bilious admixture, but the urine is generally loaded with bile.

In some cases, sudden collapse takes place—the pulse becomes rapid and feeble; the skin universally cold, more especially the hands and feet; the face livid; partial or complete unconsciousness succeeds; the sphincters become relaxed, and death takes place after a few hours.

The *diagnosis* of relapsing fever may be given in a few words.

It differs from other forms of fever—1, by its sudden invasion; 2, by the short duration of the primary fever, and its termination by an evident crisis; 3, by the almost uniform occurrence of a relapse—occasionally a second or third; 4, by the unusual number of cases with more or less jaundice, or yellow colour of the skin, accompanied often with gastro-enteritic and gastro-splenic symptoms; and 5, by the absence of characteristic rash.

The small *mortality*, or death-rate, of relapsing fever shows its comparative mildness, being about one in twenty-five, or under 3·9 per cent.

Anatomical characters.—This singular form of fever, if uncomplicated, seldom proves fatal. In examination of the fatal cases, no special lesion, so invariably present as to indicate the anatomical character of the disease, has been discovered.

The *blood* has in some cases been found throughout the body

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in a fluid state, indicating a decrease in the normal amount of fibrin. I am not aware that it has been subjected to further chemical analysis.

The *brain*, with the exception of a moderate amount of subarachnoid serosity, and perhaps an increased quantity in the ventricles, shows no remarkable deviation from a normal state.

The *heart* and *lungs* exhibit no evidence of disease.

The *liver* has been found enlarged from congestion, and the gall-bladder more than usually distended with bile; and, what may be considered worthy of being noted, no obstruction to the free escape of the bile through the ducts, even in cases in which the jaundice had been well marked, can be detected.

No disease in any portion of the alimentary canal is discoverable.

The *spleen* exhibits the most marked and constant lesion, more especially as to size or volume. It was noticed in a considerable number of cases in the Edinburgh epidemic, 1843–4. Dr. Wardell saw several in which this organ was three or four times larger than natural: in one, it weighed twenty ounces. This splenic enlargement was observed by other physicians during the same epidemic: thus, in a fatal case examined at the London Fever Hospital, the spleen weighed thirty-eight ounces. It thus appears that this organ is occasionally larger in relapsing than in either typhus or enteric fever.

Urea has been found in the blood. In a fatal case recorded by Dr. Wardell, in which the patient fell into a state of stupor twenty-four hours before death, crystals of nitrate of urea were discovered in considerable abundance in the blood taken by cupping, ordered for the relief of the cerebral symptoms.

It thus appears that, with the exception of splenic enlargement,—a lesion common to the other forms of fever, continued and periodic,—there is no special lesion found after death in relapsing fever. If structural changes be discovered, they are to be regarded as accidental, and due to some secondary or intercurrent affection.

FEBRICULA.

This term is applied to a fever of short duration, and includes the *ephemera*, a fever which generally lasts twenty-four hours—seldom more than thirty-six, though instances have occurred in which the symptoms have persisted for three days.

This *ephemeral* or *diurnal* fever is very rare. I have seen a few examples of it, but it does not exhibit anything peculiar, except its limited duration; the symptoms, in fact, are those of the commencement of an acute febrile disease, with abrupt termination.

It has been supposed to arise from violent exercise, great fatigue, errors in diet, sudden mental excitement, the influence of excessive heat, as that of tropical climates, or exposure to inclement weather. Its termination is generally marked by a crisis, such as a moderate sweat, or by herpetic eruption, often around the lips. An ephemeral fever is occasionally observed in hot climates, the paroxysm of which, though of short duration, is very violent, and occasionally even fatal, by congestion of some important organ, more frequently of the brain, or liver and spleen.

The *febricula*, properly so called, comes on somewhat suddenly by chills, followed by irregular paroxysms of heat of skin, by loss of appetite, thirst, quick full pulse, white tongue, loaded urine, acute headache, and sometimes delirium. These symptoms, more severe in some cases than in others, continue for a few days—seldom more than a week—then gradually subside, often after a moderate diaphoresis or copious lithic deposit in the urine, and the patient in a few days regains his ordinary health.

I must say, however, that though I see almost daily cases of a short, mild fever, in which there is no special lesion or complication, at least so far as indicated by symptoms, I am not inclined to encumber our nosology of fevers with a doubtful novelty. It is a very convenient mode of classifying mild cases of either form of typhus, or of relapsing fever in which the second fever or relapse does not occur. Indeed, I do not know a single pathognomonic feature of what is called febricula, except that it runs its course in a few days, and is always a very mild disease. But we have seen that ordinary typhus, as well as enteric fever, are often mild and of short duration, scarcely requiring treatment; but it surely does not require that a new nosological term should be introduced merely to accommodate such cases.

Febricula is said not to be contagious; but I apprehend that, if under this name are included cases of mild typhus, or of relapsing fever without the relapse, no one can predict with certainty that the disease will not spread.

Again, if uncomplicated, it is never fatal; but we have seen that secondary lesions arise in the progress of both typhus and enteric fever, and therefore some intercurrent local inflammation may spring up in cases of so-called febricula, the more common being some form of pulmonary affection, by which its progress may be protracted.

But on the whole question of febricula—whether it should be considered as a distinct form of fever, or merely as embracing the milder forms of typhus and enteric fever—my own opinion is in favour of the latter view. In the existence and occasional appearance of ephemera as a distinct form of acute fever I unhesitatingly believe, and it is very probable that it may, and does occasionally, lapse into a mild acute typhus—the synocha of some writers—and run its course in a few days.

Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS

OF

PARALYSIS OF THE LOWER EXTREMITIES.

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LECTURE I.—(PART II.)

BEFORE relating cases of reflex paraplegia with autopsy, I will mention a number of cases showing that this paralysis is really due to an irritation springing from various sensitive nerves, and that its cure depends upon the cure of the disease which has caused this irritation.

1. *Cases of Paraplegia due to a Disease of the Uterus.*—In 1855, a young lady consulted me for what she called an extreme weakness, which was really a paraplegia, almost complete at each menstrual period. No diminution of any kind of sensibility; no paralysis of the bladder or the rectum; no symptom of hysteria. Dysmenorrhœa, anteflexion of the uterus, which was extremely sensitive, very large and congested, bearing-down pain, &c. In a few days after the use of a bandage to support the womb, a great amelioration was evident; and, in less than two weeks, the paralysis had entirely ceased. It had lasted six months, and had been treated in vain by strychnia, galvanism, shower-baths, steel, and other tonics.

Lisfranc ("Clinique Chirurgicale de la Pitié," vol. ii., p. 199, 1842) mentions the case of a lady, completely paralysed of the lower limbs, who was vainly treated, by the most active remedies, for a supposed affection of the spinal cord, and who became better only when treated for a chronic metritis. The progress towards a complete cure, which was obtained after a long period, took place gradually, the change in the paraplegia following that of the inflammation of the womb. Lisfranc mentions another case in which also the gradual amelioration of the paraplegia corresponded with that of the disease of the uterus, and a complete cure was obtained.

An excellent observer, Dr. Nonat, has seen seven or eight cases of paraplegia, depending upon an affection of the womb, in which the paralysis was quickly cured after the cure of the disease of the uterus. Those cases show that when the uterine affection is limited to one side the paralysis is also limited to the lower limb on the same side. The cases have been published by a pupil of Dr. Nonat, Mr. Esnault, ("Des Paralysies Symptomatiques de la Métrite et du Phlegmon Utérin," Paris, 1857.)

Mr. Henry Hunt, of Dartmouth, Professor Romberg, Dr. Wolf, of Bonn, Leroy d'Etiolles, jun., and others, have also

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mentioned cases of paraplegia, following a disease of the womb, and more or less quickly cured after the cure of this disease.

What is the mode of production of paraplegia in those cases? We cannot admit that paralysis was due to a pressure upon the nerves of the lower limbs,—at least in most of those instances,—as the enlargement of the organ was not sufficient to produce such an effect. Besides, in those cases sensibility was but slightly or not at all diminished, which excludes the idea that it was chiefly or solely a pressure on the nerves of the lower limbs that caused the paralysis. We must therefore admit that it is either through a peculiar influence upon the spinal cord, or in consequence of some alteration in the blood, that paraplegia takes place in cases of disease of the womb. This last explanation, of which I would not have spoken if it had not been represented to me as the right one, we must reject, because there is no reason whatever why an alteration in the blood should rather produce a paralysis of the lower limbs than of the other parts of the body. We must conclude, then, that it is through a peculiar agency upon the spinal cord that an affection of the womb produces a paraplegia. What this agency is we will try to show in another lecture.

2. *Cases of Paraplegia due to a Disease of the Urethra.*—Graves ("Clinical Lectures on the Practice of Medicine," 2nd edit., edited by J. M. Neligan, M.D., 1848, vol. i., p. 554) relates the case of a sailor who was treated by Dr. Hutton for a stricture of the urethra, due to gonorrhœa. There were chills, dysuria, and loss of power in the lower limbs. "A very remarkable amendment took place in his back and lower extremities in a few days after the first introduction of the instrument; in fact, it was almost sudden." The paraplegia was soon cured, together with the disease of the urinary canal. Several cases, more or less similar to this one, are related by Leroy d'Etiolles, jun., and other writers.

3. *Cases of Paraplegia due to Inflammation of the Bladder.*—In a patient whom I saw in one of the wards of the Charité Hospital at Paris, under the care of Rayer, and whose case is published at length by Leroy d'Etiolles, jun., ("Des Paralysies des Membres Inférieurs," &c., Paris, 1856, pp. 57–59,) the lower limbs became weak after an incontinence of urine, due to a gonorrhœa. Cystitis appeared, soon followed by a notable but incomplete paraplegia. Gradually the paralysis diminished, while the inflammation of the bladder was subsiding, and a complete cure was obtained. Several other cases like this one are recorded by Leroy d'Etiolles, Macario, and others.

4. *Cases of Paraplegia due to a Disease of the Prostate.*—A patient consulted Rayer, Magendie, and Leroy d'Etiolles, sen., for an enlargement of the prostate, which was followed by a paraplegia. The swelling proved to be due to an abscess, which opened, and continued for some time to give out pus. When the suppuration stopped, the paraplegia began to diminish, and was quickly cured (Leroy d'Etiolles, jun., *loc. cit.*, p. 83). Other cases, nearly similar to this one, have been observed by Civiale and others.

5. *Cases of Paraplegia due to a Nephritis.*—Rayer has published several cases of this kind of paraplegia in his classical work on Diseases of the Kidney ("Traité des Maladies des Reins," vol. iii.) In one case, weakness appeared in the lower limbs of a patient some time after he was attacked with nephritis. An amelioration soon took place in the nephritis and in the paralysis, under a treatment directed against the former. The patient left the hospital; but a short time after he was suddenly attacked again with acute symptoms of nephritis, and lost the power of standing on his feet. Cupping and diuretics quickly cured the inflammation of the kidney, and in less than a fortnight he was also cured of the paraplegia. It must be remarked how quickly in this case the symptoms of paraplegia appeared and disappeared twice after the production and the cessation of a nephritis.

6. *Cases of Paraplegia due to Enteritis.*—Two cases are recorded by Graves, (*loc. cit.*, vol. i., pp. 547–9,) in which the lower limbs were paralysed after an attack of inflammation of the bowels. There was no numbness, no pain, no formication. In one only of these cases the bladder and rectum were a little paralysed. In both patients there was a marked loss of the muscular sense. They both recovered. Zabriskie mentions a case of cure of paraplegia in three weeks, after the cure of an inflammation of the colon, which seemed to have caused the paralysis (*Gaz. Méd. de Paris*, 1842, p. 296). Several cases of paraplegia, apparently due to dysentery, and cured after the cure of this affection, are also on record. (Macario, *Gaz. Méd.*, 1858, p. 161.)

To the cases of inflammation of the bowels we may add those of irritation of these organs by worms. Such cases of paraplegia cured immediately, or in a short time, are indeed far from being rare. We will only say that instances of this kind have been observed by Bremser, by Mœnnich (*Biblioth. Méd.*, vol. lxi. p. 269), and by Dr. Calvert Holland (*Edin. Med. and Surg. Journal*, 1845, vol. lxiii. p. 325).

7. *Cases of Paraplegia due to an Affection of the Lungs or the Pleuræ.*—Three cases of this kind are recorded by Macario (*L'Union Méd.*, 1859, p. 276). I have seen a similar case (in 1849) at the Charité Hospital, in Paris. The patient I saw was cured in a few weeks. Two of those seen by Macario were cured, and one died.

8. *Cases of Paraplegia due to Diphtheria.*—Maingault ("De la Paralysie Diphtérique," Paris, 1860, p. 45) relates the case of a young girl who, after an attack of diphtheria, became completely paraplegic. For a fortnight no change, but from that time gradual recovery; complete cure in three months. Trousseau has seen a similar fact in a child nine years old; and Sellerier has seen paraplegia, following diphtheria, cured in a month, in a gentleman forty years old (Maingault, *loc. cit.*, p. 46). I will try to show, hereafter, that paralysis due to diphtheria ought to be considered in the same light as the cases of paralysis more evidently of a reflex origin.

9. *Cases of Paraplegia due to Teething.*—I have seen a very interesting case of this kind in which the paraplegia, which had appeared at the very beginning of the second dentition, in a boy five years old, increased and decreased alternately at the time of, and after, the cutting of each of three molars. In that case there was a slight contraction in some of the paralysed muscles. Simple hygienic means, shampooing, galvanism, and a decoction of cinchona bark, were employed with success. The child was cured two months after the cutting of all his teeth (except the so-called "wisdom teeth"). Underwood has seen a case of paraplegia appearing after every cutting of a tooth. Fliess and others have already shown the relation between teething and paraplegia, and it would not be difficult to prove that those very able writers (especially Dr. Kennedy and Dr. West) who think that it is chiefly the condition of the bowels in teething that causes paralysis have been misled by the fact that very frequently enteritis precedes paralysis. Usually, enteritis in teething, as well shown by Dr. Cain and Dr. Fraser Campbell, is produced by a reflex action, and paralysis seems to be generated in the same way.

10. *Cases of Paraplegia from Irritation of Nerves of the Skin.*—Amongst these cases are the very numerous ones due to cold and wet. Graves (*loc. cit.*, p. 563) relates the case of a gentleman, fond of shooting, who became paraplegic after having exposed his lower extremities to wet. There was no pain in the back; no tenderness on pressure. He was but incompletely cured. This is the kind of reflex paraplegia which usually is most difficult to cure. However, it may be completely and very rapidly cured, as shown by two cases, one mentioned by Dr. T. Watson in his classical work "On the Principles and Practice of Physic," in which case the cure was obtained in a few days, and the other by Dr. W. Moore, of Dublin (THE LANCET, vol. ii. 1859, p. 282), in which case the patient, who owed his paraplegia to a long exposure to a heavy rain, was cured after six or seven days of treatment.

Graves (*loc. cit.*, p. 557) gives a case of hemi-paraplegia due to the irritation of cutaneous nerves by erysipelas, occupying the calf and inside of the right leg. The erysipelas yielded to treatment, but for several days the patient was altogether destitute of any power of motion in the affected limb. It is evident (says Graves) that this must have been a reflex paralysis, as the muscles which move the leg on the thigh lay far above the part in which the erysipelatous inflammation existed.

11. *Case of Paraplegia arising from Disease of the Knee-joint.*—I have had under my care a gentleman, who, according to all appearances, became paralysed of the two lower limbs in consequence of the irritation starting from an acute inflammation of the synovial membrane of the left knee-joint. The paralysis at first was limited to the left limb, but soon appeared in the other. The arthritis became chronic, and then it was observed, a great many times, that every increase in the pain, due to this inflammation, was followed by a corresponding increase of the paraplegia, and that the reverse occurred, as regards the paraplegia, when the pain diminished or ceased. There was no special symptom of any affection of the spine or its contents—except, of course, the paralysis, and a notable degree of muscular atrophy. The patient, after five months of treatment, was very much improved, and could walk pretty well, except at times, when there was a return of the pain in the knee.

12. *Cases of Paraplegia due to a Neuralgia.*—Two years ago I saw a case of this kind in consultation with Dr. Gordon, of Boston, U.S. As this is not a case of rapid cure, I will not

speak of it now. Several cases of paraplegia, with or without atrophy of the paralysed muscles, are mentioned by Notta, (*Archives de Méd.*, Nov. 1854, p. 556.) All the patients have been cured of the paralysis some time after the cure of the neuralgia.

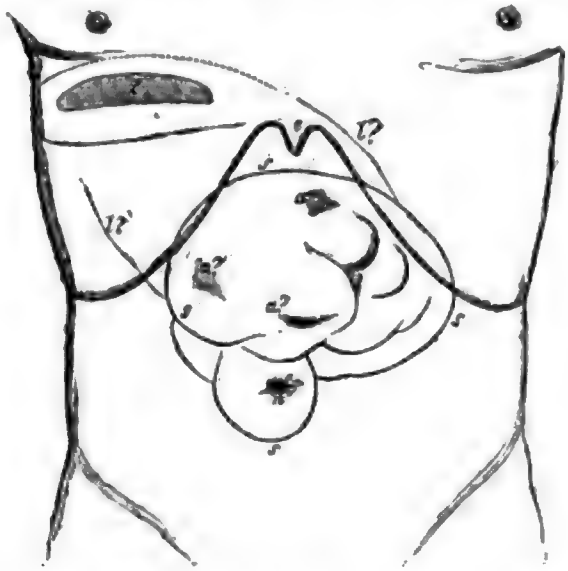
The above cases, and many others which we could mention, show that the production of paraplegia may be associated with irritations starting from very different parts—such as most of the viscera, the skin, the mucous membranes, and the trunks of nerves. In all these cases we find that paraplegia has followed the outside irritation, which we consider as its cause, and that the cure of this paralysis has been more or less quickly obtained after the supposed outside cause had been suppressed. Besides, in many of these cases we find the supposed effect increasing or decreasing gradually, in correspondence with the outside irritation, and in several instances we find that even without treatment the paralysis disappeared after the cessation of its supposed cause; while, as a general rule, no treatment of the paraplegia seemed to have the least influence so long as the outside irritation was not alleviated, or had not entirely ceased. In some cases we find that paraplegia appears and disappears altogether, twice, or many more times, in correspondence with the renewed production and cessation of the outside irritation. Can there be more decisive proofs that it is the outside irritation starting from some sensitive nerves in various parts of the body which produces the paraplegia?

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

COMPLICATED CANCER OF THE STOMACH.

THE patient, a dancing master, aged about eighty-five, of spare, but still vigorous, frame, was admitted on the 5th of March, 1860. An occasional vomiting, latterly become frequent, and a sense of tightness in the epigastrium, increased by food (especially in any quantity), were the only symptoms he owned to. They dated from five months back. For the last few weeks, however, he had noticed an epigastric swelling, utterly painless to manipulation, but slowly increasing in size.

This swelling, mapped out with pen and ink on the abdomen, showed the annexed outline.



s, swelling, distinctly lobulated or nodose, both in its outline and on its surface. *l*, liver. *n*, navel. *e*, ensiform appendix. *a*, *a?*, *a?*, points of the surface of the swelling at which adhesions were presumed, and questioned, respectively. *l?*, *l?*, very questionable outline of continuity between the swelling below and the liver above.

Now as to the diagnosis. The characters noted in this tumour—which, by the way, turned out to be decidedly sensitive to deep pressure above and to the left of its centre—left little doubt that it was cancerous. Let me add, too, that even without any detectible swelling, the patient's age, his face, the treacherous slightness and the significant accretion (or mode of growth) of his symptoms, would together have made me unhesitatingly assert a cancer of the stomach.

Thus, then, the symptoms pointed to the stomach. But did the physical signs also? In other words, was the cancerous swelling liver, or stomach, or both?

At first, finding that I could make out some intestine occupying a distinct interval between the liver (*l*) above and the swelling (*s*) below, I was inclined to think the whole tumour gastric. But then, again, as there was no symptom of ulceration having commenced on the mucous surface of the stomach, (as it generally does long before a quick-growing cancer attains this size,) I thought the liver must form at any rate a large part of the mass.

By-and-bye came gastric ulceration, marked by grumous vomiting. Later still I thought I traced some continuity between the pushed-up edge of the liver in contact with the hypochondrium (*l*), and the tumour, as indicated by the dotted lines (*l?*, *l?*). But this was never distinct.

I have just been reminded by our house-surgeon of another detail of the diagnosis, which I dare say seemed at the time a perilous refinement. The cancer was alleged by me to occupy the small curvature.

Of many slight points which went to build up this conjecture, I will only adduce one here. The small curvature is the *hinge* of the stomach. And just as a cord, or any other fixature or embarrassment, would produce a minimum of disturbance at the hinge, and a maximum at the free edge, of a door; so, other things being equal, a gastric lesion attended with the minimum of symptoms is probably situated at or near the small curvature.

Lastly, as respects the prognosis and treatment, the comparative success of the latter was the failure of the former. A man of eighty-five, unable to eat and drink save in the smallest quantities, and these often vomited; a failing pulse; and a large cancerous mass of increasing size;—all these were data such as entitled one to doubt whether the patient could live beyond three weeks. Had I been asked the question respecting an affluent patient at an ordinary consultation, I should certainly have answered it by this conjectural limit; and should probably have been right.

But amongst the poor who crowd our hospitals, just as you can never tell how much they have wanted, so it is obvious that you are equally ignorant of what proper remedies, food, drink, nursing,—in one word, comfort, can effect.

Constipation was relieved by a large cod-liver oil enema, which in such cases combines food and physic in a very desirable manner. Vomiting was checked at once, scarcely to return again at all, by a proper selection of the food as to quantity and quality. Note, too, that opium, quinine, and iron, in the form of pill, favoured (rather than prevented) the immediate arrest of this formidable symptom. In three days the very small and frequent doses of milk and beef-tea hitherto given were exchanged for meat, wine, and, indeed, a rather generous diet. Slowly, however, his flesh and strength decreased; and he finally died, quite painlessly (so far as we could learn), about six weeks after his admission.

A flattened cancerous mass, of about the size of half a small orange, occupied the lesser curvature of the stomach at about its middle. The mucous aspect of this mass was an ulcerated surface, with bloody fungous edges and points. Its serous aspect adhered to the liver and diaphragm. The remainder of the swelling detected during life was formed by secondary cancer of the liver, the deposit being distributed in large nodules throughout the whole substance of this organ, but especially accumulated towards its anterior half. There was no adhesion save at the point marked *a*.

I cannot refrain from quoting a case closely akin to the above, and, like it, valuable as an illustration of this disease; against the diagnosis of which, health and longevity, both in the patient and his family, often count for as little as does the slightness of existing symptoms.

A healthy, temperate, handsome old gentleman, of eighty-five, whose parents had both lived to nearly 100 years, and who might himself have easily been taken to be scarcely sixty-five or seventy years old, was brought to me one morning by his medical adviser, who—he couldn't say why—was getting uneasy about him.

For some months past his appetite had become uncertain, and, on the whole, greatly diminished. He was paler, had lost flesh; very rarely, felt a little nausea; and latterly had some pain in the epigastric and interscapular regions.

These were all his symptoms. Physical signs there were none. Nevertheless, I felt bound to give my friend a decided opinion that the case was one of cancer of the stomach.

Under proper treatment his symptoms were palliated, or rather arrested, for a while—an arrest which the casual sus-

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pension of the remedies by the patient converted into a relapse attended by diarrhœa. In a few weeks I was consulted again. This time I found a perceptible thickening of the pyloric end of the stomach. In a few weeks there was an unmistakable tumour. A few weeks later he died with every sign and symptom of cancer of the stomach. No necropsy was allowed.

ON THE

INFLUENCE OF TROPICAL CLIMATES

ON THE

RISE, PROGRESS, & TREATMENT OF UTERINE INFLAMMATION.

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(*Continued from page 318.*)

In a preceding communication I pointed out the principal reasons which rendered European women unusually liable to uterine disease during a prolonged sojourn in tropical countries. Taking India as an example, I explained that even if the menstrual function had been previously regular in young women going out to India, it became irregular from travelling and the sea voyage; that, without passing through a period of repose, on arriving in India, and before the menstrual function had had time to "right itself," these emigrants of the "upper ten thousand" were launched into the fatigues and gaieties of society, often marrying at too early an age, and even before menstruation had become regular. I observed that, little accustomed to the heat of India, the inexperienced European often imprudently exposed herself, during the menstrual period, to the raw, chilly night air, or to the north-wester, or made too frequent a use of cold water at that time. The pathology of tropical climates was represented as being principally abdominal, Europeans becoming occasionally subject to liver disease and dysentery, which tend to produce uterine inflammation even when they occur in temperate climates. The frequent liability of the European to some form of intermittent or remittent fever was insisted on, as well as the fact that these affections sought out the weakest organ, increasing its tendency to congestion and inflammation. Another cause of uterine inflammation was found in that anæmia and intense debility which usually follow a prolonged residence in a tropical climate.

Proceeding with our inquiry, we come to another question: Secondly,—What influence have tropical climates on the march of inflammatory affections of the womb, both before and after a patient's return to a temperate abode?

From what I have been able to observe, I believe that both acute and chronic inflammation of the womb tell more forcibly on European women when residing in a hot climate, than if suffering from the same complaint in their native country. The muco-purulent discharge and the loss of blood are more considerable both in India, and after returning to Europe; the nervous symptoms more severe and eccentric; debility and prostration of nerve-force are more intense, and felt at an earlier stage of the complaint. Such are the results of my observation, and they harmonize with what might have been anticipated; for, supposing uterine inflammation to have become established in the European resident in tropical climates, from the action of the causes which I have enumerated, it stands to reason that the progress of the complaint will be accelerated by the frequently recurring action of the same causes. The march of uterine inflammation will be made more rapid by the gastro-intestinal affections which are so common. The various forms of remittent and intermittent fevers, which constitute the "common fever" of each tropical zone, cannot be avoided, and we know that these affections single out the weakest organ, and will for a time give an additional impulse to the uterine inflammation; while the ever-persistent action of intense heat increases that radical debility which fosters local congestions and subacute inflammations. Supposing the disease be met by the most judicious combination of constitutional and local measures, they will only be partially successful so long as the patient remains subject to these climatorial conditions; indeed, practitioners assert that, in India, steel and tonics produce so much nervous irritability in women, that their exhibition cannot be continued, however well indicated by theory. Dr. John Jackson, formerly physician to the Medical College Hospital in Calcutta, and Dr. Stewart inform me that, in India,* steel has a tendency to increase uterine congestion, unless it be associated with aperients, which increase the uterine disease by irritating the bowels. They admit, however, that in those anæmic or toxæmic conditions induced by agues, menorrhagia, and other causes, when the lips are colourless and the blood is cold, steel, in some form or other, is absolutely necessary; the best and least exciting form being the syrup of iodide of iron. If the uterine disease remain undetected or without adequate treatment, it is thus more likely to become worse in a given time, than if the same patient had remained without treatment in a temperate climate.

Under these circumstances the patients are generally invalided, but they return home with constitutions very much recruited, particularly if, instead of taking the more expeditious but fatiguing overland route, they patiently submit themselves to the steady action of the sea during the long voyage round the Cape.

This improvement in the general health does not always tell very favourably on the uterine disease, which seems to be sometimes aggravated by the return to a colder climate. My observation, in this respect, coincides with what has been noticed by Dr. J. Johnson and Mr. Ranald Martin with regard to the aggravating effects of a return home on other diseases; for, however plastic may be the powers of the system, it cannot immediately accommodate itself to a sudden change of climate. The constitution is so debilitated by tropical influences that a return to a cold climate may cause a renewal of morbid activity on the part of a previously inflamed organ, be it womb or liver.

Before mentioning the conditions in which I have found my patients on their return home, I may remark, that inflammatory diseases seem to present the same appearances, whatever be the patient's clime and race. Thus Dr. Stewart, in his wide field of observation at Calcutta, Dr. Scott, who was for many years the chief medical officer of the Madras Hospital for Diseases of Native Women, and some of the regularly educated Hindoo practitioners, tell us, that whether it be studied at the bed-side or in the dissecting-room, uterine inflammation presents the same appearances in the Hindoo as in the European; and I have noted nothing peculiar in the pathological aspect of the inflamed uterine tissues in our countrywomen who return to England from tropical climates. The local appearances are the same, but more marked, considering the length of time the disease has lasted. In like manner, the symptoms are often worse than one would have anticipated from the duration of the complaint.

Having pointed out that the progress of uterine inflammation in tropical climates is accelerated by the frequent recurrence of complicating diseases, it remains to be shown that, in attending the uterine affections of those who have returned home from tropical climates, we are liable to find our treatment interfered with by the remains of partially subdued tropical complaints, such as ague, remittent fever, liver derangement, and chronic dysentery.

The pertinacity of hepatic disorders after a return from the tropics is proverbial; chronic dysentery is scarcely less pertinacious, the colon and rectum being thickened and hypersæmiated, even when not ulcerated. The pertinacity of that unknown condition of the nervous system which responds by a fit of ague to any morbid stimulus is another notorious fact, and the long-forgotten Jungle-fever may be brought back by getting the feet wet in our London mud. I need not remind the reader of the pertinacity of anæmia in those invalided in India, if it has resisted the bracing influence of the long sea voyage.

This question of the complications by which the progress of uterine disease may be affected is not at all peculiar to the pathology of tropical climates; it arises daily in consultation practice. In the worst cases which come before us, we have not only to detect disease, but to determine how far the best treatment will be rendered more or less ineffectual by the intercurrence of complicating agencies.

Uterine inflammation, under some one of its various forms, may be clearly defined; but this may be only one element of the case, associated with other pathological conditions, which

* Ferruginous preparations seem to have a similar mode of action in the West Indies: for Dr. Kirkman Finlay mentions to me that, in Trinidad, he has often seen the first doses of some preparation of steel act as an emmenagogue.

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increase the difficulty of curing the uterine disease. This brings us to the treatment of uterine disease in those who return from a tropical climate, which shall be the subject of another communication.

(To be concluded.)

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 10TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

CASE OF IMPERFORATE ARCH OF THE AORTA IN WHICH THE BOOT OF THE AORTA WAS RUPTURED.

BY T. A. BARKER, M.D.,

PHYSICIAN TO ST. THOMAS'S HOSPITAL.

A MAN, aged twenty-four, supposed to be in good health, was suddenly attacked, while lacing his boot, with severe pain in the chest, followed by great dyspnœa. He was supposed to have pericarditis. In about a fortnight he came to the hospital much easier, and was said to be convalescent. There was extended cardiac dulness; no heart sounds; and no impulse, except to the right of the sternum. He died suddenly the next day. The coats of the aorta were not diseased, but it was very greatly dilated from the aortic valves to an inch below the innominata. Just below the ductus arteriosus it was completely closed by congenital malformation. There were two recent lacerations of the aorta close to its origin, and through these blood had become infiltrated into the substance of the heart; this had excited pericarditis, as was shown by a thick layer of shaggy lymph; and death had ultimately been caused by rupture of the visceral pericardium, and the escape of a considerable quantity of blood into its sac. The subclavian and internal mammary arteries were much enlarged.

DR. EDWARD STEPHENS, of Manchester, had once met with a somewhat similar case to that related to the Society. It had every appearance of being congenital, inasmuch as there was no evidence of the existence of a previous inflammatory state. There was no tumour nor appearance of compression, but it seemed as though the aorta had been tied with a fine piece of whipcord just beyond the ductus arteriosus. The impression on his mind was that some natural tendency had existed for constriction to have occurred at that particular part. On examination, the infra-scapular artery was found to be of an unusual size. The injection had not been so successful as he could have wished, but he thought there must be some obliteration of the aorta. The structure of that vessel was, however, complete and perfect, and the arch was only slightly dilated, the collateral circulation being carried on entirely by the supra-intercostal, the internal mammary, and the subscapular arteries. The internal mammary, he was going to say, seemed almost the size of the bronchial, but certainly the supra-intercostal was quite as large. The collateral circulation had evidently been carried on for many years, and the patient was in a perfect state of health. He was a working butcher, accustomed to carry heavy weights, and fell dead whilst carrying a basket of meat. On examination after death, a rupture of the aorta was detected within the pericardium. The heart itself was only slightly hypertrophied, but the aorta had given way in a singular manner. Probably a day or two before the fatal event, the internal and middle coats had become ruptured. The blood had insinuated itself between these coats and the external pericardial covering of the vessel, which was therefore considerably enlarged. In consequence of this weight, the pericardium had given way more than an inch distant from the rupture of the internal and middle coats, and the pericardium was distended with about a pound of blood. There was no valid reason to suppose that any previous disease had existed at the point of rupture.

DR. MACLACHLAN would have been glad to have inquired of Dr. Barker, whom he regretted was not present, whether the case before them was not really one of dissecting aneurism of the aorta. The point at which lesion took place was exactly at the usual site; and it was well known that in these cases the vessel at the point of rupture was frequently perfectly sound. In a similar case which he had under his care some years since, the rupture was found to extend almost entirely round the vessel. Immediately above the valves there was a clean cut as if it had been made by a knife. In the case before the Society, the effused blood appeared to have been bound down in the ordinary manner by that portion of the pericardium which covered the aorta. When this gave way, pericarditis resulted. The case altogether appeared to be one of a common character.

DR. BARCLAY begged to observe, that the author of the paper had stated that when he cut across the aorta he came to a part where there was only a very small hole, sufficient only to admit a probe, and he doubted whether there had not been at that point a complete obstruction of the vessel.

MR. SKEY remarked, that he had been desirous to call the attention of some of the speakers to the circumstance mentioned by Dr. Barclay. It was clear that some obstruction existed. A case of a similar character had occurred in his practice some years since. The patient was a stout, but very healthy, woman, about forty-five years of age, but whose death was not sudden. He scarcely adduced it as a case of rupture, and referred to it merely as evidence that rupture was not inevitable in such obstruction. The circulation was carried on in a very remarkable manner. The bronchial arteries were supplied by the inferior thyroid, and the obstruction was complete at the point of junction of the ductus arteriosus and the aorta. In this case there was, doubtless, some relation to original development; and there were, moreover, a number of peculiarities in it which formed a parallel with those mentioned by Dr. Stephens. The rupture was, in both cases, the result of obstruction, more or less complete, in the arch of the aorta.

MEDICAL SOCIETY OF LONDON.

MR. HILTON, F.R.S., PRESIDENT.

MR. PRICE read a paper

ON THE TREATMENT OF CERTAIN DISEASED CONDITIONS OF THE HIP-JOINT BY COMPLETE AND PARTIAL EXCISION OF THE ARTICULATION.

The author said that what he was about to state to the Society was the result of much inquiry and considerable practical experience; and that it would be for the Fellows to frame their opinions regarding the merits of the operative interference in certain cases of advanced disease of the hip-joint, not from the recital of theoretical observations, but from the strict accuracy of facts. It required no very extensive experience to prove that hip-disease in varied forms was of frequent occurrence, especially in young persons. In 153 instances of disease of different joints which had more or less come under his own observation in one institution alone—the Infirmary for Scrofulous Children at Margate—no less than 76 were confined to the hip. Of this number, 49 occurred in male, and 25 in female children, varying in age from three to sixteen years. Of this number, 10 died; 13 were definitely cured, with useful limbs; 41 were greatly benefited, and the majority on the road to perfect recovery; 8, after remaining for a long time under treatment, improved but very slightly, if at all; in 2 instances more or less of the diseased joint was removed with great advantage; and of the 2 remaining cases no very correct information could be obtained as to the result which followed. Although many authorities on hip-joint disease had pointed out the proneness of certain individual joint-structures to fall into a diseased condition with a greater readiness than other component tissues, still, in whatever portion of the articulation the mischief commenced, total destruction might ensue.

Great difficulty always exists in the correct appreciation of hip-disease, when it has passed its earliest stages, as regards the exact seat of lesion. Sir A. Cooper believed that the synovial membrane, as a rule, was most frequently affected. Mr. Key held that the ligamentum teres was primarily involved. Sir B. Brodie states that the articular cartilages exhibit a greater proneness to take on a morbid condition; while other surgeons think that the osseous portions show the greatest tendency to diseased alterations. No matter in what specific structure unhealthy action commences, the author believes that total destruction of the articulation may take place, although the various destructive changes that ensue are dependent on different causes. Disease of the joint may originate in one structure only, or it may simultaneously include both hard and soft tissues.

Before pointing out the various morbid changes occurring in the later forms of hip-joint disease which call for the most strenuous exertions and skill of the practical surgeon, the

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author gave a very precise account of the history of the operation from the year 1818 to the present time. Altogether he had collected 67 cases in which the operation had been resorted to with more or less success. Of this number he had authenticated particulars of 59 cases, so that the deductions he would draw might be received with confidence.

The history of the operation was interesting. Anthony White was the first British surgeon who resorted to it in the year 1818; but only twice was it repeated during nearly thirty years—once by Mr. Hewson, of Dublin, in 1823, and once by Sir B. Brodie in 1836. The proceeding then remained in this country quite in abeyance till revived by Mr. Fergusson in 1845, when many surgeons followed the example of this distinguished operator. Amongst its earliest advocates were Mr. Henry Smith, (to whom the profession is much indebted for several clear and able practical essays on the subject,) Messrs. Walton, French, Morris, and Cotton. Within the past few years, Mr. Jones, of Jersey, Mr. Erichsen, Mr. Hancock, Mr. Bowman, Mr. Partridge, Mr. Shaw, Mr. Stanley, the author, and many other surgeons, had frequently resorted to it, with more or less success. When the operation was first performed, it was merely applied to the removal of the diseased head of the femur, which had become dislocated on to the wing of the pelvis and severed from its pelvic attachments. The most enthusiastic operators shrank from adopting it when there existed evidence of implication of the acetabulum, for it never occurred to the promoters of the operation that any direct surgical interference could be applied to the pelvic portion of the joint. As time advanced, and the merits of the operation became apparent, surgeons grew bolder, and undertook cases in which extensive mischief involved not only the head of the femur, but the acetabulum. A more correct knowledge of practical pathology soon widened the field for the application of bold and resolute interference, and now the most distressing and apparently almost hopeless cases are submitted to operation with very great advantage.

The author then proceeded to divide the further consideration of the subject into the following heads, as the merits of the operation would be more clearly ascertained when it was shown for what condition of disease the proceeding had been practised:—

Firstly—Where the diseased head of the femur was dislocated from its acetabular connexions, and no disease of the pelvis apparently existed. For this condition 16 instances were recorded. In 10 the operation was perfectly successful, as far as giving the patients useful limbs and much-improved conditions. Of the remaining 6 cases, 3 were perfectly successful so far as the immediate results of the operation were concerned, the patients living for periods of from a few months to two years. In the other 3 instances death followed: in 1 case through erysipelas on the fifteenth day after operation; in the other 2 from general debility, irritation, and tubercles of the lungs.

Secondly—Where the diseased head of the femur was dislocated from the acetabulum, and more or less disease of the acetabular portion of the pelvis existed. 18 cases were submitted to the operation when the local parts were so involved. Of this number, only 6 positively recovered; but before allowing the great disparity of successful and unsuccessful terminations to influence conclusions, it was of importance to sift individual histories of the cases. Of the 12 unsuccessful instances, only in 5 did a fatal result follow as the direct effect of the operation, and in 1 it was owing to erysipelas. The remaining 6 which ultimately terminated fatally were all more or less improved by the operative measures which were adopted. In 2, tubercular disease of special organs prematurely hurried the patients to the grave; in a like number, morbid conditions of the kidney proved the direct cause of mortality; while in another instance, where health and cure were established, valvular disease of the heart proved fatal; and lastly, erysipelas carried off a patient who probably would have recovered. The success, then, in these 18 instances was not so discouraging when it was remembered that the proceeding was adopted at a period too far advanced to lead to any brighter hope of success. Here the operation was employed not solely as a curative proceeding, but as one of palliation, and it is in this light that it must be frequently used.

Thirdly—Where the diseased action was more or less confined to the synovial and cartilaginous structures of the articulation; and if the bony portions of the joint were involved, such inclusion was not of the nature of caries and necrosis. 5 operations only were performed when the parts were in this condition. The author had resorted to the proceeding in 2 instances and with much success and advantage. In 1 case the operation had been performed about three years since, and he now with great satisfaction showed to the Society the little boy on whom he had operated. Out of the 5 cases, 3 were completely cured; 1 lived for fifteen months, and then died from causes apart from disease of the hip; but the 5th case succumbed on the twentieth day after the operation from increasing debility and irritation.

Fourthly—Where the integrity of the joint was more or less destroyed, either femoral or pelvic, or both, although no dislocation or rupture of the capsular ligament had occurred. In this class were included 14 cases, of which 11 recovered with more or less useful limbs, or were on the high road to recovery; 3 died, although at periods varying from three days to three months.

Fifthly—Of those cases regarding which the author possessed no exact knowledge of the details of surgical interference. Under this heading were 5 instances, in which recovery was known to have taken place in 3 cases, and death, it was believed, in 2. Of the entire number of cases thus recorded (59), 33 recovered with good and useful limbs, and with greatly benefited constitutions; 11 were partially successful—i. e., the patients were greatly benefited both locally and constitutionally, and lived for periods between three months and two years, and then died more from other causes than from a recurrence of the disease which demanded interference. 14 deaths resulted more or less directly from the operation; but it would be unfair to say that every case did so, as the operation was occasionally performed when, perhaps, but too slight grounds really existed for any result beyond slight palliation. In 1 case only had the author not been able to obtain the exact result.

These 59 operations were performed, on 53 occasions by British surgeons, in 5 by American operators, in 1 by a French surgeon. The author did not wish to include the 8 cases which are scantily mentioned in the works of various German practitioners.

Attention was next drawn to the abnormal conditions in which the parts concerned in disease had been found at the time of operating. Considerable stress was laid on the difference between caries, properly so called, and inflamed and ulcerated bone; and also on the great frequency of a necrotic state of the bony parts in far advanced stages of the disease, without even rupture of the capsular ligament and luxation of the head of the femur. Caries, when affecting the head of the femur, was often limited strictly to that bone; and although various surgeons had eschewed even a trial of the operation, because they believed in the certain inclusion of both femoral and pelvic portions of the joint, still the author, from what he knew after a fair amount of experience, must deny the compulsory existence of the disease in both osseous structures. Complete dislocation of the caput femoris must not be considered so frequent an occurrence of advanced hip disorganization as some authors had stated. Although many surgeons who had never attempted removal of the pelvic portions of the joint had denied the possibility of removing such when diseased, still it needed but few words to assure the Fellows, that the entire acetabulum could be taken away, when necessary, with comparative freedom. On the table were the head of the femur, and the greater portion of the acetabulum, which the author had lately removed with success; and the cases of Messrs. Fergusson, Erichsen, Hancock, Bowman, Jones, of Jersey, &c., were sufficient to show the falsity of such admissions. To Mr. Hancock belonged the principal merit of having clearly explained the easy way in which diseased portions of the pelvis may be removed.

The author then, as fully as time would admit, pointed out some of the principal features which should guide the surgeon in selecting cases for operation. The manner of performing the operation was detailed, and great stress placed on the importance of subsequent mechanical treatment. The result to be wished for was a limb as useful as Art could contrive. Bony union of the cut end of the femur with the pelvis was to be avoided, for it was found that consolidation and attachment by means of a firm fibrous tissue allowed a very extensive use of the limb, and one amply sufficient to bear the weight of the body.

Before closing his remarks, the author wished to impress on the Society that the operation had only been, as a rule, adopted on such occasions as when life was in danger, or rendered miserable by constant pain and anguish; and, also, that it had frequently been advisable to resort to it simply as a palliative means of affording some relief from suffering. Two cases were exhibited to the Society—one, Mr. Fergusson's first case, in which he had operated just fifteen years ago, and one of the author's, in which the head of the thigh-bone had been removed

about three years since. In both instances recovery, with exceedingly useful limbs, was complete, firm fibrous union forming excellent false joints.

The most convenient instruments for executing the operation, pictures of the splints for mechanical treatment, and various preparations of the parts removed in the author's cases, were exhibited to the Society.

After a few complimentary remarks from the PRESIDENT on the interesting nature of the paper,

Mr. ERICHSEN spoke at length. He congratulated the author on the able manner in which he had brought the subject under the notice of the Society, and the faithful way in which he had recorded every feature relating to the operation. He had several times resorted to the complete and partial removal of the articulation, and with a success which greatly satisfied him. In one of his cases he had taken away the head of the femur, the entire acetabulum, a portion of the crest of the ilium, and the tuberosity of the ischium. A perfect cure resulted. He fully coincided with the author in the majority of points to which he had alluded. The speaker very clearly described the most important features which generally enabled the surgeon to surmise the existence of disease in the pelvic portion of the joint, and entered at length into various interesting particulars relating to the performance of the operation.

Mr. HENRY SMITH, from his early association with the history of the operation, could not but look with pleasure on the great strides it had made during the past few years. He agreed in all the particulars which had fallen from Mr. Price, but wished that the author had entered a little more fully into the consideration of the performance of the operation when disease existed in other organs. From what he had heard he believed that the operation had been resorted to when too much disease of other structures existed, and would, therefore, wish to have the co-existence of disease in other organs of the body always well considered prior to operating. He (Mr. Smith) related one or two cases in which the operation had not been performed on account of mischief in other parts, which appeared sufficient in itself to cause death.

The PRESIDENT put some questions to the author regarding the formation of a new acetabulum, and the conditions which dissection after death revealed.

Mr. BRYANT made some observations regarding the class of cases which he considered unfit for operation, and reminded the Fellows that a number of cases got well without any surgical proceeding.

Mr. PRICE having replied, the Society adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 3RD, 1860.

MR. FERGUSSON, PRESIDENT.

DISEASED SUPRA-RENAL CAPSULES.

DR. PEACOCK exhibited specimens of the above. The skin was extremely dark, the bronzing being in some places more marked than in others. The patient was a youth who had been formerly the subject of hip-joint disease. Shortly before death he had attacks of convulsions of an epileptiform character. Both capsules were much diseased, and probably the seat of tuberculous abscess.

CASE OF OPEN FORAMEN OVALE.

Dr. PEACOCK showed a case occurring in a young woman who died a few days after admission to St. Thomas's Hospital, of acute tubercle. There was no appearance of cyanosis. Some degree of contraction of the mitral valve co-existed with an entirely open foramen ovale. The patient was delicate as a child, but there was no history of cyanosis, which was a remarkable fact as bearing on the cause of that condition.

EAR CRYSTALS.

Mr. TOYNBEE showed an example of an ear in which the ear crystals were much more abundant than usual. The patient had been deaf.

KIDNEY AFFECTED WITH CYSTIC DISEASE.

Dr. SALTER exhibited, for Mr. HOGG, a large kidney (the right), measuring 8½ in. by 4 in., converted into a mass of cysts; no proper structure remaining. The patient had long suffered from symptoms of urinary difficulty, which were referred to different parts of the apparatus by different surgeons, and had daily passed pus in the urine for several years. Some creamy semi-solid substance was found in the cysts, consisting of organic and mineral matter.

INJURY TO THE FEMORAL ARTERY.

Mr. THOMPSON exhibited, for Mr. GAYE of Williton, an example of injury to the femoral artery, in a man aged thirty-one years, which was followed by gangrene in two or three days. Mr. Gaye amputated the limb, and the man appeared to improve at first; but gangrene re-appeared in the stump, and he died in a few days. The injury, which appeared to be inflammation of the vessel producing a firm clot in the interior, was caused by a strain in jumping.

TUMOUR OF THE ABDOMEN.

Dr. HYDE SALTER presented a large cyst-like tumour found in the abdomen of a dissecting-room subject. It was adherent to the liver. No sign of abdominal disease had been observed during life. It had all the appearance of a cæcum. This and the kidney shown above were to be examined fully, and again reported on by Dr. Salter.

TUMOUR OF THE TESTICLE.

Mr. HOLMES exhibited a specimen removed from a child three years old. The growth commenced two years before, and increased rapidly latterly. It resembled hydrocele in external appearance, and weighed nine ounces after removal. It consisted chiefly of fibrous tissue, and was evidently of innocent character.

VERMIFORM SUBSTANCE PASSED FROM THE BLADDER.

Dr. HYDE SALTER showed this, which was taken for a worm by the first observer, to be simply a clot of fibrine. The patient had had hæmaturia for nine years, commencing after a strain received in lifting a heavy weight. It was most probably a cast of the ureter, made of blood coagulum.

Mr. CHRISTOPHER HEATH showed

A CONTRACTED PELVIS,

removed from a female aged seventy-four, which exhibited the changes usually found in mollities ossium, the acetabula being thrust upwards, and the rami of the pubes projecting forwards, with a narrow interval between them. The opening of the pelvis was thus much narrowed, and somewhat of a heart-shape, the antero-posterior measurement at the brim being 3½ in., while that of the inferior aperture was only 2⅞ in., owing to the great bend of the sacrum. The bones of the pelvis were flexible, but those of the limbs were brittle and filled with fat, and exhibited numerous fractures. The woman had been the inmate of a workhouse all her life, and was apparently a virgin, the hymen being entire, and the uterus, &c., very small. She had only been bedridden for two years prior to death. No history could be obtained with regard to the state of the urine.

Mr. HEATH also showed

A DISEASED AND ANCHYLOSED KNEE-JOINT, REMOVED BY EXCISION.

This was from a boy aged eleven years and a half at the time of the operation (1858), who had suffered more or less from the disease of the joint, following scarlet fever, for six years. He was admitted into one of the metropolitan hospitals with an abscess in the joint in 1857, and remained under treatment for seven months. He was brought to Mr. Heath at the St. George's and St. James's Dispensary in June, 1858, with the knee firmly fixed at a right angle, slightly swollen, and with several discharging sinuses which led to bare bone. In the operation, the joint was found to be firmly anchylosed, with the patella fixed upon the external condyle, and the entire joint was therefore removed in a wedge, a small additional slice of femur being afterwards cut off to allow the limb to be straightened with facility. The specimen exhibited had been slightly macerated in order to remove the thickened synovial membrane, but the cartilages were left, showing their erosion and the exposure of the articular ends of the bone. The anchylosis between the femur and tibia was only fibrous on the inner side, but on the outer side bone had been developed, as was seen on a partial section. The boy made a good though tedious recovery, the sinuses continuing to discharge for some time, and even now weeping occasionally. Mr. Heath showed casts illustrating the past and present conditions of the limb, and a photograph of the boy's present state, the shortening of the limb being exactly 2½ in., so that with a high boot he has been able for months to get about most satisfactorily. Mr. Heath also drew attention to the fact that the epiphysis of the femur had been entirely removed, and that it would therefore be very interesting to watch the after-growth of the limb.

APOPLEXY OF THE PONS VAROLII.

Dr. BRISTOWE presented a case which was brought into the hospital in a state of stertor, and soon died; consequently the history was imperfect.

INTESTINE IN TYPHOID FEVER.

Dr. BRISTOWE showed the intestine of a patient who died after five days only of duration of the fever. There was thickening of Peyer's patches, but not ulceration. Dr. Bristowe brought forward some interesting statistics relative to ulceration and perforation of the intestines.

Mr. BALLARD had seen a case in which he believed perforation of an intestine had been recovered from.

Dr. JOHN OGLE exhibited the three following specimens:—

I.—EXTRAVASATION OF BLOOD INTO AND SOFTENING OF THE PONS VAROLII AND MEDULLA OBLONGATA IN AN EPILEPTIC; TUMOUR IN CEREBRAL HEMISPHERE.

This case was that of a woman, aged forty-eight, the subject of epilepsy and insanity for, it was thought, two years, who was admitted into the Somerset Lunatic Asylum about three weeks before death. When admitted she was suffering from "drowsiness," which existed for almost the whole day, but from which she could be roused. Shortly after admission she had two apoplectic attacks, with an interval of three days, and subsequently "giddiness" came on, which was so extreme as to oblige her to keep her bed. She died after being comatose for three days.

After death, the cranial bones were found healthy, and also the cerebral membranes, excepting the dura mater at one part covering the outer and back part of the left cerebral hemisphere, where it was lined to a short extent by a thick, tough piece of fibrous membrane, by which it was firmly adherent to the surface of the cerebral convolutions. At this exact part a rounded, firm, white mass, of the size of a pigeon's egg, was found imbedded in the brain structure, and projecting as far as the surface. This mass had all the appearance of a strumous deposit. The brain tissue beneath, and internal to this tumour, was softened, and of a creamy colour, and the septum and inner surface of the ventricles were also softened. The medulla oblongata and pons Varolii, especially at their posterior or upper parts, were very much softened, and, on section, presented a vast number of spots of ecchymosed blood.

II.—EXTENSIVE EXTRAVASATION OF BLOOD INTO BOTH SUPRA-RENAL CAPSULES; EPILEPSY, ETC.

The case was that of a patient, aged forty-three, who had been epileptic and idiotic. He had had almost a continuation of epileptic attacks by night and day for a fortnight before death, and previous to his death he was extremely comatose.

On post-mortem examination, slight pleurisy and grey hepatization of the lung were met with, and both the supra-renal capsules, besides being highly congested, had their central parts broken down by large clots of extravasated blood. The cranium and brain structure were healthy; but the veins of the scalp, and also the cerebral veins and sinuses, were exceedingly full of blood.

III.—FRACTURE OF THE HEAD OF THE FEMUR (APPARENTLY DURING LIFE), THE RESULT OF INJURY SUSTAINED BY JUMPING, IN A MANIAC.

The summit of the head of this bone was separated from the other parts, and was much softened, the fractured surface of the neck being also softened. The specimens were removed from the body of a maniac, aged forty-one, who for many months had been in the habit of jumping and stamping violently. It was suddenly found that she was unable to stand or get out of bed, and it was thought that she might have broken the neck of the femur. No alteration in shape or length of the limb was seen, but she was never again able to leave her bed. She eventually died of phthisis and perforation of the bowel, five months after the supposed accident to the thigh-bone.

On examination after death, extensive ulceration of the cartilage in the acetabulum was found, and much pus escaped on cutting down to the joint. The point of special interest was to determine whether the fracture of the head of the bone was accidentally made during the post-mortem examination, the bone being previously carious and brittle; or whether the fracture was effected at the time of the supposed accident, and was the direct and sudden result of the violence of jumping, stamping maniacally, &c., the diseased state of the bone following the fracture being secondary to it.

The above three specimens were sent to Dr. Ogle by Dr. Boyd, of the Lunatic Asylum at Wells.

NÆVUS OF LARGE SIZE.

Mr. GASCOYNE exhibited this specimen, from a patient who was the subject of numerous nævi; one involving the parotid gland, and causing death by suffocation; one also was seen in the intestine.

FIBRO-NUCLEATED TUMOUR IN THE MAMMARY REGION OF A MALE.

Mr. WARD showed a specimen removed by Mr. Adams from a man aged forty. It had been of very slow growth. The mammary gland was distinct from the formation, as shown by careful dissection.

COMPARATIVE ANATOMY AND PATHOLOGY.

Dr. CRISP showed some gall-stones from a spotted cava. Also, an extremely large spleen from the wild hare, which weighed 3 oz. 120 gr.

Reviews and Notices of Books.

The Pathology and Treatment of Stricture of the Urethra and Urinary Fistula. By HENRY THOMPSON, F.R.C.S. Second Edition. London: Churchill. 1858.

ON the first appearance of Mr. Thompson's work on Stricture, in 1853, we expressed a high opinion of its merits. This opinion has been confirmed by a perusal of the second edition, which is not a simple reprint or reproduction of the first, but contains numerous additions of an extensive character required by the improved methods of treating the disease of which the work treats, and suggested by the increased experience of its author. These additions have reference, however, not merely to the treatment, but to the anatomy, pathology, and diagnosis of stricture. Thus, at p. 57, we have an *anatomical* classification of strictures, as observed in dissections, into the four varieties of—1, *linear;* 2, *annular;* 3, *indurated annular;* 4, *irregular* or *tortuous.* And at p. 100, these diseases are arranged according to their pathological phenomena presented during life, into—1, the *simple;* 2, the *sensitive* or *irritable;* and, 3, the *contractile* or *resilient* stricture.

The much-vexed question as to the most frequent seat of stricture was ably and fully handled by Mr. Thompson in the first edition of his work. In the present edition he states, that careful re-examination has led him to modify an opinion there expressed that the junction of the bulbous and the membranous portions of the canal was most commonly affected. He now finds "that the part of the urethra most frequently affected with stricture is the portion comprised in the inch anterior to the junction—that is, the posterior or bulbous part of the spongy portion."—p. 83.

The chapter on the Diagnosis of Permanent Stricture has been greatly enlarged, and contains much valuable new matter.

The subject of Treatment, in a work on a special disease, is one that we always approach with no little hesitation. We are generally prepared to find that, however scientific and elaborate the anatomical and pathological chapters may be, those on treatment are replete with descriptions of the author's own special crotchets, the introduction of which to the public as well as to the profession is probably the main object of the book. But in this respect Mr. Thompson's treatise offers a remarkable and praiseworthy exception to the rule. No one special mode of treatment is recommended as applicable to all strictures, but in an eclectic and philosophical spirit he balances the comparative merits of the various methods now practised. Mr. Thompson evidently regards *strictures* as a class of diseases that do not admit of successful treatment by any one method, but in which every case requires to be regarded from an independent point of view, and to be subjected to that plan to which it is more especially amenable. Thus the treatment of stricture by dilatation, by the external and by the internal incision, are considered and analyzed. Although strongly advocating dilatation as the safest and most efficient mode of treating strictures generally, the author recom-

mends the employment of external and internal urethrotomy in certain cases which he thinks are not amenable to successful treatment by dilatation alone. We are of opinion that Mr. Thompson has not been sufficiently guarded in his recommendation of urethrotomy. There cannot be a doubt that additional experience as to the advantages and safety of the treatment by rapid dilatation and absorption, accomplished with the newly-invented tubular dilators, will induce Mr. Thompson, who is both an observer and a thinker, to greatly modify his views on the subject.

Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment; with especial reference to the Application of Nitric Acid. By HENRY SMITH, F.R.C.S., Surgeon to the Westminster General Dispensary, formerly House-Surgeon to King's College Hospital. Second Edition. pp. 108. London: Churchill.

THIS is an expansion of Mr. Smith's pamphlet on the same subject issued last year, and the author has in the present volume entered more fully into the various pathological conditions of the rectum, besides adding several additional cases of successful treatment. Although holding nitric acid in the highest estimation, the author does not discard other modes of treatment, such as the ligature; and very properly insists upon the necessity of combining the use of the scissors with the nitric acid. There can be no question that the removal of the superabundant skin around the anus is most essential for the proper treatment both of piles and prolapsus, since its presence interferes with, if it does not prevent, the proper action of the sphincter muscle. The author records eighteen most successful cases of his own, the majority treated by nitric acid alone or conjoined with other remedies; but we would venture to recommend to his notice, as worthy of trial, the plan devised by Mr. Henry Lee, of strangulating the neck of an internal hæmorrhoidal tumour by means of an ingenious double speculum, then excising the growth and applying the acid to the wound, as a method calculated still further to decrease the possible danger arising from the use of the ligature. The very free use made by Mr. Smith of the acid in the treatment of prolapsus will tend to relieve the surgeon's mind as to any danger which may arise from such energetic measures, the results being in every way most satisfactory.

Foreign Department.

ON THE PHYSIOLOGY OF DIGESTION.

PROFESSOR BUSCH, of Bonn, has had the opportunity of making experiments on digestion upon a woman who had been tossed by a bull, and presented, in consequence of the accident, a fistulous opening communicating with the small intestines. The fistula was so complete that the bowel was divided in two perfectly distinct halves. The upper portion consisted of the stomach, the duodenum, and of a probably minute piece of small intestine; the lower portion was composed of the remaining part of the small intestine, the colon, and rectum. Through the upper half, the food introduced into the stomach, as well as the digestive fluids of the latter organ, the liver, and the pancreas, escaped, no part of them finding their way into the lower half. This state of things was therefore favourable to the study of the action of the stomach, of the biliary and pancreatic secretions, and also of intestinal secretions independently of the liquids just named.

One of the first effects of the pathological state of this woman was a considerable loss of flesh, as observed when she came into the hospital six weeks after the accident. Her appetite was, however, insatiable, though she was as weak as those animals in whom artificial fistulæ are made. She was also very drowsy and cold; but this low temperature was merely objective, for a thermometer introduced into the intestine marked a normal heat. All these symptoms disappeared when the patient recovered a little strength, in consequence of a generous diet.

She used to swallow an enormous quantity of food without feeling satisfied; but by thus eating largely she felt better, though still hungry. When the stomach was empty she felt ill. The woman was so thin that the coils of intestines could be seen through the parietes of the abdomen; and it was observed that their peristaltic movements were as energetic as those of that portion of the intestine situated above the fistula and open to view.

As the intestinal secretion or juice was perfectly pure and unmixed with any chyme, which latter all escaped by the fistula, a good opportunity was offered for studying the nature of that juice. Professor Busch found the quantity always small, and tried its effects upon protein compounds, starch and cane-sugar, these being the first experiments of the kind ever made. The patient was at the same time fed by the introduction into the lower part of the intestine, through the fistula, of beef-tea, beer, soups with flour, meat, hard-boiled eggs, &c. Soon after these injections were resorted to she had numerous stools, a circumstance which had not been observed since the accident. The evacuations had a well-marked smell of putrefaction, without any undigested portions of meat or hard-boiled eggs being noticed in them; this being a clear proof that the intestinal juice acted as a solvent upon the food passing through the canal.

M. Busch used to wrap the various substances introduced in a piece of muslin, after having carefully weighed them, in order to observe the action of the intestinal juice. He noticed that it was principally upon starch that this juice exerted an energetic solvent power.

An interesting point was to find out what would become of fatty matter without the assistance of bile or pancreatic juice. According to expectation, fatty substances passed without being absorbed, or at least but a very small quantity of them disappeared.

M. Busch also examined the state of the substances which escaped by the upper portion,—namely, those which had been subjected to the action of saliva, the gastric juice, bile, and the pancreatic juice. A very extraordinary fact observed was, the rapidity with which the alimentary substances escaped. In from fifteen to thirty minutes after the ingestion of the food by the mouth, it was observed to escape by the fistula; hard-boiled eggs appeared in from twenty to twenty-six and thirty-five minutes; cabbage took from fifteen to nineteen minutes; meat from twenty-two to thirty minutes; and potatoes fifteen minutes. When the meal was plentiful, complete digestion required from three to four minutes. (?)

The substances which escaped by the upper end of the divided canal seemed at first sight to have undergone but little change; they were, however, considerably softened, and the meat presented both longitudinal and transverse cracks or slits. M. Busch thinks that the fluid in which these substances were suspended contained no longer any saliva.

We add a few of the propositions which the author considers as proved by the experiments above enumerated:—

1. The peristaltic movements of the intestines are as vigorous when the bowels are covered by skin as when they are exposed to the air; they withstand the pressure of a column of water two feet high.
2. The intestinal tube has periods of rest and motion.
3. The intestinal juice is secreted in small quantity; its reaction is always alkaline; and it contains, on an average, 5·47 per cent. of solid matter.
4. It decomposes starch and protein compounds.
5. It changes starch into grape-sugar.
6. It decomposes protein compounds with the phenomena of putrefaction.
7. It does not change cane-sugar into grape-sugar.
8. Cane-sugar, when wholly absorbed, does not reappear in the urine.
9. Fat which has not been brought in contact with the bile or pancreatic juice is either not absorbed, or, if so, in very small quantities.
10. The first portions of the food introduced into the stomach reach the first third of the small intestine, on an average, in from fifteen to thirty minutes.
11. Cane-sugar held in solution disappears almost entirely at the beginning of the intestinal canal; any such cane-sugar which reaches the small intestine is changed into grape-sugar.
12. Unboiled white-of-egg is absorbed in the stomach or the first part of the intestine; the portion which goes beyond has not undergone any change.
13. Gum is not changed into sugar; it passes into the intestine without alteration.
14. Gelatine becomes dissolved, and loses the faculty of coagulation.
15. Traces of caseine in solution are found in the intestine after the ingestion of milk.

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16. Fat forms an emulsion with the fluids which find their way into the small intestine, when these fluids have an alkaline reaction; the emulsion is incomplete when they are acid.

17. The mixture of juices in the small intestine has a digestive action on protein compounds.

18. The minimum of the digestive juices, which reach the upper part of the small intestine in twenty-four hours, weighs more than one-seventeenth of the whole body.

Archiv. für Path. Heilk. & Gaz. Méd. de Paris.

LARYNGOSCOPY.

IT would appear that M. Czermak, Professor of Physiology at Pesth, is at present in Paris, where he gives demonstrations of his laryngoscope. The instrument consists of a concave mirror, somewhat like that used with the ophthalmoscope, but larger and more curved, though likewise pierced by a small central ocular hole. A lamp, placed behind or by the side of the patient to be examined, and on a level with his mouth, sends its rays to the mirror, which reflects them into the fauces of the person to be examined. When the patient has his mouth wide open, and the tongue is depressed with a spatula, the surgeon introduces, with great care, below the uvula, a little mirror, the back of which is in contact with the uvula, and placed like that used by dentists when they wish to examine the posterior aspect of the incisor teeth. The little mirror is fixed to a long, thin, and somewhat slanting stem, so that its axis may not be the same as that of the mouth, the plane of the mirror presenting with the stem an angle of 45°. Supposing the patient obedient, and already accustomed to the hardly inconvenient presence of the mirror between the pillars of the palate, rays of light enter the mouth horizontally, and reach in the fauces the plane of the mirror of 45°, which reflects vertically from above downwards. All the parts situated in the course of these reflected rays are thus most vividly lighted. This mechanism is certainly simple; and when the larynx is widely opened, in the act of inspiration, and the epiglottis thereby raised, both these parts are seen in the mirror in the course of the incidental rays. The larynx is brought into view on the produced horizontal axis of the mouth, opposite the observer, in virtue of the equality of the angles of incidence and reflection. The parts composing the larynx are, of course, seen upside down, so that the portion of the larynx which is the nearest seems the furthest, and *vice versâ*. The image is, however, not exactly reversed like that of the ophthalmoscope, for what really lies on the right remains on the right, and so of the left; the inversion only takes place from before backwards, and with regard to the plane of the laryngeal mirror, considered as a symmetrical plane.

It will be perceived that the mechanism is very simple as to physics; but its practical application is really wonderful. Those who have not witnessed the experiments can hardly imagine the width which the expansion of the opened larynx assumes, and the readiness with which it seems to come into view. The larynx is so completely and so easily seen, that one is led to feel some doubts, and to remain wondering at the sight of an organ generally concealed from us, and which usually reveals its presence only by the production of sound.

But doubts soon vanish when the patient utters sounds, for the chordæ vocales, by opening and closing, at once proclaim the mechanism of the voice. The slit of the glottis, made up by the lower vocal cords, is seen in the mirror, which slit opens according to the difference and intensity of the sounds, exactly like a pair of scissors, the top of which is turned towards the observer.

When the opening is gaping, the cylinder of the trachea is seen, and with quiet and well-trained patients the eye can penetrate as far as the bifurcation of the trachea.

Physiology will gain immensely by this laryngoscope; and there is no doubt but pathology will have its turn. Germany may justly be proud of the invention of the ophthalmoscope, and of the instrument we have just described from an article in the *Gazette Médicale* by M. Giraud-Teulon.

M. Czermak has afforded opportunities of studying the laryngoscope by placing it in his own mouth, and has even contrived an additional mirror with which it is possible to view one's own larynx. Already, amongst M. Vigla's patients, has a case of aphonia been examined, where it was found that the inability of forming sounds depended, not on ulceration, but on thickening of the superior ligaments.

In concluding this sketch of the laryngoscope, we are anxious to remind our readers that the idea of the instrument originated with Liston; and mention should also be made of the very ingenious apparatus which was devised by the late Mr. Avery for examining various canals of the human body.

SEQUEL TO THE CASE OF RUPTURE OF THE UTERUS IN A PATIENT WHO HAD, ONE YEAR BEFORE, UNDERGONE THE CÆSAREAN OPERATION.*

INFLAMMATION occurred in the tumour at the term of gestation, an abscess formed, and ulceration took place in the walls of the abdomen. The opening was enlarged, and a fœtus, apparently of six months, was extracted. The patient at first bore the operation well; but on the 7th of March, a fortnight after this artificial delivery, renewed inflammation and fever set in, and the patient died suddenly. No autopsy was allowed.

CATARACT IN DIABETES.

IT would appear from an article by M. Graefe, in the *Deutsche Klinik*, that this surgeon thinks diabetes very frequently the cause of cataract. He examined very carefully, during a journey, a great number of diabetic patients under treatment at different hospitals, and noticed that about one fourth of these patients were affected with cataract. This proportion, M. Graefe states, has also been noted by a great many physicians who have had diabetic patients under their care. It has likewise been observed that both young and old subjects, labouring under diabetes, suffer from cataract, so that the supposition of mere coincidence cannot be entertained. With the young, the soft cataract has been mostly noticed. M. Graefe extracted three times by the linear incision, with favourable results.

CUTANEOUS ERUPTIONS FOLLOWING THE USE OF IODINE.

DR. FISCHER, of Vienna, has published, in the *Med. Wochenschrift*, an able paper, wherein he shows that the continued use of iodine may give rise to eruptions, which assume different forms. He has, in the numerous cases which have presented these eruptions, noticed the four following forms:—1st, the erythematous; 2ndly, the papular; 3rdly, the nodulo-pustular; and 4thly, the eczematous. The author does not venture to account for these peculiar effects of the alkaline salts of iodine, nor has he come to a fixed opinion as to the doses which may produce them. It is, however, important that the facts should be given proper publicity, as iodine eruptions might be attributed to other causes.

THE COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

To the Editor of THE LANCET.

SIR,—You will oblige me by affording space in your valuable journal for the following copy of a memorial just addressed by the practitioners of this town to the Medical Council.

I am, Sir, your obedient servant,

Wirksworth, April 24th, 1860. W. WEBB, M.D.

To the President and Members of the Medical Council.

We, the undersigned medical practitioners, residing at Wirksworth, in the county of Derby, request your attention to the fact that certain persons have been admitted to examination by the Court of Examiners of the Royal College of Surgeons of England, and have had the diploma of Member conferred upon them, without having complied with the curriculum of study set forth in the printed regulations of the College. Regarding this conduct on the part of the College authorities as not only detrimental to the honour of the profession, but contrary to the spirit of the Medical Act, we beg you will give the subject your early and serious consideration.

(Signed) W. CANTRELL, F.R.C.S. Eng., L.R.C.P. Ed.
W. WEBB, M.D., F.R.C.S. Ed., M.R.C.S. Eng.
THOS. POYSER, F.R.C.S. Eng.
CHAS. WALKER, M.R.C.S. Eng.
NEWTON MANT, M.R.C.S. Eng., L.R.C.P. Ed.
RICHD. R. ALDERSON, M.R.C.S. Eng., L.S.A.

CERTIFICATES OF DEATHS IN SARDINIA. — A medical man of that country, who holds the office of examiner of the cause of death, has lately been suspended by the magistrates for having given a certificate of death upon a mere statement of the event without personal examination.

* THE LANCET, March 31st.

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THE LANCET.

LONDON: SATURDAY, APRIL 28, 1860.

THE opening of the College of Physicians for the reception of the General Practitioners of England will constitute an epoch in the history of that institution and of the profession. The position which the ancient Charter of the College conferred upon it as the natural head and governing power over the practice of Medicine in its most extended sense—a position which even in the last century it occupied, and which it abdicated in 1815—is now happily resumed. The idea that the College was a College of Physicians pure and simple, and that it had nothing to do with those who practised Medicine otherwise than according to the Bye-laws of the Corporation, is at last exploded. Forty-five years of progress in science, and thirty-six years of free journalism, have wrought a change in the minds of men. The belief that the educational examining and licensing powers in Medicine could be entrusted with advantage and credit to a trading company, howsoever honest the intentions of the company might be, is now recognised to be a baneful delusion. Notwithstanding the gradual advance in the curriculum of study, and the increased severity of the examinations instituted by the Apothecaries' Society, it has been felt that no efforts, however laudable, could possibly confer dignity upon a diploma issued by a company of druggists. The fundamental error of mis-association could not be corrected by the most judicious administration. Hence, although it has been the fashion to extol the Blackfriars' examination as extensive and searching, nothing could make it respected. The first emotion of satisfaction of the young apothecary at having passed is quickly followed by the desire to conceal a title which he is conscious will bring him no honour. The diploma is valued, like any mercantile commodity, at what it will bring. It forms one-half of the qualification exacted for certain public appointments; it empowers the holder to dispense medicines and to recover charges. Excepting on occasions when these properties of the diploma are called into action, the document and title are usually preserved in discreet obscurity. To accomplish this the more effectually, the Licentiate of Blackfriars commonly resorts to the expedient of covering his Apothecaries' diploma with another. The pliant parchment of a Northern College, or of some European or Transatlantic University, is slipped over the Blackfriars' licence the moment the latter has served its purpose before Boards of Guardians and County Courts.

Herein is the proof of the failure of the Apothecaries Act. The Society confers the only legal medical qualification in England. The possession of this qualification is, in the majority of instances, indispensable. Yet so little is it esteemed, that the English general practitioner is compelled to seek a supplementary and merely honorary title elsewhere. This circumstance is the one sufficient condemnation of the existing order of things. Surely the metropolis of Great Britain ought to confer a diploma and a title honourable enough to render the possession of any other superfluous. This is the case as seen from the general practitioners' point of view. But the concession made by the College involves no detriment to that corporation, and no injury to the order of physicians. True the College will exist, for the future, not for physicians alone, but for the body of the medical profession. But it will assume its legitimate position as the head of Medicine in this country. Instead of the medical teachers and hospital physicians of England receiving curricula from a Company of Apothecaries, the schools will receive their inspiration from the College of Physicians. This change alone will have the happiest effects. Teachers are, we believe, practically, if not expressly, excluded from the Examining Board of Apothecaries' Hall. Yet who so fitted to direct education as those who teach? And, again, who so fitted to examine and license as those who teach? By recovering these functions, the College will have the opportunity of improving and consolidating the scheme of education and the examinations in medicine. According all due credit to the exertions of the Apothecaries' Company in this matter, it cannot be doubted that there is room for great improvement. Substantial improvement, effected under the auspices of the College of Physicians, would entail the further advantage of increased confidence and respect on the part of the public and the profession. Surely the most exclusive Fellows must admit that functions so important and a position so conspicuous will add to the dignity and increase the *prestige* of the College. And is it possible to maintain that what enhances the dignity and *prestige* of the College can detract from the position of its Members?

Having decided upon the course of admitting the general practitioners into the College, the task of giving effect to their resolution will, no doubt, be entered upon with vigour. The mode of doing this will, of course, give occasion to further discussion in the College and out of doors, and to this fertile subject we shall hereafter return.

In every way the projected association of the general practitioners with the College of Physicians is one upon which we may cordially congratulate all parties. The Licentiate of the Hall now becomes the Licentiate of the College of Physicians. Medicine, released from her degrading connexion with a trading company, will resume her place by the side of Surgery. The profession in all its ranks will be elevated in its relations with the public, and the community itself will receive a corresponding benefit.

IT was well pointed out by Miss NIGHTINGALE, in her evidence given before the Royal Commission to inquire into the Regulations affecting the Sanitary Condition of the Army, that primary necessities of management in institutions containing perhaps nearly one thousand persons are the reduction of departments to their smallest possible number, and the definition of their functions. As regards our own war general hospitals, with their many general departments, this has not yet been attempted. Before a patient could eat his dinner in the Scutari General Hospital, it had to be manufactured through the medium of the commandant, who assigned the orderlies and cook; of the engineers' department, who repaired the kitchen; of the purveyor, who supplied a portion of the food; of the commissary, who, through the contractor, provided bread, meat, and fuel; and of the soldier himself, who supplied out of his own kit some of the utensils for eating and drinking. We are told in the evidence just alluded to that a question of hospital repairs has been known to pass from the medical officer to the purveyor, thence to the quartermaster-general's

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department, then to the commandant, then to the engineers' department, and was ultimately decided upon without appeal to the informing judgment,—namely, the surgeon in charge, who saw his patients suffering from a leaky roof and a broken pane of glass without the means of redress. Any system which constantly leads to such a result as this must necessarily be bad, and we are glad to find that a circular has just been issued from the War Office, by the Secretary of State for War, which shows that attempts are being made to improve upon our present army hospital administration. The following are the first four, and the more important, clauses of the circular in question:—

"With reference to Article 3, page 68, of the 'Medical Regulations of the Army,' in which it is laid down that all repairs to hospitals shall be executed under the direction of the purveyor, Mr. Secretary Herbert has determined that until further orders the operation of this regulation shall be suspended, and that the following shall be substituted for it:—

"Repairs of an ordinary character to hospitals, from the immediate non-execution of which no inconvenience to the sick is likely to arise, will be executed by the Royal Engineer Department, in accordance with the regulations hitherto existing.

"In the case, however, of the principal medical officer considering that the necessity of any repair of an incidental nature is urgent, and that no delay ought to be permitted to occur in its execution, the purveyor is empowered to communicate at once with the engineer, triennial contractor, or with his agent, and to order the necessary work to be performed.

"In the event of unreasonable delay occurring in the carrying out of this order, the purveyor is further empowered to order the execution of the work through any other source which may be at hand."

Our military hospital system has hitherto been expensive, inconsistent with prompt and efficient action, and consequently hazardous to the sick. To Mr. SIDNEY HERBERT much praise will be due for gradually breaking through some of the absurd trammels of an effete administration.

AT p. 427 will be found a *verbatim* Report of the Committee appointed to consider the state of the law and practice as regards the taking of Inquisitions in cases of death, and the remuneration now paid to Coroners, and whether it is expedient that any and what alterations should be made in the manner in which such remuneration is now made. The Report will be read with much interest by the members of the profession.

Medical Annotations.

"Ne quid nimis."

A HINT TO THE COLLEGE OF SURGEONS.

THE Museum Committee of the Royal College of Surgeons might probably enrich the national collection of which they are the responsible guardians at the cost of an application to the Secretary of State for India. The Museum of the India House, which contains several extensive and highly valuable osteological and ethnographical collections, is now undergoing dismemberment and distribution. The removal of the business of the Indian Government to the Victoria-street Hotel necessitates the location elsewhere of the collections at the India House. The Hotel would not afford appropriate or sufficient store-room for the birds, beasts, and preparations which have been gathered in an illustrative series in Leadenhall-street. The disposal of these bulky treasures is not without inconvenience to the presiding authorities. The agents of the British Museum have been invited to make a selection for their stores, and have carried off an argosy to their already overcrowded cellars, caverns, and cupboards. A great mass of undistributed matters still remains, and we believe that much of this would form an interesting addition to the collections of the College in Lincoln's-inn-fields, and probably might be had for the asking. Within the last few weeks, we learn that there have been received a further collection of casts of the faces, feet, and hands of numerous types of the hill tribes of India. These are described as being of great ethnographical interest, exhibiting remarkably the distinguishing features of the different races, and many of them throwing light upon the curious customs of the people. There are casts of the hands from Nepaul, showing that the thumb and fingers are amputated just above the first joint. This mutilation is stated to be common amongst the people, each of the nearest relatives of a man belonging to these tribes claiming the privilege of lopping off a joint. The father takes a thumb, as the most honourable; the mother the next finger; and brothers and sisters share the rest between them. This is at once an ugly and inconvenient custom. The appearance of the shortened fingers is as unsightly as their use must be difficult to the mutilated owner.

THE MEDICAL COUNCIL AT LAW.

THE reluctance of the Medical Council to enter upon their judicial and expurgatorial functions has been capped by the signal incapacity which has marked their first efforts in that direction. Everyone remembers the case of Richard Organ, charged with imposing an erroneous description upon the Medical Registrar, and procuring registration by claiming titles to which he had no legal right. The urgent representations of the profession and the press satisfied the Council that they had been deceived, and suggested ample grounds for forthwith striking the name of Richard Organ from the list of registered practitioners. Slow to listen, they were quick in deciding, and instant in action. On the 6th of August, which was Saturday, they sent word that on Tuesday, the 9th, they meant to strike his name off unless cause were shown to the contrary. He lived in the country, and did not receive the notice till the 8th; and he had then no intimation afforded him of the grounds on which the Council were about to proceed. If the unpaid officers of any Registration Association should adopt so slovenly and inconsequential a mode of proceeding, they would assuredly deserve and receive a sharp rebuke from their constituents. But that the Medical Council, with the command of an enormous income, which they have right regally dispensed, should transact their business in a manner unworthy of school-boys, is a subject for astonishment no less than for keen reproach. The expenditure of the Council for the first year stands at £8165 16*s.* 7*d.*; the heading of "Salaries, printing, stationery, rent, &c.," being entered as £4229 13*s.* 11*d.* Surely, with funds so ample and outlay so great, the Council might be expected to have their work done with ordinary intelligence and legal correctness. The first proceedings of the Council, in the exercise of their judicial function, which should have been conducted with especial care, since at this stage each act is a precedent, were marked by injustice, precipitation, and a total ignorance of equity and of law. Common sense provides that, in the most ordinary affairs of life, a man is not irretrievably condemned without a fair opportunity of defending himself. Still less did any public body ever conceive themselves justified in exercising a solemn power of disqualification, newly entrusted to them by Parliament, and having the effect of legalized deprivation of privileges, without calling upon the accused formally to appear in bar of judgment. This is precisely the course by which the

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Medical Council have exposed their proceedings to judicial reprobation, have wasted the funds drawn from the profession in improperly incurred law expenses, and have contrived to affix to their name the stigma of injustice, and attract to their conduct the shaft of ridicule, in a case in which they did that which was perfectly right in a manner which was flagrantly wrong. The mode of proceeding was clearly illegal, and in the Court of Queen's Bench on Monday last the judges decreed that the Council must restore Organ's name, give him notice of the ground on which they were about to strike it out, and call upon him to show cause to the contrary. This very rational judgment gave rise to a sneer at the Medical Council and the profession from their own counsel, Mr. M. Smith, Q.C. He said, that course seemed very clear to a legal mind, but it was not clear to the medical mind. This was courteously answered by Mr. Justice Crompton. It cannot but be greatly regretted that in almost the first act by which the Medical Council have endeavoured to wipe off a name from the Register and to support the character of the profession, they have committed an evident although technical injustice, violated the law, and brought upon themselves a public defeat.

LABOUR AND HARD LABOUR.

THE labours of the medical practitioner amongst the poor are perhaps, on the whole, gratefully appreciated by those amongst whom they toil with so much zeal and devotion. But hospital and dispensary surgeons have frequently to complain of the coolest impudence, the most thankless indifference, and occasionally the most insolent ingratitude. "Sure but ye know that yer paid for't," said a patient to an hospital surgeon last week in our hearing, by way of capping and justifying previous misconduct. A negative was met with incredulity and many knowing winks. No doubt the belief is very widespread amongst the poor that the hospital staff are their paid servants, and this may account for the occasional displays of misconduct and rudeness such as ignorant men think justifiable towards paid attendants. However exceptional these manifestations may be, they should always be firmly repressed. When misbehaviour to the surgeon assumes the form of ruffianism, it cannot, we think, be too severely punished. Mr. Ward, the house-surgeon of King's College Hospital, was last week the victim of a violent assault from a ruffianly fellow, who amused himself by getting slowly drunk during his wife's travail, and interrupted the accouchement by an unprovoked assault upon the surgeon, who had left his bed at four o'clock in the morning to visit a wretched bedroom in a court in Drury-lane, there to relieve the pains of this fellow's wife. We cannot conceive a more unprovoked or unjustifiable display of brutality. The drunkenness might increase the wrong, but could hardly be considered as a reason for mitigating the punishment. He pleaded that it was entirely a mistake, and was let off with a fine of 30*s.*, or twenty-one days' imprisonment. We think this a very light price for the amusement of knocking down, and then kneeling on, his wife's benevolent accoucheur. Three months and "the wheel" would have afforded time for repentance, and have emphasized the sanctity of the medical mission. It was justly urged by the complainant that medical men visit these dangerous neighbourhoods, on the call of distress, at all hours, unarmed save by the confidence springing from a sense of duty. They need protection in this exercise of their vocation. The atrocious conduct of this ruffian ought to have been treated otherwise than as a mere ordinary assault.

THE SETTING SUN IN BLACKFRIARS.

THE chorus of gratulation evoked by the decision of the London College of Physicians to create a new class of Licentiates who may dispense medicines to their patients, is of course by no means soothing or agreeable to the feelings of the Apothecaries' Company. Believing this measure—for which, in the name of the profession, we have long asked—to be highly beneficial, and regarding it as a step to the one-faculty system, we by no means desire to arrest the tide of public favour which will probably set in strongly towards the doors of the College of Physicians. Yet we cannot but point out the somewhat unmannerly treatment which is displayed towards the Apothecaries' Society. Let us be generous, and, above all, let us be just, to this dying corporation. It may have been discreditable to our profession to remain so long under the direction of a trading company; but it is highly honourable to that company that, during the period of that connexion, they have done so much to render themselves worthy of the respect of a liberal profession, and to promote its interests, while they jealously applied the tests necessary for the maintenance of its high intellectual character. It is hardly too much to say that, for many years, the Society of Apothecaries have been in the van of the educational movement which has gradually relieved our professional examinations from the imputations under which they justly laboured at the commencement of the present century. The Society of Apothecaries preceded the College of Surgeons in adopting the principle of a preliminary general examination inaugurated by the University of London. The institution of preliminary examinations, and the recognition of antecedent and collateral instruction as important supplements to a strictly professional education, were first conceded at Blackfriars. It is neither just nor generous to ignore these facts in taking leave of this trading company. If the sun of the Apothecaries' Company is departing, it should not be allowed to set without offering to it a grateful farewell.

HOUSE OF COMMONS.

REPORT OF THE COMMITTEE ON THE OFFICE OF CORONER.

THE Committee appointed to consider the state of the law and practice as regards the taking of Inquisitions in cases of death, and the remuneration now paid to Coroners, and whether it is expedient that any and what alterations should be made in the manner in which such remuneration is now made, and to consider the effect and operation of the Statutes now in force upon that subject, have considered the matters to them referred, and agreed to the following

REPORT.

The labours of the Committee have been considerably lightened by the perusal of the report and evidence of the recent Commission on the Costs of Prosecutions, the Expenses of Coroners' Inquests, &c. The Committee have thought it unnecessary to go again over ground so lately trodden, and have therefore restricted their inquiry within narrower limits than they would otherwise have done. They propose to inquire—

I. On what information the Coroner ought to act.
II. In what cases he ought to hold inquests.
III. How he ought to be remunerated.
IV. Whether any improvement can be suggested in the manner of electing Coroners.
V. Whether any improvement can be made in the summoning of jurors.

1. *On what information the Coroner ought to act.*—The Commission on the Expenses of Prosecutions recommend, "That the Coroner shall, in future, hold an inquest in every case in which he is called upon to do so by a person duly authorized in that behalf, and *in those cases only.*" The Committee cannot agree in this recommendation. The Coroner differs from all other judicial officers in this, that he initiates his own proceedings, while other judicial officers must wait till the matter for their adjudication be brought before them. The Committee are unwilling to deprive the Coroner of the initiative. The evidence shows that confidential or even anonymous communications to the Coroner frequently originate inquiries of the highest value to the public. It is far better that inquests should occasionally be held unnecessarily than that the chances of detecting great crimes should be diminished; and the Committee are therefore of opinion that it is not expedient to

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interfere with the discretion which has from time immemorial been vested in the Coroner.

2. *In what cases Inquests should be held.*—There appears to be a conflict of opinion in many counties between the Coroners and the Magistrates as to the cases in which inquests should be held. The Coroners contend that an inquest should be held in every case of violent, or, to use the expression of Lord Hale, of "unnatural" death; while, on the other hand, it is contended that no inquest should be held unless some suspicion exists that the death was caused by the wilful act of the deceased, or of some other person, or by negligence. It is very desirable that the law should be settled on so important a subject; and the Committee therefore recommend that a Bill should be introduced declaring the law. They believe it to be desirable that an inquest should be held in every case of violent or unnatural death, and also that an inquest should be held in cases of sudden death where the cause of death is unknown, and also where, though the death is apparently natural, reasonable suspicion of criminality exists. They would also wish to continue the rule which requires that an inquest should be held on any prisoner dying, from whatever cause, in the precincts of a jail. The Committee recommend that in the same Act should be inserted a clause, modelled upon the 5th clause of the 11th & 12th Vict. c. 44, to give a summary application to a Judge of the Court of Queen's Bench for a rule calling upon any Coroner refusing to hold an inquest, to show cause why such inquest should not be held. The Act should entrust the power of applying for a rule to compel the Coroner to hold an inquest to the Attorney General. The Committee would also recommend that power should be given by the same Act to the Home Secretary to make regulations, binding on the county police, as to the information which they are to afford to the Coroner, so that the practice may become uniform throughout the country.

3. *How the Coroner ought to be remunerated.*—By the 25th Geo. II. c. 29, it is enacted, "That upon every inquisition (not taken upon the view of a body dying in a jail or prison) which shall be duly taken in England by any Coroner, the sum of 20*s.* shall be paid to him by order of the Justices of the Peace, in their general or quarter sessions assembled, for the county, riding, division, or liberty where such an inquisition shall have been taken, or the major part of them." On this Act it has been decided that the Justices are the judges whether the inquest is duly taken, and that the inquest is not duly taken if it is taken under circumstances under which no inquest was necessary. Hence the Magistrates have the power, which they often use, of disallowing the fee for an inquest whenever they disapprove of the act of the Coroner in holding it. The Magistrates and Coroners, as has been said, often differ very widely as to their view of the law, and in many counties contests have arisen, the existence of which is greatly to be regretted. The Coroners complain that they are unduly checked in the exercise of their duty. The Magistrates assert that, as vigilant guardians of the county rates, they are bound to restrain the holding of inquests within due limits. The Committee think that it is of the utmost importance to the preservation of life and the detection of crime, that inquests should be held in all cases of violent or unnatural, and also in all cases of sudden death, when the cause of death is unknown, and also where, though the death is apparently natural, reasonable suspicion of criminality exists. The Commissioners on the Costs of Prosecution have recommended that the Coroners should be paid by salary; but they did not make this recommendation without depriving the Coroners of all discretion as to the taking or not taking of inquests. The Committee have not been able to agree with the Commission as to depriving the Coroner of this discretion, but they do agree with the Commission in thinking that the Coroner ought to be paid by salary.

Your Committee are of opinion that the Justices in Quarter Sessions assembled shall fix the salaries of the Coroners in their respective counties, and that the fees actually received by Coroners for the last seven years would constitute a satisfactory rule for the general guidance of the Justices in fixing the salaries.

If in any particular case the salary awarded to the Coroner should appear to be inadequate and disproportioned to the annual salaries of other Coroners exercising like duties, a power shall be given to the Home Secretary to revise it so far as to make it proportionate to the general scale of salaries. Provision should also be made for a periodical revision, if after the lapse of years the duties of the office in any district shall have increased or diminished beyond what might have been reasonably expected when the salary was fixed.

The mileage may be still kept under the jurisdiction of the Justices, which will have a quarterly inspection by them of the work actually performed by the Coroner, whilst at the same time it secures a Court through which complaints, either of negligence or over-zeal in discharge of his duties, may be made.

4. *Election of Coroners.*—The election of Coroners is regulated by the 7 & 8 Vict., c. 92, which repeals absolutely the 58 Geo. III., which regulated the election of Coroner in counties. The Act of Victoria gives the Queen in Council power to divide counties into districts for the purpose of the election of Coroner, and then regulates the election for districts so divided. It follows that, whenever no such division has taken place, no Act of Parliament is applicable; not the Act of Geo. III., for that is repealed by the Act of Victoria; and not the Act of Victoria, for that is applicable only to districts formed under the powers which it contains. The Committee recommend the introduction of a Bill to make uniform provision for all elections of Coroners for counties. They think that the ancient constituency of freeholders, extending below 40*s.*, should be abolished, and replaced by the Parliamentary constituency for counties. This would provide a register, and save much inquiry and trouble. The Committee recommend that the duration of elections should be limited to one day, and that the practice should, as far as possible, be assimilated to Parliamentary elections.

5. *Summoning of Jurors.*—It appears from the evidence that there is no statutable regulation of the mode in which Coroners' juries are summoned; and the practice varies in different counties. In all, there is no qualification fixed by law. In some, the jurors are paid for their attendance on each adjournment; in others, they receive no remuneration; and when a fee is given, it varies in amount according to the usage in different localities.

Under the existing law there is no security that the jury now summoned by the Coroner is impartial, and competent to the adequate discharge of the duty.

The Committee are of opinion that the jury list of each county, as now regulated by statute, is the list from which Coroners' juries ought to be drawn. Attendance on due summons at inquests held in the neighbourhoods of the jurors, is less onerous than attendance at the assizes; it is the performance of a duty incumbent on those qualified, and it ought to be discharged gratuitously, as well at quarter sessions as at assizes.

The Committee have considered the Act 9 & 10 Vict., c. 37, which regulates the office of Coroner in Ireland. The Act seems to be framed with care. The elections are by the same constituency, and conducted in the same manner as parliamentary elections for counties, and the Committee have not thought it necessary to recommend any alteration in the law of Coroner for Ireland.

The Bill which the Committee recommend would therefore contain—

1st. A declaration of the cases in which Coroners' inquests ought to be held.

2nd. A clause empowering the Attorney-General to make application to a Judge in Chambers for a rule calling on the Coroner to show cause why he does not hold an inquest.

3rd. A clause empowering the Secretary of State for the Home Department to make rules binding on the county police as to the information they are to give to Coroners.

4th. Clauses giving a power to Justices to fix the salaries of Coroners for counties. Appeal to Home Secretary, and provision for periodical revision.

5th. Clauses assimilating, as far as possible, the election of Coroners for counties to the election of a Member of Parliament for a county.

6th. Clauses directing that the Coroners' jurors be henceforth indifferently summoned from the jury lists of their respective counties, and that all payment to jurors for attendance on inquests be prohibited.

30th March, 1860.

PEPSINE IN THE SEVERE AND OBSTINATE VOMITING OF PREGNANT WOMEN.—M. L. Corvisart has of late advocated the use of pepsine to allay the very dangerous symptoms connected with the uncontrollable vomiting of pregnant women; and it would appear that excellent results have already been obtained. In *L'Union Médicale* of the 17th inst., we find two remarkable cases, reported by M. Baudot, in which the first doses of pepsine immediately relieved the patients, who had been brought to a very low ebb by constant vomiting.

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Correspondence.

"Audi alteram partem."

LUNACY *VERSUS* LAW AND PHYSIC.

To the Editor of THE LANCET.

SIR,—I beg you will allow me an opportunity to direct the attention of the profession to the apathy and apparent carelessness at present existing in the treatment and care of persons of unsound mind. No steps are taken of a sanative nature until some outrageous or even sanguinary act has been committed, and then the patient is sent to an asylum to be *confined*, rather than with the idea of his being placed under a plan of treatment suitable for his case. *Obsta principiis* is not the motto adopted in the treatment of mental diseases at the present time.

One of the causes of this dangerous apathy and delay is, it appears to me, to be found in those injudicious articles which a few months ago appeared in several of the daily newspapers and other journals. The authors of these have now an opportunity of seeing the effects of their miscalled "excellent articles" and "public-spirited letters," written in defence of the liberty of the subject, and for the protection of the Englishman's fireside. It is to these in great measure that so many distressing suicides are due—that so many uncured lunatics are removed from asylums to become suddenly excited, and to inflict injury on their friends or relatives. Nor is it uncommon to find that medical men decline signing certificates, although conscious that the patient is a proper case for an asylum, until they can safely state that the lunatic is dangerous; for they know that practitioners of the highest respectability have had charges of serious import made against them, and have been obliged to appear in the law courts, for performing their duty to their mentally-afflicted patient when the evidence of his alienation was not such as to be patent to everyone at first sight.

It not unfrequently occurs that almost as soon as a patient (I here refer to private patients) suffering from insanity is placed under treatment, even although the most favourable period for that being successful may have passed, a solicitor is empowered, by some of the so-called friends of the patient, to interfere and to demand his liberation, notwithstanding that medical men recommend delay and advise a continuance of treatment. Their advice is unheeded, and their opinion is treated as that of men whose only motive is to keep the patient in order to receive the payments, and who have no desire for the restoration of the lunatic to reason. If the asylum superintendent adheres to his opinion, and is supported by those who have a true desire for the patient's recovery, a writ of *habeas corpus* can be obtained, or, if the patient has means sufficient, the case may be taken before a jury. Now, although a jury may be composed of respectable and honourable men in business transactions, they are not competent to decide on the more delicate indications of insanity; and they consider an asylum only as a prison or place of confinement, forgetting the higher characteristic—that it is for the proper treatment of a peculiar disease. They are also influenced in some measure by the feeling that it is "too bad" to deprive a fellow-creature of his freedom. Unless an amusing delusion arrests their attention, or some glaring absurdity of conduct presents itself, they decide that the patient may have been insane, but is not so when brought before them. They believe that they are quite as able as "the doctor" to decide; in fact, that anyone can tell whether a man is mad or not. Thus the evidence of the physician, who is best acquainted with the patient's state of mind, is set aside as that of an interested party, and he may congratulate himself if he leave the witness-box without being insulted or treated with indignity; whilst the jury return a verdict which does more credit to their hearts than to their sagacity and discrimination.

In illustration of the error of the system, I may here remark, that such a jury might be able, when a man had cough, spat blood, and became emaciated, to decide that he suffered from consumption, or, in another case, that violent palpitation, difficulty of respiration, and œdema of extremities, indicated heart disease; but they are not able to tell of the earlier and more important indications of phthisis, of the gradual development of cardiac valvular disease; nor from the copper-coloured spot of lepra could they diagnose the constitutional contamination existing. All these are left to the physician; and the more a man devotes himself to a special branch of these diseases, the more is his opinion relied on. Not more obscure nor less important are the indications of insanity in many cases, nor less difficult of diagnosis are the symptoms; but those who have the best opportunity of forming an opinion are not relied on; and unless something as evident as hæmoptysis in phthisis, or violent palpitation and dyspnœa in heart disease, is observable, the jury do not detect that the man is insane, nor do they perceive that a plan of treatment is as necessary for the partial lunatic as it is for the subject of consumption or syphilis. Their knowledge is insufficient to teach them that retirement in an asylum, or away from business or relatives, is more necessary for the recovery of the mentally alienated than change of scene and climate for the subject of the former disease. In my opinion, a non-professional jury is not fitted to decide in cases of insanity, for the members of it judge only from exaggerated indications, and evidence is not wanting to prove the truth of this observation.

To show that the preceding remarks are not uncalled-for, a few recent cases are adduced: the first, to indicate the danger to the patient himself, incurred by premature removal from an asylum; the second, to show the danger incurred by objects of his suspicion; and the last, to illustrate the wrong that is done by delay in placing the patient under proper treatment.

Some months ago, a gentleman in good position in business showed evidence of mental alienation. There was no positive delusion, but his conduct attracted attention, and his habits, previously steady, became dissipated. He soon conceived the idea of becoming member of Parliament for a borough in which there was no vacancy, and published circulars, and paraded the streets accompanied by a large dog and a horse adorned with blue ribbons. He associated with the worthless and notorious, and, having money at command, became their prey. The police at last were compelled to interfere, and his friends were applied to that he might be taken care of and sent to an asylum. When admitted, he showed symptoms of incipient organic cerebral disease; but his mind was only so much affected as to be classed as a case of partial insanity. Through the interference of some who called themselves his friends, he was soon removed from the only place where he was likely to receive benefit; but having been restrained for a period from dissipation, he left in a relieved state. Under no supervision, he soon again became the prey of the designing and needy. After a period of excitement and dissipation, during which he unjustly charged his son with embezzlement, the mental agitation subsided, and the succeeding depression commenced. But this was only a phase of the disease; he had not recovered. He confessed to his family that he was ashamed of his past conduct, and, under their supervision alone, he remained at large, depressed and melancholy. He attempted suicide by poison and by a razor; but his children, remembering how they had previously been accused of desiring to get his business into their own hands, were deterred from again sending him to an asylum. An attendant at home had been found to be of little use. At last, one morning the family were disturbed by the explosion of a pistol, and, on reaching his room, found him stretched lifeless on the floor.

To whom was this man's death due? Had the case been subjected to a jury when the patient was in the asylum, the medical men would have been disbelieved; and yet such a result was not unexpected, nor was it difficult to the practised eye to diagnose that disease of a serious nature would become developed.

The next case shows the danger to others when a lunatic is prematurely removed from an asylum through indiscreet interference. In this case, too, I believe a non-professional jury would have decided that the patient was not a proper case for an asylum when he was first placed under treatment, although, to the unprejudiced mind, there was sufficient evidence to prove the necessity for it. Within a week of his removal, he was again placed in an asylum, as the following notes show. The case is abridged from the reports of police cases in the daily papers. It is headed "A Singular Case of Assault." Is it "singular" that a lunatic should assault those he suspects when he is not under any control?

The lunatic was charged at the police court "with committing a violent assault on his brother." A legal gentleman stated that he "had been drinking very hard of late, and while he was inebriated acted like a madman."

"The complainant stated that his brother (the defendant) conducted himself in a very extraordinary manner on Thursday from morning till night. A man came opposite the shop with fire-wood, when the defendant took up a large cheese-knife, and said forty two bundles of wood for a penny were cheap enough, and he would soon cut them up. He then

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turned round upon complainant, and said, 'I will run this knife through you,' and brandished it. The defendant sat down a little while, and then got up and struck his wife. He (the complainant) interfered for the protection of his sister-in-law. The defendant then took up a carving-knife, and brandished it; and, after making use of some threats, went out, and returned with a relative. The defendant committed other strange freaks, and took up a 7lbs. weight, threatening to do some mischief. After his relative had left, he took up a piece of iron and threatened to kill his wife. She screamed aloud, and the complainant remonstrated with his brother, who struck him on the head. The complainant then related other strange conduct on the part of his brother."

"The defendant told a very rambling tale about his being sent to a lunatic asylum for three months, although he was not mad." The defendant's solicitor said "he knew the defendant, and that all his friends did not think him mad, but he acted like a madman." After the magistrate had expressed a belief that the defendant was mad, the solicitor said, "It can scarcely be called legal madness; the defendant is excessively fond of horses, and he buys them when he don't want them." In spite of the interference of his solicitor, the patient was taken care of by order of the magistrate till the necessary examinations by medical men were made, and he was afterwards removed to an asylum.

A most instructive case. Excitement of manner, violence of action, alteration of habits, incoherence of language, and mental delusion, do not constitute "legal madness." No madness but "legal madness" ought, it would appear, to be subjected to treatment; and so such cases as are amenable to treatment must not be subjected to it, because they do not amount to legal madness. Such is the popular opinion expressed by a solicitor.

The case sufficiently illustrates the danger of premature removal from treatment. The explanation of the lunatic's conduct, which does not appear in the report, was that, amongst other delusions and suspicions, he suspected that his wife and brother were on too familiar terms; hence his violence towards them. Is it probable that such a case would recover at home? I believe not; hence the necessity for an asylum.

The third case is that of a solicitor, who committed self-destruction by hanging. A surgeon, who gave evidence at the inquest, stated that "the deceased was in a desponding state of mind, and witness was not surprised at what had taken place." The landlady stated that "he did not ring as usual for his shaving water, and at about half-past two she went into his room, where she found him standing (as she thought) in the middle, with a handkerchief over his face and neck. She thought he must be out of his mind, and went for some of his relatives." The surgeon who made the post-mortem examination "had no doubt the brain was affected." And so this poor man, with relatives and a medical man occasionally visiting him, was permitted to die the suicide's death, and at the inquest the admission of the medical attendant, "he was not surprised at what had taken place," is allowed to pass unnoticed. The coroner's jury return a verdict "that the deceased committed self-destruction while in a state of temporary insanity," and so the matter ends. No one is to blame! No one ought to have looked after a man in a "desponding state of mind," sufficiently marked to enable the surgeon to say "he was not surprised at what had taken place"! Thus melancholics are allowed to be without any supervision, and a man may be allowed to hang in his chamber for twelve hours without being disturbed. Truly this is an enlightened land, but the enlightenment does not appear to have yet extended to the care of those who are unable to take care of themselves.

Numerous cases under this head might be quoted, of mothers murdering their offspring, and then attempting or committing suicide; of men permitted to drink themselves to death; of persons who exhibited "more than usual evidence of lunacy," and yet being uncontrolled, and allowed to end their days by a dose of oxalic acid or opium.

Is not this want of care more than blameable? And when is it to end? It is unfortunate that it at present exists. The medical profession is, it appears to me, not free from blame in the matter: first, for allowing the lunatic to be considered too much as a lawyer's client, and too little as a patient; second, for not paying sufficient attention to the diseases of the mind; and, third, for not offering more opposition to the feeling of the age, which is tending, as much as possible, to remove lunatics from the care of the medical man. Or does the profession believe that the present tendency will come to a suicidal termination, and that reaction in favour of the proper treatment of lunacy will occur? If this be the opinion, it is to be regretted much; for ere the reaction happen, the suicides will be numerous, and the murders many.

Let something be done by the profession to keep the diagnosis and treatment of this most interesting and important class of disease in their own hands.

I am, Sir, your obedient servant,

April, 1860. M.D.

THE ROYAL COLLEGE OF PHYSICIANS AND GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Perhaps you will allow me, through the medium of your columns, to direct the notice of your readers to some observations of mine, published in THE LANCET dated May 28th, 1859, relative to the bye-laws of the London College of Physicians. From those observations it is clear, I think, that the majority of the Fellows, in adopting the recent resolution to open the Licentiateship to practitioners who might dispense their own medicines, have not only acted, as it would seem from your remarks, in accordance with an established precedent, but also in conformity with the bye-laws of the College itself. In fact, the London Licentiates, if they chose, could have supplied their own patients with medicine, provided they did not charge for it, just as the Edinburgh Licentiates can do, without any infringement of the rules under which they gained their admission. Those Fellows and Members of the College, therefore, who might have been opposed to this element of change in its constitution ought to bear in mind that it is not, after all, an actual innovation, as it certainly is not a breach of the bye-laws in their proper and literal acceptation.

I remain, Sir, your obedient servant,

JOHN E. SMYTH, B.A., L.R.C.P. Edin.

China-terrace, Lambeth, April, 1860.

PIROGOFF'S OPERATION.

[LETTER FROM DR. EBEN WATSON.]

To the Editor of THE LANCET.

SIR,—In your number for March 31st, page 329, you make some remarks on the method of performing Pirogoff's operation "without disarticulation," and you assert that it was "first practised by Prof. Pirrie, of Aberdeen, and *dwelt upon* by Dr. Eben Watson in his Clinical Remarks." Again, you speak of the advantages of this operation "as set forth by Professor Pirrie."

Now, I think these statements are not quite correct. I made the proposal of the modification above alluded to as an original proposal. I never knew of Prof. Pirrie's having even performed the operation in that way until the letter of Dr. Martin appeared in your journal. Dr. Martin said he had *seen* Prof. Pirrie perform it so; but it is quite obvious that Dr. Martin may have been mistaken, and, *even if he had not*, his statement did not detract from my claim of originality. How could I know what Prof. Pirrie had done in Aberdeen, where I have never been in my life? But if Prof. Pirrie has published on the subject prior to the appearance of my paper in your columns, that alters the matter entirely. He then will be entitled to the claim of originality, and I shall at once yield it to him. You say in your remarks that the advantages of this new operation have been "set forth by Prof. Pirrie." I understand that to mean that he has done so in some of the public journals. You, however, make no reference to any of them, and I therefore write to ask you still to do so, or to explain why you have written as above quoted.

Your obedient servant,

Glasgow, April, 1860. EBEN WATSON, M.D.

*** Our remarks on the subject of performing either Syme's or Pirogoff's amputation "without disarticulation" were founded upon Prof. Pirrie's "Principles and Practice of Surgery," published in 1852. His practice in this respect has been known to the profession for many years, and understood to apply to either of the operations in question.—ED. L.

A SURREY INQUEST.

To the Editor of THE LANCET.

SIR,—On the 11th inst., I was called to see the body of a man which had just been taken out of the Wandle, where it had evidently been for some fourteen days or more. Over the

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eyes a heavy blow had been inflicted *during life*, as also on the upper lip, *in proximity with which parts considerable extravasation of blood existed*. I pointed out these facts to the constable who was present, and directed him to inform the coroner of the same. On the following evening an inquest was held, when (the name, &c., of the deceased having been identified) the widow gave evidence that he left his house on Sunday morning, March 25th, about half-past seven o'clock, saying he should return in a short time to breakfast; that he appeared to be in his usual health, and that she had not seen nor heard of him since that time until she saw him dead on the morning of the day then present (the 12th inst.); that he was not in the habit of spending a night out of his own house.

At the inquest, the constable was asked if there were any marks of violence on deceased, and he replied that there were only a few scratches on the face, which might, it was intimated, have occurred from the rolling of the body in the water. This closed the evidence, and after a consultation for about half an hour, the jury returned a verdict of "Suicide under temporary insanity." No medical evidence was called, or there might have been a different verdict. Nor can we wonder that a coroner should so often refrain from calling in such evidence, since, as the present coroner told me on a former occasion, the fee was sometimes disallowed, and that he had had to pay it in some cases out of his own pocket. Thus, as the law and practice now stand, any man may be knocked down at night—in this neighbourhood at least—have his pockets rifled, and then be thrown into one of our numerous ditches, or into one of the streams of the Wandle, and at the inquest no medical testimony—the only really valuable testimony in such cases—would be adduced.

I trust, Sir, that you, to whom the public in general and the medical body in particular are so much indebted for salutary reforms, will employ your able pen in exposing an evil so much to be deprecated.

I remain, Sir, yours faithfully,

Merton, April, 1860. J. CHAPMAN DAVIE, M.R.C.S., L.S.A.

*** The extravasation of blood over the eyes would certainly indicate that the man had been the subject of considerable external violence. We cannot understand why the coroner omitted to order a post-mortem examination, and to call Mr. Davie as a witness. The fees of medical witnesses at inquests are paid under the authority of a special Act of Parliament, and the Quarter Sessions has no power to disallow them. We refer to the Statute 6 and 7 William IV., cap. 89.—ED. L.

THE UNIVERSITY OF LONDON AND DR. QUAIN.

To the Editor of THE LANCET.

SIR,—You will oblige a very old subscriber if you will afford a corner in the next number of THE LANCET for the note herewith enclosed:—

"Carlow, Ireland, April, 1860.

"SIR,—I had the honour to receive your circular of the 10th instant, advocating the claims of Dr. Quain to a seat in the Senate of our University. I have the greatest respect for Dr. Quain. The high position he has attained as a physician reflects credit upon the University. I should be most happy to support his nomination to the vacant seat if I had retained a vote in Convocation.

"But there is one part of your circular to which I must object. You state that Dr. Quain 'obtained the first medical scholarship awarded in the University.' By referring to the Calendar, you will find that there were two medical scholarships awarded at the examination for honours held in 1840. The scholarship in Physiology and Comparative Anatomy was conferred on Dr. Quain, and the scholarship in Medicine on the undersigned. There was no priority of date as regarded these two scholarships. I am sure it is only necessary to draw your attention to the error in order to have it corrected.

"I am, Sir, your obedient servant,

"THOMAS O'MEARA, M.B.,

"Ex-University Medical Scholar, London,

"Visiting Physician to the Carlow District Lunatic Asylum.

"To Henry Thompson, Esq., M.B., Secretary."

*** We congratulate the profession on the probable election of Dr. Quain to a seat in the Senate of the University of London. The *prestige* of the London University is mainly due to the reputation of its medical graduates. The number, the high character, and considerable attainments of the medical graduates of the University have elevated their faculty to the highest honours of the profession. The University was intended to provide for those who sought a high academical training at less cost and inconvenience than an Oxford or Cambridge degree entails upon candidates. It has attained this object more perfectly in respect to medical students than to students of the other faculties, because the great hospitals of London afford opportunities of clinical teaching which do not exist at either of the more ancient seats of learning. Hence the great growth and high character of the medical department of the University. In the Senate, however, the representatives of the medical element are in a decided minority; and while greatly contributing to the honour and importance of the Alma Mater, the graduates in medicine have not yet been admitted to that full share in its counsels which they may fairly and usefully claim. We strongly advise the graduates in medicine to exert their utmost efforts to obtain an additional medical representative in the Senate. Dr. Quain has all the claims for this honour which any man can have. His high professional position, his amiable personal character, his liberal, moderate views, and his thorough identification with every movement which has tended to advance the interests of the University, combine to recommend him for the position. Unanimity is of great avail in such a cause; and we hope to see a cordial and concurrent effort made on this occasion which will prevent the claims of our profession from being ignored or defeated.—ED. L.

THE SUMMER STENCH OF THE THAMES.

(LETTER FROM DR. J. M'GRIGOR CROFT.)

To the Editor of THE LANCET.

SIR,—An article in your journal of the 31st ult. has recalled to memory my voluminous correspondence, last summer, with the chairman of the Metropolitan Board of Works, on a proposition of mine for removing the fearful smell of the river during the dog days. The difficulty I had in obtaining from that honourable Board "a crooked answer to a cross question" enabled them to enter the winter period, thinking, no doubt, to congeal my crotchets. Not so. With the bull-dog disposition of the Anglo-Saxon race, I wish to lay hold of the Board again: not hitting at them direct—that I found no use; but a "side dig" with a powerful LANCET may have effect.

Many, no doubt, who travel the slimy deep of the great sewer, for pleasure or business, will pause ere they do so this summer. Penny steam-boat passengers will swear and hold their noses. Captains, engineers, stokers, and call-boys will say a prayer for some, wishing those who are poisoning them were "chucked" into the river. Ask any of the amphibians whom they allude to: "Can't tell." But my humble opinion is, that if the Thames continues in as *bad odour* as last season, the Metropolitan Board of Works, who, you well remark, have never been otherwise than under the *same title*, will come in for a large share of the pie.

Now, Sir, I took the trouble, last year, of "driving" up and down the great cesspool in penny steam-yachts for the ostensible pleasure of discovering when and where I could bring my olfactory nerves in contact with the most abominable emanations of sulphuretted hydrogen; and, if my experience can be borne out by others, I came to a very satisfactory conclusion,—namely, that if in the body of the river there was a "stink," nowhere did I derive more perfume than at the call-barge stations of the steamers. Various were the questions I put to the commanders and crews of many boats. All were unanimous, that if I wanted "real poison" I should just hang on to one or any of their stations about midday in hot weather, when their boats were backing and filling, going ahead and going *astern*, stirring up the pudding in real earnest. "Well," says I, to one of the commanders, after testing the proposition, "you are right. I guess I could rectify it rather." "How?" was the interrogation. "Can you?" says a greasy engineer, popping his head up the stokehole, and taking a survey of my corpus: "if you can, the Lord Mayor ought to give you the freedom of the city in a gold box." I explained my proposition in plain words. "Well," said they, "it seems easy too." "I understand," says the intelligent but smoke-begrimed engineer. "I

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heartily wish that 'ere Board of Works, or whatever they call themselves, would help us out with it."

Now, Sir, the idea is this. The large number of river steamers plying between Battersea and London-bridge in summer are constantly stirring up the filth that escapes deodorization in the sewers, more especially that lying along the banks and barge-stations. The heat of the sun acting on the liquid sewage, increases in an enormous degree the fearful stench. As the steamers cause this, make them consume it, as they do their own smoke. My plan is simply to fit a flat tank on the after-part of the deck, near the steering-wheel, capable of holding about two hogsheads of deodorizing fluid; a pipe descending down the rudder-case would allow the fluid to pass away, regulated by a stop-cock. This would mix efficiently with the sewage stirred up by the paddles, and where the odour was strongest there would the remedy be applied.

Professor Miller acknowledged to me, last summer, that he had no doubt the process would be successful. It is simple, practical, and inexpensive. If half a gallon of Dale's muriate of iron will deodorize 7500 gallons of sewage perfectly, think what may be done by the river steamers in connexion with the deodorization in the sewers. If, Sir, the hint is worthy a place in your columns, give room to this "pleonastic epistle," and oblige your obedient servant,

J. M'GRIGOR CROFT, M.D., M.R.C.P. Lond.,
Late Staff-Surgeon to H.M.F.

Mandarin Villa, Abbey-road, St. John's-wood, April, 1860.

STRICTURE OF THE ŒSOPHAGUS.

(LETTER FROM MR. MACILWAIN.)

To the Editor of THE LANCET.

SIR,—On almost every occasion on which Strictures of the Œsophagus have been the subject of conversation, I have experienced great difficulty in persuading my surgical brethren that there is much to be done in these cases; whereas, as I have always said, there are no cases in which, if treated with the care necessary, both *constitutionally* as well as locally, we obtain more gratifying or triumphant issues. I am seldom without a case in illustration of the foregoing assertion. Strictures of the œsophagus are further of great interest, because in exacting a far more severe or rigid attention to the principles on which these diseases should be treated than is usually given, they bring up in greater relief those which should govern our management of similar affections in other canals of the body.

I have lately received the account of the death of a patient, whose case I published in 1834, and who died only ten days since, at the age of eighty-seven. Her son, from whom I received the narrative, states as follows (the underscoring being his own):—"I am happy to say, that my dear mother experienced no kind of pain or suffering, and died of no disease. She left this world without a struggle or a groan—a truly happy, peaceful end, quite in character with the Christian life she had lived for eighty-seven years. She did not experience any *inconvenience* from her swallow, nor require the use of the instrument for the last seven or eight years," &c.

The case, when I published it, twenty-six years ago, was that of a lady, said to have been about fifty years old (though she must, you see, have been nearer sixty). She was a nervous subject, and dated her first difficulty as far back as twenty years. Her treatment consisted of rigid attention to her general health, and the very careful use of a bougie, preceded by three applications of nitrate of silver in solution. Her surgeon in the country—the late Mr. Dyer, of Ringwood—was directed to continue attention to those points on which her general health appeared to depend, and now and then in the course of the year, if anything suggested its propriety, to pass an elastic gum bougie.

As I have already occupied more space than I had hoped to have done, I will only add, that the experience I have had of these cases has convinced me that their imputed obstinacy has resulted (malignant disease apart) from too much reliance having been placed on the local and manipulatory measures, and too little on the constitutional treatment, the success of which is necessary to the efficient and safe progress of the manipulatory proceedings. I am, Sir, your obedient servant,

Albany Court-yard, April, 1860. GEO. MACILWAIN, F.R.C.S.

P.S.—The patient resided at a distance in the country, and I only heard of the death the day before the interment, so that there was no opportunity afforded for any examination of the part.—G. M.

NAVAL SURGEONS ON HALF-PAY.

To the Editor of THE LANCET.

SIR,—We beg to enclose you a copy of a requisition presented by a deputation from the medical practitioners of this borough to Sir John Liddell, M.D., Director-General of the Navy.

We are, Sir, yours obediently,

F. J. BURGESS, } *Hon. Secs.*
FRED. PAGE, }

Portsmouth, April, 1860.

"We, the undersigned qualified private practitioners, resident in Portsmouth, Portsea, Southsea, Landport, and Gosport, beg most respectfully to call the attention of the Director-General of the Naval Medical Department to the very great injustice we feel we have long been placed under, from the fact of there being young and able naval medical officers settled and practising in this locality, their half-pay placing them in an unfair position as regards ourselves, enabling them to live in a style and dash that generally ensure success. And we further feel ourselves aggrieved, inasmuch as we are called upon largely to contribute towards their support by the present Income-tax, taxing in a serious manner the pockets of our always precarious incomes. We need not state the labour and fatigue attending private compared with official practice; and we now most respectfully solicit that it may please the Director-General to take this representation into his serious consideration, and to relieve us from a grievance which we feel sure has only to be represented to be remedied.

"FREDERICK JOSIAH BURGESS, Ext. Lic. R.C.P. Lond. & F.R.C.S. Lond., Hampshire-terrace, Southsea.
JAS. GREATHAM, M.R.C.S. Edin., & L.A.S., King-street, Portsea.
ALLEN A. DUKE, M.D., Prince George-street, Portsea.
STEPHEN R. NIBLETT, Lic. R.C.P. Edin. & L.A.S., Daniel-street, Portsea.
GEO. F. BLOXSOME, M.R.C.S. & L.A.S., Brunswick-terrace, Southsea.
H. BLOXAM, M.R.C.S. & L.A.S., Parade, Portsmouth.
FRED. PAGE, M.D., F.R.C.S., & L.A.S., Landport.
JOHN O'SULLIVAN, L.R.C.P. Lond.
JAMES DICKSON, L.R.C.S. Edin.
G. J. SCALE, M.R.C.S. & L.A.S., Landport, Portsmouth.
JOHN BUTCHER, M.R.C.S. & L.A.S., Gosport.
JOHN ROBERT KEALY, M.R.C.S. & L.A.S., Gosport.
WM. JOHN RUNDLE, M.D., Ext. Lic. R.C.P. Lond. & M.R.C.S., Gosport.
HENRY SLIGHT, M.R.C.S., Highland Cottage.
JULIAN SLIGHT, M.R.C.S., Portsmouth.
RICHARD BACHELOR, Surgeon, Southsea.

"Portsmouth, April 18th, 1860."

COMPLICATED INJURIES ABOUT THE SHOULDER-JOINT.

To the Editor of THE LANCET.

SIR,—I beg to make a few remarks on the following paragraph in your impression of April 14th, p. 369:—

"A case of more than usual interest occurred to me lately in the person of a man, aged sixty, in Abernethy ward, who had sustained an injury to the shoulder three weeks prior to his admission. The head of the humerus was obviously thrown from its socket, and the flattening of the shoulder was unusually great. The deltoid was tight, and the elbow was drawn from the side. The arm was lengthened by one inch. The head of the bone rotated with the shaft; the coracoid process was unbroken, but there was distinct crepitus on moving the arm. The man was very positive in his assurance that the injury was caused by a direct fall on the shoulder. I made an attempt to reduce the dislocation, under chloroform, by the aid of pulleys. I brought the bone towards its natural relation to the acromion process, by extension downwards, with a padded fulcrum in the axilla. The natural rotundity of the shoulder was restored during the extension, but on its remission it disappeared. On the second day following, I repeated the attempt, more critically, persevering in the extension for nearly half an hour, but with no better success. While under extension the head of the bone became prominent, but returned to its abnormal position on remitting the extending force."

Now, Sir, there is a form of injury of the shoulder commonly recognised by surgical writers, the distinctive characters of which the younger branches of our profession, especially those

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presenting themselves before examining boards, are expected to know. It is described as "Fracture of the Neck of the Scapula outside the Capsule." The symptoms of this injury so closely correspond with those described by Mr. Skey in the case just referred to, that I very much question whether it was not the same. If it were not, it must be highly important to be able to distinguish the one from the other, in consequence of this great practical fact: restoration of the head of the humerus to the glenoid cavity in the one case need not be attempted, for this obvious reason, it has not left that cavity. The separated portion of scapula is retained in apposition with the humerus by the long head of the biceps and triceps muscles, and by the capsule of the joint, and they are thus dislocated into the axilla.

I conceive it would have been highly useful had Mr. Skey given us some positive signs by which to distinguish these two very analogous forms of injury, as it were manifestly absurd to repeat attempts to restore the head of the humerus to the glenoid cavity, the two being at the same time in apposition.

The subject being one of great practical interest, I beg it may be submitted to discussion in your columns.

I am, Sir, your obedient servant,

CHARLES D. ARNOTT, M.D.

Gorleston, Great Yarmouth, April, 1860.

MEDICAL TRIALS.

THE BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.

SUCCESSFUL PROSECUTION OF AN ILLEGAL PRACTITIONER.

IN RE THEED.

ON Tuesday, the 17th instant, Mr. Alfred Walter, solicitor to the Birmingham and Midland Counties Medical Registration Association, attended at the Rushall Petty Sessions, before Mr. Bruley and Mr. Harrison, to support an information, under the new Medical Act, against Thomas Frederick Theed, of Bloxwich, near Walsall, in the county of Staffordshire, who has been for some time practising as a surgeon in that neighbourhood.

Mr. H. F. Barnett, of Walsall, attended on behalf of the defendant.

The case had been adjourned on several previous occasions for the production of the Medical Register for the present year.

Mr. WALTER opened the case, which embraced the following facts:—Theed lived at Bloxwich, and practised as a surgeon in the neighbourhood. In the month of November he applied for, and obtained, the appointment of surgeon to a club, having stated to some of the members, when asked, that he was not registered, but could be at any time, and that he was duly qualified as a surgeon. He signed the certificates of death in the following manner:—"T. F. Theed, for self and E. Llewellyn, M.R.C.S., and L.S.A.;" and he attended the sick members of the club, and prescribed for them.

These facts were proved by several witnesses who were called.

Mr. BARNETT, on behalf of the defendant, contended there was no case made out; that Mr. Theed was in partnership with Mr. Evan Llewellyn, of London, who frequently came down and signed the certificates of death. Mr. Barnett called a witness (who was produced by the defendant and his solicitor, Mr. Theed's ward in Chancery), and she swore that the handwriting to the certificate was not Mr. Theed's, but that of Mr. Llewellyn, who came down from London very frequently, and was down about a week since.

This led to the remark by the Bench, that the certificate was signed "T. F. Theed, for self and E. Llewellyn," and that it was very unlikely that if Mr. Llewellyn signed the certificate he would sign it by writing Theed's name first; but it bore every symptom of the writing being the defendant's.

Mr. BARNETT here contended that the professional title only related to Mr. Llewellyn, and must be read in the certificate as in the singular number, as "Member of the Royal College," and not as "Members." He also contended that Theed never held himself out to be registered.

The Magistrates overruled Mr. Barnett in all his objections, and convicted the defendant in the mitigated penalty of 40s. and costs, or one month's imprisonment; at the same time intimating to the defendant that the smallness of the fine was out of consideration to his circumstances.

Mr. BARNETT said he should apply to the Magistrates for a case for the opinion of the Court above; and it was understood that the case was to be prepared and submitted to the Magistrates.

The Magistrates also intimated to the defendant that his connexion with a duly-registered medical practitioner would not save him from the penalty inflicted by the Medical Act.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MONDAY, APRIL 23RD.

REGISTRATION OF BIRTHS, ETC. (SCOTLAND.)

Sir W. DUNBAR moved the second reading of this Bill, *pro formâ*, in order that it might be reconstructed.

Sir J. FERGUSSON hoped that care would be taken to remove various objectionable features pointed out to the hon. baronet.

The LORD ADVOCATE thought the objections had been obviated in the revised Bill.

The Bill was then read the second time.

Poor-law Medical Officers: Petition from Holsworthy Union, for inquiry into their condition.

Poor-law Medical Relief Bill: Petitions *against*, from Croydon Union, Stourbridge Union, Lancaster Union, and Sleaford Union. — Petitions *in favour*, from Brixworth Union, and York.

Registration of Births, &c. (Scotland) Bill: Petition from Ayr, *against*.

Registration of Births, &c. (Scotland) Act: Petition from Strathbogie, for a more adequate remuneration.—Petitions for relief of medical practitioners in being called upon to give gratuitous certificates of the cause of death, from Tain, Wick, Eric Luther Sinclair, and Inverness.

Mr. DEEDES, to ask the Secretary of State for War upon what principle a deduction of eightpence halfpenny per diem is made from the pay of the surgeon and assistant-surgeon of a cavalry regiment for each horse kept by them for the public service, when the rate of pay of those officers is precisely the same as that of the medical officers of infantry regiments who, under the 21st paragraph of the Warrant of the 1st of October, 1858, are expressly exempted from any such deduction, the words of the paragraph referred to being these, "shall not in future be subject to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service." (Thursday, April 26th.)

TUESDAY, APRIL 24TH.

REGISTRATION OF BIRTHS, ETC. (IRELAND.)

Lord NAAS gave notice that on this day fortnight he would move for leave to bring in a Bill to provide a uniform registration of births, marriages, and deaths in Ireland.

Poor law Medical Relief Bill: Petitions *against*, from Loddon and Clavering Union, and Rotherham Union.—Petitions *in favour*, from Llansaintffraid yn Mechain, Montgomery, Bewdley, Uffculme and Halberton, Stourport and Lower Milton, Martley Union, Surrey, and Thorne and Goole Union.

Poor-law Medical Officers: Petition of Officers of the Holsworthy Union, for consideration of their case.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 19th inst.:—

Bell, Jas. Bradford, Margaret-street, Cavendish-square.
Brown, David, West Gorton, near Manchester.
Dawson, Fred., Islington.
Fyffe, Benj., London.
Harris, Benj., Park-st., Grosvenor-sq.
Harrison, Chas., Lincoln.
Holland, Edm., Rugeley, Staffordshire.
Hope, Samuel, Guernsey.
Hunt, Wm. John, Sheerness.
Hyde, Geo. Edwin, Worcester.
Lancaster, W. Jas., Barnsley, Yorksh.
Leachman, Albert W., Haverstock-hill.
Morris, Isaac, Cliffe, Lewes, Sussex.
Muncaster, Thomas Harbottle, Ulverstone, Lancashire.
Park, Wm., Ulverstone, Lancashire.
Russell, Geo. Ireland, Gravesend.
Schollick, Thomas James, Ulverstone, Lancashire.
Sheldon, Edwin Mason, Liverpool.
Walker, Joseph, Holles-street, Cavendish-square.
Watts, Fred. H., Haverstock-terrace.

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The following gentlemen were admitted Members on the 20th inst.:—

Bennett, Hugh, Llanidloes.
Coleman, Alfred, Wandsworth.
Collins, John B., Yapton, Sussex.
Egles, Gabriel Manning, Lewes.
Hostetter, John, Canada West.
Irvine, Chas. Wm., Aberdeen.
King, Wm. Clifford, Bridgwater.
Kitching, Thomas, Bow.
Lloyd, Edwin, Stamford-terrace.
March, Henry Colley, Newbury.
Orton, George, Cole Orton.
Seabrook, Thos. Edw. F., Maida-hill.
Slayter, W. B., Halifax, Nova Scotia.
Strickland, Edmund, Kirby Moorside.
Trimmer, Henry B., Gloucester.
Walton, Brinsley Marcius, Hampton Middlesex.
Waterson, John, Birmingham.
Wiglesworth, Arthur, Torquay, Devon.
Worley, Wm. Chas., Brington.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 19th, 1860.

Barlow, William Henry, Manchester.
Griffith, Samuel, Tremadoc, Carnarvonshire.
Grindrod, Edmund, Old Trafford, Manchester.
Kingdon, Alfred Sinclair, Bideford, Devon.
Hardin, Charles, Wrington, Somersetshire.
Hill, Samuel, Ballinderry, Antrim.
Hocking, Joseph, St. Ives, Cornwall.
Jessett, Frederic Bowseman, Manchester.
Sissons, William Harling, Hull.
Waterson, John, Birmingham.
Wilkinson, John, Hunmanby.
Williams, Christopher, Williton, Somersetshire.
Williams, John, Doncaster.
Winterbotham, Washington L., Stroud, Gloucestershire.
Yeld, Henry John, Sunderland.

(As an Assistant.)

Warrener, William, Alpha-place, Park-road, Peckham.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—The degree of M.D. was conferred on the following gentlemen, after examination, on the 21st inst.:—

Barron, Bretherton Geo., Lancashire.
Bindon, H. V., Staff Surg., Chatham.
Biskby, Samuel, Co. Tyrone, Ireland.
Candy, John, Sussex.
Coward, William, Durham.
Forster, Thomas B., Devonport.
Gibson, George, Durham.
Greig, John, Forfarshire.
Harvey, Alfred, London.
Hayne, Leonard H. J., Royal Hospital, Greenwich.
Jackson, George H., London.
Logan, Thomas, Ayrshire.
M'Harg, Michael, Antrim, Ireland.
M'Nab, John, Lanarkshire.
Martyn, William, London.
Maybury, Augustus K., Surrey.
Metcalfe, James B., London.
Millar, Samuel, Enfield, Middlesex.
Millman, M'Kinley Alfred, Kirkcudbright.
Murphy, Thomas J., 60th Rifles.
O'Connell, John, Glasgow.
Rains, John, Manchester.
Rix, Joseph, Huntingdonshire.
Somerville, Charles, Staffordshire.
Sommers, John A., Liverpool.
Stewart, John G., Royal Hospital, Greenwich.
Sutton, John, Nottingham.
Tobay, Thomas G., London.
Tulloch, John, 10th Regt.
Tylecote, E. T., Staffordshire.
Waterworth, Thomas H., London.
Windowe, S. Jardine, H.M.I. Army.

On the same day, William Connor was admitted as M.B.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—In the list of gentlemen who passed the examination at this College on the 17th inst., and received their diploma, the name of "George Arnison, Northumberland," should be read "George Arnison, Stanhope, Durham," who on the same day passed his examination at the Royal College of Physicians, and on the 20th inst. was duly elected Licentiate of that College also.

APPOINTMENTS.—Dr. Graily Hewitt has been appointed joint Lecturer on Midwifery with Dr. Tyler Smith in the St. Mary's Hospital Medical School.

Dr. Theodore E. Ladd has been appointed one of the District Medical Officers for Lambeth. The members of the profession who are aware of Dr. Ladd's exertions on their behalf as Honorary Secretary of the London Medical Registration Association will, no doubt, be surprised to learn that during the canvass for the appointment the time and energies he has devoted to that object were actually urged as a disqualification, upon the plea that his time was so much occupied in the affairs of the Association that he would be unable to attend to the duties if appointed. This is not the kind of reward gentlemen ought to meet with at the hands of those for whose benefit they have so largely sacrificed their time and exertions. The services of Dr. Ladd towards the profession have been invaluable; and it is sincerely to be hoped that he will be enabled and induced to continue his labours in furtherance of the objects of the Association with which he is so thoroughly identified.

Mr. E. F. Weston has been appointed Surgeon to the Staffordshire General Infirmary.

THE MEDICAL BENEVOLENT FUND.—The Committee of Management of this excellent charity have made a direct appeal to the members and friends of the profession, instead of the annual dinner, and already a large sum has been subscribed, Mr. Thomas Griffith, of Wrexham, heading the list with one hundred guineas.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.—Professor Quekett will, on Tuesday next, the 1st of May, commence his course of twelve lectures "On the Component Parts of Animals and Vegetables," and continue the same on Tuesdays, Thursdays, and Saturdays, at four o'clock. After which Professor Hilton will deliver six lectures "On the Influence of Rest in the Treatment of Disease."

POOR-LAW MEDICAL REFORM ASSOCIATION (STUDENTS' BRANCH).—A meeting of the Committee of Delegates was held at the Freemasons' Tavern on the 24th inst., J. W. Gatton, Esq., in the chair. There were present Messrs. Fagge and Gatton (Guy's Hospital), Mr. Ward (St. George's), Messrs. Felce and Greenwell (St. Mary's), Mr. Sutton (Middlesex), Messrs. Hill and Bastian (University College), Mr. Clark (Westminster), Mr. Routtledge (London), Mr. Travers (Charing-cross), and Mr. Smith (St. Bartholomew's). The following resolutions were adopted:—

Proposed by Mr. Felce, seconded by Mr. Fagge: "That, provided the second reading of Mr. Pigott's Bill be again postponed till after the 4th of May, a general meeting of students be held on Tuesday, May 8th, at St. Martin's Hall, for the purpose of passing certain resolutions in support of Mr. Pigott's Bill."

Proposed by Dr. Fox, seconded by Mr. Sutton: "That a Sub-Committee be formed to draw up resolutions to be submitted to the aggregate meeting, and to arrange minor details."

Proposed by Mr. Travers, seconded by Mr. Routtledge: "That the Chairman (E. Hart, Esq.), the Secretaries, and Messrs. Fagge, Felce, and Ward, form the Sub-Committee."

Proposed by Mr. Hill, seconded by Mr. Bastian: "That the Treasurers of the various Schools be requested to hand over to the General Treasurers the funds at their disposal."

Proposed by Mr. Sutton, seconded by Mr. Travers: "That this Committee meet on Tuesday next, to receive the report of the Sub-Committee, and to finally arrange as to what Schools shall take the several resolutions at the aggregate meeting."

A vote of thanks to the Chairman was unanimously carried.

W. TILBURY FOX, } *Hon. Secs.*
C. F. SUTTON, }

DEODORIZATION OF THE THAMES.—The Metropolitan Board of Works has, notwithstanding the doubts expressed as to the efficacy of perchloride of iron for the purpose of deodorizing the sewage of London, opened the tenders of various persons offering to supply this material for use during the present summer. These tenders were referred to the Main Drainage Committee, with authority to communicate with Drs. Miller, Hofmann, and Frankland, and obtain such other information as they may deem necessary to enable them to report generally on the subject, and as to the propriety of using perchloride of iron for deodorizing the sewage flowing into the Thames. In the meanwhile the evil to be encountered is gaining strength.

HER MAJESTY'S LEVEE.—The following gentlemen connected with the medical profession were presented at the levée on Tuesday last:—Dr. T. W. Belcher, Royal Cork Artillery, by Mr. Beecroft, M.P.—Surgeon W. Brydon, on return from India, and being nominated C.B., by Lord Ellenborough.—Dr. J. Fraser, Deputy Inspector-General, Army Medical Department, by the Director-General Dr. Gibson.—J. B. Gibson, M.D., C.B., on appointment as Director-General of the Army Medical Department, by his Royal Highness the Duke of Cambridge.—Assistant-Surgeon W. H. Harris, M.D., by the Secretary of State for India.—Assistant-Surgeon H. W. Jackson, by the Director-General of the Army Medical Department.—Deputy Inspector-General Longmore, on appointment as Professor of Military Surgery at the Army Medical School, by the Secretary of State for War.—Assistant-Surgeon J. U. C. N. Murphy, by the Director-General of the Army Medical Department.—Assistant-Surgeon John Pinkerton, by the Secretary of State for India.—Dr. Augustus Rawlings, of New York, by the United States Minister.—Staff-Surgeon H. S. Sanders, on return from India, by the Director-General of the Army Medical Department.—Assistant-Surgeon Clement Smith, M.D., on return from India, by the Secretary of State for India.—Dr. Arthur Farre and Dr. Pickford were present.

MILITIA SURGEONS' MEDICAL BENEVOLENT SOCIETY.—The third anniversary festival of the friends and supporters of this unpretending but excellent Society was held on the 19th instant, at the St. James's Hall Restaurant, Regent-street,—G. Borlase Childs, Esq., (Royal London,) president, in the chair, supported by a large number of mili ia medical officers. P. Hennessy, Esq., M.P., was present. The business in the

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House of Commons prevented several hon. members from attending, as they had promised to do. The Marquis of Downshire also sent a letter of apology for his absence, owing to the pressure of other engagements. The Association extends to militia surgeons of Great Britain and Ireland; and the objects of the Society are to "maintain and uphold their professional status, and the general advocacy of all other matters which tend to their mutual interest and welfare." The Society was established in March, 1857, as "The Militia Surgeons' Medical Society," and we are happy to state that the present meeting was what might be termed the inauguration of the Benevolent Fund. The grievances of the militia medical officers we hope may be speedily removed, when the several points at issue are clearly understood. These gentlemen have a very strong case, which they verify by documentary evidence, which will no doubt be submitted to the Select Committee on the Militia.

TESTIMONIAL.—A very handsome testimonial has just been presented to W. B. Owen, Esq., M.R.C.S.E., who has recently removed from Finchingfield, Essex, to Cleveland-square, Hyde-park. It consists of an elegant gold drawing-room time-piece, and a patent lever watch and chain. The former has the following inscription engraved upon it: "Presented, with a gold watch, by the parishioners of Finchingfield, to W. B. Owen, Esq., Surgeon, in token of their affectionate regard, and the professional ability displayed among them during a residence of twenty-four years." Inside the latter is written, "A memento of long and devoted services." Such evidence of the high character which he has acquired for medical skill and integrity of conduct must be very gratifying to Mr. Owen. The terms of the inscription show that, while he has been successful in the treatment of his patients, he has also conciliated their goodwill by his amiability and kindness.

THE SPHYGMOGRAPHER, OR REGISTER OF THE ARTERIAL PULSE.—M. Marey has published, in the *Gazette Médicale*, an article wherein he describes an improvement on Vierordt's arterial register. The French instrument also acts by a lever, but is lighter and of easier practical application. It can only indicate the frequency or the more or less regularity of the pulse. It may be doubted whether these instruments, though very ingenious, will ever prove actually useful in practice.

THE DIETETIC INVENTIVENESS OF HUNGER.—Captain Marcy, in his interesting work, "The Prairie Traveller," supplies several facts not without importance in a physiological and medical aspect. Indeed, under the hardships and privations which fall to the lot of travellers beyond the tracks of civilized life, man and the inferior animals are frequently made the subjects of experiments, which cannot be instituted in our schools and hospitals. Captain Marcy thus describes what befell his party when passing over the Rocky Mountains during the winter of 1857–8:—"Our supplies of provisions were entirely consumed eighteen days before reaching the settlements in New Mexico, and we were obliged to resort to a variety of expedients to supply the deficiency. Our poor mules were fast falling and dropping down from exhaustion in the deep snows, and our only dependance for the means of sustaining life was upon these starved animals as they became unserviceable. We had no salt, sugar, coffee, or tobacco, which, at a time when men are performing the severest labour that the human system is capable of enduring, was a great privation. In this destitute condition we found a substitute for tobacco in the bark of the red willow, which grows upon many of the mountain streams in that vicinity. The outer bark is first removed with a knife, after which the inner bark is scraped up into ridges around the sticks, and held in the fire until it is thoroughly roasted, when it is taken off the stick, pulverized in the hand, and is ready for smoking. It has the narcotic properties of tobacco, and is quite agreeable to the taste and smell. The sumach leaf is also used by the Indians in the same way, and has a similar taste to the willow bark. A decoction of the dried wild or horse mint, which we found abundant under the snow, was quite palatable, and answered instead of coffee. It dries up in that climate, but does not lose its flavour. We suffered greatly from the want of salt; but by burning the outside of our mule-steaks, and sprinkling a little gunpowder upon them, it did not require a very extensive stretch of the imagination to fancy the presence of both salt and pepper. (There can be no doubt that the nitre and charcoal would to a great extent supply the want of salt. Soldiers and huntsmen have long resorted to this use of gunpowder under emergencies.) We tried the flesh of horse, colt, and mule, all of which were in a starved condition, and of course not very tender, juicy, or nutritious. We consumed the enormous amount of from five to six pounds of this meat per man daily; but continued to grow weak and thin, until, at the end of twelve days, we were able to perform but little labour, and were continually craving for fat meat."

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 21ST.—The deaths in London were 1284 in the week that ended last Saturday, and exhibited a decrease on the number of the previous week, which was 1407. In the last two weeks bronchitis has declined from 208 deaths to 157; pneumonia from 116 to 73; but phthisis continued fatal last week, the deaths from it being 181, while the corrected average is 154. Whooping-cough was fatal to 51 children, the corrected average being 60. The deaths from scarlatina were 26; those from diphtheria 11, of which 3 occurred in the sub-district of Plumstead. Those from measles rose to 33. Small-pox was returned in 20 cases, 14 of which occurred to children, 6 to adults. Medical informants are requested to return in all cases the primary as well as the secondary disease. Thus, when small-pox is followed by a secondary disease, the small-pox should be returned as the primary cause. Of 13 deaths from suffocation returned last week, 11 were those of infants suffocated in the bedclothes. 3 infants were murdered, or died from neglect. 7 deaths were from burns. 6 persons died from their clothes taking fire. Also, a child was scalded by upsetting a saucepan. A photographic artist poisoned himself with cyanide of potassium, an instrument of death to which persons of that profession, with suicidal intention, seem not seldom to resort.

Last week, the births of 923 boys and 834 girls, in all 1757 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1685.

MEDICAL DIARY OF THE WEEK.

MONDAY, APRIL 30	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. de Méric, "On Injections of Trisnitrate of Bismuth in Gonorrhœa."
TUESDAY, MAY 1	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—2 P.M. Annual Meeting. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, MAY 2	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 3 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. LONDON INSTITUTION.—7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia." OBSTETRICAL SOCIETY OF LONDON.—8 P.M.
THURSDAY, MAY 3	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Professor Ansted, "On Physical Geography and Geology: The Atlantic Ocean." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." HARVEIAN SOCIETY.—8 P.M. Mr. W. Adams, "On Hip-joint Disease."
FRIDAY, MAY 4	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Dr. E. Lankester, "On Bread-making and Baking." WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—7 P.M. Annual Meeting.
SATURDAY, MAY 5	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Food: Water."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

THE JOHN HUNTER STATUE.

A Subscriber.—We do not yet know whether a sculptor has been selected or not to execute this national work; but we sincerely trust that the selection will be made in such a manner as to avert all suspicion of undue influence. The obviously proper course to pursue—that which is fairest to men who have more genius than friends, and the best calculated to secure a creditable work—is to throw the matter open to competition, and to let the public see and criticise the models before coming to a final decision. We have seen the model by Mr. Milnes, and agree that it is a truly noble conception.

Equity.—Under the circumstances, there can be no objection to the proceeding.

Mr. Griffin's letter shall appear next week.

J. B.—1. By courtesy, he can assume the title.—2. Not M.D., but L.R.C.P.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—Whilst I agree with Mr. de Méric that tolerance of iodide of potassium depends on habit or nationality, I cannot subscribe to the opinion of those French surgeons, who consider that locality is concerned *directly* in such effect. The Swiss as a nation may be but slightly tolerant of this drug in their own country, and so I think they would remain, *cæteris paribus*, elsewhere. That goitreous patients coming from Geneva to Paris are not affected by *small quantities* of iodine as they are in their own country, as stated by M. Puche, I attribute to the fact that, with improved health, they regain the national capacity, if I may so express it, for the drug, and not that the iodine in the air and water of Paris conduces to that end. Besides, I find it nowhere stated that, under any circumstances, the Swiss ever attain a tolerance equal to that of the French. Cold, want of cleanliness, insufficient food or clothing, by interfering with the active function of the skin, render smaller doses bearable; hence, in my experience, the poorer classes are less tolerant of the remedy than the well-to-do. Larger doses are borne in summer than in winter.

Were I asked the question—Can you, from outward appearance, say of two persons in the same condition of life and health, that one will be tolerant, the other intolerant of iodine?—I would answer with some degree of confidence, though not dogmatically, I think I can. I write this, I confess, with some degree of hesitation; and yet why should I? Were men afraid to express their opinions, intellect would be of no value, civilization could not exist, the world would be a chaos.

I proceed, then, by stating my belief that a greater tolerance of drugs, which are eliminated in great measure by the skin, is attained by men of dark than by those of opposite complexion. Opium is well borne by the Asiatic. The renowned eater of corrosive sublimate, "Solyman Zeyin," was a Turk; the Italian bears large doses of antimony; the French of iodide of potassium; and in myself, a very dark Englishman, the latter drug seems almost powerless.

I could give numerous examples of non-tolerance of the drug by men of fair complexion; but as I fear I have trespassed too largely already on your columns, I must bring the present remarks to a close.

I remain, Sir, yours obediently,

Cheltenham, April, 1860. R. S. SIMSON, M.D.

Mr. E. Sercombe.—We cannot insert communications in reply to articles which have appeared in other journals.

THE letter of *J. R.* next week.

A Constant Reader.—It is not yet decided whether it be legal. It is used now by courtesy.

WE cannot insert *Dr. Kidd's* communication.

Anti-Humbug is thanked. The report of the trial appears at page 433.

TESTIMONIAL TO A MEDICAL PRACTITIONER FROM HIS PATIENTS.

To the Editor of THE LANCET.

SIR,—We shall esteem it a particular favour to us if you will make known to our professional brethren the pleasing fact that, on the 29th ultimo, a handsome silver salver and an elegant epergne, valued, we believe, at 130 guineas, with a most gratifying inscription on the former, were presented by a large body of his patients to Peter Brendon, Esq., who has recently retired from the practice of his profession at Highgate, as a testimony of their great esteem and respect for him, on account of his active and devoted professional services in their behalf during the period of eighteen years that he was practising in that district.

It is so rare a circumstance for members of the medical profession to receive testimonials from their patients,—and indeed there are so few honours conferred on medical men, however distinguished or however zealous they may be,—that we are desirous to record this exception to the general rule. It is an agreeable proof that men in these days of medical heresy and deceit, when homœopathy and quackery abound, that an earnest, honest, and talented practitioner is still appreciated by sections of the community, and holds out encouragement to others of our anxious and hard-working profession to pursue an honourable and straightforward career in the practice of our noble calling.

We ask this assistance from your pages as old pupils of Mr. Brendon, with a feeling of affectionate pride that one whom we have known so long and so well, and who, moreover, has been upwards of forty years in most active practice, should be treated so honourably and so gracefully by the public.

We remain, Sir, your obedient servants,

April, 1860. ALFRED COLLINSON, M.D.
J. BRENDON CURGENVEN, M.R.C.S.

Alpha.—All surgeons and assistant-surgeons to Volunteer Rifle Corps are honorary officers, consequently there is no distinction between them. If they have commissions from her Majesty, they rank with officers of her Majesty's Regular and Militia forces as the youngest of their respective grades.

Iris.—1. By courtesy.—2. It confers the same privileges in England as in Scotland.

A Physician and M.D. (Hon.) Erlang.—1. It is not recognised by the law.—2. He can use it with the addition of the name of the University.

Phlox should call on the resident practitioners.

THE report of "Cases of Myeloid Disease," forwarded to us by *Mr. Charles Williams* from the Norfolk and Norwich Hospital, shall shortly appear.

EFFECTS OF CIRCUMCISION.

To the Editor of THE LANCET.

SIR,—In your impression of the 14th instant, Dr. Fowler, of Bishopsgate-street Without, wishes to know from those of his brethren who practise chiefly amongst Jews, if onanism is common amongst their young men and male children? I should also like to know from the same parties if nocturnal incontinence of urine is common amongst the male children of Jews? M. Trousseau has performed circumcision in a Christian child for obstinate nocturnal incontinence, arising from simple hypertrophy or elongation of the prepuce, and with apparent success. I have a case of the same kind at present; but before dooming it to the surgeon's knife, I should like to be favoured with an answer to my question.

I remain, Sir, Yours obediently,

Liverpool, April, 1860. THOS. SKINNER, M.D.

Dr. Ashton's article, "On a Case of Cæsarean Operation," shall appear next week. It is contrary to our practice to comply with the request in the latter part of Dr. Ashton's note.

A Country Practitioner.—Yes, as a "licentiate."

M.D. (Liverpool) has not sent us his name in confidence.

Dr. Muspratt.—It is against our custom to insert such notices.

Mr. B. L.—The request shall be complied with.

A Member.—The discussion did appear in THE LANCET at the time. There can be no advantage in again bringing up the matter.

THE insertion of *Dr. H. C. Roods'* communication is unavoidably postponed.

ENGLISH *versus* SCOTCH DIPLOMAS.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Surgeon," in your last week's journal, seems to think, if he really has thought properly at all, that a St. Andrews, Aberdeen, or Edinburgh surgeon must be inferior in standing to a Lincoln's-inn-fields one. I fear a candid verdict of twelve of his countrymen would be (now especially) decidedly against him. Possessing as I do a medical licence from both London and St. Andrews, I may perhaps be allowed to judge of the relative merits of either test of medical proficiency, and my verdict most conscientiously is this: that as a test of proficiency, a literal examination, extending over several days, with a practical clinical examination, and conducted as the St. Andrews' examination is, the test of the latter is far superior to that of the London Apothecaries' Company.

I remain, Sir, yours faithfully,

April, 1860. M.D. St. Andrews & L.S.A. Lond.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. Watson; Mr. J. Wearne; Mr. S. Spratly; Mr. Blake, M.P.; Dr. D. Stewart; Dr. Thomas; Mr. Watkins; Dr. T. Skinner; Mr. Job; Mr. Constable; Dr. Collinson; Mr. Curgenven; Mr. Lowe, Madras; Mr. Cornish; Dr. Bodington; Mr. W. Moss; Mr. H. Lee; Dr. Armison; Dr. J. P. Smith; Dr. R. S. Simson; Rev. J. R. Stock; Dr. Muspratt; Dr. Kidd; Mr. J. E. Smyth; Mr. Parratt; Dr. Brown-Séquard; Dr. Roods; Dr. Henry Ashton; Mr. J. M'Fadden; Mr. J. Wilson, Egremont, (with enclosure;) Mr. Harris, St. Austell; Mr. J. Martin, Middlesbro', (with enclosure;) Dr. Watson, Bury, (with enclosure;) Dr. Hillier, Andover, (with enclosure;) Dr. Martin, Jersey; Mr. J. Scott, Newcastle, (with enclosure;) Mr. Welding, Church Stretton, (with enclosure;) Mr. H. M. Higgins, Abbots Bromley, (with enclosure;) Dr. Allanby, Leamington, (with enclosure;) Mr. D. Presgrave, Bawtry, (with enclosure;) Mr. Germaine, (with enclosure;) Mr. Hodgson, Durham, (with enclosure;) Mr. E. Davies, Wrexham, (with enclosure;) Mr. Day, Hull, (with enclosure;) Mr. W. J. Martin, Burton, (with enclosure;) Dr. Huxley, Maidstone; Mr. S. Bramhall, Bristol, (with enclosure;) Mr. Chunter, Bideford, (with enclosure;) Mr. Godden, Birkenhead; Mr. Taylor, Willesden; Mr. Redsdale, Torquay; Dr. Perry, Glasgow; Mr. Rhodes, Barnsley, (with enclosure;) Mr. Judges, Epping; Mr. Thornton, Epsom; Dr. Gilmour, Liverpool, (with enclosure;) Mr. Nursey, Hexham; Dr. Chaumont, Aldershott; Mr. Hart, Coggeshall, (with enclosure;) Mr. Clayton; Mr. Shelmardine, Manchester, (with enclosure;) Dr. Orpen, (with enclosure;) Mr. G. Howell, Oswestry; Mr. Arkle, High Carrick; Dr. Tilt; Dr. C. R. Bree, Colchester; Dr. W. Tilbury Fox; Dr. Ramadge; Dr. Richardson; Mr. Copestake, Bradford; Dr. Maybury, Richmond; Dr. Wilson, Glasgow, (with enclosure;) Mr. Fairles, Brighton; Mr. Clayton, (with enclosure;) Mr. Edger, Pilton, (with enclosure;) Mr. Luce, Settle; Mr. Wilkes, Salisbury; Mr. J. Le Gros, Edinburgh; Mr. J. Birkett, (with enclosure;) A Subscriber; A Constant Reader; M.D.; Equity; J. B.; M.D. St. Andrews and L.S.A.; Alpha; A Member; A Country Practitioner; Anti-Humbug; Royal College of Physicians, Edinburgh; A. W. A., Liverpool, (with enclosure;) A. F., Wrexham, (with enclosure;) Justice; Crystal Palace; Visitor; Coltard a Clower; M.R.C.S.I.; J. R.; &c. &c.

Diphtheria, Clerical Sore-throat, Loss

of Voice, and other Diseases of the Mucous Passages of the Throat successfully treated with Solution of Caustic by TOMPSON'S PATENT HYDRO-PNEUMATIC INHALER (which is easy of self use), without pain or inconvenience. Vide THE LANCET, 28th Jan. 1860, and specimen of action at the Agents, MILLIKIN and LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

Child's Patent Galvanic Electro Hair

and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 59, Charing-cross, S.W.

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WATER BEDS, according to size, £3 13s. 6d., £5 5s., and £6 16s. 6d.

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India-rubber Chamber Utensils, for Lunatic Asylums, 7s. 6d. each, or 75s. per doz.

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F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *etherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

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Entrance for Ladies at the private door, where a female attends.

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India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

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MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

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A Child's Spinal Carriage, 5 ft. long;

runs light, and like a perambulator; made by Ward, of Leicester-square,—to be Disposed of. Also a SPINAL RECLINING-BOARD.—For particulars, apply to Mr. Roach, Chemist, 8, St. James's-street, St. James's, S.W.

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MANUFACTURER.—Invalid Carriages of every description made to order. A commission allowed for all orders received through Medical Gentlemen. SOLE INVENTOR of the New Patent Folding Perambulator, the most elegant little Carriage ever offered to the Public.

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MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

Restoration of the

HARMONY of the FACE for PERSONS who have LOST an EYE.—M. BOISSONNEAU, Oculist of the French Army and the Hospitals of Paris, will undertake his accustomed journey to the British Isles in the month of May next, for the application of his Artificial Eyes, endowed with natural and expressive Movements.—His itinerary and dates of stay are as follow: LONDON, Panton Hotel, Panton-street, Haymarket, on the 15th and 16th; MANCHESTER, Brunswick Hotel, on the 18th and 19th; DUBLIN, Royal Hotel, on the 22nd and 23rd; GLASGOW, Lamb's Hotel, on the 28th and 29th.

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THE LANCET (p. 318) writes: "The Green, imported by Horniman & Co., not being covered with prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. 3s. 8d., 4s., & 4s. 4d. per lb. in packets. Gould, 198, Oxford-st.; Pursell, 80, Cornhill; Smith & Sons, Norwich; Goodall, Backhouse, & Co., and Reinhardt & Sons, Leeds; Ferris, Townsend, Lamotte, & Boorne, Bristol. Agents (chiefly CHEMISTS) in every town.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS 68, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Gluten Bread, Semola, Chocolate,

BISCUITS, CAKES, and PATÉS, for Diabetes, Consumption, Dyspepsia, Asthma, Invalids and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Glaisyer and Kemp, Brighton; Alderton, Hastings; Tylee, Bath; Ferris and Co., Bristol; Schacht, Clifton; Randall and Son, Southampton; Procter and Son, Newcastle; J. Rendall, Torquay, Exeter, Taunton, and Plymouth; J. Lofthouse, Hull; Cutting, Leamington; Mackay, Edinburgh; and Wholesale only of

G. VAN ABBOTT, 13, Basinghall-street, E.C.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Spiced Breakfast Tongues, 7½d. each,

or 3s. 6d. per half-dozen. Cheddar Loaf Cheese, 7½d. and 8½d. per lb. Osborne's Peat-smoked Breakfast Bacon, 8½d. per lb. by the half-side. Butters in perfection at reasonable rates. A saving of 15 per cent. is effected by the purchaser at this establishment on all first-class provisions. Packages gratis.

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30, Ludgate-hill, near St. Paul's, E.C.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

WHOLESALE AGENTS.

LONDON—John Bell & Co., 338, Oxford-street; Thomas Keating, 79, St. Paul's-churchyard; Joseph House, 114, Minories.

LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Redcross-street.

MANCHESTER—Jewsbury & Brown, 113, Market-street.

DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.

GLASGOW—J. B. Webster, Oswald-street. | ABERDEEN—J. J. Kennedy.

EDINBURGH AND YORK—Raimes, Blanshards, & Co.

☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

The New Tariff.—Marshall and Son

beg to invite attention to their large and varied Stock of FRENCH, GERMAN, SPANISH, and other WINES, which they are selling at unprecedented low prices, having made the full reduction in accordance with the reduced duty. Carriage paid to any part by rail. Price Lists on application.

MARSHALL and SON, Purveyors to the Queen, 20, Strand, London, W.C.

Reduction of Duty. — Hedges and

BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

30s. per Doz. £8 14s. per 6 Doz. £15 10s. per ¼-Cask.

From THOMAS NUNN & SONS, Wine, Spirit, and Liqueur Merchants (Upwards of 43 Years Purveyors to the Honourable Society of Lincoln's Inn), 31, Lamb's Conduit-street, Foundling Hospital.

*** A Priced List of every kind of Wine, Spirit, and Liqueur sent on application.

Kinahan's LL Whisky *v.* Cognac

BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

Allsopp's Pale or Bitter Ale.—

Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers as "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

Flour, warranted free from adulterations,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 9s.; Seconds, 8s. 4d.; Meal for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bulford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

TRADE MARK.

Brown & Polson's Patent Corn Flour.

THE LANCET states, "This is superior to anything of the kind known."

The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blancmange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

Digestive Unfermented Bread, &c.—

J. M. INNES, the original Manufacturer of the Improved DIGESTIVE UNFERMENTED WHITE and BROWN BREAD, BISCUITS, &c., prepared by the instructions of an eminent Physician, and highly recommended by the Faculty for Indigestion.——J. M. I. also begs to call attention to his

CELEBRATED COFFEE AND WINE RUSKS,

Used most extensively by the Nobility, Gentry, Hotel Keepers, and the Public, in Town and Country. Also his far-famed QUEEN and ALBERT BISCUITS, which have given universal satisfaction. Families waited on daily.

2, Southampton-row, Russell-square. Established 1843.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

122, PALL-MALL, LONDON.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

SOUTH AFRICAN PORT ..... 20s. and 24s. per doz.
SOUTH AFRICAN SHERRY ..... 20s. and 24s. „
The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
SPLENDID OLD PORT (ten years in the wood)... 37s. „
SPARKLING EPERNAY CHAMPAGNE..... 34s. „
ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

Diabetes.—Bran Biscuits, from the prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

T. Kingsford and Son's Oswego PREPARED CORN, for Puddings, Custards, Blanc mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.
Wholesale Agents—ROBINSON, BELLVILLE, & CO., London.

Robinson's Patent Barley, for making quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn.—Established 1764.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 22, Conduit-street, London, W.

Save Half your Coals, Cure your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER;

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Wanted, Left-off Clothes. Ladies or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 10, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1820.

Bond's Genuine Indelible Marking INK,

One Shilling size, 6s. per dozen; Sixpence, 3s. per dozen.
Queen's Pedestal Pen, with Stretcher, &c., 7s. 6d. per dozen. Also, the Queen's Requisite, elegantly finished, 7s. 6d. per dozen.

Manufactured by H. BOND, Pharmaceutical Chemist, Cross-street, top of Plumber-street, City-road, London.—Established 1815.—Can be forwarded by enclosure, or obtained at any Wholesale London Establishment.

Dr. Lankester, M.D., F.R.S., Super- intendent of the Animal Product and Food Collections at the South Kensington Museum, will deliver, by permission of the Committee of Council on Education, a Course of Six LECTURES on FOOD, in the Lecture Theatre at South Kensington, on Saturday afternoons, the 5th, 12th, 19th, and 26th May, 2nd and 9th June, 1860, at Four o'clock.

This Course will include the consideration of the subjects of Water, Mineral, Vegetable, and Animal Substances, forming the heat-giving and flesh-giving portions of Human Food, and will be illustrated by Specimens, &c., from the Food Collection of the Museum.

Tickets of admission—for the Course, 2s.; Reserved Seat for the Course, 5s. Single Lecture, 1s.

Tickets may be obtained of Messrs. Chapman and Hall, 193, Piccadilly, and the sale of Catalogues in the Museum.

Royal Free Hospital. — Twelve LECTURES, showing the GUIDANCE of SURGICAL PATHOLOGY in CLINICAL SURGERY. By FREDERICK J. GANT, Surgeon and Pathological Anatomist to the Hospital.

*** The Course will commence on Monday, April 30th, at 4 P.M., and be continued on succeeding Mondays. Members of the Profession are invited to attend.

The London Hospital Medical College. OPERATIONS on the SUBJECT, under the Superintendence of Mr. NATHANIEL WARD.—For particulars, apply to Mr. Ward, 1, Broad-street-buildings, E.C., or at the College.

April 13th, 1860. NICHOLAS PARKER, M.D., Hon. Sec.

St. Mary's Hospital.—Mr. Toynbee will commence his COURSE of LECTURES on the DISEASES of the EAR on Thursday, May 3rd, at half-past 2 o'clock. These Lectures will be illustrated by the preparations from Mr. Toynbee's museum. Fee, Two Guineas. Free to Medical Men on presenting their cards.

King's College, London.—The Micro- SCOPE.—Elementary COURSE of LECTURES on the Practical Use of the Instrument; Microscopical Manipulation generally; Methods of Examining Objects, &c. Dr. LIONEL BEALE will commence a Course of Eight or Ten Lectures (which will be given weekly) on Wednesday, May 2nd, at 8 P.M. Fee, £1 11s. 6d. A syllabus may be obtained by applying at the College Office. R. W. JELF, D.D., Principal.

Operations.—Army, Navy, and India EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

Lectures on Midwifery.—Dr. Hall DAVIS, Physician to the Royal Maternity Charity and to the St. Pancras Infirmary, will commence his Seventeenth Annual COURSE of LECTURES on NATURAL and DIFFICULT PARTURITION, and on the DISEASES of WOMEN and CHILDREN, on the 1st of May, 1860.

For prospectus, apply at Dr. Davis's residence, 11, Harley-street, Cavendish-square.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

M.D. Aberdeen, &c. — A limited number of Candidates can be Prepared, privately or by correspondence, for the July Examination for this Diploma. Gentlemen can also receive assistance in their studies for other professional examinations.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

Medical Examinations.—A First- class M.B. Lond., and a F.R.C.S. by examination, Prepares Gentlemen, either separately or in class, for the University of London, E.I.C., and other Medical Examinations. Also gives Courses of Practical Instruction in the Use of the Microscope, and the Chemical Examination of the Urine. Fee, £10 10s.; or for the Practical Courses only, £1 1s. each.—Address, M.B., care of Mr. Wurdess, 235, Strand.

The Master of a Country Grammar School, who has resided a year and a half in France, and is a Graduate in Mathematical Honours of Trinity College, Cambridge, has Vacancies for one or two Students preparing for the Preliminary Classical and Mathematical Examination at Apothecaries' Hall, &c.; or for those reading for the Army and Navy Examinations. The situation is in a quiet and healthy village in the West Riding of York.—Address, B. A., Post-office, Barnsley.

Midwifery. — Dr. J. G. Wilson, F.F.P. & S.G. (Physician to the Glasgow Lying-in Hospital, &c.), intends delivering, during the ensuing Summer Session, a short Course of LECTURES on the History, Use, and Application of the various INSTRUMENTS employed in OBSTETRIC Practice.

Further particulars to be learned on application at Dr. Wilson's residence, Hope-street.

Glasgow, April, 1860.

Lectures on Venereal Diseases. Dr. R. PERRY, F.F.P. & S.G., (Surgeon to the Glasgow Lock Hospital, &c.,) intends delivering, during the ensuing Summer Session, a COURSE of LECTURES on the above subjects.—Further particulars to be learned on application at Dr. Perry's residence, 8, Melrose-street.

Glasgow, April, 1860.

Venereal Diseases. — Dr. Patrick HERON WATSON, F.R.C.S., Assistant-Surgeon to the Royal Infirmary, Surgeon to the Eye Infirmary and New Town Dispensary, will commence his COURSE of LECTURES on VENEREAL DISEASES on Monday, May 7th, at 11 A.M., in the Medical School, No. 4, High School-yards, foot of Infirmary-street.

These Lectures will be continued every Monday and Thursday during the Summer Session, and are free to all Medical Students.

10, Charlotte-square, April 16th, 1860.

Mr. Mapleson, Dentist, (Cupper to the Queen,) begs to inform his Patients and the Public that he has REMOVED to 71, Wimpole-street, Cavendish-square.

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Royal College of Surgeons of England.

The Lectures will be resumed by Professor QUEKETT on Tuesday, the 1st of May next, who will deliver Twelve LECTURES on the COMPONENT PARTS of ANIMALS and VEGETABLES.

The Lectures will be delivered on Tuesday, Thursday, and Saturday, at Four o'clock precisely.

25th April, 1860. EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England.

Notice is hereby given, that the Pass or Surgical Examination for the DIPLOMA of this College, advertised to take place on Tuesday, the 1st of May next, is Postponed till Thursday, the 3rd of May next.

That the Professional Examination for the FELLOWSHIP of this College will be held on Tuesday and Thursday, the 15th and 17th of May next.

That a Primary or Anatomical Examination for the DIPLOMA of this College will be held on Monday, the 21st of May next, and following days.

And that a Surgical or Pass Examination for the DIPLOMA of MEMBER of this College will be held on Monday, the 28th of May next, and subsequent days.

Particulars relating to these several Examinations may be obtained on application at the College.

April 12th, 1860. EDMUND BELFOUR, Secretary.

Apothecaries' Hall, London.—

NOTICE TO STUDENTS.

The next Preliminary EXAMINATION in CLASSICS and MATHEMATICS will be held at the Hall on Tuesday, the 17th July, at Eleven o'clock, and on Wednesday, the 18th.

Medical Students *cannot* be admitted to this Examination before the commencement of their Apprenticeship, a certificate of which will be required, but at any period from that date to the commencement of the Second Winter Session of their curriculum.

This Examination is *compulsory* to all gentlemen who commenced their Apprenticeship after August 1st, 1858.

The subjects will be—

In GREEK: The Gospel of St. John.
Third Book of Homer's Iliad.
In LATIN: Cicero, Pro Lege Manilia.
Horace, Third Book of the Odes.
MATHEMATICAL: The First Book of Euclid's Elements, Arithmetic, and Algebra, to Simple Equations, involving two unknown quantities.

Students wishing to attend are requested to send their names and address, with the certificate of Apprenticeship, to Mr. Rivers, Beadle's Office, at this Hall, at the latest, one calendar month previous to the day of Examination.

ALFRED M. RANDALL.
April, 1860. Secretary to the Court of Examiners.

Hospital for Sick Children,

40, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for

Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

St. George's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Mr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Dental Surgery—Mr. Vasey.

The Hospital contains 350 beds. Clinical Lectures are delivered every week by one of the Physicians and Surgeons. A ward is devoted to the Diseases peculiar to Women; and pupils have ample opportunity to attend Practical Midwifery.

Gentlemen who wish to enter to the Hospital and Lectures can do so by the payment of Forty Guineas the first year, Forty Guineas the second year, and Twelve Guineas the third year; but separate payments may be made for the Medical or Surgical Practice, or the Lectures.

The Surgeons' Perpetual Pupils are eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months when duly qualified. Fee for Surgeon's Perpetual Pupil, Fifty Guineas. Pupils are eligible to the office of Obstetric Assistant, when duly qualified, at a salary of £100 per annum. The House-Surgeons and Obstetric Assistant reside in the Hospital. Three Prizes of £21 each are offered this year for "General Proficiency in Medical Studies" and Clinical Reports of Cases in Medicine and Surgery.

The William Brown Exhibition of £40 per annum, tenable for three years, is awarded to Perpetual Pupils of the Surgeons or Physicians.

The Thompson Medal, Sir Benjamin Brodie's and Mr. Lewis Powell's Prizes are awarded for Clinical Reports of Cases in the Hospital; and Sir Charles Clarke's Prize is awarded for good conduct. Each at the termination of the Session.

Further information may be obtained from Mr. Pollock, Treasurer of the Medical School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

The London School of Dental Surgery,

33, Soho-square.

The Introductory Address will be delivered on the evening of Monday, April 30th, at 8 o'clock, by Mr. SAMUEL CARTWRIGHT, jun., F.R.C.S.

LECTURES.

Dental Anatomy and Physiology—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.
On the mornings of Tuesday, at 8 A.M., during the months of May, June, and July.

Dental Surgery and Pathology—Mr. Samuel Cartwright, jun., F.R.C.S.
On the mornings of Thursday, at 8 o'clock, during the months of May, June, and July.

Mechanical Dentistry—Mr. Robert Hepburn.
On the evenings of Wednesday, at 7 o'clock, during the months of October, November, and December.

Metallurgy in its Application to Dental Surgery—Mr. G. H. Makins, M.R.C.S., F.C.S.
On the mornings of Wednesday, at 11 o'clock, during the months of May, June, and July.

Middlesex Hospital Medical College.

SUMMER SESSION 1860, commencing Tuesday, May 1st.

LECTURERS.

Dr. Frere—Midwifery.
Dr. H. Thompson—Materia Medica.
Mr. Henry and Dr. C. Coote—Forensic Medicine.
Mr. Taylor and Mr. Heisch—Practical Chemistry.
Dr. W. Woodham Webb—Histology and Minute Anatomy.
Dr. G. W. Lawrence—Botany.
Dr. Spencer Cobbold—Comparative Anatomy.

The Prizes of each of the Summer Sessions are in value Three and Two Guineas.

The Clayton Prize, value Three Guineas, given by Oscar Clayton, Esq., for proficiency in Comparative Anatomy.

Certificates of Honour are given in each class, and also for good Clinical Reports. Prizes are given for general proficiency. Written Periodical Examinations are held several times in the session, the results of which determine the award of the Prizes.

The Hospital Practice and arrangements for Clinical Instruction continue as during the Winter Session. The Visit is made daily at 1 o'clock. Clinical Lectures four times a week at 3 o'clock.

The Middlesex Hospital, having an endowed Cancer Department and special Wards for Uterine Diseases and Syphilis, contains in the aggregate 305 beds. There are separate Out-patient Departments for Ophthalmic Cases, and for Diseases of Women and Children.

Five Appointments within the walls of the Hospital, with free board and residence, are open to those gentlemen who have completed their education in the Medical College; namely, Two House-Surgeoncies (Fee £21), and Three Clinical Assistantships (no fee), tenable for one year. The award of these appointments is made by means of Competitive Examination.

The arrangements for Clinical Instruction provide that every general student shall be, during certain distinct periods, both Clinical Clerk and Dresser.

Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson—Physicians.
Dr. Frere—Physician-Accoucheur.
Dr. T. Weber, Dr. C. Coote—Assistant-Physicians.
Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Henry—Surgeons.
Mr. Nunn, Mr. Flower—Assistant-Surgeons.
Mr. Tomes—Dental Surgeon.

Further particulars may be obtained from the Dean; or from Mr. De Morgan, Treasurer to the College. THOMAS WILLIAM NUNN, Dean.

Guy's Hospital. — The Summer

SESSION commences on Tuesday, the 1st of May.

MEDICAL OFFICERS.

Consulting Physician—Thomas Addison, M.D.
Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant-Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.
Assistant-Surgeons—Alfred Poland, Esq.; Cooper Forster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon-Dentists—T. Bell, Esq., F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURES, &c.

Demonstrations on Cutaneous Diseases—Dr. Gull.
Medical Jurisprudence—Dr. Taylor, F.R.S.
Materia Medica—Dr. Habershon.
Midwifery—Dr. Oldham.
Ophthalmic Surgery—Mr. France.
Pathology—Dr. Wilks.
Comparative Anatomy—Dr. Pavy.
Botany—Mr. Johnson.
Practical Chemistry—Dr. Odling, F.R.S.
Manipulative and Operative Surgery—Mr. Bryant.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Mr. Poland, Mr. Cooper Forster, and Mr. Bryant.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance; or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics and Mathematics. The three first candidates will receive respectively £25 £20, £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, April 12th, 1860.

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Charing-cross Hospital Medical

COLLEGE.—The SUMMER SESSION will commence on Tuesday, May 1st.

Summer Session—May, 1860, to end of July, 1860.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, Esq., F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries, £42 2s.

HENRY HAWCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

MEDICAL PRACTICE.—Full period required, £10 10s. Surgical, £10 10s. Both Medical and Surgical Practice, full period, including the Clinical Courses, £31 10s. JOHN ROBERTSON, Hon. Sec.

Grosvenor Place School of Anatomy

and MEDICINE.—SUMMER SESSION, 1860.

The SUMMER SESSION will commence on Tuesday, May 1st.

Botany—Dr. Bainbridge.
Practical Chemistry—Dr. Thudichum.
Materia Medica and Therapeutics—Dr. Leared.
Midwifery and Diseases of Women and Children—Dr. Blexam and Dr. Priestley.
Medical Jurisprudence—Dr. Francis C. Webb, F.S.A.
Comparative Anatomy and Zoology—Mr. R. T. Hulme, F.L.S.
Psychological Medicine—Dr. Arlidge.

FEES.—General Fee to the whole of the Courses required by the Royal College of Surgeons of England, and the Society of Apothecaries, including One Course of Practical Chemistry, Thirty-five Guineas.

B. W. RICHARDSON, M.D., Hon. Sec.

The ANNUAL SCHOOL DINNER will be held at the Freemasons' Tavern on Tuesday, the 1st of May, JOHN STORRAR, Esq., M.D., in the Chair. After the Dinner the Prizes will be distributed. The Chair will be taken at Half-past SIX P.M. precisely.

For Prospectuses, apply to Dr. Richardson, 12, Hinde-street, W., or at the Residences of the Lecturers.

St. Mary's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May 1st.

LECTURERS.

Clinical Medicine—Dr. Alderson, F.R.S.
Clinical Surgery—Mr. Ure.
Midwifery, &c.—Dr. Tyler Smith and Dr. Grailly Hewitt.
Practical Chemistry—Dr. Albert J. Bernays.
Botany—Dr. Christopher Dresser.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Burdon Sanderson.
Ophthalmic Surgery—Mr. White Cooper.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy and Zoology—Dr. Grailly Hewitt.
Natural Philosophy—Mr. G. B. Smalley, B.A.

The Hospital contains 150 beds. It is a distinctive characteristic of St. Mary's Hospital that the following Medical Appointments are annually conferred upon the pupils, free of every expense. The advantages of five of these appointments far exceed in money value as many Scholarships of fifty pounds each. There are four Resident Medical Officers, who board (free of all expense) in the Hospital; three of whom are appointed for twelve months, and one (the Obstetric Officer) for six months; there are also four non-resident Medical Officers. Clinical Clerks and Dressers are selected from the best qualified Students. All the above offices are awarded after competition, preference been given to the qualified Perpetual Pupils of the Hospital.

Further information may be obtained on application to the Dean of the School.

St. Mary's Hospital, April 6, 1860.

Liverpool Royal Infirmary School of

MEDICINE.—The SUMMER SESSION commences on 1st May next.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—Mr. Grimsdale.
Materia Medica and Therapeutics—Dr. Nevins.
Medical Jurisprudence—Dr. Cameron.
Toxicology—Dr. Edwards.
Botany—Dr. Collingwood.
Ophthalmic Medicine and Surgery—Dr. H. Taylor.
Practical Chemistry—Dr. Edwards.
Pathological Anatomy—Dr. Gee.

LECTURES.—WINTER SESSION.

Principles and Practice of Surgery—Mr. Long.
Principles and Practice of Medicine—Dr. Inman.
Anatomy and Physiology } Mr. Fletcher and
Anatomical Demonstrations } Dr. Waters.
Chemistry and Pharmacy—Dr. Edwards.

In addition to the Prizes in each Class, the following EXHIBITIONS are offered for competition annually:—

ROYAL INFIRMARY MEDICAL SCHOLARSHIP, value £42, consisting of a Gold Medal and Six Months' Free Board and Residence, with Dressership and Clerkship in the Royal Infirmary. Should the Scholarship be gained by a Resident Pupil of the Infirmary, Six Months' Payment (£31 10s.) will be returned to him.

FOUR EXHIBITIONS, value £31 10s. each, consisting of Free Board and Residence in the Royal Infirmary for Six Months, with Dressership on award of Medical Board.

For further particulars, apply to Mr. Fletcher, 13, Mornington-terrace.

Westminster Hospital School of

MEDICINE.—The SUMMER SESSION will commence on Tuesday, the 1st of May, 1860.

Materia Medica—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Midwifery and Diseases of Women and Children—Dr. F. Bird.
Botany—Mr. Syme.
Practical Chemistry—Dr. Marcet, F.R.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, F.R.S.

Clinical Lectures by the Physicians and Surgeons.

Further information may be obtained from the Secretary of the Hospital,

F. J. WILSON.

Royal General Dispensary. — An

Extraordinary General Meeting of the Governors will be held at the Dispensary House, No. 25, Bartholomew-close, on Wednesday, the 23rd of May next, at 10 o'clock A.M., for the purpose of Electing a PHYSICIAN in the room of Dr. Lewis, resigned.

Gentlemen desirous of offering themselves as candidates are requested to attend the Medical Sub-Committee of the Institution, with their testimonials of qualification, on Wednesday, the 16th of May next, at 1 o'clock precisely.

JOHN SEWELL, Hon. Sec.
April 20th, 1860. J. FAULKNER, jun., Assist.-Sec.

The Middlesex Hospital. — Three

RESIDENT MEDICAL ASSISTANTSHIPS are now Vacant in this Hospital. These offices are open to all gentlemen who have been Medical Pupils of the Hospital, and are held for a year. The Senior Medical Assistant must hold a legal Medical qualification, and the possession of one on the part of a candidate will be considered a recommendation in the case of the other Medical Assistants. They will reside in the Hospital, free of expense. Their duties will be to take charge of the Patients between the visits of the Physicians, and carry out their instructions; to exercise a general superintendence over the Clinical Clerks; to act as Medical and Surgical Registrars of the Hospital, under the supervision and control of the Medical Officers and the Superintendent Registrar; and in the absence of the Apothecary perform his duties.

For further particulars with regard to the offices, candidates are requested to apply to Mr. Shedden, the Secretary, at the Hospital.

Rothbury Union, Northumberland.

MEDICAL OFFICER Wanted.—The Board of Guardians of the Rothbury Union will, on the 7th day of May next, proceed to the Election of a Medical Officer for the Workhouse and Rothbury Western District. The District contains 19,436 acres, with a population of 1623 persons. Salary £30 per annum, exclusive of Vaccination fees and payments for Surgical Operations. The person appointed will be required to reside in Rothbury, where there is an opportunity of acquiring a good private practice. A Candidate possessing the full qualifications required by the Poor-law Board will obtain a preference, if thought eligible in other respects.—Applications, in writing, accompanied by testimonials, must be deposited with me not later than Friday, the 4th day of May next.

By order of the Board,

Elsdon, Newcastle-on-Tyne, April 23rd, 1860. T. ARKLE, Clerk to the Guardians.

Clun Union.—Medical Officer

Wanted.—The Board of Guardians of the Clun Union will, at a Special Meeting to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 18th day of May next, proceed to the Election of a Medical Officer and Public Vaccinator for the undermentioned districts of this Union:—

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Shelve, Snead, and Wentnor; at the annual salary of £35.

The Bishop's Castle No. 2 District, comprising the out-liberties of Bishop's Castle and the parish of Myndtown, at the annual salary of £12 10s.

The Medical Officer of each district, in addition to the above salary, will be entitled to extra fees for Midwifery and Surgical Cases, and such other fees as are allowed by the General Orders of the Poor-law Board (cod-liver oil to be supplied at the cost of the Union).

Applications, accompanied by testimonials and such evidence of qualification as is required by the order of the Poor-law Commissioners, dated 5th of April, 1860, must be sent to the Board of Guardians at the Workhouse, in Bishop's Castle, before Eleven o'clock in the forenoon of the 18th of May next, at which time and place candidates are requested to attend.

By order of the Board,

Bishop's Castle, April 7th, 1860. FREDERICK PARDOE, Clerk.

Alnwick Infirmary.—House-Surgeon.

An unmarried HOUSE SURGEON is required for this Infirmary, whose character, abilities, and qualifications must have the approval of the Medical Committee, and who will be restricted from Private Practice. He will be required to reside in the Infirmary, and in addition to other duties to make up the Prescriptions. He will be allowed to take an Apprentice upon such terms as shall be approved of by the Committee of Management. The House-Surgeon will hold the appointment subject to three months' notice on either side, which shall terminate the engagement.

Salary, £105 per annum, with furnished apartments, coals, candles, and attendance. Out of the above sum, he will be required to pay annually £5 towards the wages of a servant.

Certificates and testimonials to be transmitted by candidates to the Secretary not later than the 14th day of May next, to be examined by the Committee of Management and the Medical Committee, who will meet at the Infirmary on Tuesday, the 15th day of May next, at noon, for that purpose.

And notice is hereby given, that a General Meeting of the Governors of the said Institution will be held at the Infirmary on Tuesday, the 22nd day of May next, at noon, for the purpose of appointing a House-Surgeon, at which no Governor will be qualified to Vote unless his or her Subscription for the current year be previously paid. By order,

Alnwick, April 17th, 1860. J. A. WILSON, Hon. Secretary.

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THE MEDICAL BENEVOLENT FUND.

FIRST LIST OF DONATIONS AND SUBSCRIPTIONS IN LIEU OF THE BIENNIAL DINNER.

	Donations. £	s.	d.	Subscriptions. £	s.	d.
Clark, Sir J., Bart., M.D., F.R.S., President, Brook-street	10	10	0			
Newnham, Wm., Esq., Vice-President, Tunbridge Wells	10	10	0			
Griffith, Thomas T., Esq., Wrexham	105	0	0			
Hawkins, F. Bisset, M.D., Upper Harley-street... ...	10	10	0			
Butler, James, Esq., Bexley, Kent	5	0	0			
Propert, John, Esq., New Cavendish-street	5	0	0			
Williams, C. J. B., M.D., F.R.S., Upper Brook-street ...	10	10	0			
Burrows, George, M.D., F.R.S., Cavendish-square ...	10	10	0			
Locock, Sir Charles, Bart., M.D., Hertford-street ...	5	5	0			
Wilson, Erasmus, Esq., F.R.S., Henrietta-street ...	5	5	0			
Taylor, David, Esq., Kennington-park	5	5	0			
Lock, Edward, Esq., Debenham	1	0	0			
Steele, H. C. B., Esq., Stoke Ferry	0	5	0			
Worthington, W. C., Esq., Lowestoft	0	10	0			
Hilbers, G., M.D., Brighton	1	1	0			
Clark, F. Le Gros, Esq., Southwark	2	2	0			
Barlow, G. H., M.D., ditto	2	2	0			
Williams, Caleb, M.D., York	1	1	0			
Fox, John, Esq., Weymouth	1	1	0			
Bullar, Messrs. J. and R., Southampton	1	1	0			
Wood, R., Esq., Sheddon Grange, Hants...	5	5	0			
Darling, G., M.D., Russell-square	10	10	0			
Hawkins, C. H., Esq., Grosvenor-street	5	0	0			
Millar, J., M.D., Bethnal-green House	2	2	0			
Hodgson, Joseph, Esq., F.R.S., Westbourne-terrace ...	10	10	0			
Bush, John, Esq., Retreat, Clapham	5	5	0			
Tottingham, Miss, 26, Upper Harley-street	5	0	0			
Page, W. B., Esq., Carlisle	5	5	0			
Toulmin, A., Esq., St. Leonards-on-Sea				1	1	0
Moore, John, Esq., Liverpool	5	0	0			
Humphreys, J. R., Esq., Shrewsbury	1	1	0	0	10	6
Skelton, W., Esq., Sutton Bridge	0	5	0			
Baller, J. H., M.D., Penshurst				0	10	6
Jones, H. Bence, M.D., F.R.S., Lower Brook-street ...	10	10	0			
Dyer, H. S., M.D., Bryanstone-square	5	0	0			
Stone, T. A., Esq., Curzon-street, May Fair	5	5	0			
Churchill, John, Esq., New Burlington-street	10	10	0			
Chapman, T., Esq., Ampthill	1	1	0			
Serrombe, Edwin, Esq., Brook-street	1	1	0			
Festing, R. G., Esq., Queen-square	1	0	0			
Brodie, Sir Benj., Bart., F.R.S., Savile-row	5	0	0			
Bird, James, Esq., Seymour-street West	1	0	0			
Abercrombie, John, M.D., Cheltenham				1	1	0
Ford, Miss, Leamington	2	0	0			
Chilver, T. F., Esq., New Burlington-street	5	0	0			
Beckingsall, J. E., Esq., Isle of Wight	1	1	0			
Dale, G. T., Esq., Bayswater	1	1	0			
Fincham, G., Esq., Marlborough-hill	1	1	0			
Hewett, Prescott, Esq., May Fair	5	5	0	1	1	0
Dun, John, M.D., Brighton...	5	5	0			
Simpson, P. H., Esq., Fore-street, E.C.				1	1	0
Haviland, Mrs., Cambridge	5	0	0			
Budgett, W., Esq., Henleaze-park, Bristol	5	0	0			
Alford, R., Esq., Weston-Super-Mare	2	2	0			
Thomson, Thomas, M.D., Leamington	1	0	0			
Saunders, Edwin, Esq., Great George-street	5	5	0			
Pritchard, John, Leamington	1	0	0			
Sleeman, John, M.D., Southwark-bridge-road				1	1	0
Barry, J. M., M.D., Tonbridge Wells	2	2	0			
Reed, F. G., M.D., Hertford-street, May Fair	5	5	0			
Hood, Peter, Esq., Lower Seymour-street	10	0	0			
Smith, J. Simm, Esq., Croydon	5	0	0			
Hunt, Thomas, Esq., Alfred-place, Bedford-square ...	1	1	0			
Dunstan, Mrs. F., Rugeley	0	10	0			
Sutro, S., M.D., Finsbury-square	1	1	0			
Webster, George, Esq., New Finchley-road	2	2	0			
Friend, a, by G. Webster, Esq.	2	2	0			
Newdegate, C. N., Esq., M.P.	5	0	0			
France, J. F., Esq., Bloomsbury-square	2	2	0			
Watson, Thomas, M.D., Henrietta-street	5	5	0			
Lowe, W. T., Esq., Canonbury-square, N.	1	0	0	0	10	0
Smith, E. Pye, Esq., Hackney	1	1	0			
Banbury, Richard, Esq., Collumpton				1	1	0
Solly, Samuel, Esq., St. Helen's-place				1	1	0
Whiteside, J. H., M.D., Stockton-on-Tees				0	10	6

BANKERS.

Donation Fund.
Bank of England Branch, Burlington-gardens, W.

Annuity Fund.
London and Westminster Bank, St. James's-square, W.

Donations and Subscriptions will be also received by Mr. WILLIAM SELF, Secretary, Lucas-place, Commercial-road East. If by Post-office Order, payable Eastern Branch Office, Commercial-road East.

Poor-Law Medical Reform Association.—An aggregate MEETING of the Students of the various Hospitals will be held on Tuesday, the 8th of May, in support of Mr. Pigott's Bill. Further particulars will appear.

WM. TILBURY FOX, C. F. SUTTON. } Hon. Secs.

Royal Crystal Palace Family Hotel, NORWOOD, S. (late MASTERS').—The Directors beg to announce that the repairs and additions to the Hotel are now nearly complete, and that the building will be ready for the reception of Visitors on the 1st of May. Suites of rooms commanding uninterrupted views of the loveliest scenery in England may be secured for the coming months by immediate application to the Manager. The Coffee-room has been enlarged and redecorated, and will be fitted with every comfort and supplied with every luxury. The Hotel is but five minutes' walk from the railway station, and is separated from the Crystal Palace only by the road.

Champion-hill, Surrey.—Capital Family Residence, with excellent Stabling, Pleasure and Kitchen Gardens, and Paddock.

Messrs. Winstanley are directed by the Executors to offer for SALE by AUCTION, at the Mart, near the Bank of England, on Thursday, the 17th of May (unless an acceptable offer is previously made by private contract), a very substantial and desirable detached FAMILY RESIDENCE, in most perfect order, and situate on that justly-admired eminence, Champion-hill, only half an hour's drive from the City or West-end. It is approached by a carriage-drive, and contains eleven principal and secondary bed-chambers, three dressing-rooms, large nursery and school-room, bath-room, paved entrance-hall, leading to a dining-room, 32 ft. by 18, library or music-room, splendid drawing-room or saloon, 45 ft. by 18 ft., all communicating with each other, and forming a grand suite of reception-rooms; a conservatory, gentlemen's room, billiard-room, store-room, and all necessary servants' offices, most conveniently arranged, and abundantly supplied with water; stabling for nine horses, and standing for three carriages, lofts, and men's room over, &c.

The pleasure-grounds are disposed with considerable taste, and the kitchen-gardens contain vinery and other forcing-houses. The whole, with the paddock, comprises about seven acres, and is held by Lease under Dulwich College for an unexpired term of 31 years, at a ground rent of £50 per annum.

To be viewed by cards only, which, with printed particulars, may be obtained twenty-one days preceding the Sale of Messrs. Winstanley, Paternoster-row, E.C. Particulars also of Mr. J. C. Memmott, Solicitor, No. 5, Albion-place, Blackfriars-bridge, S.; at the Fox, Denmark-hill; and at the place of Sale.

Royal Medical Benevolent College, EPSOM.—MAY ELECTION, 1860.—FOUNDATION SCHOLARSHIP. Second Application of THEOPHILUS GLASCOTT VAWDREY. His father practised for twenty years at St. Austell, Cornwall, as a Surgeon, and died in July, 1858, after an illness of a few days. His mother was left with only a life annuity of £50, and with six helpless children. This case has within the year become the more distressing by the bankruptcy of the late Mr. Vawdrey's partner, whereby a provision of £500, to be paid in three yearly instalments to the widow, has been lost. The Votes of Subscribers are earnestly solicited in behalf of this Boy; and should he be unsuccessful this year, his friends beg that he may be supported at the Election in 1861.—Proxies will be thankfully received by Mrs. E. Carlyon, St. Austell.

The Friends of a Gentleman wish to find him comfortable Board and Lodging in the family of a Medical Man (Protestant) in some town by the Sea-side. From £60 to £70 per annum would be deemed equivalent.—Address to Joseph Godden, Surgeon, &c., Sudley House, Birkenhead.

A M.D., M.R.C.S., L.M., L.S.A., aged twenty-six, wishes for a PARTNERSHIP or SUCCESSION to a PRACTICE in one of the Northern Counties.—Address, A. W. A., Post-office Liverpool.

Wanted, a Partner, by a Medical Gentleman, established in practice twenty-six years in one of the Southern Counties in England. Average receipts, £800 per annum.—Address, R. C. R., care of Messrs. Davies and Co., Advertising Agents, 1, Finch-lane, Cornhill, E.C.

For Disposal, in consequence of a death vacancy, a GENERAL PRACTICE in an important Sea-port Town.—For particulars, apply to Montague Groves, Esq., Solicitor, Cardiff.

Medical.—For Disposal, an esta- blished PRACTICE, on the Surrey side of the Thames. The present incumbent wishing to retire in consequence of ill-health, a few months' Introduction only could be given. The command of £700 necessary, but the premium may be paid by instalments, to suit the convenience of the purchaser. For particulars, apply to Messrs. Hughes, Hooker, and Buttanshaw, Solicitors, St. Swithin's-lane, City.

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A fully-qualified Gentleman, aged 26, a Scholar and Gold Medalist of his College, who has served nearly all the practical offices of a London Hospital, and is accustomed to private practice, wishes to obtain a PARTNERSHIP, with a view to ultimate Succession, in an extensive and good class Practice. Address, confidentially, Medicus, Gresford Cottage, Wrexham. The advertiser is prepared with capital.

Immediate.—A Gentleman, residing in a fashionable and rapidly increasing Western Suburb, with Nucleus of Practice, wishes, owing to the delicacy of his family, to Exchange, on equitable terms, for a Practice with genteel residence in any agreeable town or watering-place, within an easy distance of London. The advertiser has means at command.—Address, Omega, THE LANCET Office, 423, Strand, W.C.

Partnership.—Wanted, a Partner in a respectable General Agency, principally connected with the Medical Profession. A very small capital necessary, and the Partner would have much time at his own disposal.—For particulars, apply by letter, or personally, to Sigma, 2, Agar-street, Strand.

Partnership.—Wanted, by a duly-qualified gentleman, to Purchase a SHARE in a GENERAL PRACTICE, with a view to ultimate Succession. The advertiser's Share must not be less than £300 per annum.—Address, J. G., THE LANCET Office, 423, Strand, W.C.

Partner Wanted, in an old-established Surgery, in a sea-port town, by a gentleman who wishes to retire from the profession, in the course of two or three years, in consequence of ill-health. The Practice is worth £300 to £400 per annum. A premium of at least £500 would be required, when liberal terms would be entered into.—Address, D. W., THE LANCET Office, 423, Strand, London, W.C.

A M.D. of Glasgow, M.R.C.S.E., &c., desirous of partial retirement, having been many years in general practice, wishes to make terms with a Physician or other party willing to introduce him to a suitable Opening for a Prescribing Practice, where the payment for it may chiefly rest on the receipts of the first year or two.—Address, with very full particulars, in thorough confidence, to Mr. Malpas, 2, Jireh-terrace, Holland-road, Brixton, London.

A Dispenser is Wanted by a Surgeon in private practice.—Apply, personally, before 11 or after 6, or, by letter, to A. W., 37, Nottingham-place, Regent's-park, W.

Medical.—A First-Year's Student wishes for a SITUATION with a Surgeon in Town, where, in lieu of salary, he would be allowed time to attend hospital lectures, &c.—Address, Medicus, Post-office, St. Neots, Hunts.

A Gentleman, Medical Officer to a large Metropolitan Institution, wishes to meet with a Student who attends lectures, &c., and would be willing to give an efficient assistance in exchange for board, &c.—Address, J. A. Stuart, Esq., 6, New-inn, Strand, W.C.

Medical.—A Gentleman would be happy to ASSIST a Surgeon. He can Dispense well, attend Midwifery, &c. Salary required, £40 per annum, with board and lodging.—Address, W. G., Mr. Gaius, Northam, Bideford, North Devon.

The Advertiser, aged 22, accustomed to Counter-prescribing, Dispensing, and Retail, is desirous of an ENGAGEMENT in or near town, where he would have an opportunity of attending Midwifery.—Address, W. S., Post-office, New Brentford, Middlesex.

A legally-qualified Out-door ASSISTANT is Wanted immediately in a Market Town and Station on the East Cornwall Railway. A liberal salary will be given. No one unless seeking a permanency need apply.—Address, stating age, references, and other particulars, to Dr. Plowman, St. Austell, Cornwall.

A young Gentleman, accustomed to Dispensing, is desirous of obtaining an Appointment, with board and residence, within an easy distance of any hospital, where he would have time to attend the necessary lectures. No salary required. Respectable references given if needed.—Address, W. S., Post-office, Bideford, Devon.

Leeds.—A Situation is required in the town of Leeds by a Gentleman, aged twenty-two, competent to Visit, Dispense, and attend Midwifery, but who possesses no qualification. Salary required, £60 per annum, with board and lodging.—Address, D. P., Post-office, Bawtry, Yorkshire.

Bristol.—A Gentleman, fully competent to Visit, Dispense, and attend Midwifery, and accustomed to the general routine of Union, Club, and Private Practice, is open for an Engagement as ASSISTANT to a Surgeon in the above city, with time allowed to attend Lectures. Reference from late principal.—Address, Medicus, Post-office, Bristol.

Mining or Colliery Districts of England or Wales.—Wanted in either of the above districts, by a Gentleman, aged twenty-four, who has completed the three years' hospital studies, a SITUATION with a Surgeon, to Visit, &c., where he could obtain some improvement in Practical Surgery in such districts. Would have no objection to a little Dispensing. In-door situation preferred.—Address, stating terms, to Z. Y. M., Post-office, Epping, Essex.

John Harrison Osgarby.—The Friends of Mr. JOHN HARRISON OSGARBY, formerly an Apprentice to a Chemist at Boston, and afterwards, and when last heard of, Assistant to a Surgeon at Liverpool, will be glad to hear from him. The recent death of a relative entitles him to property, both real and personal.—Address, Mrs. Osgarby, Walcot, Sleaford, Lincolnshire.

An experienced Gentleman wishes to Dispense from 6 until 9 o'clock every Evening for any Medical Gentleman residing within two miles of St. Mary's Hospital.—Address, J. C. R., 18, Porteus-road, Harrow-road, W.

Wanted, a Dispenser.—Application, stating terms, &c., to be made to Tatam and Wilkes, Salisbury.

Wanted, an Engagement as DISPENSING ASSISTANT to a Surgeon. The highest references will be given.—Address, H. E. S., 163, City-road, E.C.

Wanted, a fully-qualified Assistant to a Medical Man in the Country.—Application to be made to A. B., Post-office, Caistor, Lincolnshire.

Wanted immediately, an Assistant, to Visit, Dispense, and attend Midwifery occasionally. A knowledge of the Welsh language indispensable.—Apply, stating particulars, M. M., Llanrhaiade, near Oswestry.

Wanted, a fully-qualified and experienced Gentleman to ASSIST in conducting an extensive Practice in the Country. First-class references required.—Apply to Messrs. Corbyn and Co., 300, Holborn, W.C.

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Lecture I. Part III.....p. 437

On the Importance of the Study of Midwifery; being an Introductory Lecture delivered at St. Mary's Hospital Medical School, May 1st, 1860. By Graily Hewitt, M.D., M.R.C.P., Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital, &c. 438

On a Case of Cæsarean Operation. By Henry Ashton, L.R.C.P. Edin., Preston. (*With Engravings.*) 440

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

King's College Hospital: Old-standing Disease of the Hip in a Boy; Excision of the Joint; Fatal Result..... 443

St. Mary's Hospital: Excision of the Head of the Femur for Disease of six months' duration; Fatal Result on the twentieth day 443

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society: On the Treatment of Axillary Aneurism 444

Pathological Society of London: Exhibition of Specimens of Hydatid in the Heart, and of Larynx and Trachea after a Scald 446

REVIEWS AND NOTICES OF BOOKS.

A Practical Treatise on Fractures and Dislocations. By Frank H. Hamilton, M.D., Buffalo 446
The Atlantis, a Register of Literature and Science of the Catholic University of Ireland. No. V.... 447
On the Extremely Rare Occurrence of Consumption in Dingle and its Neighbourhood; to which are added Thermometrical Tables from Registers kept at Dingle, Ferriter's Cove, and Tralee. By Henry Blennerhassett, M.D., L.K. & Q.C.P.I. 447

LEADING ARTICLES.

Physiology and Uses of the Prize-Ring 448
The Thames and the Board of Works 449
The Serpentine 449

MEDICAL ANNOTATIONS.

The Disorders of the Gas-Joints.—Natural Science at Court.—The New Order of Dentists.—The Students' Aggregate Meeting.—Surgeons in Arms 449

St. Thomas's Hospital 451
Royal Medical Benevolent College: Eighth Anniversary Dinner..... 452

CORRESPONDENCE.

Pepsine in Pregnancy 447
Medical Reform, the Corporations, and The Lancet 452
Poor-law Medical Reform Association: Letter from Mr. Griffin ... 453
The Laryngoscope 454
A Sanitarium at Hong-Kong: Letter from Dr. M'Grigor Croft 454
Iodide of Potassium in Large Doses 455

Medical Trials. — Vice-Chancellors' Court: Cox v. the Principal and Council of Queen's College, Birmingham..... 455
The London School of Dental Science: Inaugural Meeting ... 456
The University of London 455
House of Commons. — Cavalry Charges..... 455

MEDICAL NEWS.

Bequests 447
Pass-list of Apothecaries' Hall.—University of London. — The London Hospital. — The Royal Society. — Handsome Donation by a French Medical Practitioner.—St. Bartholomew's Hospital. — Society of Arts Conversazione. — Appointment. — Professor Rostan. — Death of M. Robiquet. — The Serpentine. — The Newly-appointed Staff-Surgeon to the Guernsey Militia.—The Successor of Humboldt at the Academy of Sciences of Paris. —Prize offered by the Medical Society of the Paris Hospitals.—A Tribute to Dr. Taylor.—Tricks upon Medical Men in Paris.—The Pharmacopœias of Switzerland.—Presentation to Dr. G. H. B. M'Leod.—New York Inebriate Asylum. — Health of the Metropolis 456
Obituary. — John Hobbs, Esq., F.R.C.S. — James Gregory Vos, M.D. 457
Books, &c., Received 457
Medical Diary of the Week 458
Notices to Correspondents 458

WORKS BY WHARTON JONES, F.R.S.,
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First.—Is a saving of four shillings per week in the keep of a Horse, with better health, less grooming, and more work, worth fourteen feeds of THORLEY'S FOOD FOR CATTLE, costing only 1s. 3d.?

Second.—Is an increase of six quarts of rich milk daily per Cow worth two pennyworth of THORLEY'S FOOD FOR CATTLE?

Third.—Is a corresponding profit gained on Sheep, Pigs, and breeding and feeding stock generally, worth corresponding small outlays on THORLEY'S FOOD FOR CATTLE?

These are the GRAND QUESTIONS OF THE DAY, and to all of them Thorley's customers return him an affirmative answer—to the first, YES; to the second, YES; and to the third, YES. A pamphlet showing this, and a profit of from £100 to £500 per cent. on the use of Thorley's Condiment, will be sent free by post on application.

REDUCED PRICES.

Barrels, containing 448 Feeds, with measure ... ... 40s.
Cases, „ „ „ in Packets ... ... 45s.
Carriage paid to any railway station in the United Kingdom.

JOSEPH THORLEY, the Inventor and Sole Proprietor.

Offices: 77, Newgate-street, London; to whom all Post-office orders must be made payable.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Campdu, (see "Gamplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

H. Breidenbach, Perfumer to the

Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 B, New Bond-street, W.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.;) also to his Liq. Taraxici, Liq. Galii Aparinis (a valuable alterative), Liq. Parietaria (diuretic), and Liq. Bele (prepared from the Egle Marmelos, or Indian Bael), for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand.—Agent for Palmer's Aërated Chalybeate Water.—*Ext. Laricis Europ.*

BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2, Edwards-street, Portman-square.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE BELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

S. Bowles, (late Windsor & Co.,)

PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6, James-street, Covent-garden. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

Samples and prices forwarded free on application.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

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NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser
3 oz. „	7s.	
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4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. „
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 and 4 oz. ditto ditto	blue-tinted.	7s. 6d. „
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

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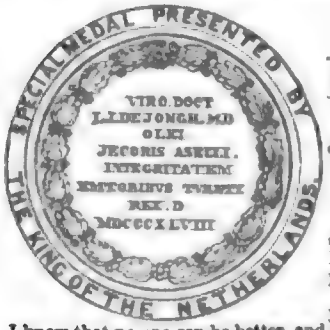

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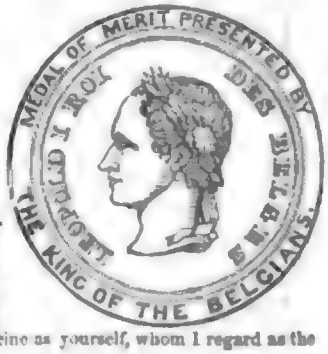

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

"(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Carbonate of Bismuth, preferable to

the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

Fluid Confection of Senna. The price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

Syrup of Iodide of Iron with Sarsaparilla, invaluable in Strumous Affections; 2 fluid drachms contain 5 grains of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

Tannate of Glycerine, a powerful Astringent, miscible with water in any proportion.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarsæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraz., 5s. lb.—Monthly price currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154A, Fenchurch-street, E.C., London.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEÆ EQUINÆ. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Liquor Folii Ricini, for increasing

the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square

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Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Genuine Medicated Cod-liver Oils.

Of this class of Medicines, introduced by SAVORY and MOORE, the following have the greatest reputation:—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine, and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

The attention of the Medical Profession is also invited to Messrs. SAVORY and MOORE'S New Remedies:

THE HYPOPHOSPHITE OF QUININE;
SYRUP OF HYPOPHOSPHITE OF QUININE & IRON,

Which have been employed with remarkable success in debility and low vitality.

LIQUOR NASTURTII,
(Fluid Extract of Watercress.)

Of great therapeutic value in the various forms of Scorbutic Affections.

Carbonate of Lithia, Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c. &c., are also prepared in The Laboratory, 143, New Bond-street, London.

The New Eye Douche, invented by

SAVORY & MOORE, has elicited the approbation of the most eminent Oculists. *Vide* THE LANCET of March 31st.

Alcohol as a Medicine.—Members of

the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

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Bastick's more Certain Forms of

REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

The Pulvis Jacobi Verus, prepared

by WILLIAM HOOPER, 24, Russell-street, Covent-garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

Prepared only by R. WATERS, 2, Martin's-lane, Cannon-street, London.

Sold by Chemists, Grocers, &c., throughout the world.

Wholesale Agents, Lewis Watkins and Co., Worcester.

Health, Pure Air, and Fresh Water.

CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aëriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER is also harmless and inodorous, depending on the same principle, and destroying all smells in the same manner, in lieu of disguising them. In bottles, 1s., 1s. 6d., & 3s.; and in casks, 1 cwt., 36s.

LIQUOR POTASS. PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

Wholesale and Retail Agents: J. Bell and Co., 338, Oxford-street; P. Squire, 277, Oxford-street; Savory and Sons, Bond-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vitties, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Aërated Lithia Water. — The

demand for this water, originally made by Messrs. BLAKE, SANDFORD, and BLAKE at the request of Dr. GARROD, affords abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS. Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
Citrate of Magnesia, 2 drs.; and Ammonia, 10 grs.
Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.
Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade will re-open for the 36th season on 7th May. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH & CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Tarratt's Bandage and Strengthening

PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, &c., where equal and constant support is required. Several of the most eminent surgeons continue to use this Plaster in their practice, preferring it in certain cases to any other. It is well suited for exportation and use in warm climates, the high temperature having less effect on it than on any other plaster.

The profession are referred to Messrs. Westwoods and Hopkins, Wholesale Druggists, Newgate-street, where the Plaster may be had in packets containing three yards, for 2s. 6d., or spread upon skins of chamois leather, at 3s. 6d.

Westwoods and Hopkins also call attention to their Compound Adhesive Plaster for fractures and wounds, as likewise to their concentrated preparations, essences, &c.

In Chancery. (V.R.) £10,000 Damages.

The Proprietors of the GLENFIELD STARCH hereby caution the Trade against selling ANY IMITATION of their Starch, whereas, by a decision of the Master of the Rolls, Wotherspoon *v.* Turner (reported in the *Times* and other London papers of 26th Nov. 1859), they render themselves equally liable with the makers of the spurious article in the above penalty.

GLENFIELD PATENT STARCH is the only STARCH used in her MAJESTY'S LAUNDRY.—WOTHERSPOON & CO., Glasgow and London.

Bed Bugs, Green Fly, Red Spider,

MILDEW.—GISHURST COMPOUND, patented for killing and keeping away these and other animal and plant pests. Names of eminent authorities who have given testimonials to its success are advertised in *Gardener's Chronicle*, *Cottage Gardener*, and *Field*.

Sold in boxes at 1s., 3s., and 10s. 6d., with reports of trials and full instructions for use, by Chemists and Nurserymen.

Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

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Mr. HEATHER BIGG, having been for several years Anatomical, Surgical, and Orthopædic Mechanist to the Royal Hospitals of Chelsea and Greenwich, the Admiralty, the Hon. Board of Ordnance, the Hon. East India Company, St. George's, Middlesex, University College, King's College, Royal Free, Guy's, and St. Thomas's Hospitals, has devoted considerable time and experience to the invention, construction, and adaptation of every variety of Anatomical Appliance, and takes this opportunity of inviting the attention of the Medical Profession to the New and valuable Inventions he possesses for affording mechanical aid in cases of Talipes Varus, Valgus, Equinus, and Calcaneus; Lateral, Posterior, Rotative, and Anterior Curvature of the Spine; Inguinal, Femoral, Umbilical, and Ventral Hernia; Prolapsus Uteri and Ani; as well as every variety of Anatomical Deformity.

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Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS

OF

PARALYSIS OF THE LOWER EXTREMITIES.

BY C. E. BROWN-SÉQUARD, M.D., M.R.C.P.,

HONORARY FELLOW OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW,
PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTIC, ETC.

LECTURE I.—(PART III.)

THOSE persons who, perhaps, are not struck by the evidence in the foregoing facts and reasonings may argue against the view that paraplegia is the effect of an outside irritation in the cases we have mentioned: 1st, that there is no need of admitting such a view, as other explanations of the various cases can be given; 2ndly, that it is not possible to explain by a reflex action the production of a paralysis.

The first of these objections may in appearance be well grounded, as it may be said—

1. That, in cases of disease of the uterus, this organ produces paralysis by pressing upon the obturator nerve and the sacral plexus.

2. That, in cases of disease of the prostate, the urethra, or the bladder, the urine, not being freely expelled, becomes altered, and some of the altered principles are absorbed and act as poisons, producing paralysis.

3. That, in cases of disease of the kidney, paraplegia is due to uræmic poisoning.

4. That, in cases of teething, of diphtheria, and of disease of the bowels, the lungs, or the pleura, paraplegia is due to an alteration in the blood, caused by the disturbance of digestion or respiration.

5. That, in cases of paraplegia due to the action of cold and wet, we ought to place this affection in the category of rheumatismal paralyses.

6. That, in cases of pain in the skin, in joints, or in trunks of nerves, paraplegia has no other relation to this pain than that of being produced together with it by some affection of the spinal cord.

I am ready to admit that in some cases paraplegia is produced in the various ways just related; but in most of the cases in which a paralysis of the lower limbs follows an outside irritation from the womb, the bladder, or most of the other organs, when there is no evidence of an organic affection of the spinal cord or of the surrounding parts, it is not possible to explain the production of the paralysis by a pressure on nerves, an alteration of blood, &c. This I must show, as, lately, Romberg,* one of the promoters of the view that paraplegia may be caused by a reflex action, has acknowledged that he was ready to abandon it on account of objections advanced by Hasse and Valentiner.

1. As regards paraplegia depending upon disease of the womb, we will remark that, except in cases of very great enlargement, as sometimes in pregnancy, pressure upon the nerves of the lower limbs cannot be the cause of the paralysis. In the case I have mentioned, of a young lady who was cured by using a bandage, the uterus was certainly not larger than in a woman at the end of the second month of pregnancy.

2. It is possible that in cases where urine accumulates in the bladder, and remains there a long while in an altered condition, some of its principles may be absorbed and act as a poison; but, on the one hand, however possible this is, there is no proof that a paralysis has ever been produced in that way; and, on the other hand, we find that it is with the degree of pain that paraplegia has relations in cases of paralysis of the lower limbs following an affection of the prostate, the urethra, or the bladder, and not with the retention of urine, as there is no change in this kind of paraplegia, whether the bladder is carefully voided or not, at every time there is a certain amount of urine in it, unless the irritation starting from either the bladder itself, or the prostate, or the urethra, be diminished.

3. Certainly, in cases of nephritis, there may be paralysis due to uræmic poisoning; but this kind of poisoning does not manifest itself only by a paralysis. On the contrary, it causes other and most striking symptoms, none of which has existed in the case I have cited, and in other more or less similar cases.

4. I am willing to admit that there is some alteration in the blood in diphtheria, or even in dysentery, in enteritis, &c. I am also willing to admit that this alteration may cause a degree of paralysis; but that a complete paraplegia, without any diminution of voluntary movement elsewhere, may be due to a cause which, as it is supposed to be in the blood, is *circulating everywhere in the body*, I think no one can admit.

5. It is true that cold and wet often cause rheumatism; but when, after an exposure to cold and wet, a man is suddenly seized with paralysis, without having the least symptom of rheumatism, we certainly have no right to place his affection in the vague group of rheumatismal paralyses.

6. No doubt that diseases of the spinal cord and its membranes very often manifest themselves by pains resembling neuralgic pains, and located either in a joint or along the course of a nerve; but, besides the fact that, in such cases, paraplegia, when it appears, is accompanied by symptoms indicating a disease in the spinal cord or its membranes, which was not what occurred in the cases I have mentioned, there were real inflammations (of a joint, or of the skin) in two of those cases, instead of the *referred* pain due to a centric cause.

We think we may safely conclude, from this examination of the above explanations, that they can be considered as valuable only for a small number of those cases in which paraplegia has appeared after an irritation in some sensitive nerve of the skin, the mucous membranes, and various organs. On the one hand, therefore, most of those cases cannot receive these explanations; and, on the other hand, I have already shown that the period of apparition, the variations of intensity, the progress, and the cure of paraplegia, in the cases I have mentioned, are in perfect correspondence with the view that paralysis depended upon an irritation from a sensitive nerve.

I have now to examine the objection that it is impossible to understand how a paraplegia can be caused by a reflex action. It is, indeed, very easy to show how a paralysis can take place by a reflex influence through an irritation starting from a sensitive nerve. There are two modes of reflex action by which such an irritation can produce paraplegia:—

1st. *Reflex Contraction of Bloodvessels.*—As it is now well established that bloodvessels contract with energy, and sometimes even are seized with a real and prolonged spasm, whether by a direct influence of their motor nerves, or through an excitation, which, from some centripetal or excito-motor nerve, has been reflected upon them by the cerebro-spinal axis,* there is no need of showing here that bloodvessels are just like muscles of animal life as regards their relations with the nervous system. This being the case, it is extremely easy to understand how a paralysis of the lower extremities, as well as that of any other part of the body, may be paralysed by a reflex action. In three different places a contraction of bloodvessels may cause paraplegia—1, in the spinal cord; 2, in the motor nerves; 3, in muscles. A contraction of bloodvessels in the spinal cord *I have seen* (in the vessels of the pia mater) taking place under my eyes, when a tightened ligature was applied on the hilus of the kidney, irritating the renal nerves, or when a similar operation was performed on the bloodvessels and nerves of the supra-renal capsules. Generally in those cases the contraction is much more evident on the side of the cord corresponding with the side of the irritated nerves, which fact is in harmony with another and not rare one, observed first by Combaire (as regards the kidney), and often seen by me after the extirpation of one kidney or one supra-renal capsule—i. e., a paralysis of the corresponding lower limb. It is probable that irritations starting from the urinary and other organs produce a paraplegia by a contraction rather of the bloodvessels of

* Lehrbuch der Nervenkrankheiten des Menschen. Dritte Abth. 3rd ed., 1857, p. 913.

* See for the proofs on these points, my "Lectures on the Physiology and Pathology of the Central Nervous System," in THE LANCET of November and December, 1858, and a new and enlarged edition of these "Lectures," 1 vol. 8vo. Philadelphia, 1860. Lect. IX., X., and XI., pp. 139—180.

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the spinal cord than of those of the motor nerves and muscles. However, in this form of paraplegia, it is not rare that a notable diminution of temperature of the paralysed limbs shows that the bloodvessels of these parts are also contracted.

2nd. *Morbid Reflex Influence on Nutrition.*—This influence, proved by many experiments on animals and by pathological facts of daily occurrence,* seems usually not to exist in reflex paraplegia, except in that form in which muscles become progressively and rapidly atrophied and altered (*wasting palsy*). But this morbid influence may take place at any moment in the course of a reflex paraplegia, so long as the irritating cause has not ceased to act, and a myelitis or some other affection may be generated by it.

We think that it will now be considered possible, if not probable, that the production of reflex paraplegia is due to a contraction of bloodvessels and to the insufficiency of nutrition that follows this condition of the vessels. In addition to the reasons we have given to show that the paraplegia caused by an outside irritation is due to a reflex action and probably to a reflex contraction of bloodvessels, we will say that very often in this peculiar kind of paralysis there are reflex convulsions in muscles of the trunk, the head, and the limbs, before the paraplegia appears (as in cases of teething, of worms, &c.), or when it has already existed some time (as on the passage of a catheter, in urinary paraplegia). We might also have pointed out the influence of the urethra on the spinal cord, by mentioning the well-known and very frequent fact of the production of chills and tremor on or after the introduction of a catheter in persons who are or who are not paraplegic.

There is another series of facts of which we have now to speak, that show that reflex paraplegia is not due to an evident organic affection, which may be found in a post-mortem examination. We will very briefly mention some cases of autopsy made on persons who have died after having presented the symptoms of a reflex paraplegia.

We are indebted to Mr. E. Stanley† for the first paper of importance on urinary paraplegia. In this classical paper the following cases are recorded:—1. Paraplegia combined with retention of urine. *Autopsy:* No visible alteration of the cerebro-spinal axis; one of the kidneys and the bladder inflamed.—2. Partial loss of power in the upper and lower limbs. *Autopsy:* No morbid appearance in the cerebro-spinal axis.—3. Severe gonorrhœa, complete paraplegia. *Autopsy:* No morbid appearance in the spinal cord; inflammation of both kidneys and bladder.—4. Nearly similar case with the preceding.—5 and 6. Mr. Hunt (in Mr. Stanley's paper) mentions two cases in which a blow on the back was followed by nephritis and paraplegia. No alteration of the nervous centres, except, in one of the cases, a congestion of the spinal sheath.

In his excellent collection of cases, Leroy d'Etiolles, jun., (*loc. cit.*, pp. 23–35,) gives the following:—7. Woman, under the care of M. Rayer; nephritis and paraplegia. *Autopsy:* The cerebro-spinal axis and its membranes perfectly healthy; bladder and kidneys inflamed.—8. The celebrated surgeon, Sanson, was attacked with an enlargement of the prostate, stones in the bladder, and retention of urine, followed by paraplegia. *Autopsy*, made by Rayer, Cruveilhier, and Chomel: No alteration of the spinal cord.—9. Cystitis, nephritis, and paraplegia. *Autopsy*, made by Dr. Leudet, of Rouen, an excellent observer, and Leroy d'Etiolles, jun.: No softening; no change of colour of the spinal cord.—10. Retention of urine; cystitis; nephritis. *Autopsy:* Thorough examination of the spinal cord, which was found healthy.

It would be easy to enlarge this list of cases. I will only mention a few more:—11. Dr. Waddel (*American Journal of Medical Science*, Feb., 1835, p. 299) relates a case of paraplegia connected with a disease of the bowels. *Autopsy:* No alteration of the spinal cord; pus in the bowels; ulceration of the duodenum.—12. A man, observed by that eminent physician, Dr. Stokes, of Dublin, was often exposed to wet and cold; he became paraplegic. *Autopsy:* The cauda equina appeared to be slightly softened; but, from the appearance, Dr. Stokes could not state that it was actually diseased; the rest of the spinal cord appeared healthy and normal. (Graves, "Clinical Lectures," vol. i., p. 563.)—13. Difficulty of micturition, preceding a paraplegia. *Autopsy:* Membranes of the cord healthy; no traces of inflammatory granules anywhere, either in the spinal cord or its membranes; hours were vainly spent in search of some alteration; cystitis. (Dr. W. W. Gull, "Guy's Hospital Reports," vol. iv., 3rd Series, Case xvii., p. 174.)

I know full well that, as no microscopical examination was made in any of the above cases, except the last, I am not entitled to assert that it is really established by those cases that reflex paraplegia may exist without an evident alteration of the spinal cord. But, when we think of the number of cases in which that affection has been rapidly cured; when we remark that in most of the above cases the autopsy was conducted by men of great and much-deserved reputation as careful observers, and that in all those cases it was expected that some alteration would be found; when we remember that a myelitis very rarely indeed can exist without evident changes in the colour, in the vascularity, and especially in the consistence of the spinal cord; and when we find also that the symptoms in most of those cases were not those of an organic affection of the spinal cord, we are almost necessarily led to conclude that those cases show that reflex paraplegia is not accompanied by an evident alteration of the spinal cord. This view will be strengthened in the next lecture, in which we will discuss the opinions of Dr. W. W. Gull on the urinary paraplegia.

Before concluding this lecture, I wish to say a few words on a most important point, to which we will again turn our attention in the succeeding lectures: I mean, the treatment of reflex paraplegia. I have already said that the various kinds of paraplegia may be classed into two general groups: one in which the amount of blood circulating in the spinal cord is too considerable; the other, in which the opposite condition exists. Of the various remedies, which, as I may perhaps be allowed to say, are too often blindly employed, there are some that diminish the quantity of blood in the spinal cord, such as mercury, ergot of rye, and belladonna; while others, on the contrary, such as strychnine and brucine, increase that quantity. If these last assertions be correct—and I will, by-and-bye, try to prove that they are,—it is quite evident that to employ a remedy of either of these two kinds in both of the two groups of paraplegic cases is a most dangerous thing. Reflex paraplegia, as pointed out by its whole history given in this lecture, is accompanied and most likely produced by an insufficiency of the amount of blood in the spinal cord; it ought not, therefore, to be treated by those remedies which diminish the quantity of this fluid in the spinal nervous centre. How often, however, is not mercury employed in that affection! On the other hand, myelitis, which is accompanied by an increase in the quantity of blood in the spinal cord, is often treated by the very remedy (strychnine) which has the most powerful influence in increasing the amount of blood in the spinal cord! How important, therefore, is it to know exactly to what group of affections (as to the quantity of blood in the spinal cord) belongs a paraplegia, before we give a remedy included in either of the two categories above-mentioned!

In the next lecture we will examine more at length the important questions connected with these observations.

* See my "Lectures on the Central Nervous System," Philad. 1860, pp. 145-50.
† Medico-Chirurgical Transactions, vol. xviii., 1833, p. 260.

ON

THE IMPORTANCE

OF THE

STUDY OF MIDWIFERY.

BEING AN

Introductory Lecture

Delivered at St. Mary's Hospital Medical School, May 1st, 1860,

BY GRAILY HEWITT, M.D., M.R.C.P.,

LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL, AND PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL.

GENTLEMEN,—It is the object and intention of the course of study about to be commenced by these Lectures to prepare and fit you for undertaking the responsibilities of obstetric practice.

Before beginning the study of any subject, it is always well for us to possess correct ideas both as to its nature and importance, and as to the practical usefulness of a knowledge of that subject; there is otherwise a danger of our falling into one of two extremes, and of devoting to its acquirement either an

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inadequate or an unnecessary share of the time or powers at our disposal.

At the outset, then, it is necessary that I should say a few words in reference to the degree of importance which you, as students endeavouring to qualify yourselves for the duties of medical practitioners, ought to attach to the study of the particular subjects to be considered in this course of lectures—namely, Midwifery and the Diseases of Women and Children; and the more so, as it is not at all improbable that many of you may entertain notions on this point very much at variance with the real facts of the case. It is not my purpose to underrate the importance to you, as future practitioners, of a knowledge of subjects taught in other courses of lectures, and I should be very sorry to be the means of inducing you to neglect any one of them. But it is undeniably the fact, that, as a rule, medical students pay far too little attention to the study of midwifery and the allied subjects, the diseases of women and children; and for this reason it is right that you should, before it is too late, be made aware of the necessities of the case, and of the actual state of matters in reference to this question.

Now, important as it is that you should be acquainted with medicine proper, and important as it is that you should be acquainted with surgery, the two other great departments of medical practice, you may depend upon it that, in order to become a successful practitioner, your knowledge of medicine or surgery, however perfect, must be supplemented with a thorough and practical acquaintance with the subjects to be taught in this course of lectures. And why is this? You will find in entering on practice, that your time will be chiefly occupied in duties which will require for their proper fulfilment a thorough knowledge of midwifery and the allied subjects. The diseases, or morbid conditions, to which your attention has been, perhaps, most directed as students, and concerning which the extent of your information may be the greatest possible, will, comparatively speaking, rarely come under your notice. Cases of pneumonia, calling for an elaborate diagnosis; cases in which the operation of lithotomy is required to be performed, do not every day present themselves to a beginner in practice; but the first thing you are called upon to do on leaving the scene of your studies may be to attend a woman in labour; the second, perhaps, to inform the mother how to feed or manage the rearing of her infant. In dealing with these every-day matters your conduct will be open to much criticism on the part of non-professional observers, and the reasoning adopted by such critics, often, it must be remarked, very discerning in reference to the ability of a practitioner in this department of medicine, will naturally be that ignorance of one thing implies ignorance of another. You will be judged, not by that which you do, but by that which you do *not*, know. On the other hand, aptitude and dexterity shown by you, under such circumstances, are as readily appreciated, and will go a long way towards obtaining for you that without which you cannot practise with any degree of success—viz., the confidence of your patients.

The duties involved in attendance in the lying-in room are not, as is too commonly supposed, to be got through without much previous study. Nor must it be supposed, because parturition is, in a degree, a natural process, that little assistance or interference can be required. It is undoubtedly true that in the large majority of cases of labour the result is favourable—Nature accomplishes her work easily and well; but it is also true that there are exceptions to this general rule, and I need hardly add that these exceptional cases occur when they are least expected. Now and then the obstetric practitioner is placed under circumstances which try his resources, judgment, and skill to the utmost; which are alarming even to one well acquainted with his duties, but which unnerve and render powerless a more ignorant individual. The reflections of a man who has found himself wanting under such circumstances, and through whose lack of knowledge and skill the valued life of the mother of a family, it may be that of his own wife or sister, has been lost, are not to be envied. The practice of midwifery is peculiar in this respect, that its emergencies often come suddenly upon us, and at a moment's notice. Our decision must be frequently made at once, and action must follow the decision without delay, or it will be of no avail to the patient. In many cases, as in the country, where distances are great and the population scattered, the friendly aid of a brother practitioner cannot be obtained. In other cases of danger or difficulty the delay of an hour or two, involved in obtaining such assistance, may be of no material consequence as regards the issue of the case; but in midwifery practice a very trifling delay in the application of the necessary succour may be fatal to the patient. Need I say, that to be prepared for such emergencies is a matter of bounden duty with everyone who proposes to himself to undertake the practice of this department of the profession?

Your chief and paramount duty as medical practitioners is to save life; by every means in your power to advance this the grand aim of our noble profession. As obstetric practitioners, the exercise of this duty will every day come before you in some shape or other; for parturition is a process dangerous not only to the mother, but in a still greater degree dangerous to the child. We find, on referring to the past history of obstetric practice for information on this point, that formerly the mortality amongst lying-in women was very large. Women in the hands of ignorant midwives were often suffered to remain in labour for days, and to perish for want of assistance; or if the mother was saved, it was at the expense of the child. The first great improvement in obstetric practice was due to Ambrose Paré, who in the sixteenth century introduced, or rather re-introduced, the operation of turning in certain difficult cases of labour, for we find mention of this expedient in the works of Hippocrates. The next great step was the invention by our countryman, Chamberlen, of the forceps; and the next, also a very important one, the induction of premature labour. Previously to the invention of the forceps, to which midwifery owes so much, infants were sacrificed whenever the least difficulty occurred; the crotchet was regularly called into requisition when a labour had lasted a certain time. In the last century, Mittelhäuser, a practitioner in Germany, boasted that he only lost two out of every ten children delivered. We learn from the pages of La Motte what the practice was in France at the same period. The midwife and the crotchet were inseparable companions.

In reviewing the past and present mortality in obstetric practice, Dr. Tyler Smith says—"The average deaths from childbirth in London during the ten years between 1660 and 1670, as nearly as could be ascertained by Dr. Merriman from the Bills of Mortality, was 1 in 39. At the present time the average of deaths from childbirth and puerperal disease in this metropolis is rather less than 1 in 200, so that two centuries ago more than five women were lost in childbed where one now perishes."* Although there is great matter for congratulation in this, there is much yet to be done to render *general* obstetric practice what it should be. The average maternal mortality in England and Wales, stated by Dr. Tyler Smith to be about 1 in 180, is far above what is met with in the practice of good accoucheurs. Thus Mr. Bailey, of Thetford, the results of whose fifty years' practice of midwifery are recorded in the volume now before me, and from which I have just quoted, states that in 6476 labours only 6 women died from labour causes, or about 1 in 1000.

From these facts you may judge that a practitioner of midwifery, who knows his business well, will be the humble means of saving more lives than his more ignorant and Providence-trusting neighbour. Do not suppose, therefore, that there is nothing for you to do, and no difficulties to be surmounted. You will find in the emergencies of this department of practice many opportunities for the exercise of your skill, if you have it, and many occasions on which you will bitterly regret its absence if you have it not.

This necessary knowledge and skill are to be acquired only by a careful study of the various subjects to be brought before you in this course of lectures, and by diligently attending cases of labour. With reference to the necessary attendance on cases of labour, the subject appears to call for a few remarks. It must be confessed that to many students of midwifery the often-protracted and apparently useless attendance in the lying-in chamber which they are at first called upon to render is, and not unnaturally so, somewhat distasteful. It is unquestionably the fact, that in attending your first few cases of labour the exercise of a little self-denial may be found necessary. But there is, as you must well know, no "royal road" to the acquirement of knowledge which is of any value, and the patience and self-denial will not be uselessly expended if you take advantage of the opportunities there presented for mastering your subject and becoming familiar with the normal process of parturition. Unless by patient observation this elementary kind of knowledge has been acquired, you will never be in a position to practise midwifery with any satisfaction, and you will never attain to any degree of skill, because it will be impossible to have any confidence in your own powers. Too many practitioners pass through their lives as mere routinists, so far as the practice of midwifery is concerned

* On the Abolition of Craniotomy from Obstetric Practice, &c. Obstetrical Transactions, vol. i., p. 39.

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If Nature be tedious in her operations, they are compelled to look on helpless and incapable of assisting her in her work; the ignorance and incompetence which are the natural results of an early neglect of their duties naturally produce in such individuals dislike for this department of their profession, and their practice therein is necessarily either timorous and uncertain, or rash and ill-judging. It will be easy to avoid the disasters and inconveniences attending such a mode of practice if you only determine early enough to do what you can to avoid them.

The importance of the study of midwifery is now only beginning to be recognised by the profession as it deserves. The spirit which, within a comparatively recent period, led an individual of mark and eminence in the profession to characterize midwifery as "an unfit occupation for gentlemen of an academical education" has not entirely disappeared; the different examining boards have not yet, through the medium of their regulations, placed the subject of midwifery before the eyes of students and practitioners in the position relatively to medicine and surgery which it ought to occupy. This and other deficiencies will doubtless be remedied in time; the prejudices of individuals must give way to the cause of the interests of humanity; and there is every probability that in future this department of the profession will assume a position and an importance in public opinion to which it has never yet attained. The increasing estimation of the value of "life," and the growing sense of the duty and necessity for its preservation under all circumstances, must have the effect of giving a high position to an art which in skilful hands is capable of doing so much in the way of saving life. It is your duty, as well as your interest, to take care that so far as you are concerned the public respect for the obstetric art and the practitioners of that art be not diminished.

ON

A CASE OF CÆSAREAN OPERATION.

BY HENRY ASHTON, L.R.C.P. EDIN., &c.,
Preston.

PETER H——, came to my house, about nine o'clock on the morning of the 19th of December last, to ask me to attend his wife in her confinement. He told me that his wife had commenced being poorly between one and two o'clock in the morning, and that she had parted with a large quantity of blood during the night, and when he left home her pains had become much stronger. He further stated, that she expected not to survive this confinement, and that he and her sisters thought the same, and requested me particularly to tell him on our arrival if there was any danger, on account of their religious belief.

Although there were great lameness and deformity of the spine and left hip, which had commenced about ten years previously, I did not apprehend any danger, except from the flooding; for when I attended her three years before, in her eighth confinement, she was delivered easily of a full-grown child, and was very soon out of bed and doing what household duty she was capable of. Since then the deformity and lameness had not, to all appearance, greatly increased.

On my arrival, whilst I was taking off my over-coat in the lower room of the house, I heard her cry out from two pains, and I noticed that the cry had the peculiar sound heard in obstructed labour. On going to her, I saw that she had an anxious and distressed countenance, her pulse being 90 and soft. I found that her under-clothing was covered with blood, and small clots of blood lay about the thighs and in the vagina. On introducing the forefinger, I felt what appeared to be the child's head, with the scalp tumefied, in the cavity of the pelvis, and between it and the os pubis, extending to a length from two to three inches, a soft substance having the feel of the placenta. A slight flooding continued between the pains, and ceased, in a great measure, whilst the pain was on. I determined to make a careful examination, and commenced to introduce the hand to enable me to do so. I now found that I could not possibly, with the force I was justified in using, get the knuckles to pass the vulva, and that the tuberosities of the ischia, at their anterior points, approached so close as barely to admit two fingers lying together. The attempt to introduce the hand brought on strong expulsive pains, and I again attempted to get the hand to pass, but could not succeed. By keeping the hand well back, and the thumb over the sacrum, I was able to get the first two fingers pretty high up, and perceived that what I took to be the placenta was the anterior and posterior lips of the os uteri, projecting between the upper edge of the left os pubis and what, at the first examination, appeared to be the child's head, but which was in reality the promontory of the sacrum, and, as it afterwards proved, the last lumbar vertebra, covered by the internal integument, greatly swollen from the pains pressing the child upon it above. The os uteri was fully dilated in a longitudinal direction, and I could just reach to get the finger along it for about two or three inches, and felt the membranes, during a pain, fully distended. As the flooding continued, I contrived, during a strong pain, by reaching as high as possible, and keeping the finger pressed firmly against the membranes and rubbing with the nail, to rupture them, and there was no flooding after. I could now feel a hard presenting part, but whether it was the head or not I could not distinguish. The tips of the two fingers would lie sideways between the sacrum and pubis on the left side, plainly showing that there was little more than an inch of space. On the right side, the pelvis appeared to be wider, but the finger could not reach sufficiently high to measure the space, and, as I stated above, I could not introduce the hand into the vagina from the near approximation of the ischia.

As Mrs. H—— had been able to walk and perform her household duties since she first complained of pain and lameness in her left hip, ten years before her death, the lameness appeared to be caused by chronic arthritis; and to the time of her being pregnant, three years since, the disease made little if any progress; but during the latter months of her two last pregnancies, her husband was obliged to carry her from bed down stairs in the morning, and place her on a chair, where she would remain sitting till night, when he had to carry her to bed again. During this time she was able to wind the bobbing for his weaving, and employ herself in sewing. He had to follow the same course during this her last pregnancy.

The disease, which had remained dormant for so many years, and which appeared to have progressed actively again within a few months, was now evidently malacosteon. I formed the opinion, after examining her in the several positions which she was able to assume, that, from the extreme contraction of the brim and outlet, the inability to feel distinctly the presenting part, (which, whatever it might be, evidently could not enter the brim, for I could only just feel it with the tips of the fingers got as high as possible through the brim, on the left side, although she had had for an hour, since the rupture of the membranes, as strong forcing pains as I think I ever witnessed,—with the exception of one case, an arm presentation, in which the child had to be dismembered from the impossibility to turn,) and the impossibility to get the hand and the fingers sufficiently high to guide an instrument to perforate the presenting part, it would be impossible to deliver her by the natural passage.

I determined at once to have another opinion, and sent a note for Mr. Haldan, of Preston, with directions to the messenger, if he was not at home, to go to some other gentleman of experience, giving him several names. Mr. Haldan arrived in a little over four hours, with my son. I told him what I thought about the case, and how she had gone on since my arrival. During these four hours she had kept having strong pains at intervals of a few minutes; but I could not perceive the slightest alteration in the presenting part. Mr. Haldan, after making a most careful examination, arrived at the same conclusion as myself. He had had the opportunity of seeing and examining frequently a case of distorted pelvis before, in which the Cæsarean operation was performed, and in which two eminent medical gentlemen of Manchester had given their opinion that it was impossible to deliver without its performance; and he said, as far as he could judge, he thought this a worse case of distortion.

It was now a point with us whether we should procure another opinion, and we weighed the matter over carefully and we hope rightly. We were at a distance of five miles from any medical man, and there was the chance of not finding any of the gentlemen at home whom we might select; the poor woman had been nearly seven hours in strong labour since I ruptured the membranes, but the pains were getting weaker, and she was evidently becoming more exhausted; her cries during the whole of that time had been so distressing that I had several times made an excuse to leave the house; the pulse was getting quicker; and it was painfully evident that if there were any lengthened delay, the little chance the poor woman had would be thrown away. We were not certain that the

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child was living, but, as far as we could ascertain, we judged so; and although its life would not have any weight compared with that of the mother, in this case it deserved to be taken into consideration in weighing the chances; for, from the severe nature of the disease which afflicted her, the extreme stage it had progressed to, from the active character it had assumed within a short period, and its apparently still active progress, there appeared but little chance, if any, of saving the mother; and by Cæsarean section, there was just a faint hope that one or both might be saved. There was no possibility of using the long forceps, for there was not room on the left side, at the brim, in width, for half a blade, independently of the contraction of the outlet; and on that side only could a presenting part be felt; Mr. Haldan, indeed, from the larger size of his hand, could not reach it. For the same reason, the perforator could not be used; for no person would be able to guide it, or to tell what he was perforating; and the danger would be as great, if not greater, from the long time that it would take to break down the head, if it could have been reached, and the bruising and contusion of dragging it through the contracted brim, as from the Cæsarean section. We decided to tell the poor woman and her relatives the true nature of the case, and let them decide for themselves. It was fully explained to them that there was scarcely a possibility that she could survive the operation, and if they wanted any other opinion we would try to get it for them. They replied that they did not wish it, and desired us to do what we thought was best for her, and allow her whatever chance there was of saving her life. She was also wishful to have the operation performed if it would give her a chance of life and relief from her sufferings, but this last reason did not influence our decision. As the case was urgent, and she had been many hours in strong labour without the slightest progress being perceptible, and as the authorities agree in saying that the ill-success which has attended the operation in this country is owing to its being delayed too long and confined to those cases chiefly where the constitution is undermined by existing disease, Mr. Haldan said that if I would perform the operation he would share the responsibility of medical criticism. I decided to do it with his assistance, and made the necessary preparations. As there was no fire-place in the chamber, and it was very cold and frosty, we got a bed brought down into the lower room, and a moderate fire made up. She passed her urine immediately before being brought down, and as she had a frequent necessity to pass it, and suffered great pain if she did not immediately obey the call, it appeared as if there was not room in the pelvis to permit the bladder to contain any quantity; she could only void it in the sitting position, and had often to be lifted out of bed to relieve herself. The rectum had no accumulation in it.

After being brought down and placed in a convenient position on the bed, Mr. Haldan put her under the influence of chloroform; and having ascertained that the placenta was not in front, I made an incision through the integument at the most prominent part of the abdomen, about an inch above the umbilicus, and from an inch to two inches in length, which exposed the uterus. An opening was made into it so as to admit two fingers of the left hand; and using these as a director to protect the child, the incision was extended down towards the pubis, as near as I can say four inches, and an attempt was then made to extract the child; but the opening not being sufficiently large, it was extended upwards towards the ensiform cartilage, the whole extent of opening being about seven inches. The uterus was firmly contracted on the child, and I had some difficulty in getting my fingers between it and the anterior wall of the uterus, which was nearly half an inch in thickness. It was so tense that the cutting of it had the feel of cutting through the costal cartilages. Writers on midwifery say that it is generally thin, and easily cut. The right shoulder of the child lay in front, and hooking my finger in the axilla, I extracted the infant. Whilst I held the child, Mr. Haldan extracted the placenta, and kept the sides of the wound so closely approximated after the extraction that it was nearly impossible for any air to enter the cavity.

Possibly too much stress may be laid by authors upon the necessity of preventing air from entering the abdomen, for in the operation for diseased ovary it can scarcely be avoided, and it does not appear to add to the danger. If I may give an opinion, I think a little exposure to the air would add little to the danger of after inflammation, and might have a favourable tendency in causing the uterus to contract so as to avoid some of the danger from hæmorrhage. I have seen the operation for the extraction of a large ovarian tumour, weighing with its contents nearly fifty pounds, most skilfully performed by Dr. Clay, and where, from the extent of the adhesions, the abdominal cavity was necessarily kept open for about three quarters of an hour; yet the woman recovered, with scarcely an untoward symptom.

There was only a small amount of bleeding from the incisions through the integument and uterus. After the necessary number of sutures were inserted, the wound was dressed with strips of adhesive plaster, over which a thick pad of linen was placed, and a broad bandage, with a sufficient degree of tightness; the whole operation, from giving the chloroform to the application of the bandage, not occupying twenty minutes.

The child—a male—was asphyxiated, but a little blood was allowed to flow from the cord, and artificial respiration, with friction, being kept up for a quarter of an hour, it began to breathe freely, and appeared likely to live; but it became jaundiced on the sixth day, and died in convulsions on the eighth.

Mrs. H—— was faint and nearly pulseless immediately after the operation, but the pulse rallied upon the administration of some brandy, and we left her in an hour, after giving her forty drops of laudanum. My son remained with her, and I saw her again in three hours. I found her as well as could be expected; pulse 112, of moderate strength; rather pale; said she was relieved of a great amount of pain, but that it was increased occasionally, as she had previously felt after-pains; her voice was good and strong. I stayed an hour with her, and on leaving gave her twenty-five drops more of laudanum, and directions to her attendants to give her two table-spoonfuls of sago gruel with a little brandy in it every half hour, if she could take it, and was not sleeping; I also desired them to fetch me in the night if necessary. I rode over in the morning to see her, and arrived at the house about half-past seven A.M. She had slept about two hours; pulse 120, and of moderate strength; tongue a little furred; some thirst; abdomen soft, and not over-painful on pressure. The uterus felt contracted, and as the bandages had become slack, I tightened them. The voice was good, and there was considerably more colour in the face; the skin also was warm. These symptoms were favourable, but she had vomited twice in the night. Upon using the catheter, I found there was only about an ounce of urine in the bladder. I ordered the gruel to be given without brandy, but if faintness came on, the latter was to be renewed. After staying with her three-quarters of an hour, I left, with the intention of seeing her again in the afternoon, but was unavoidably prevented from seeing her before half-past five P.M., and I then found her fast sinking, apparently from internal hæmorrhage, for she was pulseless, very restless, and the face and extremities pale and cold. I gave her some aromatic spirit of ammonia and brandy, but she was evidently dying. She had a great wish to be turned on her side, and she expired immediately after this was done, about half-past six P.M., having survived the operation twenty-five hours.

I was permitted to make a post-mortem examination, and with the assistance of Mr. Haldan did so on the evening of the 21st. The wound in the integuments appeared to have contracted considerably, and that in the uterus was not more than four inches in length. The uterus itself was about the size of a child's head, and of a pale-pink colour. We emptied out from the lower part of the abdomen about three pints of blood, for it more than half filled a large chamber-utensil—a sufficient proof that hæmorrhage from the lips of the wound in the uterus had been the cause of death. As she had regained her colour in a great measure the morning after the operation, and her pulse was moderately strong at the time of my visit, the hæmorrhage must have commenced when she began to be restless and pale, about two P.M. Possibly the reaction and the warmth of the room might have encouraged it. May there not be too much stress laid upon the necessity of keeping the apartment at a high temperature? The examination of the pelvic viscera was not carried further.

The accompanying engravings are taken from two photographic views of the pelvis, and I have by me also accurate diagrams of the brim and the space between the rami of the ossa pubis and ischia to its widest part, between the tuberosities of the latter bones. From the promontory of the sacrum to the brim of the pelvis, opposite the centre of the acetabulum on the left side, is one inch and five lines; on the right side, from the same points, is one inch and ten lines; the transverse diameter opposite the centre of the acetabula is three inches and three lines. The widest part, between the tuberosities of the ischia at their posterior part, is two inches and seven lines; and at a distance of nearly two inches from the under side of the symphysis pubis, the width is only one inch and two lines. From the point of the coccyx to the under surface of the symphysis pubis is four inches; the

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depth of the symphysis is less than one inch. The curve of the sacrum is so great, that the distance from the top of the sacrum to the tip of the coccyx is only two inches and a half. The promontory of the sacrum, instead of being half an inch above the level of the upper part of the symphysis pubis, is three-quarters of an inch below it, causing the upper edge of the fifth lumbar vertebra to be nearly on a level with the symphysis. This vertebra and the curve in the sacrum, covered with the swollen integument, had to the finger exactly the feel of a fœtal head. From the external edges of the crista ilii there is a distance of nine inches and a half; and from one antero-superior spine to the other eight inches and a half.

These measurements are all exclusive of the soft parts, which would diminish the measurement of the brim, at the smallest allowance, four lines. The junction of the fourth and fifth lumbar vertebræ is the most projecting part to the pubis on the left side; and from the spine being distorted to that side, the presenting part would lie against the lower part of the fourth lumbar vertebra, and on the upper side of the left os pubis, which explains the reason why it was impossible to feel it on the right and wider part of the brim. If the outlet had been of the usual size, there would have been no difficulty, I think, in feeling the presenting part on the right side as well as the left; but, owing to the distortion of the spine, it would be from one to two inches higher than on the left side. As far as I could judge from the little time I had for observation, when I got hold of the right axilla, the presenting part would be the left shoulder. The circumference of the child's head, which I measured very carefully, was fourteen inches and three-quarters. I am sorry that I had not the opportunity of weighing it, but it was above the average size.

Now the pelvis is dried, it is quite easy to bend the rami of the pubes and ischia; the sacrum was a thin shell of bone, the interior of it being converted into a species of fat; in cleaning it I could not keep the thin shell of bone whole. The vertebræ were in so softened a state, that in dividing the spine to separate the pelvis, I cut through the centre of the third lumbar vertebra with the greatest ease; for, owing to the imperfect light of a candle, the joint was not readily distinguished. If such a diseased state of the bone must have made further progress, the poor woman could not have continued to live much longer, and it would diminish the chances of recovery from the operation.

Supposing there had been no contraction of the outlet, and, being a natural presentation, it had been possible to use the perforator, could a full-grown child, above the average size, have been dragged through a brim so contracted, with the head diminished to its very smallest size? Blundell says that Mr. Burns and Dr. Hull have ascertained, that when the standard head is reduced in the best possible way to its smallest size, by the most expert operator, it will require for its transmission an aperture of three inches in length, and one inch and three-quarters in breadth. Would not the danger have been as great from the contusions, and consequent inflammation and suppuration, as from the Cæsarean section? I have a pelvis which was given me, in which the sacro-pubic diameter is three and a half inches, and the transverse diameter four and a half. The poor woman to whom it belonged was the unfortunate subject of violence; she afterwards became pregnant, and had to be delivered by craniotomy. She died, I was informed, two days after her delivery, never recovering from the exhaustion caused by the tedious labour and the operation, the extraction of the child being attended with great difficulty.

Drawing a fœtus eighteen inches long, in a softening state, through a small iron ring, and when the operator can get hold where he likes, and see what he is doing, is no criterion that such a thing can be done with a living child of the full size, through an extremely contracted pelvis on the living subject, nor does the eminent gentleman who succeeded in doing so, recommend its attempt.

The leaving the child to decay, as in Dr. Osborne's case, is all but universally condemned by the authorities of the present day, and Ramsbotham's arguments against it are very decided. Burns makes the following remarks as to Dr. Osborne's case:—"As the patient recovered, and afterwards, I think, died in the country, where she could not be examined, we cannot say to a certainty what the dimensions of the pelvis were." He further says, "A premature, or very small child, may be brought through a pelvis which will not permit, by any means, an ordinary-sized fœtus to pass. But it behoves us, in our reasoning, to judge every child to be at the full time, unless we know the contrary, and to make an estimate on the average magnitude."

Without presuming, I may venture to say that no person can judge of what should be done in such a case without seeing it; nor can the anxiety of mind which the practitioner, who has the responsibility of deciding what to do, be imagined; the position is no enviable one to be placed in. Both Mr. Haldan and myself trust that we decided rightly and for the best. I believe that I have written every fact, and concealed nothing belonging to our management of the case.

Walton-le-Dale, 1860.

*** As this case has been made the subject of criticism before the details were made known, we think it just to the author to state our opinion that he has displayed throughout sound judgment and professional skill. The publication of it, as we observed, was, in the interest of science, a duty incumbent upon Dr. Ashton, and nothing but credit can result to him.—ED. L.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

OLD-STANDING DISEASE OF THE HIP IN A BOY; EXCISION OF THE JOINT; FATAL RESULT.

(Under the care of Mr. FERGUSSON.)

ALTHOUGH the subject of removal of the hip-joint by excision has already been fully illustrated and commented upon in our "Mirror," we think that the occasional record of fresh cases, with their results, will prove of service, by drawing attention

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more particularly to the diseases of this important articulation which require operative interference. We therefore on the present occasion give the particulars of two cases of excision of the hip-joint—that is, of the head of the femur and portions of the acetabulum—in lads of the respective ages of eleven and twelve years, both terminating fatally.

Much additional information upon the subject of the treatment of certain diseased conditions of the hip-joint by complete and partial excision of the articulation has been recently furnished by Mr. P. C. Price, in a paper read before the Medical Society of London. (See THE LANCET, April 28th, p. 419.)

The general results are most assuredly gratifying, as proved by Mr. Price's careful statistics, and we think that a larger number of patients than has been the custom heretofore should now receive the benefits of excision, when it is likely to prove successful, and to attain this end the operation should be attempted at a sufficiently early period, to afford every possible chance of success. If necrosed or carious bone is present in any of the major articulations, and, by the irritation produced, coexisting with extensive suppuration, is slowly and surely destroying life, an immediate operation for its removal should be performed, as is the common practice for necrosis or caries in any other part of the skeleton. We have endeavoured to prove on many occasions the great value of the operation under consideration; but we were hardly prepared to learn of such an amount of success as has attended it, when all the circumstances are taken into consideration.

Of the cases which we subjoin, the first was one in which the constitutional powers had become greatly exhausted and worn out from the irritation of the disease; and although the boy was twelve years old, he looked only seven, and had been bedridden for years. After the operation he improved for a time, but finally died on the fortieth day from general derangement of the chylo-poietic viscera. The operation here had nothing whatever to do with the result; but it was confidently hoped that the arrest of a continual drain on the system would have permitted the vital powers to rally, and a cure to be effected, as we have seen in similar instances.

For the notes of the case we are indebted to Mr. Francis Mason, house-surgeon to the hospital.

J. W——, aged twelve, admitted, under Mr. Fergusson's care, on Sept. 17th, 1859. He was a native of London, and stated that nine years ago, while out in a thunder-storm, he was struck by lightning, which felled him to the ground. On being raised, he was found perfectly insensible, and he imagined that in the fall his left hip had come in contact with the ground; for from the time of the accident he had more or less pain in walking, and an inability to stand on the diseased leg. These symptoms gradually increased in severity until two years ago, when he was compelled to lie in bed; so he continued up to three months before his admission, when two abscesses formed, one in the fold of the groin, the other by the trochanter major. These had discharged freely up to the time of his admission, at which period the patient was a pale and emaciated-looking boy, having, however, a cheerful expression of countenance. On examination of the affected limb, the leg was found flexed on the thigh, and the thigh flexed on the trunk. There were two openings about the hip-joint in the situation above mentioned, which discharged unhealthy pus, and led to the bare bone. Manipulation gave the patient considerable pain, but otherwise he made no complaint. He had no pain in the knee-joint; his appetite was good, and tongue clean. He was ordered nourishing diet and cod liver oil.

Oct. 4th.—Continues much in the same state, but looks if anything a little better. Chloroform being administered, an attempt was made to bring the limb into the straight position; this was only partially accomplished, and a distinct grating was felt in the hip-joint.

8th.—The patient continuing weak from the discharge, and not seeming to improve so rapidly as could be wished, Mr. Fergusson determined to perform excision of the head of the thigh-bone. Chloroform having been administered, the following proceeding was adopted:—An incision having been made, about three inches in length, in the usual situation behind the hip-joint, the diseased parts were readily exposed, and the head of the bone easily disarticulated. This and the trochanters were removed. On examining the acetabulum, a small piece of necrosed bone was found imbedded. This was removed, and the cavity gouged. The head of the bone was found much absorbed, the cartilages all gone, and a great quantity of matter escaped from the sinuses during the operation. A long splint was then applied on the outside of the leg.

10th.—Going on well, sleeps tolerably, and makes no complaint. Pulse 124; respiration 26.

12th.—Complains of pain in the knee-joint; the discharge from the wound is most fetid, and the patient's appetite is not so good; tongue very red; complains of great thirst.

18th.—The wound looks healthy, and it is dressed with red lotion; the discharge is profuse, and most fetid. The patient takes six ounces of brandy every day, with good nourishing diet.

26th.—The patient still continues very weak; the appetite being bad, he is unable to take anything but arrowroot and brandy; vomited very much last night. Pulse 126; bowels regular; tongue clean.

Nov. 4th.—Is much better in every respect. The discharge from the wound is not so offensive, but is still very profuse. Takes meat at dinner, and the appetite is improving; sleeps well; pulse 120.

10th.—Has not been so well the last few days. The appetite has diminished; the bowels have been purged violently, and he has vomited a quantity of bilious-looking matter. The discharge from the wound is not so profuse, but is still extremely offensive.

14th.—Is much worse; takes no food except brandy and arrowroot; seems to be sinking.

17th.—Died this morning at four A.M. No post-mortem allowed.

ST. MARY'S HOSPITAL.

EXCISION OF THE HEAD OF THE FEMUR FOR DISEASE OF SIX MONTHS' DURATION; FATAL RESULT ON THE TWENTIETH DAY.

(Under the care of Mr. URE.)

IT is most probable that, had Mr. Ure been permitted to perform the operation in the following case when he originally recommended it to the boy's parents, it would have proved successful. The disease was confined almost entirely to the articular extremity of the bone, and had been a source of intense constitutional irritation, with great suffering, leading to a rapid decline of the vital powers. He was free from any uneasiness during the three weeks that he survived the operation; and we fully believed, up to the fourteenth day, when Mr. Ure showed us the patient, that a cure would have resulted. We may here observe that, in December last, a patient presented himself at St. Mary's Hospital with a gum-boil, who had had his hip-joint excised three years before by Mr. Ure for disease, his case being published at the time in our "Mirror." He is now perfectly well; the parts are completely healed, and he walks about on the affected leg with the aid of a stick.

J. W——, aged eleven years, with fair complexion, sandy hair, and grey irides, was admitted on the 4th of November, 1859, with hip-disease. At the upper anterior third of the thigh was a fistulous opening, which discharged thin seropurulent matter. On introducing a probe, it came in contact with exposed bone, adjoining the cotyloid cavity. Six months preceding the date of admission, the patient was attacked with swelling in the above-mentioned situation, which gradually increased till it attained the size of the fist, and became red and painful. Bread poultices were applied continuously during six weeks, at the end of which period the swelling opened of its own accord, and poured out a quantity of matter. The poultices were applied for a fortnight longer, and then left off, in the hope that the opening might close. It, however, never ceased to discharge matter. There were fulness and tenderness in the region of the hip-joint, and pain was produced by pressing upon the trochanter.

Dec. 7th.—The actual cautery was applied between the tuberosity of the ischium and the trochanter.

12th.—Has been relieved since the cauterized surface suppurated; and has been able to move the limb more freely than before.

In the course of a couple of weeks he relapsed, and

On Jan. 2nd, 1860, he had lost flesh and strength; the appetite had failed; he complained much when anything touched the trochanter major; and the discharge from the fistulous opening had augmented. He was ordered, in addition to a generous diet and wine, cod-liver oil and iron.

11th.—He had been progressively getting weaker and more emaciated; the countenance was wan; hectic flush on the cheeks; night sweats; pulse small, always above 100; appetite bad. He lay constantly on the left side, with the thigh

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bent, and the right knee overlying the other; and suffered acutely when the slightest attempt was made to move the affected joint, or when the least pressure was made on the trochanter. The distance from the anterior superior spinous process of the ilium to the greater trochanter was found to measure, on the affected side, five inches; while the corresponding distance on the sound side measured four inches. It had been proposed, some days previously, to remove the head of the femur, but the operation did not meet with the sanction of the parents; they, however, eventually consented. The boy was in a state of constitutional prostration, and suffering greatly. Chloroform having been administered as far as could safely be done consistently with the depressed condition of the patient, Mr. Ure made a curvilinear incision with antero inferior concavity, embracing the superior and posterior margins of the great trochanter. He was thus enabled to come upon the capsule of the joint, which was carefully opened; and then, while the thigh was flexed and adducted to facilitate this step of the operation, disarticulation was effected, and the head of the femur removed at the neck by means of bone-nippers. One small bloodvessel was tied during the operation; scarcely more than a teaspoonful of blood was lost. The edges of the wound were brought together by four points of suture; a piece of wet lint and a roller completed the dressing. The head of the femur was found deeply eroded; a great part of the cartilage and epiphysis were destroyed, so that it had lost its spherical form. The synovial lining of the acetabulum felt pulpy; the round ligament had disappeared. When in bed he was ordered an anodyne draught.

12th.—Passed a comfortable night after swallowing the draught. Countenance cheerful; lies on his back with the limb slightly bent and abducted; tongue clean.

14th.—Bowels were relaxed yesterday; pulse rapid, but more full than previously; tongue clean; appetite bad. He is free from pain, but still has night-sweats. To have chicken for dinner; arrowroot with brandy, a pint of milk, two eggs, and four ounces of sherry in the day, as previously.

16th.—Pulse very rapid; complains of soreness about the teeth; gangrenous fœtor from the wound; muttering delirium during the night; countenance rather sallow; urgent thirst; refuses food. To drink freely of milk.

18th.—Feels better than he did; the soreness about the gums has abated, and the thirst also; the pulse rapid and feeble; very restless at night.

19th.—Wound looks more healthy than it did, and begins to suppurate; troubled with excoriation on the knee from position; countenance good; tongue clean; pulse 140; has taken beef-tea, and also milk, with some relish; feels no pain; slept well.

23rd.—Very feeble; countenance very pale; pulse 120; wound smells offensively.

24th.—Has rallied somewhat; pulse 140; sleeps well however.

27th.—Feels better, but looks anxious.

28th.—Somewhat lethargic, and getting weaker.

31st.—Gradually sank and died.

There was no autopsy, as the parents took the body home into the country.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE TREATMENT OF AXILLARY ANEURISM.

BY JAMES SYME, ESQ.,

PROFESSOR OF CLINICAL SURGERY AT THE UNIVERSITY OF EDINBURGH.

THE object of this communication was to suggest that in general, if not always, the old operation would be preferable to the method of Hunter for the treatment of axillary aneurism. With the view of supporting what might appear rather startling doctrine, the author combated the generally received opinion, that the portion of an artery comprehended by an aneurism is not competent for the process of obliteration by ligature, and maintained that the mere circumstance of isolation from neighbouring connexions while the vessel still retained its usual relation to the sheath should not render it unfit for the process in question. In favour of this position, he quoted the successful result of ten operations performed by him in the old way for the remedy of traumatic aneurism at the bend of the arm, and also the remedy, by the same means, of a carotid aneurism too low in the neck for ligature without opening the sac, which, if allowed to proceed, would have proved fatal, not only to the patient, but to his assailant who inflicted the wound, and who would certainly have been hanged in the event of its proving fatal. The author further related two cases of axillary aneurism, not admitting of relief from ligature of the subclavian, in which amputation at the shoulder-joint was performed with success. But the principal ground of his suggestion was a case of axillary aneurism which had lately come under treatment in the Royal Infirmary of Edinburgh. The tumour was very large, distending the muscles of the axilla, and projecting above the clavicle. It was rapidly increasing, and already showed signs of impending gangrene; while the patient's general condition, as manifested by a pulse of 130, and wandering ideas, was no less alarming. Ligature of the subclavian being quite out of the question, before proceeding to amputation at the shoulder-joint it was deemed proper to ascertain the state of matters in the axilla. But as this could not be done without the risk, or rather certainty, of a fatal hæmorrhage, unless the artery could be commanded in the first instance, an incision was made along the posterior edge of the sterno-mastoid, through the platysma myoides and fascia, so as to allow the finger of an assistant to reach the vessel where it issues from under the edge of the scalenus anticus and lies upon the first rib. The cavity was then opened, nearly seven pounds of coagulated blood removed, and both ends of the artery tied, as it was found to have been torn across. The patient made a good recovery, and was dismissed six weeks after the operation, able to resume his employment. The old operation, having thus succeeded in a case so formidable and unpromising, seemed worthy of adoption, not merely in cases unsuitable for ligature of the subclavian, but as preferable to the Hunterian method, on account of its greater facility, safety, and certainty. The author, having upon two occasions tied the subclavian artery for aneurism with perfect success, had no prejudice against this operation, but was forced to the conclusion just expressed by his sincere conviction of what was due to expediency. He also begged to suggest that the means employed for effectually commanding the artery perhaps admitted of more extensive application. It had been used by the author thirty years ago in his first operation for the removal of the superior maxillary bone, in which excessive hæmorrhage had been erroneously anticipated, by making an incision between the ramus of the jaw and mastoid process, so as to admit a finger to compress the internal maxillary artery on the neck of the condyle. The author remarked that in this case the superior maxillary bone was removed for the first time in Great Britain, and that the operation is the earliest to be found in the records of surgery.

Mr. ERICHSEN observed that the manner in which the operation had been performed must elicit the admiration of everyone; but he could not admit that the case in any way influenced the application of the Hunterian principle in the treatment of aneurism. The author of the paper had not, he thought, drawn a distinction between aneurisms of spontaneous and of traumatic origin. In cases of traumatic aneurism at the bend of the elbow or elsewhere, Mr. Syme only followed the practice commonly pursued: he would lay them open, and ligature the artery on each side. No surgeon of the present day would think of placing a ligature on the brachial artery for aneurism caused by a wound made by venesection. It seemed to him (Mr. Erichsen) that the case before the Society was not a spontaneous but a traumatic aneurism, and too much caution could not be exercised by surgeons in any application of the principle proper to be pursued in the one case to that of the other. He contended that the progress of Mr. Syme's case was too rapid for a spontaneous aneurism, and, moreover, the disruption of the artery was too complete for that form of the disease. In his excellent work on Injuries of Arteries, Mr. Guthrie had shown with perfect clearness that in all cases of diffused aneurism in the axilla, the plan pursued in Mr. Syme's case should be resorted to. Mr. Erichsen then made some strong comments on the practice of ligature on the subclavian artery above the clavicle for diffused axillary aneurism. The tumour should be laid freely open, the pectoral muscles divided, and the artery should be ligatured at the point of injury. In cases of spontaneous aneurism, however, such a course of proceeding would be highly improper. He believed in cases of spontaneous aneurism the diseased condition of the artery was not confined to that spot at which its coats had given way. In Mr. Liston's

case, in which he ligatured the subclavian artery,—the first operation of the kind in this country,—the subclavian was compared to the finger of a wet glove. Secondary hæmorrhage, the result of this state, came on, and the patient died. In the cases which had come under his (Mr. Erichsen's) observation, an extensive state of the disease in other parts besides that at the seat of aneurism, was generally to be found. In some instances, indeed, a diseased condition of the artery existed at the same spot on the opposite side of the body. He reiterated his caution as to any attempt to overthrow a principle of surgery which had been established for seventy years by the practice pursued by Mr. Syme in the case under discussion. Although in this instance it was successful, it was only a solitary case; but axillary aneurisms were, in fact, the last cases in which an attempt should be made to subvert the Hunterian principle. Of all aneurisms they were the most liable to become diffused, and to run into a state of suppuration and slough. This was sufficient explanation why ligature in the subclavian artery above the clavicle had been less successful than the ligature of vessels for aneurisms in other parts of the body.

Mr. JOHN ADAMS took exception to the principle laid down by Mr. Syme, and considered it was only applicable to cases of diffused aneurism in which there was no real, defined sac. In cases of an aneurismal sac at the bend of the elbow he had never found it necessary to lay open the tumour and tie both ends of the vessel. He had treated these cases sometimes by the application of a ligature above the seat of the disease, with perfect success. In other instances no operation was required, the careful application of pressure being found quite sufficient, and if caution were exercised in its application, there was no danger of gangrene.

Mr. URE considered that the means which Mr. Syme had resorted to for restraining the hæmorrhage in the case before them was the chief merit of the operation.

Mr. CURLING expressed his regret that Mr. Paget was not present, as he could have given the particulars of a case of traumatic axillary aneurism, in which he performed an operation similar to that recommended by Mr. Syme in his communication. He (Mr. Curling) had only an imperfect acquaintance with the case, arising out of a casual conversation on the subject then under discussion; but it appeared that under the violent extension of the contracted arm of a lady, the axillary artery was ruptured, and an aneurism resulted. Pressure having been made on the subclavian artery, Mr. Paget laid open the aneurismal sac in the axilla, dividing the pectoral muscle, and tied the artery above and below the sac, with a successful result. Mr. Curling considered that some of the observations made by Mr. Erichsen in opposition to Mr. Syme's views really tended to show the advantages of the treatment which the author of the paper advocated. Mr. Erichsen had stated that in spontaneous axillary aneurism the subclavian artery was often diseased; that the aneurismal sac, if large, was inclined to slough or suppurate; that a ligature placed upon the subclavian did not intercept a free supply of blood to the aneurism by the subscapular artery. These were circumstances which showed that greater advantage might be gained by laying open the sac and securing the artery at the seat of the aneurism, than by tying a diseased artery a short distance above; and taking into account also the great fatality after ligature of the subclavian artery, Mr. Curling considered that there were strong reasons for making trial of the same treatment in spontaneous aneurism as would undoubtedly be proper in traumatic aneurism.

Dr. HODGKIN spoke at considerable length on the difficulties which sometimes presented themselves in determining which kind of operation was to be preferred. In the treatment of aneurism it was important to determine the contents of a sac. He related two cases in point. In one instance the contents of the aneurism were found to consist of matter resembling the olive-green powder in a puff ball, which of course could not be absorbed. In another case of large popliteal aneurism, layers of opaque and partly translucent substance formed the contents. From these facts it was clear that in some instances the old operation was the only one which could be safely resorted to.

The PRESIDENT mentioned a case which had lately come under his care at St. Bartholomew's Hospital, and which resembled the case mentioned by Mr. Curling. The patient, a woman, had suffered dislocation of the humerus, and eight or ten days after its reduction a large traumatic aneurism of the axilla presented itself. The necessity of tying an artery was obvious; but should the operation be on the axillary or the subclavian? In this case he acted up to a principle of surgery from which he never deviated when it was possible to carry it out. He accordingly tied the artery at the point of injury. Having made a large incision through the axilla, and the profuse hæmorrhage having been arrested by pressure, he succeeded in tying the artery above and below. The patient died, and on examination it was found that there was a fracture of the neck of the humerus, the pointed end of the shaft having torn the artery across.

Mr. HENRY THOMPSON requested Mr. Syme, in his reply, to be good enough to state to the Society his opinion of the mode of arresting hæmorrhage by acupressure.

Mr. SYME, having been called upon to reply, said that the excellence of any surgical treatment must depend upon its facility, safety, and efficiency. They had been told by Mr. Adams that for the remedy of aneurism at the bend of the arm, ligature of the humeral artery was preferable to opening the sac and tying the vessel on each side of the aperture. But the former operation had always been regarded as very embarrassing, while the latter was extremely easy in execution. The same gentleman had expressed his preference for pressure in cases of this kind, although it required much time, with great care, and might lead to gangrene when improperly employed; while he (Mr. Syme) believed that opening the sac was not only much more certain, but also no less safe than speedy in its effects. Mr. Erichsen had drawn a distinction between traumatic and spontaneous aneurism that seemed equally new and incomprehensible. Hitherto the term traumatic had been applied to aneurisms caused by wounds penetrating from the surface to the vessel, while those have been called spontaneous which originated without any external opening. In the former case there was no ground for suspecting disease of the vessel, while in the latter there was always more or less suspicion of such a condition. But Mr. Erichsen placed in the former category all cases in which the disease could be traced to any sort of injury, forgetting apparently that there was hardly ever an instance of the disease that could not be traced to some blow or wrench or other strain upon the arterial coats, and that it was their giving way under such circumstances which constituted the ground for suspecting unsoundness of their texture. Thus, in the case which had been related to the Society there was no wound, and merely exposure to sudden elevation of the arm, so that the disease was truly spontaneous, in the usual sense of the term, and therefore afforded evidence of the most unquestionable kind in favour of the old operation. Mr. Erichsen had stated that the average proportion of deaths from ligature of the subclavian artery for aneurism was more than fifty per cent.; but as it was much more easy to collect good than bad results, the true average would probably be nearer seventy-five than fifty per cent. of deaths. The operation for which he contended therefore did not seem by any means perfect; and as the three cases which he (Mr. Syme) had treated on a different principle terminated successfully under very unfavourable circumstances, the suggestion which he had taken the liberty of offering might not be altogether unworthy the attention of the Society. It had been long known that the danger of secondary hæmorrhage was greater from ligature of the trunk than from tying the orifice of an artery, and this difference should not be disregarded in balancing the merits of the old and Hunterian operations. About a week ago he had amputated the leg below the knee of a man only forty years of age, in whom the arteries were so altered by calcareous deposition that they crackled under the forceps; and he showed a portion of one, several inches in length, which presented the appearance of an earthenware tube. It might have been expected that there would be secondary hæmorrhage from these most unsound vessels, and so there doubtless would have been if ligatures had been applied to the continuous trunks; but no such effect had followed the operation. In the case related by Mr. Erichsen, where Mr. Liston found the subclavian so unsuitable for ligature, and where a fatal hæmorrhage followed its application, the result might have been different if he had applied it to the orifice. In reply to Mr. Thompson's question, Mr. Syme said that he thought the needle process was objectionable on three grounds: first, that the ligature did not deserve the charges which had been brought against it; secondly, that if it did so, there was a much better substitute provided for it in "torsion" than the one in question; thirdly, that the needle process could very seldom be practicable. It had been said that the ligature caused gangrene; but this only showed unacquaintance with the meaning of surgical language, since the thread at once deprived the part embraced within its noose of vitality, and led to no action except the absorption requisite for separation. It had been further said that the ligature caused injurious irritation, subversive of the uniting process; but this also was in-

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consistent with the facts of daily observation, since, as every one knew, wounds were constantly healing through the principal part of their extent, although remaining open where the ligatures lay. He (Mr. Syme) had repeatedly tied the femoral artery without the discharge of more than a few drops of matter; and in wounds of the cheek, where it was usual to cut off the ends of the ligatures, so as to leave merely the knots on the inner side, the external edges were found to heal without any discharge whatever. Indeed, so far from regarding ligatures as hurtful, he had long looked upon them as useful, by maintaining a connexion between the bottom and surface of wounds, so as to prevent that accumulation of blood in the cavity which is so apt to happen, and substitute an abscess for primary union. But if the ligature were objectionable, its place might be supplied by torsion much better than by the needle process. He did not think that this method possessed the advantages of the ligature, and therefore he did not employ it usually; but to show his pupils how effectual its application might be, he adopted it in the following operations, which one day lately he had occasion to perform in the Royal Infirmary of Edinburgh: removal of a mamma, excision of a large testicle, and amputation at the ankle joint. Lastly, he was persuaded that the field for using the needle process would be found of the most limited extent, since it could only be adopted in cases where the vessel lay in the integuments or textures adhering to them; for the idea of pinning down the skin to the surface of a bleeding wound was too absurd for serious consideration. On the whole, therefore, he regarded this proposal as the merest nonsense, which never could have proceeded from a practical surgeon. He regarded it as one of those tubs which are constantly thrown out to amuse the whale, more especially the female whale, and which, when left to themselves, soon drift out of sight. He had no doubt the proposal in question would already have done so, except for the strenuous efforts to keep it in view by a medical journal published in London, which was understood to be very much under the influence of the proposer.

MR. SPENCER WELLS would pass by the personal allusions of Mr. Syme, merely remarking that he thought the profession was deeply indebted to the eminent man who had introduced into surgery chloroform and other great improvements in surgical practice. He contended, in opposition to Mr. Syme, that acupressure was not only practicable, but in many cases a most advisable mode of proceeding. This was well illustrated in a case in which he (Mr. Wells) had lately operated. The anterior tibial artery was compressed by a needle, and the posterior tibial secured by a ligature. The needle was removed in forty-eight hours. No further trouble ensued. The ligature, however, remained five or six days, setting up suppuration and retarding the cure. No doubt there are many cases in which the process is at present inapplicable, but with increasing experience these would probably diminish.

After the discussion had closed,

MR. SYME stated that ten or twelve years ago he had proposed a mode of restoring the nose which seemed preferable to the frontal operation. This was, to make two flaps from the integuments of the cheek, unite them in the middle, and then secure their edges to the raw surface on each side of the nasal orifice. It appeared that this proposal had met with little attention in London, if reliance could be placed upon the surgical books published there, as they did not contain any notice of it. He therefore took this opportunity of placing before the Society a patient on whom the operation had been performed five weeks ago. They would see that a nose of the most ample dimensions had been formed, without any perceptible trace of the source from which it was obtained.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 17TH, 1860.

MR. FERGUSSON, PRESIDENT.

DR. WILKS presented the following specimens:—

I.—HYDATID IN THE HEART.

This specimen was given to him by Mr. Henderson, of Deptford, who was called upon by the coroner to make a post-mortem examination of the body of a girl, aged nineteen, who had died suddenly. She had always enjoyed good health, never having suffered from shortness of breath, dyspnœa, or other symptoms, when one night, after partaking of a hearty supper, she instantly expired. There was no disease of the head, lungs, or other part, excepting the heart, on opening which an hydatid cyst, of the size of a billiard ball, was found loose in the left ventricle. It was filled with a thin colourless fluid, and the interior showed abundance of echinococci by the microscope. At the apex of the heart was a hard, cartilaginous, semi-opaque structure, about the size of a half-crown; this extended quite through the substance, and on the interior presented a cup-shaped form. It was here evidently that the hydatid had for some time rested, and at last becoming detached, had so obstructed one of the orifices of the ventricles, that its action had ceased. The hydatid had, no doubt, formed in the apex, and then gradually become expelled into the ventricle.

II.—LARYNX AND TRACHEA AFTER A SCALD.

A child, aged two years and a half, swallowed some boiling water. In the course of a few hours the dyspnœa became so urgent, that she was taken to Guy's Hospital. Having then ceased to breathe, Mr. Bankhart, the house-surgeon, performed tracheotomy. Respiration returned, and the child was apparently doing well for some time, when inflammation of the lungs came on, and she died in three days. There was found acute inflammation of the whole of the air-passages, combined with pneumonia. The under surface of the epiglottis and the interior of the larynx and trachea were covered with false membrane; while the bronchial tubes were filled with purulent mucus. Dr. Wilks brought the case forward as exemplifying the fact that inflammation of the windpipe of a child is disposed to be of the croupous kind, and, therefore, tended to corroborate the opinion that croup is dependent more upon the anatomical structure of the organ as it exists in childhood than upon any pathological peculiarity in the nature of the complaint.

DR. CRISP thought the membrane of croup was peculiar to the disease, and that its occurrence at a peculiar period of life indicated this.

Reviews and Notices of Books.

A Practical Treatise on Fractures and Dislocations. By FRANK H. HAMILTON, M.D., Professor of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospital, &c. Illustrated by 289 woodcuts. pp. 757. Philadelphia.

THIS is a valuable contribution to the surgery of most important affections, and is the more welcome, inasmuch as at the present time we do not possess a single complete treatise on Fractures and Dislocations in the English language. Sir Astley Cooper's celebrated work on Dislocations, it is true, treated of the Fractures of the Joints also; and since his time several monographs upon various fractures have appeared, partaking generally more or less of a *special* character, and devoted principally to the consideration of some favourite treatment of the writer. The authors of our several modern systems of surgery also have each devoted a few chapters to the consideration of both fractures and dislocations; but it has remained for our American brother to produce a complete treatise upon the subject, and bring together in a convenient form those alterations and improvements which have been made from time to time in the treatment of these affections. One great and valuable feature in the work before us is the fact that it comprises all the improvements introduced into the practice of both English and American Surgery; and though far from omitting mention of our continental neighbours, the author by no means encourages the notion—but too prevalent in some quarters—that nothing can be good unless imported from France or Germany; and he has preferred to write a work replete with the experiences of his countrymen and himself, rather than edit a treatise of some Teutonic *philosoph*.

After short chapters on the general nature of fractures and their mode of cure, the author proceeds to consider the several fractures *seriatim*, from the nasal bones downwards; but we must confess to not understanding why the nose should be taken as the starting point, and not the skull, on the fractures of which it would have been interesting to have had some transatlantic experience. In considering the several fractures, the author aims at practical treatment, rather than at abstruse

calculations as to the mode in which the fracture was produced, or the direction the ends of the bones may possibly take; and he illustrates his remarks freely both by cases in his own practice and by others which have been recorded in the American journals that do not ordinarily fall in the way of the English reader. Dr. Hamilton is evidently fully acquainted with all our English standard authors, to whom he constantly refers, although he does not agree with all their propositions or follow their practice in all respects; and we find that in 1844 he visited many of our hospitals and some of those on the Continent. A large number of splints and apparatus are described, many of which are not recommended by the author, in order "that, by a study of the principal forms of approved dressings, the reader may be better prepared for the exigencies of practice; and that, by a simultaneous presentation of those which are not approved, he may be saved from a wasteful expenditure of his time in the contrivance of useless apparatus." The following, however, so fully expresses the feeling which should actuate the true surgeon in this matter, that we cannot do better than quote it in this place:—"It is not in the discovery and multiplication of mechanical expedients that the surgeon of this day declares his superiority, so much as in the skilful and judicious employment of those which are already invented." Nevertheless, the author has in most cases some pet arrangement of his own to recommend; but we must do him the justice to say that he by no means insists upon their adoption to the exclusion of other measures. The latter half of the work is devoted to the consideration of the various dislocations and their appropriate treatment, and its merit is fully equal to that of the preceding portion.

After saying so much in favour of a book, it is painful to have to find fault; but, in common honesty, we are bound to complain of the manner in which this work is illustrated. It is adorned with two hundred and eighty-nine wood-engravings, most of them of great beauty. It is not, therefore, of the artistic skill that we complain, but that a very large proportion of these same cuts are copied line for line from our standard English authors without any acknowledgment whatever, and therefore pass to the reader as original drawings. Ferguson's "Surgery" seems to have been specially laid under contribution, and, in fact, nearly all the drawings showing the anatomical conditions in the several fractures and dislocations are copied from that work, while for other illustrations the author has turned to Erichsen and other English authorities. Published drawings become in a certain sense public property; but when copied, honourable mention should always be made of the source from which they are derived; and since a "List of Illustrations" prefaces this work, proper acknowledgment might have been readily made. The drawings of the various apparatus of American invention we presume to have been copied from the original drawings, and suppose, therefore, that Dr. Hamilton is not responsible for the absurd mock-modesty of placing a large fig-leaf over the pubes in the illustration of an apparatus for a fractured thigh!

The Atlantis, a Register of Literature and Science of the Catholic University of Ireland. No. V. January, 1860. London: Longmans. Dublin: Fowler.

THE publication of the present number was unavoidably delayed until the end of March. Now it has appeared, we are enabled to say that it fully supports the high character gained by the previous numbers for articles of science, erudition, and research. Upon one point, however, we must hazard a monition—namely, that whilst it is scarcely to be expected the writers of certain articles purely literary can always avoid touching, however slightly, upon the thorny ground of religious dispute, the authors of the *scientific* memoirs are bound to rigorously avoid the least allusion to such a subject. The only strictly professional paper in the number before us is that by Dr. Robert Lyons, "On the Question of Morbid Types and Species," and we had scarcely commenced its perusal before finding the following objurgation:

"It little accords with the policy which ignorance and bigotry would assign to the Catholic rule in Italy," &c.

Though such observations might be passed over in some of the papers of the "Atlantis," we maintain that the Editor should carefully expunge them from the purely scientific memoirs. We must in justice, however, recommend this fifth part of the journal as containing one or two papers of sterling value.

On the Extremely Rare Occurrence of Consumption in Dingle and its Neighbourhood; to which are added Thermometrical Tables from Registers kept at Dingle, Ferriter's Cove, and Tralee. By HENRY BLENNERHASSETT, M.D., L.K. and Q.C.P.I., late Physician to the Castle Island Fever Hospital, &c. pp. 41. Dublin: Fannin.

THE author of this pamphlet, having been during twelve years physician to three dispensaries in Dublin, was struck by the contrast presented in his Dingle practice relative to the occurrence of consumption in comparison with its frequency in the Irish capital. In the latter place he found pulmonary tuberculosis very common, whilst at Dingle he only met with 85 cases out of 163,411 patients who came before him at the dispensary during fourteen years. This being a lower proportion than the author believed would be found to exist in any other part of Great Britain or Ireland, he was led to some investigations, and to lay before his professional friends as a result of his inquiry the present tract recommendatory of Dingle and its neighbourhood, both as prophylactic and curative of phthisis. We may recommend Dr. Blennerhassett's essay as an useful addition to our local climatology.

PEPSINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—In the last number of your journal there is a paragraph stating that M. L. Corvisart had been advocating the use of pepsine "to allay the very dangerous symptoms connected with the uncontrollable vomiting of pregnant women;" and also that M. Baudot had, in *L'Union Médicale* for April, described two cases in which he administered this remedy with the best effects. If I am not infringing upon the valuable space of your journal, would you have the goodness to insert the following case?

A. M——, aged twenty-three, two or three months advanced in pregnancy, had for nearly all that period suffered dreadfully from vomiting. Scarcely anything would remain on the stomach; and in consequence, debility was rapidly setting in and endangering to a great extent the patient's life. Creasote, chloroform, soda, &c., had been tried, but with hardly any benefit. At last it occurred to me to try pepsine. I had never seen or heard of its being exhibited in pregnancy, but, willing to try anything rather than give up, I resolved to put the patient upon ten-grain doses of this most excellent remedy. The effect was wonderful. After the first dose a little light food was taken and retained; and after the second dose a pretty hearty dinner of mutton and bread was eaten, which also remained on the stomach, and caused no unpleasantness whatever; in fact, the patient's life, which for the preceding two or three months had been almost a burden, began now to be a pleasure; and although five months have elapsed since the first symptoms set in, very little inconvenience has been experienced. For safety's sake, small doses of the pepsine were given for several weeks afterwards, but more as a prophylactic than an antidote.

I remain, Sir, your obedient servant,

Accrington, April 30th, 1860. THOS. D. GENTLES, Assistant.

BEQUESTS. — Dr. Guislain, the eminent psychical physician, whose death we lately announced, has bequeathed £2000 to the hospitals of Ghent. To the Model Asylum, built near the city, he has left his fine library and his pictures, to be arranged according to the directions of the deceased. His marble bust, which had been presented to him by his former pupils, Dr. Guislain has given to the municipality of Ghent. The Government, anxious to do honour to his memory, have resolved to have another marble bust executed, which will be placed in the great hall of the Academy of Medicine.

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THE LANCET.

LONDON: SATURDAY, MAY 5, 1860.

SOME fifty years ago the whole civilized world may be said to have stood aghast at the terrific desolation which, overrunning the Continent of Europe, and even sweeping round the bases of the Egyptian pyramids, was brought in the train of the direst military despot who was ever permitted to afflict humanity. Almost upon the same day, the delight of that despot was gratified by the tidings of the victory of Austerlitz, and his passion aroused by the news of the defeat at Trafalgar. The joy of the former was gradually overwhelmed by the dismay which loomed up slowly before the piercing sagacity which clearly saw into the fact, that the only power in Europe which presented a wholly undaunted and unassailable front, was the Empire of Great Britain. A few more years had passed, and they had seen the soldiers of this Empire upon that tyrant's trail, gradually, but steadily, bringing him to bay. And now comes, at length, a night when the brave leaders of these men break off with an intrepidity almost solemn in its calmness, from a festivity at Brussels, to prepare a peace for the world by wading to the tyrant across the field of Waterloo—a field of gore and blood. Over those Belgian plains rolled the next day the hot simoom of destruction, and beneath the vigorous and conquering energy of the British troops, lay dead that noble guard who had seen the flames of Moscow, the bridge of Arcola, and the sun of Austerlitz. Though all these troops were avengers, each man a Nemesis to the eagle with the beak of blood, there was one stalwart and courageous soul that moved like the shade of THESEUS through the serried hosts. Wherever he pressed, Death made a gap. In the name of SHAW, the English Life-Guardsman, is recalled the *avatar* of that day. Seven men were slain by him—arm to arm, sword to sword—early in the fight. In his own country that man had been a Prizefighter, a member of the Ring, an institution—for so it must be called—which almost everybody condemns as "brutal and demoralizing." Yet has it not some redeeming qualities?

The general merits of the Prize-Ring we cannot discuss. It has its special organs and advocates. But a medical journal may, with propriety and usefulness, point out some of the hygienic and moral bearings of our national, if not "noble," art of self-defence. Admitting the theoretical truth, and not forgetting the inaptitude of the doctrines of the Peace Society, we may regret that men should quarrel, box, stab, cut, maim, shoot, or wrestle with one another, and, without inconsistency, give our preference—since men will quarrel and fight—to that mode of fighting which entails the minimum of evil and supplies the maximum of good. Regarded in this light, as a vent for the combative propensity of mankind, it cannot be denied that the English prize-ring is entitled to the post of honour. It is certain that we all think so, although it is conventionally held to be very shocking to say as much. For some weeks past TOM SAYERS has been the most popular man in England, and JACK HEENAN the most interesting, if not the most illustrious, stranger. The fact is notorious, that the encounter between these two men has attracted more universal and more eager attention than the Reform Bill, the Budget, or any one of the pressing political questions of foreign and domestic policy.

Of course we are all scandalized at the spectacle of two athletes dealing out to each other terrific blows, whose heavy "thuds" on the naked body are "heard over the whole field," in the presence of a crowd of backers, patrons, and partisans. But, this feeling having subsided, it is surely not unimportant to seek to explain the astonishing circumstance, that two men should, for upwards of two long hours, endure such fearful punishment, and yet walk about the next day as if nothing had happened. The great probability is, that if two ordinary men, unskilled, untrained, and unfettered by rules of fighting, meet in conflict, each bent upon placing his antagonist *hors de combat*, long before the expiration of one hour, the combatants will give in from exhaustion, or one will retire so injured, that he will be a permanent sufferer, or will have a tedious convalescence in prospect. The explanation lies in these four things:—First, the training or preparation; secondly, the courage brought to the encounter; thirdly, the skill possessed by the antagonists; fourthly, the subjection of the combatants to certain laws during the contest. Although, when estimating the result, it is difficult to assign the exact relative value of these four conditions in producing it, the preliminary training must be regarded with the greatest physiological and hygienic interest. By what means can a man be brought into such a wonderful state of muscular development, of lung-force, and of power of endurance, as was exhibited in the recent conflict? What is the method pursued in order to bring out this marvel of physical vigour? The answer may have its uses beyond the rearing of pugilists. The professors of the art accord, we believe, an enlightened respect to the precepts of Medicine. We are, however, unable to describe their practice from personal experience. It is understood that the plan pursued is varied, according to the condition and requirements of the individual in training. But the general system is somewhat as follows:—Diet and exercise are most scrupulously regulated. The athlete, who has, by indulgence or inaction, become too fat and short-winded, is thickly clad in woollen garments, and made to run long distances, frequently up-hill, until he perspires freely. He is then carefully rubbed with coarse towels. He also takes frequent baths, so that the skin is thoroughly cleansed, and made to perform its emunctory and other functions with the greatest perfection. He is submitted to a variety of exercises, such as sparring, the use of dumb-bells, and other means calculated to increase muscular development, and expand the chest. His principal food consists of beef-steaks and mutton-chops. The steaks are well beaten to render the muscular fibre more digestible; dressed in a frying-pan, diligently polished to exclude the chance of dirt, or other contamination; and cut into very thin morsels to facilitate mastication, and that minute subdivision which is conducive to perfect digestion. He is not restricted from beer, but is compelled to be moderate. Under a few weeks' subjection to this system, the puffy fellow, who could not run twenty yards without panting, nor receive a moderate blow without exhibiting bruises and extravasation, is disencumbered of all superfluous tissue, and brought into a condition capable of the greatest physical exertion and endurance. The regenerated athlete comes into the ring, exulting in muscular power and activity. Suppleness and force are revealed in every

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movement. You have before you the ideal of the human animal personified. Nor is the result entirely one of animal excellence. The physical qualities of man can hardly be wrought to a high pitch without also evoking some of the moral good that is in him. The training itself implies mental as well as physical discipline. For a long time the pugilist—having his aim in view—possibly a bad aim—has exercised the most resolute self-denial. When he encounters his antagonist, that self-denial gives place to perfect self-control. We fear we must not divert the word chivalry from its ordinary acceptation to conflicts of this kind; but there is surely something akin to it in that unswerving and not ungenerous observance of the rules of "fair play," and that admirable command of temper under the most severe punishment, which are amongst the characteristics of the professional pugilist. Now when we remember that men and boys will quarrel and fight, it is impossible not to recognise the utility of some standard that shall serve to control and moderate the brutal passions of combatants. This we undoubtedly see. The laws of the ring exert their sway over the whole population, and unquestionably often prevent acts of cowardice and cruelty.

But quarreling and fighting are not the exclusive vices of civil life. They enter for a large part into the policy of nations. We raise twenty millions of taxes for the express purpose of maintaining tens of thousands of fighting men in the best condition, and armed with the best appliances for destroying their fellow-men. So long as nations shall owe their independence to their military virtue, so long must it be of importance not to suffer the pride of personal prowess, or the spirit of chivalry, to decay amongst the mass of the population. This mass supplies our armies. Can a soldier be made like an inanimate article of manufacture? Is it a matter of indifference whether the raw material be a man nursed in effeminacy, or one who has felt the influence of our national mode of combat? Is there not some relation between the vulgar combative peculiarities of the Saxon race and the upholding of our rights and *prestige* amongst the nations? It is surely a characteristic not altogether ignoble, or deserving of unqualified condemnation, that the Englishman should have cultivated a mode of fighting without weapons of any kind, and brought it to such perfection, that his bare fist is an object of terror, and often a sufficient defence against armed violence, abroad.

We are now training a volunteer force for the security of the country. Its effectiveness must greatly depend upon the personal physical accomplishments of the individuals composing it. As a gymnastic exercise, "glove-practice" has many advantages. There is, perhaps, nothing that gives greater freedom, dexterity, and power to the limbs. The rifleman may, therefore, learn a useful lesson from the pugilist, and, with advantage, imitate his hygienic training, and his mode of cultivating the physical powers.

DR. LETHEBY has presented to the Commissioners of Sewers a Report on the value of perchloride of iron as a means of deodorizing the sewage flowing into the Thames. He emphatically condemns the use of this agent as proposed by the Board of Works. The scheme will probably be abandoned. The agent itself, he says, is the wrong one. We add, that the mode and place of using it are also wrong. We repeat, that not a day should be lost in establishing deodorizing stations in the *periphery* of the sewerage system,—not alone near the outlets,—and that the precipitated sludge be removed as thrown down, allowing only the deodorized liquid to flow into the river. It is the discharge of the sludge and its deposition on the banks that is a main source of the stench.

WANT of space prevents us from doing more than direct attention to the Report of the Committee of the House of Commons on the Serpentine. The absurd project of filtering the water is, of course, condemned. Without indicating the source of supply, it is recommended to throw in fresh water so as to keep up a continual flow. The most essential step—that of cleansing and consolidating the bottom—is postponed until the Metropolitan Board of Works shall have completed the arrangements for the diversion of the sewage now flowing into the lake.

Medical Annotations.

"Ne quid nimis."

THE DISORDERS OF THE GAS-JOINTS.

WE are threatened with a new danger. The secrets of the gas are being dragged to light by an accomplished chemist, Mr. Thomas Spencer, and a dangerous system of poisoning is exposed. The gas is getting into the water! That is the nature of the charge which he prefers on behalf of the New River Water Company against all the metropolitan gas-pipes whatsoever. The iron mains of the water companies are calculated to last a century, and under ordinary circumstances their effective duration would persist for a period of a hundred years. As things are, the London streets are pulled to pieces every ten years that new pipes may be laid down. These sad effects arise from the water-pipes keeping bad company. The evil communications from the gas-pipes corrupt the iron of the water-mains.

A Gas Bill is now under progress in Parliament, and Mr. Spencer feels justified in bidding the gas companies mend, not their manners, but their joints. It is very clearly shown that the system of cast-iron socket-joints, caulked with hemp and plugged with lead, is quite ineffectual to prevent a constant leakage of gas. From this source it is calculated that the metropolitan companies average a loss of twenty-five per cent. of their whole manufacture. Their loss is nobody's gain. Gas is, like fire, a useful servant, but a bad master. Once out of the pipes it does nothing but mischief. Passing into the moist earth around, it appears to decompose the gypseous matters, liberating sulphur, and converts the moisture into an acrid alkaline fluid, which honeycombs the iron pipes, and changes the street earth into that foul and offensive product which the gasmen are constantly turning up in the streets, to the olfactory disgust and sanitary detriment of Londoners. The iron of the water-mains is transformed into plumbago, and, as an effect of increased pressure, precisely when the water is wanted at a night-fire, the pipes give way. Then, again, when the supply is shut off, and the water-mains become only partially full, the escaped gas penetrates their joints, and communicates its nauseous flavour and bad qualities to the water. The water and gas flowing thus in a mingled stream, servant girls, altogether unsuspected of any intention of setting the Thames on fire, have produced explosions by drawing water in the vicinity of a lighted candle, owing to the ignition of gas on opening the water-tap.

Mr. Spencer affirms a very serious and important proposition in relation to this gas leakage, when he shows that the horribly offensive effluvium arising from the banks of the Thames

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is identical with that from the moist earth around the gas-pipes. Carrying out the investigations suggested by this observation, he examined the black Thames mud, to which undoubtedly so much of the foul stench of the river is due, and found it to be pregnant with sulphurous oxide of iron, emitting, at a high summer temperature, a fœtid gaseous mixture of carbonic oxide with sulphuret of carbon. The experiments and the chain of reasoning by which Mr. Spencer arrives at the conclusion that the stench of the Thames mud is due to the leakage of the gas are highly ingenious, although they perhaps assume too much. At least, it is certain that nearly one-fourth of the gas manufactured in London is wasted by the defective joints, and that this is not mere passive waste, but an active source of mischief, fertile in bad smells and injury to public health. They manage things better in Manchester, Leeds, and Liverpool; and it is extremely desirable that the gas companies should be compelled to adopt in London something like the "turned and bored" joints which universally avail in those great towns.

NATURAL SCIENCE AT COURT.

ALL the world knows that Professor Owen is now delivering a series of lectures on Natural History at Buckingham Palace, before her Majesty and the little people there. This event is not in itself very remarkable, since it is the privilege of greatness to adorn itself with the most recent triumphs of science, and to gather the latest news of natural discovery, no less than to profit by the highest developments of human power and skill in all other departments of labour. It is rarely that so distinguished a naturalist will consent to confine his prelections to an audience so limited; but, on the other hand, it is yet more rare that he should find willing and appreciative listeners of so distinguished a rank, and whose impregnation with a love of natural science may so favourably influence the progress of the science in this country. It is this consideration which gives to these lectures something more than a private importance. Physiologists and naturalists have long and not very successfully denounced the insufficient system of education adopted in all our public and private schools and in the universities—a system which makes the teaching of words and forms of speech a finality, and which ignores to an absurd degree all teaching of facts. The most highly educated of our university students, and the most commonplace lad leaving a middle-class school, enter upon life with more or less knowledge of French and Latin composition, and of algebraic and mathematical science, but wholly ignorant of the names of the thousand objects of Nature which surround him, unversed in the laws by which he lives and breathes, and unacquainted with any detail of the structure of his own frame or of that of any living creature. He falls an easy prey to vicious pleasures, because he has no power to derive amusement from the myriads of natural objects which surround him. They are beautified for his inspection, but his instructors leave him to regard them with the vacant stare of untaught dulness. He becomes the early victim of every kind of charlatan, because no man can talk to him nonsense so gross but that his ignorance will swallow the fabrication. Probably fashion and example may now lend valuable aid to reason and argument in enforcing the teaching of natural science in schools and families, in a manner which will at once inform and discipline the mind.

THE NEW ORDER OF DENTISTS.

Finis coronat opus. The new organization of the dental profession is now fully established. On Monday last the London School of Dental Surgery was opened in Soho square. At this institution no attempt will be made to teach other branches than those which pertain specially to dentistry; and the school has been organized in connexion with the Dental Hospital of London, in order that practical instruction on subjects specially pertaining to dental surgery may be accompanied by systematic teaching, under the conditions enjoined in the curriculum issued by the College of Surgeons. The courses will be delivered by three eminent dentists—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.; Mr. Samuel Cartwright, jun., F.R.C.S.; and Mr. Robert Hepburn. A course on "Metallurgy in its Dental Relations" will be delivered by Mr. G. H. Makins, M.R.C.S., F.C.S. The regulations recently issued by the College of Surgeons, relating to the professional education of candidates for examination in Dental Surgery, require that the candidate be twenty-one years of age, and have studied four years, during which he must have attended two courses of Anatomy, and one of Physiology, Surgery, Medicine, Chemistry, Materia Medica, and Chemical Manipulation, with nine months of Dissection; two winter sessions of Practice of Surgery and Clinical Surgery; special dental courses, such as those of the London School of Dentistry; three years of practical application to Mechanical Dentistry, and two years of Dental Practice at a general hospital or a recognised dental hospital, such as that attached to the above school. Thus the system of education for respectable dental practitioners will henceforth be uniform and sufficient. This curriculum implies four years' application to study, certainly not too prolonged a period for initiation into any profession. The status of those who comply with the regulations will be clear and defined; they will have fairly and fully vindicated their social and professional dignity, and will take the honourable rank which belongs to their profession when followed with dignity and propriety. Their privileges will in no way trench upon those of the members of the College of Surgeons, with whom they cannot, and need not in any case, desire to be confounded. There have been bitter heartburnings and unseemly strife about this matter, stirred up by those who preferred to value themselves by their own standard, and were anxious to prevent the promulgation of any uniform and severe test. But the advantage of collegiate tests for professional capacity does not need defence. It is still open to those who shrink from their application to adopt any independent system of their own. This will be judged at whatever its true value may be. There can be little doubt that in the end all respectable dentists will apply for the recognition of the College of Surgeons.

THE STUDENTS' AGGREGATE MEETING.

THE medical schools are carrying out their movement in aid of Poor-law Medical Reform with remarkable energy. Mr. Pigott will take the chair at St. Martin's Hall on Tuesday next at an aggregate meeting of the medical students of the Metropolis, when a vigorous demonstration is anticipated in behalf of the Bill now pending in the House of Commons. This Bill has met with sudden and powerful opposition from the boards of guardians throughout the kingdom, who unhappily adhere to the parsimonious and mischievous system now prevailing, and are petitioning with rapid unanimity against any such measure of relief. If this meeting be largely attended by the students, and especially also if, as is hoped, the leading practitioners of the Metropolis and the Poor-law medical officers indicate their sympathy by attendance in large numbers, then considerable service may be rendered by the demonstration. We are informed that the following resolutions will be moved:—

"1. That the existing system of Poor-law medical relief is fraught with dangers which call for immediate relief.

"2. That the present system grievously injures the efficiency of the relief afforded, by crippling the resources, limiting the powers, and lowering the standard of skill among the administrators of that relief, and that the remuneration afforded is inadequate to the labours which are demanded of them, the skill which they should possess, and the expenses incidental to their position.

"3. That as the grievances set forth also injuriously affect the medical care and well-being of all the poor throughout the

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kingdom, they are well deserving the attention of Parliament.

"4. That the Bill introduced by Mr. Pigott, M.P., and now before the House of Commons, is, in the opinion of this meeting, calculated to remedy many of the present evils complained of, by affording more efficient relief to the sick poor, and by improving the position of the medical officer.

"5. That a petition be signed by the Chairman and delegates on behalf of this meeting, and presented to the House of Commons, in favour of Mr. Pigott's Bill."

SURGEONS IN ARMS.

THE surgeons of the Guernsey Militia have been placed in a very painful position by the inconsiderate act of General Slade. The whole medical staff of the Militia have been passed over, and a homœopathic practitioner has been appointed staff-surgeon over their heads. The eleven surgeons thus insulted are Drs. Hoskins, De Lisle, Mansell, Collinette, Lukis, Roberts, G. Carey, F. Carey, and Messrs. Corbin, Bisson, and Thurston. It is understood that General Slade has acted in this matter from feelings of personal friendship, the homœopathist being his private medical attendant. Personal friendship cannot, however, justify an insult to the officers under his command. It is known that homœopathists are regarded by the orthodox practitioners as mere adventurers. It is very well known that they cannot associate professionally with these persons, and that a rule of professional etiquette prohibits them, even if inclined, from holding any relations with homœopaths. It is only by refusing to recognise these persons that the legitimate practitioners are able to repudiate a connexion with our ranks which, "the fallen" pretend before the world is maintained. It is a measure of simple self-defence. The attempt to abuse the rules of the public service by thrusting a homœopath into military medical rank cannot be endured. The surgeons have taken the only step which they could adopt under such circumstances: they have tendered their resignations. They cannot be expected to keep homœopathic company; and they would not have done their duty if they had retained their appointments under such conditions.

ST. THOMAS'S HOSPITAL.

OUR attention has once or twice been called by correspondents to changes rumoured as impending at St. Thomas's Hospital. So long, however, as these changes were only in progress, we could not feel justified in adding any fresh source of embarrassment to those which always attend alterations, even the most judicious and satisfactory. But since we are now informed, on good authority, that enough has been done to remove all necessity for silence, and that nothing but the formal confirmation of the authorities is wanting to render these changes "*des faits accomplis*," we are glad to award them that publicity which the interest attaching to the above institution, as one of the oldest and wealthiest of the London hospitals, would naturally claim at our hands.

We believe we are correct in saying that an impression prevalent last summer, to the effect that the Hospital had been bought up for an adjacent railway, and would forthwith be removed to the neighbourhood of Blackheath, checked for a time the steady increase of the prosperity of the School. Instead, however, of merely denying the rumour, the authorities have sagaciously used the opportunity this casual interruption to the progress of their School afforded them to institute a thorough inquiry into the various details of its arrangements. That inquiry has issued, as might have been predicted beforehand by any one not absolutely insensible to the drift of professional conviction, in the affirmation and working out of two principles, which the circumstances of this Hospital had hitherto left more undeveloped than seemed desirable. The first is, that the proper clinical teaching of any number of pupils demands the chief, if not undivided, energies of a large staff. The second, that lecturing, on the present system, is a work in which it is desirable periodically to enlist an accession of teachers with more energy, as well as time, to bestow upon it than can generally be given by men already high up in the profession, and perpetually claimed by private practice or by numerous other appointments.

At least these are the conclusions we draw from the new programme of the School of St. Thomas's Hospital. Dr. R. Bennett and Mr. South resign their lectureships on Medicine and Surgery, retaining their posts in the Hospital, and the duties of clinical teaching associated therewith. Dr. Peacock in Medicine, and Mr. Clark in Surgery, fill the vacancies thus made in the systematic lectures. Mr. Sydney Jones is the sole lecturer on Anatomy. Dr. Brinton resigns his lectureship on Forensic Medicine, to take the whole course of Physiology; Mr. Grainger, we deeply regret to state, being compelled to retire in consequence of impaired health. Dr. Bristowe resigns Botany to lecture on Materia Medica. Dr. Stone and Dr. Clapton take the vacancies left by the two latter gentlemen—the former, Forensic Medicine; the latter, Botany. The tutors are Mr. Allingham and Mr. Gervis. The other posts are filled as before.

It is further understood that the Hospital staff is to be increased by at least two new members: Dr. Brinton as Physician, and Mr. Sydney Jones as Assistant-Surgeon. The latter office is one which it has been found that the emergencies of so large an hospital render it unusually important to have filled by a highly qualified man living on the spot; and his duties are alleged to be practically so far those of an assistant as that it is desirable to retain this title, which is no longer applicable to even the youngest of those physicians to an hospital who have the independent charge of a large number of beds.

Most, if not all, of these changes are such as commend themselves to the approval of the professional public, the more so that those behind the scenes can have had no motives of interest, as opposed to duty, in suggesting and effecting them. It is especially satisfactory to find that an institution, which has once or twice shown its impartiality by admitting to its appointments merit educated elsewhere, can yet fill up so large a proportion of vacancies from its own former students. The favouritism and the treachery—for that is really the word—which have in the last few years brought such deep disgrace on some other hospitals seem to have found no abiding place in the great hospitals of the City. Errors may have sometimes been committed, and motives of a lower kind not altogether excluded. But though appointments may not be made in the Borough exactly as they might be in Utopia, it is curious to find the City, with all its alleged abuses, incomparably more pure and honest in all that relates to these great medical corporations which it governs and manages, than institutions, some of which, placed midway between sapience and sanctity, seem so equally impressed with the rival claims of the two qualities as to be reduced, like the ass in the schoolmen's fable, to a perpetual abstinence from both.

On public grounds we wish well to every such attempt as that by which it is now endeavoured to bring one of our oldest and best hospitals into stricter conformity with the spirit of the age; our duty, however, as journalists is more trite and useful than that of mere congratulation. That monopoly of position which THE LANCET has been one of the chief instruments of destroying in hospitals and their cliques practically exists no longer. Time has done much, and circumstance more, to break up the sordid compacts which heretofore foisted schools, hospitals, and families, upon the profession with all the prolific energy and vegetative repetition characteristic of the lowest forms of animal life. The younger institutions now rival the elder in all that really makes efficiency for the profession and the public. From Paddington to Whitechapel we find hospitals of sterling merit, and at least the germs of

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excellent clinical instruction in all departments of professional knowledge. And if not even an alliance between Theology and Physic, between the gravest sanctimony in theory, and the most unscrupulous partizanship in practice, can save another Medical College from falling to its true level, we may surely be excused for reminding St. Thomas's that it must look for its prosperity, neither to old traditions nor to new arrangements, but solely to a continuance of those labours, and that usefulness, by which it has reached its present eminence, and by the further prosecution of which it can alone hope successfully to compete with the great neighbouring Hospitals of Guy and St. Bartholomew. That it may do so in its new career, and thus justify the laudable efforts now made by its zealous committee and governors, is our hearty desire; echoed, we doubt not, by many of its old pupils as they view these improvements in prospective.

Coincidently with the above changes, it is proposed to introduce at this Hospital a new system of training nurses. The details of the plan will be laid before our readers.

ROYAL MEDICAL BENEVOLENT COLLEGE.

THE eighth anniversary dinner, to celebrate the foundation of this excellent institution, was held on Thursday evening, the 26th ult., at the Freemasons' Tavern. Lord Leigh presided, supported by several distinguished gentlemen. About one hundred and fifty sat down to dinner. After the usual loyal toasts had been drunk with great enthusiasm, the toast of the evening was given in a very effective speech by the Chairman. He dwelt earnestly on the claims of the profession to the support of all classes of the community. He likewise paid a high tribute to the labours and character of the founder, Mr. Propert, a sentiment which was received with great cheering. After showing that the institution was progressing in prosperity, he called for further contributions to enable the Council to extend the benefits of the College, and secure an endowment fund. Several excellent speeches were made in proposing and responding to the different toasts. The Rev. Dr. Irons took occasion to address some eloquent observations to the meeting respecting the claims of Poor-law surgeons to higher consideration and remuneration. We were gratified to hear the rev. speaker advocate a system first recommended in this journal—namely, that the recipient of medical relief should, under proper regulations, have the privilege of choosing his own medical attendant, and the nearest if he thought proper. Dr. Irons had come to this conclusion from long experience of the wants and wishes of the poor. He felt convinced that, if carried out, it would act most beneficially to all parties concerned. He, moreover, stated that he had always chosen medical practitioners as his churchwardens, not merely as a mark of his esteem for the profession, but because he had always found them most valuable assistants in carrying out his plans for ameliorating the condition of his poorer parishioners.

The evening altogether was very interesting and agreeable, and a large sum of money was announced in subscriptions and donations. It was the general feeling of those present that the Medical Benevolent College claimed at the hands of the profession the most earnest and energetic support, and that Mr. Propert was entitled to the lasting gratitude of his poorer brethren. It was satisfactory, in the course of the evening, to hear from the head master of the school that the pupils of the establishment had not only conducted themselves in an exemplary manner, but that some of them had greatly distinguished themselves in the public competitive examinations.

It is most gratifying to state that the utmost cordiality now appears to prevail amongst the governors respecting the mode in which the school is conducted in every particular, and we have good reason for saying that the scholastic department of the Medical Benevolent College can well sustain a comparison with those of other great public institutions. This is no small praise, when we recollect that a first-class education is to be obtained for a sum scarcely more than a half of that which must be expended for the same privileges at the various public schools.

In conclusion, we may heartily echo the sentiment of Lord Leigh, which was responded to with universal and reiterated cheering: "Prosperity to the Royal Medical Benevolent College!"

Correspondence.

"Audi alteram partem."

MEDICAL REFORM, THE CORPORATIONS, AND "THE LANCET."

To the Editor of THE LANCET.

SIR,—Permit me to congratulate you, as the principal agent, and indeed as the founder, of Medical Reform, on the present position of the profession. THE LANCET, from its earliest number, has been the consistent, energetic, and unswerving advocate of the rights and privileges of those who are called "general practitioners." It has pursued through bad and good report its undeviating course. It has neither been intimidated by opposition, nor cajoled by interested flatterers. It has been the hope and the mainstay of the great mass of my brethren. When the one-faculty system, so ably advocated by yourself, was first enunciated in your pages, it was sneered at by some, and by most regarded as an Utopian fallacy; but it was founded on the principles of justice. For years the question seemed to be in abeyance; but you, Sir, with an unerring foresight, not only of its equity, but of its necessity, have never ceased to urge upon your professional brethren the certainty of its attainment. Thousands of those who now read your pages know little or nothing of the difficulties and dangers which you have successfully encountered. But those who, like myself, are familiar with the history of Medical Reform, must be desirous of awarding to you the great merit of having been the pioneer of those changes in our social and political system which have contributed so much to the advancement of the great body of medical practitioners. It has become the fashion of late to eulogize or condemn, as suits the purposes of certain bodies or individuals, the proceedings of various colleges and corporations. But let me, in the name of the profession, strip off all extraneous coverings from the statue of Reform, and place it fairly and unadorned before the gaze of the world.

Some of the medical corporations have been eulogized for the adoption of the principles of which you for so many years were the sole advocate. Knowing, as I do, the motives which actuate these bodies, I am not one of those who join in approving chorus. They are, as they ever were, selfish, exclusive, and opposed in spirit to the interests of the great body of their constituents. They opposed reform upon every occasion when they believed it was prejudicial to *their* interests. It is not necessary now to recall the recollections of the struggle for their just rights upon the part of the licentiates of the Royal College of Physicians. Those rights, only partially awarded after a long and energetic struggle, were wrung from the selfish College, not because the claims were acknowledged, but in consequence of the danger to which it exposed itself by continuing longer to oppose the just demands of those it had previously ignored. In the same way the Fellowship of the College of Surgeons was extorted from the corrupt Council of that body; but, true to its principles, the Council so fettered the Fellowship, and its privileges were hedged in as it were by such a spirit of monopoly, that its otherwise good effects were frustrated and rendered inoperative. The Fellowship, however, is obnoxious to a more serious charge than this. It is justly chargeable with being merely a subterfuge; that it

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is merely a machinery which professes to have been instituted for generous principles, while it is in reality that worst of despotisms, the tyranny which works with the machinery of freedom. Has it, with one or two exceptions, contributed to the representative principle? Look how it has operated in the election of the members of the College Council. The Fellows are called together annually to participate in the farce of re-electing some or electing others to the Council. Upon what grounds do they found their choice as to re-election? They are in total ignorance as to the part which the candidates play in the deliberations of the Council. Those deliberations are secret. A constituent knows not whether the candidate of his choice has been the advocate of the great interests of the profession, or the "patriot" who has been cajoled or intimidated into the opponent of all reform. The new member may be sent to the Council chamber as a supposed good and faithful representative; but his conduct the moment he enters into that dark and inscrutable apartment defies criticism, and shields itself beneath the cloak of irresponsibility. In the crisis of the medical profession of 1815, the College of Physicians ignored the general practitioner. It refused to acknowledge his claims to be regarded as a member of the medical profession, and handed over his interests and his future position to a company of druggists. It was, no doubt, for the interest of the general practitioner that the College of Physicians refused at that time to be "contaminated" in any way with the regulation of his education. It is only an act of justice to the Society of Apothecaries to say, that they have fulfilled their duties in a most exemplary manner. They have elevated the "apothecary," by education at least, into the position of being the successful rival of the "physician." Events of late have crowded upon us. The Medical Act uprooted the foundation of absurd and injurious monopolies. It struck terror into the hearts of the anti-reformers; it convinced them that if the medical corporations were to exist they must conform to the requirements of the age. Adventitious distinctions and antiquated privileges were destroyed by the Medical Act. The "inferior grade" seized the opportunity of shaking off their connexion with the trading body. Hundreds enrolled themselves as physicians under the liberal regulations of the Edinburgh College. That College was taunted as being influenced by low commercial motives; it was charged with attempting to subvert the true principles of medical government. But it was, in fact, destroying the invidious distinctions which anti-reformers declared should ever exist between different members of the profession. Now, what do we see? The College of Physicians of London—not with a generous sympathy in the interests of general practitioners, but in a counteracting spirit of "commercial enterprise"—have determined on admitting the general practitioner as a licentiate of their body. It is true that they wish to make this licentiateship the badge of an inferior tribe—they still hanker after antiquated distinctions and exclusive privileges; but, like the half-ruined gamester, they play a desperate game. Call the licentiate by what name you may; seek as you will to place him in an inferior position, he will no longer be an apothecary; in name, in law, in equity, he will be a physician. The one-faculty system is inaugurated; monopoly is overthrown; selfishness has succumbed to necessity; truth has prevailed, error has been eradicated, and the principles of THE LANCET have become triumphant.

I am, Sir, yours, &c.,

May, 1860. AN OLD MEDICAL REFORMER.

POOR-LAW MEDICAL REFORM ASSOCIATION.

[LETTER FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—In the comments appended to my letter in your journal of April 21st, you say, in reference to Clause 38, "That the Poor-law medical officer is to be paid five shillings and mileage for depriving a brother practitioner of two guineas." This is certainly a rather startling view of the question; but is it a fact, or a mere assertion? Preliminary inquiries are no unusual things with Coroners at present, and we not unfrequently find them, or their deputies, calling upon medical men and saying, "—— is dead; he was found dead in his room. I hear you attended him, (or were sent for at his death, as the case may be.) From what you know of the deceased, I suppose you consider he died from natural causes?" He thus gets our opinion, and, in return, simply thanks us. Would a preliminary inquiry by a medical man be worse for the profession than this?

On Sunday morning, the 22nd inst., I met a policeman with a stretcher, and was informed he was going for a body, which was then lying in the back water. I accompanied him, and superintended its removal. I examined the body, without, however, removing the clothes, and found both hands were off at the wrist-joints, and the body in an advanced stage of putrefaction. I felt sure the Coroner would send for me to complete the examination, and give evidence; he, however, did not do so, but the jury, without any medical opinion, brought in a verdict of "Found drowned, but how he got into the water there is no evidence to show." In this case, of course, a preliminary inquiry would not have been held, but the Coroner at once sent for; but had a preliminary inquiry taken place by a medical man, I certainly should not have been worse off than I now am, and I think the public would have been better satisfied.

This clause is not a question between one branch of the profession and another, but between the Coroners and the profession. My own opinion is, that the Coroners will be gainers rather than losers by Clause 38 becoming law; they certainly will not then be accused of holding unnecessary inquests if they are requested to do so by the medical man.

You ask, "With whom did the idea of Clause 38 originate? Probably Mr. Griffin will be so kind as to inform the profession." If I were to say the idea originated with myself, some of my brethren, perhaps, might dispute it; the clause, at all events, now belongs to the profession, as they have adopted it, which is proved by the fact that it was in the draft Bills of 1857, 1858, 1859, and that of 1860, which is now before Parliament. You, Sir, also had copies of all these drafts sent to you at the time they were issued. It is therefore hardly fair that I should now be attacked about a clause which for four long years has been before the Poor-law medical officers and yourself, and up to the present time has never been questioned; though, I can assure you, comments have been made upon it quite in its favour, and as one much needed to check crime and bring to light many a foul deed which now passes unheeded. There will shortly be a meeting of the Committee, who will doubtless take your remarks into consideration. My endeavour is to carry out the wishes of the body at large; of individuals I will not speak, for to please all is impossible.

I am, Sir, yours, &c.,

Royal-terrace, Weymouth, April 23rd, 1860. RICHARD GRIFFIN.

*** If we refrained from noticing the objectionable clause in the manner stated by Mr. Griffin, it must satisfy him, we think, that we had no desire to find fault with any portion of his measure. We can also assure him that on this occasion we had not written a word on the subject until our attention had been directed to the clause by some gentlemen who had addressed us in very hostile terms respecting it. We certainly had not for a moment considered that any section so thoroughly objectionable and dangerous to the public could ever become a portion of a Statute professedly devoted to the provision of an improved system of medical relief for the poor. Mr. Griffin complains that the statement we have made is simply an assertion; but it is strictly the assertion of a fact. Let us supply a case as an illustration, and many of the same kind will be instantly suggested to the minds of all medical practitioners of any experience in the profession:—

A. B. is found dead in bed. He has had no medical attendant for months, or probably for years. The nearest surgeon, who may reside five or six miles off, is sent for; he promptly attends, and finds that the man is dead. As he is altogether unacquainted with the cause of death, he declines to give any certificate. An application is made to the registrar, who issues his order for the attendance of the Poor-law medical officer of the district, who attends, grants a certificate that the death has been produced by natural causes, and receives his 5*s.*, and 1*s.* a mile for the distance he has travelled. The death is registered, and no inquest held. What is paid to the surgeon who, on being sent for, travelled ten, twelve, or fourteen miles, and was the first medical practitioner who saw the body after death? The reply may be given in one word—Nothing!

The danger to the public of such a practice as the objectionable section of the Bill proposes to legalize would be at once enormous and absolutely fearful. The security to the public

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under the present system arises from the making of a post-mortem examination by the practitioner who first sees the body after death.

The thing called an inquest to which Mr. Griffin refers was no inquest at all; it was even worse than a farce. Further, we may observe that no Coroner acts correctly in asking a surgeon for his opinion in such a case except *on oath before a jury*, and after a post-mortem examination has been made in conformity with the "order" directed by the Statute 6th and 7th William IV., cap. 89.—ED. L.

To the Editor of THE LANCET.

SIR,—You may well ask from whose brain Clause 38 of Mr. Griffin's Poor-law Bill emanated. Such an attempt at monopoly in favour of a class, at the expense of the rest of the profession, is not to be suffered. But, Sir, you will perceive that Clause 37 has precisely the same bearing. Boards of guardians are not the boards of health, where such are established. In the provinces, guardians spread over a great extent of country, whereas boards of health are composed of inhabitants of a town or of a small district. Unless Mr. Griffin withdraw these two clauses (37 and 38), it is to be hoped that non-union medical practitioners will use all their influence in opposing his Bill, both with members of boards of guardians and those of the House of Commons.—I am, Sir, yours &c.,

April 24th, 1860. MEDICUS.

THE LARYNGOSCOPE.

To the Editor of THE LANCET.

SIR,—The last-born of the numerous family of "scopes" has been recently presented to the medical public in Paris by its progenitor.

The instrument in question is the Laryngoscope, an invention the chief merit of which belongs to Dr. Johann Czermak,* Professor of Physiology at the University of Pesth. The internal exploration of the larynx and trachea, whether for the purpose of pathological investigation or of physiological demonstration can be very completely effected by this contrivance, which is in construction uncomplicated, easy of application, and by no means ruinous in price.

Two modifications of the instrument exist: one for the examination of patients; a second for class purposes, and the demonstration to pupils of the internal arrangement of the throat and its neighbourhood. For the examination of a patient, the apparatus consists of two mirrors only: one is a circular, concave reflecting surface, with central hole, and three inches and a half in diameter (a large ophthalmoscope, in fact); this is mounted in such a way as to enable the operator to hold it between his teeth, the hole in the mirror presenting itself before his eye; a second reflector, called the speculum,—a small, plain, diamond-shaped mirror, of polished steel, and fixed at an obtuse angle to a slender shank,—completes the apparatus. The rays of a lamp caught by the circular concave mirror, are concentrated and thrown upon the speculum, which has been previously slightly warmed and placed in the throat under the uvula at the desired inclination. The whole of the interior of the larynx, and more especially the chordæ vocales, are seen with astonishing clearness, and the changes and movements of the organ, during respiration and vocalization, can be studied with the most perfect exactitude.

For class purposes, or for the examination of one's own throat, an additional mirror is requisite. This is of the ordinary description, and is about four inches long, by two inches and three quarters broad, and, for convenience, can be mounted on a stand, though sometimes it is held in the hand. Its use is to reproduce the image depicted on the speculum.

At Vienna, the cost of the instrument complete is from thirty to thirty-five francs; and I hear that some have been ordered in Paris.

For the various uses and applications of this really curious invention, the student will do well to consult a little pamphlet recently written by Dr. Czermak, and published by Wilhelm Engelmann, of Leipzig, entitled "Kehlkopfspiegel."

Thinking that the introduction of the speculum into the throat must be very disagreeable, and productive of inclination to vomit, I requested the Professor to examine my chordæ vocales. In consequence, I can bear testimony to the very slight amount of inconvenience occasioned by the *skilful* introduction of the mirror.

I am, Sir, your obedient servant,

Paris, April, 1860. D. C.

* The idea, however, of the possibility of exploring the interior of the larynx by means of a reflecting mirror originated, I believe, with the late Mr. Liston.

A SANITARIUM AT HONG-KONG.

(LETTER FROM DR. M'GRIGOR CROFT.)

To the Editor of THE LANCET.

SIR,—An article in your journal of April 14th, remarking on the decision of the Secretary of State for War for the organization of a sanitarium and invalid establishment at the Cape of Good Hope for sick and disabled troops from China, induces me to ask permission for the insertion of a few suggestions relative to a temporary building of the same class at Hong-Kong.

This island, now a British dependency, is well known to all readers interested in China. I need not describe it, further than that it is mountainous and barren. Victoria, the seat of Government, is situated at the base of a steep rock. The highest point, called Victoria Peak, is 1200 feet above the level of the sea. The town is shut in from the fresh summer breezes of the south-west monsoon, the heat being therefore intolerable; to use a descriptive expression, it is compared to a "furnace by day," cooling towards the morning, when the early sun brings back the original temperature. Chuc-Choo and Siwan, two outposts, used to be garrisoned by troops; both spots were notoriously unhealthy.

During several years' residence, I observed that many of my military friends enjoyed remarkably good health, particularly General Jervois, Commander-in-chief. Morning or evening walks were invariably taken by most of these officers, and a favourite "constitutional" was by ascending a circuitous path at the rear of the town to the "Gap" or "steamer look-out," halting on the table-land (a view from this elevation being grand). An easy incline from this for two miles enabled them to reach the pretty village and harbour of Aberdeen, a Chinese fishing station on the sea-side; and by continuing westward, a healthy walk of between four and five miles brought them back to Victoria.

Frequently, when my arduous duties permitted, did I accept an invitation to join the pedestrians; and on arrival at the "Gap," the sensation of relief from the "oven below" was beyond imagination. The fresh, invigorating breeze from the sea enabled us to return with a keen appetite.

Now I have reason to believe that about this veritable "Gap" invalid soldiers would feel the benefit of this invigorating air. The ground towards Aberdeen is an undulating slope, and in my opinion a valuable spot as a summer sanitarium. Water, cold, sparkling, and bright, is abundant. It is a curious fact, though the Peak is only about sixty feet higher, a stream of water flows constantly from it, and in the small pools at this elevation tiny fish are observed swimming about.

I feel confident this spot could be turned to valuable account. A temporary building for the sick would test my opinion; but in the erection of such, it is well known amongst the Chinese that the excavation for a foundation leaves an unhealthy odour for some time, and unless exposed to the atmosphere and sun, would induce fever; and no Chinaman will sleep on a ground-floor at Hong-Kong if he can help it.

The locality near the "Gap" would be sheltered from the north-west gales or a typhoon by a small range of hills. The soil, if I recollect rightly, is very good up there—the verdure more natural; and as vegetables would grow there easily, the invalids sent up from the magnificent but ill placed Military General Hospital at Victoria could amuse themselves by making gardens.

In erecting a building, I have no doubt the engineer and medical departments are aware of my remarks about the soil; but free ventilation and good drainage beneath the ground-floor are indispensable.

I do not question a sea voyage being superior to my proposition, but, as a temporary means, it may save many a poor soldier leaving his bones in the "Wan-i-Chong Valley" or "Vale of Death"—the graveyard of Hong-Kong.

I could interest my readers further on this subject, and point out, from experience and observation, why certain spots are unhealthy, and others, not fifty yards away, the opposite; but I must not trespass on your columns.

I am, Sir, yours obediently,

J. M'GRIGOR CROFT, M.D., M.R.C.P. Lond.,
Late of H.M. Ceylon Rifles at Hong-Kong and Staff-Surgeon.

Mandarin Villa, Abbey-road, St. John's-wood, April, 1860.

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IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—A writer in THE LANCET of April 21st surprises me by saying that he has "never been able, in public or private practice" (in England of course), "to go beyond half a drachm a day, in three equal doses," of iodide of potassium; and attributes the greater tolerance of the drug by Frenchmen to "climate and nationality."

May not the difference which he has observed in the effects of the agent be attributable more probably to the mode of administration?

I think I could quote for him a hundred cases in this hospital (of secondary symptoms, gonorrhœal rheumatism, indolent buboes, &c.) within the last two years, where iodide of potassium has been used in *scruple doses three times a day*, with perfect tolerance, and without any unpleasant symptoms either attending or following it, when given in the way recommended by Mr. Acton*—namely, largely diluted in a tumblerful of an extempore bitter infusion, and backed up with a full diet.

I am, Sir, yours most obediently,

D. STEWART, M.D.,
Depôt Staff-Surgeon.

Warley, April, 1860.

* Vide page 563 of his Treatise on Urinary Organs, 2nd edit., 1851.

MEDICAL TRIALS.

VICE-CHANCELLORS' COURT, APRIL 28TH.

(*Before* VICE-CHANCELLOR SIR W. P. WOOD.)

BOX *v.* THE PRINCIPAL AND COUNCIL OF QUEEN'S COLLEGE, BIRMINGHAM.

SIR HUGH CAIRNS and Mr. FREELING moved, *ex parte*, for an injunction in this case to restrain the defendants from closing, or allowing to be closed, the medical department of Queen's College, Birmingham, and from refusing to receive the students thereof upon their return to the College for the ensuing term.

The bill, which was filed by the professor of surgery in the College, after stating the royal charters under which the College was founded, and the bye-laws for regulating its affairs, stated that on the 17th of April a meeting of the Council of the College was held, at which a resolution was carried by the casting vote of the chairman for closing the resident (medical) department during the ensuing term, which was to commence on the 1st of May, on the ground of an alleged deficiency of funds. The plaintiff, who submitted that the resolution was irregular and not warranted by the bye-laws, and that great and irreparable injury would arise to the College and to himself if the medical department were closed for the ensuing term, had filed his bill against the principal and Council, and now moved, *ex parte*, for an injunction.

The VICE-CHANCELLOR granted an interim injunction, extending over the next seal-day, upon the usual undertaking by the plaintiff as to damages.

THE LONDON SCHOOL OF DENTAL SCIENCE.

THE inaugural meeting took place at 32, Soho-square, on the evening of Monday last, under distinguished auspices, and was very fully attended.

MR. SAMUEL CARTWRIGHT delivered a very able address, the principal subjects of which were, the present state of dental surgery and its future prospects—such as it is hoped they will be when the late measures adopted by the College of Surgeons shall have come fully into play. Mr. Cartwright alluded to the want of a recognised system of education heretofore and its consequences, and to the advantages which will accrue to those who are pupils by the practical knowledge they will acquire of their profession in the operating-room of the hospital and the lecture-room of the school previous to their commencing practice. He judiciously defined the legitimate connexion between surgery and dental surgery, and stated the reasons why the dentist should be acquainted with general anatomy and physiology, as well as the principles of medicine and surgery; and referred to the value of the Dental Hospital and School as places for professional statistical record. After a few words specially directed to those who have entered as pupils—urging them to consider the calling they have selected as a pure and honourable profession, and strictly to uphold it as such,—the address was concluded as follows: "Those who, whether members of the College of Surgeons or not, devote their time and energies to the diseases consequent on the depraved condition of the teeth, are not likely to practise as surgeons or medical practitioners; but they know from experience that the practice of dentistry, special as it may be, cannot be carried on with credit or efficiency without a knowledge of the principles of surgery and an intimate acquaintance with anatomy and physiology."

The rooms were filled with microscopes, preparations, models, instruments, &c., which were objects of interest to the visitors after the address. The lecture was heard with great attention and well received throughout. Amongst the gentlemen present were the majority of leading dentists in London and many from the provinces. We noticed Mr. Tomes, Mr. Saunders, Mr. Rodgers, Mr. Bigg, Mr. Ibbetson, Mr. Sercombe, Mr. Underwood, Mr. Adolphus Hart, Mr. Parkinson of Brighton, Mr. Oxley of Leeds, Mr. Martin of Portsmouth, Mr. Palmer of Cheltenham, Mr. Bridgman of Norwich, and others. Amongst the visitors not dentists we observed Mr. Coulson, Mr. Partridge, Mr. Hilton, Mr. Ure, Mr. Shaw, Mr. Nunn, Mr. Flower, Dr. West, Dr. Hawkins, Dr. C. M. Babington, Mr. Dallas, and many others.

THE UNIVERSITY OF LONDON.

THE anticipation of the result of the election to the Senate is most favourable to the views of the medical graduates. The candidates nominated are Mr. Greenwood, B.A., Mr. Jessel, M.A., Dr. Miller, and Dr. Quain. The signatures to Dr. Quain's nomination-paper, as representing the medical element, greatly exceed in number all the others put together. Dr. Miller, having been appointed Examiner in Chemistry, is virtually disqualified; for within a few months of the present time no member of the Senate can hold an examinership. We are glad that it is so; for whilst we learn that the medical graduates fully appreciate Dr. Miller's personal and scientific character, they could not accept him as a medical representative. If there be need for the addition of a purely scientific member to the Senate, there are now two Crown vacancies, one of which may be thus very properly filled up.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FRIDAY, APRIL 27TH.

CAVALRY CHARGES.

MR. DEEDES asked the Secretary of State for War upon what principle a deduction of 8½*d.* per diem was made from the pay of the surgeon and the assistant-surgeon of a cavalry regiment for each horse kept by them for the public service, when the rate of pay of those officers was precisely the same as that of the medical officers of infantry regiments, who, under the 21st paragraph of the 1st of October, 1858, are expressly exempted from any such deduction, the words of the paragraph referred to being these, "shall not in future be subject to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service?"

Mr. S. HERBERT said it was quite true that those stoppages had been made, but the matter was under the consideration of the War-Office.

Poor-law Medical Officers: Petitions for the consideration of their case, from St. Luke's, Old-street; Kington; Kington Union; Cheltenham; officers of the Walsall Union; St. Thomas's Hospital, and the Newark Union.

Poor-law Medical Relief: Copies ordered, "of all orders which have been issued from the Poor-law Board relative to medical relief, since the report of the Committee which sat upon the subject of medical relief in the year 1854." (Sir Wm. Miles.)

Coroners Bill, (Sir George Lewis): Second reading deferred till Wednesday next.

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Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 26th, 1860.

Davies, Henry, Carmarthen, South Wales.
Drewry, George Overend.
Jeaffreson, Horace, Framlingham, Suffolk.
Rayner, John, Bedworth, near Coventry.
Ringrose, Ernest, Potter's-bar, Barnet.
Walker, Richard Pettifer, Birchfield, near Birmingham.
Wingate, Robert, Hareby, Spilsby, Lincolnshire.
Winkfield, Alfred, Bedford.
Wotton, Henry, Cavendish-square.

The following gentlemen also on the same day passed their first examination:—

Furner, Charles, Wigmore-street.
Stockwell, Frederick, Bruton, Somersetshire.

UNIVERSITY OF LONDON.—The following is a list of Examiners elected by the Senate for 1860–61:—*Botany and Vegetable Physiology:* J. D. Hooker, M.D., and Professor J. Lindley, Ph. D., F.R.S.—*Geology and Palæontology:* Prof. J. Morris, F.G.S., and A. C. Ramsay, Esq., F.R.S.—*Practice of Medicine:* A. Billing, A.M., M.D., F.R.S., and A. Tweedie, M.D., F.R.S.—*Surgery:* T. B. Curling, Esq., F.R.S., and Prof. Fergusson, F.R.S.—*Anatomy and Physiology:* F. Kiernan, Esq., F.R.S., and Prof. Sharpey, M.D., F.R.S.—*Physiology, Comparative Anatomy, and Zoology:* G. Busk, Esq., F.R.S., and T. H. Huxley, Esq., F.R.S.—*Chemistry:* Prof. W. A. Miller, M.D., and Prof. Williamson.—*Midwifery:* E. Rigby, M.D., and W. Tyler Smith, M.D.—*Materia Medica and Pharmaceutical Chemistry:* A. Baring Garrod, M.D., F.R.S., and G. Owen Rees, M.D., F.R.S.

THE LONDON HOSPITAL.—The 120th anniversary festival of this institution was held on the 2nd instant. The President, the Duke of Cambridge, filled the chair. It was stated that the annual expenditure averaged £17,500, and its fixed income is about £12,000; but that the hospital this year sustains a loss, through the lapse of the long annuities, of £1500 a year. To fill up this and other deficits, a strenuous effort has been made, resulting in the unexampled and magnificent collection of £23,849.

THE ROYAL SOCIETY.—The President of the Royal Society, Sir Benjamin Brodie, gave his second *soirée* for the season on the 21st ult., at Burlington House, Piccadilly. All the principal apartments of the noble mansion were thrown open, and a great number of very interesting objects in art and science were exhibited. Amongst those present were his Excellency the Greek Minister, his Excellency the Swiss Minister, the Earl of Ducie, the Earl Cawdor, Lord Chelmsford, Lord Wensleydale, the Lord Mayor, Count Strzelecki, Sir Charles Lyell, Sir Henry Holland, Sir Roderick I. Murchison, Sir Henry Ellis, Sir James Clark, Sir Charles Locock, the President of the College of Physicians; Drs. Booth, Roget, Sharpey, Watson, G. O. Rees, Tweedie, Arnott, Webster, Lankester, M'William, C.B., Grant, Chambers, Busk, M. Babington, Carpenter, E. Smith, Wright, Bence Jones, Cape, Fuller, Sieveking, A. Farre, Granville, Burrows, and Budd; Professors Wheatstone, Faraday, Weidemann, Morris, Brodie, Huxley, Westmacott, Rymer Jones, Bell, Bentley, Hosking, Miller, and Partridge; Messrs. Landseer, Graham, Acland, Savory, Hawes, Lethbridge, Mylne, E. Saunders, Glaisher, Harcourt, Tomes, Gulliver, Bloxham, Lister, J. Hogg, Solly, J. Hodgson, Stone, T. F. Gibson, A. G. Finley, Ravenshaw, Thomas Wakley, jun., Beamish, Wainwright, W. Bush, W. J. Hall, Romilly, Hilton, Locock, Powell, L. Reeve, Major, Grove, Leigh, Scholefield, Forsyth, &c. The company separated shortly before midnight.

HANDSOME DONATION BY A FRENCH MEDICAL PRACTITIONER.—Dr. Moulin has presented to the Benevolent Medical Society of the Department of the Seine sufficient capital for an annuity of £60, with the object of founding, at the St. Louis College of Paris, a scholarship to be granted to the son of a necessitous doctor of medicine or surgery, the latter being either living or dead, and a member of the Society or not. The Society has the gift of the scholarship every time it becomes vacant, and the first boy elected must enter the College in November next at the latest. The managing committee of the Society have made known that they will receive the names of the candidates up to the 3rd of July. The donor himself takes much interest in the election of the first boy.

ST. BARTHOLOMEW'S HOSPITAL.—Through the resignation of Dr. Hue, there is a vacancy for an Assistant-Physician at this hospital. The candidates announced are Dr. G. N. Edwards, Dr. Wallace, and Dr. Ingram.

SOCIETY OF ARTS CONVERSAZIONE.—The first conversazione of this session took place on the 28th ult., at the house of the Society of Arts, in John-street, Adelphi.

APPOINTMENT.—Mr. Reginald Harrison, late House-Surgeon to the Liverpool Northern Hospital, has been appointed House-Surgeon to the Liverpool Royal Infirmary.

PROFESSOR ROSTAN.—This favourite teacher has entrusted his clinical chair at the Hôtel Dieu, for the summer, to M. Aran, deputy professor at the Faculty, and physician to the St. Antoine Hospital.

M. ROBIQUET, professor at the School of Pharmacy of Paris, and well known by valuable chemical investigations and several highly esteemed scientific works, has just died at Paris, after an illness of only a few days. He sank under an acute affection of the abdomen, followed by intestinal perforation.

THE SERPENTINE.—On Monday last, the report of the select committee appointed to consider the best means of effectually cleansing the Serpentine was issued. "After much patient investigation," say the committee, "we have arrived reluctantly at the conclusion that the proposed filtration will not be effectual for the desired object; and that this cleansing process ought not to be carried on in one of the most beautiful spots of Kensington Gardens. We recommend, therefore, that the project of filtration be abandoned, and that the best available supply of fresh water be poured in, to such an extent as to produce some continual flow. Whenever the Metropolitan Board have completed their works for the diversion of sewage from the Serpentine, measures should be taken for rendering the bed of the lake clean and hard. We have not come to any conclusion as to the extent to which the mud ought to be removed, hardened, or covered; nor as to the relative merits of gravel or concrete as a covering; nor as to the expediency of burning it; nor as to the depth which would best promote the convenience and safety of bathers and skaters, and the purity of the water: but we are of opinion that the present condition of the bed of the Serpentine absolutely requires amendment." The report, including the proceedings of the committee and the evidence, occupies upwards of 300 pages.

THE NEWLY-APPOINTED STAFF-SURGEON TO THE GUERNSEY MILITIA.—*Militia Office, Guernsey, April 13th.* His Excellency the Lieutenant-Governor has been pleased to make the following appointment from this date:—Medical Staff: John Ozanne, Esq., M.D., to be Surgeon. By order, E. J. White, Colonel, Adjutant-General.—In reference to this appointment the *Guernsey Comet* remarks: "We understand that the whole of the medical gentlemen, eleven in number, connected with the Royal Militia of this island have tendered their resignations to his Excellency the Lieutenant-Governor, in consequence of a recent militia staff appointment. What will be the result of this wholesale resignation it would be premature at present for us to say."—The *Guernsey Star* states: "In consequence of the Militia Order of the 13th April, whereby Dr. John Ozanne was appointed surgeon on the medical staff, the whole of the medical officers of the militia have sent in their resignations. We have no information on this subject beyond that which has casually reached us in the course of the week, but we understand that the officers who have tendered their resignations consider themselves aggrieved by Dr. Ozanne, who had not previously belonged to the militia, being placed above them."

THE SUCCESSOR OF HUMBOLDT AT THE ACADEMY OF SCIENCES OF PARIS.—Professor Ehrenberg, of Berlin, has just been appointed Foreign Fellow of the Academy of Sciences of Paris, in the place of the late lamented Humboldt. M. Ehrenberg had 30 votes out of 56, and Liebig 21. The other candidates were Messrs. Airy, of Greenwich; Agassiz, of Boston; De la Rive, of Geneva; Liebig, of Munich; Martius, of Munich; Murchison, of London; Steiner, of Berlin; Struve, of Pultowa; and Wöhler, of Göttingen.

PRIZE OFFERED BY THE MEDICAL SOCIETY OF THE PARIS HOSPITALS.—A Prize of £80 will be awarded by this Society to the author of the best unpublished work on Clinical Medicine or on the Treatment of Disease. The subject is left to the choice of the candidates. The manuscript works are to be sent, before the 31st of December, 1861, to M. H. Roger, 15, Boulevard de la Madeleine, and written in French or Latin.

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A TRIBUTE TO DR. TAYLOR.—The following handsome acknowledgment of the valuable services of Dr. Taylor, the late Inspector-General in charge of Chatham Hospital, now about to take charge of the great Military Sanitarium at the Cape of Good Hope, has been published in Garrison Orders, dated Chatham, April 23rd, 1860:—"Deputy Inspector-General of Hospitals Dr. Hume having arrived at this station to relieve Inspector-General of Hospitals Dr. Taylor, the former officer will accordingly take charge of the department from this date, and all business connected with the medical department of the district will be transacted through him. The Major-General cannot allow the Inspector-General to leave this command without expressing his very great regret at losing him, and his sense of the admirable manner in which he has conducted the onerous duties of the department, and the high state of perfection in which he leaves it."

TRICKS UPON MEDICAL MEN IN PARIS.—A short time ago, the author of well-known medical works was, in this country, tricked out of some copies by a swindler writing from Liverpool, who requested the copies, promising a post-office order by return, which was never sent. At Paris, the swindling proceeds as follows:—A well-known medical author receives a letter purporting to come from a student in medicine anxious to read the valuable books published by the author, but too poor to purchase them. Of course, the good-hearted man at once sends an order upon the publisher, with which the work can be obtained gratuitously. The books are fetched away by the supposed student, and converted into cash at the nearest bookstall.

THE PHARMACOPŒIAS OF SWITZERLAND.—The whole profession of Great Britain will, no doubt, hail the National Pharmacopœia which is in preparation under the direction of the Medical Council. This important work will not, however, see the light for some years to come, the three existing Pharmacopœias remaining until then in vigour. For those who might be inclined to show some impatience in this respect, we shall extract from the *Echo Médical Suisse*, of the 1st inst., the list of the Pharmacopœias of Switzerland:—Out of the twenty-two Cantons, three have distinct Pharmacopœias—Geneva (1780), Tessino (1843), and St. Gall (1844); Berne has retained the Pharmacopœia of Wirtemberg (1798); and fifteen Cantons have acknowledged that of Prussia, without specifying the date of publication; whereas the following Cantons have adopted the same Pharmacopœia with the designation of the editions—viz., Zurich and Vaud, the third; Zug, Friburg, Soleure, Schaffhausen, Grisons, Argovia, Thurgovia, Valais, and Neuchâtel, the sixth. We have, on the other hand, to announce that a Royal decree has just approved of the introduction of the new Belgian Pharmacopœia (1859), which is based on the decimal system.

PRESENTATION TO DR. G. H. B. M'LEOD.—Dr. George M'Leod, who has lectured on Surgery during the past session in Glasgow University, in the place of the late lamented Professor Laurie, was presented by his class, at the close of his valedictory address, on the 20th ult., with an excellent assortment of surgical instruments of the latest and most approved construction, enclosed in handsome and highly-finished cases, the handiwork of Mr. W. B. Hilliard. There was a very numerous audience, the class-room being completely filled by medical men, students, and others.

NEW YORK INEBRIATE ASYLUM.—At a late meeting of the board of trustees of this institution, the treasurer's report showed a balance of only 2939 dollars. The fearful need of such an institution is proclaimed in such trumpet tones by the figures and facts, that not a word may be added. Up to the present date 3132 applications have been made to enter the asylum, many of which are from the patients themselves. These applications have come from every state in the Union, and from the Canadas. Of the number who have applied for admission during the past year, nine have since committed suicide while labouring under *mania a potu*.—*Toronto Echo.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 28TH.—The deaths in London in the week that ended last Saturday were 1268, showing a slight decrease on those of the previous week. There were 20 deaths from small-pox in the week. Measles, however, exhibits an increase, the deaths from it being 37. There were 33 deaths from scarlatina, and 9 from diphtheria. Phthisis, or consumption, was exceedingly fatal; the deaths from this disease were 198.

The births were—914 boys and 885 girls.

Obituary.

JOHN HOBBS, ESQ., F.R.C.S.

BY the death of this respected surgeon on the 17th ult., the science of phrenology has lost one of its most quiet and unostentatious supporters. Possessed of a select and well-chosen collection of casts of living and dead celebrities, he, with a few friends, during a period of more than three years, carefully examined the whole subject, and became convinced of its entire truthfulness to nature. The deaths of two of these surgeons at the early age of forty are noticed in Vols. 15 and 19 of the *Phrenological Journal*. His own, as he had nearly completed his fifty-fifth year, is recorded here. He became the apprentice of Mr. Sawrey, of Bloomsbury-square, completed his studies at St. Bartholomew's Hospital under Abernethy and Lawrence, became a member of the Royal College of Surgeons in 1829, and was eventually selected a fellow under its Charter in 1843. After a year's study in Paris, he settled in practice in Southampton-row, Russell-square, where he continuously resided, with a change of houses on marrying in 1839. Possessed of competence, eminently painstaking, thoughtful and reflective, quaint in speech, and retiring in manners, he practised a profession, which he loved for its own sake, with the entire confidence of the select and trusting circle in which he lived, and with the respect of his professional brethren around him. He leaves a widow and two daughters to deplore his sudden and unexpected death, which took place from syncope and effusion into the right side of the pleura.

JAMES GREGORY VOS, M.D.

THIS gentleman died at Southampton on the 28th ultimo. He had passed through a most arduous and successful career of twenty-seven years as a physician at Calcutta, where he was universally esteemed and beloved by all who knew him. About the middle of February last he was seized with dysentery, and was obliged suddenly to give up his practice about seven weeks ago in order to repair to England, as the only way left open to him to escape from the sad ravages which the disease was making upon his constitution. He arrived at Southampton, in a dreadfully debilitated and emaciated condition, on the 20th of April, and immediately placed himself under the care of Dr. Wiblin, who was in constant attendance upon him until the fatal termination of the disease.

In gentlemanly deportment, kindness of heart, and unflinching professional integrity, Dr. Vos was most exemplary.

On the 22nd ult., at Clarkehill, Stand, near Manchester, the residence of her son-in-law and grand-nephew, R. S. Sowler, Esq., Q.C., in the 80th year of her age, Ann, relict of the late George Sowler, Esq., of St. Leonard's-on-Sea, Sussex, formerly, for fifty-three years, a surgeon practising in Finsbury, London. The deceased lady (whose maiden name was Ann Jenner) was the second cousin of the celebrated Dr. Jenner, the discoverer of vaccination.

On the 28th ult., at Beulah, Torquay, Mary, the wife of C. Paget Blake, M.D., M.R.C.P. Lond., aged 30.

BOOKS, ETC., RECEIVED.

Ure's Dictionary of the Arts, Manufactures, &c.
Dr. Fuller on Rheumatism, Gout, &c.
Mr. Lewes on the Physiology of Common Life. 2 vols.
Mr. Maunder's Operative Surgery.
Mr. Kirwan on the Diseases of Troops at Sea.
Mr. Bridges on Criminals, Crimes, and their Governing Laws.
British Journal of Dental Science.
Mr. Beale on the Senses, the Brain, and the Mind.
Mr. Macnamara on the College of Physicians in Ireland.
Mr. Robbins on Sanitary Science.
Dr. Beale's Archives of Medicine.
Mr. Maclise's Surgical Anatomy.
Kölliker's Manual of Microscopic Anatomy.

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MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 7
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- EPIDEMIOLOGICAL SOCIETY.—8 P.M. "Remarks on the Topography and Prevailing Diseases of the Gold Coast, West Coast of Africa." By Robt. Clarke, Esq., late Physician to the Africans of the Gold Coast.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.

TUESDAY, MAY 8
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: the Ox, Goat, and Antelope Tribes."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Messer, "On the Condition of the Prostate in Old Age."—Dr. Hood, "On the Condition of the Blood in Mania."

WEDNESDAY, MAY 9
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
- LONDON INSTITUTION.—7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia."
- HUNTERIAN SOCIETY.—7½ P.M. Meeting of Council. 8 P.M. Dr. Daldy, "On the Prognosis in Dilated Heart."
- NORTH LONDON MEDICAL SOCIETY.—8 P.M.

THURSDAY, MAY 10
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION.—3 P.M. Professor Ansted, "On Physical Geography and Geology: Africa and Australia."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."

FRIDAY, MAY 11
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Dr. Thomas Mayo, F.R.S., "On the Relations of the Public to the Science and Practice of Medicine."

SATURDAY, MAY 12
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
- SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Food: Salt."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

Mr. William Grey.—1. He cannot assume the title of "surgeon," and if he do so, he will be liable to prosecution under the provisions of the new Medical Act.—2. He must have been at least twenty-one years of age previous to August, 1815, and in actual practice at that time.

Knur.—Yes, he could do so in accordance with the rules of etiquette and custom. The legal question has not yet been decided.

Dr. J. A. Wilson.—The communication shall appear in the next LANCET.

MEDICAL ORGANIZATION IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—The misconception of our medical organization in this part of the kingdom, evidenced by the letter of "A Surgeon" in your journal of April 21st, induces me to trouble you with the following:—

Medical men in Scotland study, pass examinations in, and subsequently practise indifferently, all branches of the healing art, surgery as well as medicine. Virtually there have been, until the passing of the Medical Act, two grades of members of the profession—the higher grade being the University graduates, who do not derive profit from the sale of medicines; the lower consisting of the licentiates of the Edinburgh College of Surgeons and of the Glasgow Faculty. The term "surgeon," as applied to members of the latter class, has no special reference to the practice of operative surgery, which, as a higher branch of the profession, is commonly exercised by the University graduates. The mode of practice very generally adopted by the so-called "surgeons" is that of the prescribing retail. The distinction between the two grades is analogous to that which in the south exists between the physician and the apothecary. Pure surgeons have no separate legal existence in Scotland any more than accoucheurs, dentists, or corn-cutters. The basis of professional distinctions in Scotland is not specialty of practice, but education and repute.

From the foregoing it will be obvious that the separation of so-called medicine and surgery, and the demand of a separate licence for each by the Government in the late Act, rendered necessary some modification of the licensing system previously existing in Scotland. The University degree of M.D., formerly regarded as a general qualification, is, under the Act, accepted as a licence in only one department of the healing art. The licence of the Edinburgh College of Surgeons or of the Glasgow Faculty, formerly also a *general* qualification, is, under the Act, received only as a diploma in so-called pure surgery, although, if the course of study required and the wording of the document mean anything, the licence of each body applies quite as much to pharmacy as to surgery. Scotch common sense has resisted this innovation. To meet the present legal requirements without sacrificing the old system, the Universities will supplement their degree of M.B. with the C.M., which the Medical Act has forced them to revive. By order of the Commissioners, the C.M. will be conferred *only along with the M.B.* This step, so denounced by your correspondent, is not therefore the granting of a new special diploma, which would have been foreign to Scottish usage; it is merely the restoration to the University degree of the legal value which it possessed prior to the passing of the Medical Act.

A similar adaptation of the licence of the Edinburgh College of Surgeons and of the Glasgow Faculty, to meet legal requirements, has been attempted to be effected by co-operation with the College of Physicians. But the class of practitioners known as "surgeons" are really the apothecaries of Scotland; and as the College of Physicians prohibits its licentiates from deriving profit from the practice of pharmacy, the proposed arrangement is generally seen to be unsuited to the requirements of the inferior grade of practitioners; while it will be superfluous in the case of the higher grade, who will as before obtain a full legal qualification from the Universities.

The organization of the profession will virtually continue as before the Act. The higher class of practitioners, obtaining a general qualification from the Universities, will probably enter the College of Physicians as a kind of medical guild or association. The lower grade will either obtain only the licence of the Faculty or of the College of Surgeons; or, if they are able to obtain the University degree, will enter the College of Surgeons or Faculty in the meantime, and will reserve the degree as an introduction to the College of Physicians, should circumstances at any future period permit of their dispensing with the practice of retail pharmacy.

It will thus appear that, so far from our multiplying *special diplomas*, the disposition in Scotland is to resist the introduction of the new system of special diplomas, and to adhere to the old mode of granting one general qualification, the only distinction recognised in the profession being the actual one of grade.

I remain, Sir, yours, &c.,

Glasgow, May, 1860. J. R.

A Constant Reader and M.D.—THE LANCET was in the press before the proceedings terminated. The report appears in the present number of our journal.

One who is not Affected by their Protest.—The complaint is either just or unjust. In either case, the communication sent to us is no answer to it.

EFFECTS OF CIRCUMCISION.

To the Editor of THE LANCET.

SIR,—Being present at the ceremony of circumcision on Sunday last in company with ten Jews, I inquired if they considered that the process alluded to prevented involuntary nocturnal micturition. Four of the number were of opinion that it did not prevent the above, as many Jews, to their own knowledge, suffer from the disagreeable infirmity. "Nay," said one, "I remember being well flogged for so doing."

Yours obediently,

London, May, 1860. G.

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Mr. J. Jackson, (Cardigan.)—The obliteration of the enlarged veins in varicocele relieves the symptoms, such as pain, weakness, and sense of weight in the part. It does not lead to atrophy of the testis, nor is it probable that it causes the testicle on the affected side to increase, either in cases where that part is of its natural size, or where it is already partially atrophied.

A Medical Student.—Only for rent and assessed taxes.

THE TITLE OF "DOCTOR" AND THE L.R.C.P.s OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—At intervals there have appeared communications of various kinds in the medical journals upon the subject of Medical Titles, and especially the use of the title of "doctor" has been remarked upon. As a licentiate of the Royal College of Physicians of Edinburgh, I would ask the favour of the insertion of the following in support of the use of the title of "doctor" by the licentiates of the Edinburgh College:—

1. The licence of that College gives a full right to practise as a physician.

2. It has been *customary* for the physician, whether M.D. or not, to announce himself to the public as "doctor." The objection to his doing so is of *recent* date. Licentiates of the King and Queen's College of Physicians in Ireland use the title of "doctor." It is stated that they (the Examiners of this College) have always had the power of licensing other than graduates, and such licentiates are called "doctors." It seems that all licentiates, whether M.Ds or not, omit to put that designation *after* their names.

3. The public understand by the term "doctor," one who can give superior advice in medical matters, as distinguished from surgery. May not a physician claim this ability equally with a M.D.? If so, there can be no wilful deception in using the recognised title of "doctor."

4. The title of "doctor" is recognised by the public as the customary title of one practising the higher branches of medicine; but the title of "physician" placed upon a brass plate is not usual, nor are the public to be made at once to understand it by Act of Parliament.

5. Suppose the case of a physician, who has been practising upon his licence of L.R.C.P. alone of either of the Colleges, and who has been using the customary title of "doctor," to be told that he must renounce that title, and announce himself as "physician." By doing so, the title which the public understand is taken away, and another, which they will not so readily recognise as a "regular" title, is substituted for it, and in many cases might lead them to suppose that he had not a "regular" qualification, but used the title of "physician" in this unusual manner as a deception, and thus a great injustice would be done to him. And how would the public be advantaged?

The M.D. and the physician have both been for some time *practising* in the same manner, and have both had a rightful claim to superior skill in medicine. Why not let them remain on the same footing, especially now that the course of study is so equal for both? How little these disputes will benefit the public, for whose protection the whole of this medical reform is professedly being carried out.

Yours truly,

May, 1860. L.R.C.P. Edin.

A DISTINCTION WITHOUT A DIFFERENCE.

To the Editor of THE LANCET.

SIR,—With your permission, I will perpetrate a parody on an old epigram for the benefit of your readers:—

'Tis strange such difference should be
'Twixt Doctor Jones and Jones, M.D.

Yours truly,

May, 1860. J. T. B. WOLLASTON.

Paterfamilias, (Chorley.)—1. He can only sign himself M.D.—2. It is not likely, however, that a prosecution will be instituted under such circumstances.

Mr. A. Prichard.—His arrival will be announced.

ON SPECIAL POSITION AND THE OBSTETRIC BINDER AS AIDS IN THE TREATMENT OF IMPEDED PARTURITION.

To the Editor of THE LANCET.

SIR,—I send you the following cases, thinking they may be interesting to some members of the profession:—

CASE 1.—Mrs. H——, in labour with her fourth child, summoned me to attend her on January 1st, 1860, at ten P.M. She had been in labour upwards of twenty-four hours, and the membranes had ruptured before my arrival. The pains were slight, and occurring at intervals of ten to fifteen minutes. On examination, I found the os uteri directed backwards against the promontory of the sacrum, well dilated, and not rigid; the pelvis roomy.—At one A.M., no advancement having been made, ergot was given (two drachms boiled up with four ounces of water), but no effect was produced.—Four A.M.: Everything being in the same state, I thought the application of a binder might alter the axis of the os uteri. A broad bandage was therefore applied over the fundus. Within five minutes a strong pain came on, and the child was expelled after three or four more.

CASE 2.—In a case of twins in 1859, the pains being slight, and the labour very tedious, I used the same means with beneficial results, the pains becoming strong soon after the application of the binder, and terminating the labour in less than an hour.

CASE 3.—July 3rd, 1859. Mrs. E—— has had nine children, and has always been confined whilst standing. I objected to her position, and persuaded her to lie on the bed; but the pains, which had been going on regularly every three minutes, ceased entirely for upwards of half an hour, coming on again when she got on her feet. Three times she resumed the recumbent posture, and each time the pains left her. I therefore waived my scruples, allowed her to be in the position she preferred, and the labour was soon brought to a close.

I believe the binder is especially useful as an excitor of motor power in atony of the uterus, in cases where the abdomen is pendulous, and where the axis of the os uteri does not coincide with that of the pelvic brim.

Although the usual obstetric position is very convenient and suitable in most cases of natural labour, yet at times the standing or sedentary posture proves advantageous. I am of opinion that women by instinct would frequently (if permitted to do so) adopt that position most favourable for the accomplishment of the end nature has in view.

I am, Sir, yours faithfully,

Maldon, Essex, May, 1860. EDWIN P. GUTTERIDGE, M.R.C.S.E.

Centurion.—1. He should, in justice, and according to recent regulations regarding surgeons of the Army, possess both a medical and surgical qualification.—2. It has not yet been decided what the absolute qualification should be; but we apprehend that a gentleman not possessing a surgical qualification would be deemed ineligible for the appointment.

A Tyro.—Churchill's Midwifery.

Indian.—The Directors-General at each of the Indian Presidencies are appointed by selection.

Anti-Register.—The point has not been decided; but it is simply absurd *not* to register.

L. R. T. K.—Nothing definite is known.

THE COLLEGE OF SURGEONS AND MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I think you will agree with me that it seems hard that the Council of the College of Surgeons have for some months past been admitting licentiates of the Hall of long standing to an examination for the diploma, without publicity to the fact being given. I only by chance heard of it, when I wrote off to the Secretary of the College, and received his answer to the effect, "that the examination to which I referred ceased on the 30th ultimo, and would not be resumed." The liberality of the Council towards apothecaries was, no doubt, in consequence of the new Medical Act; but I consider it ought to have been made public, as it would have given all qualified medical practitioners a chance with those who had the good fortune of having been informed in time. Although I am a registered medical practitioner, and a L.S.A. of thirty years' standing, have gone through the curriculum for the College of Surgeons, and possess a surgical certificate of hospital practice and surgical lectures, I cannot now come up for the licentiate's examination.

Yours respectfully,

Mile-end, April, 1860. AN OLD PRACTITIONER.

*** Our correspondent has, no doubt, just ground for complaint. Surely, if he were to state his case to the Council of the Royal College of Surgeons, he would at once be admitted to examination. How could they possibly exclude a gentleman of his position and acquirements after admitting Messrs. Horton and Meredith and a host of others, who possess no qualification whatever?—ED. L.

W. J.—1. The neighbourhood of Paddington.—2. Equal to any of the other schools.—3. A sufficient number to ensure a good education.—4. Equal to other institutions.—5. No.

M.D.—The death was doubtless registered without any medical certificate, which is too frequently the case.

Mr. J. P. N. shall receive a private note.

Studens Medicinæ (Guy's) will receive an answer to his question by inquiring of either of his able surgical teachers.

AN IMPUDENT DEFENCE.

To the Editor of THE LANCET.

SIR,—As I believe that I am the only Evan Llewellyn on the Register, I trust you will permit me to state, in reference to the medical trial at the Rushall Petty Sessions (reported in your last number), that Thomas Frederick Theed's defence is a tissue of falsehoods, and that my knowledge of that person is limited to the fact, that about two years ago I was requested by him to attend a case in this neighbourhood, which had been previously under his care, and his retirement from which evinced a sound discretion, inasmuch as the patient speedily died, and of course a certificate as to the cause of death was required.

Your obedient servant,

EVAN LLEWELLYN, L.R.C.P. Edin.

Mount-place, London Hospital, May, 1860.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. J. A. Wilson; Mr. Gant; Dr. Graily Hewitt; Mr. Ranald Martin; Dr. Quain; Mr. Spence, Manchester; Mr. Harrison, Liverpool; Mr. Jackson, Cardigan; Dr. Ashton; Mr. Aldridge, Southampton; Mr. Hughes; Dr. Brown-Séquard; Mr. Harris; Mr. Gentles, Acerington; Mr. Fernie, Romsey; Dr. Gibb; Dr. Hodington, Sutton Coldfield; Mr. Harry Lobb; Mr. E. Llewellyn; Mr. Howard; Mr. Copestake, Brailsford, (with enclosure;) Mr. Grindrod, Malvern; Mr. Batten; Dr. Huxley, (with enclosure;) Dr. Garrett, Hastings, (with enclosure;) Dr. Hayman, (with enclosure;) Mr. Kempson, St. Bees; Mr. S. A. Parker, Birmingham; Mr. Cartmel, Preston; Mr. Sowler, Clarkshill, (with enclosure;) Mr. Howell, Nawrhaiadr, (with enclosure;) Mr. Skey, Reading, (with enclosure;) Mr. Ridsdale, Torquay, (with enclosure;) Mr. Garlick, Halifax, (with enclosure;) Mr. Wilkes, Salisbury, (with enclosure;) Dr. Fisher, Terrington, (with enclosure;) Mr. Reed, Hemel Hempstead, (with enclosure;) Mr. Gill, Glasgow, (with enclosure;) Dr. Plowman, (with enclosure;) Mr. Furnivall, Hutton, (with enclosure;) Mr. Bryant, Stewkley; Mr. Orton, Dublin, (with enclosure;) Mr. Bulwer, Leeds, (with enclosure;) Mr. Cecil, Liverpool, (with enclosure;) Mr. Sharman, Wellingborough, (with enclosure;) Mr. M'Combie, (with enclosure;) Mr. R. C. Brown, Preston, (with enclosure;) Dr. Skaife; Mr. Blanchard, Selby, (with enclosure;) Mr. Williams, Brentford, (with enclosure;) Mr. Judges, Epping, (with enclosure;) Mr. Woodward, (with enclosure;) Mr. Davies, Leamington, (with enclosure;) Mr. F. de Chaumont, Aldershott, (with enclosure;) Mr. J. Martin, Welshpool, (with enclosure;) Mr. Belgrave; Mr. Kemp, Blackburn, (with enclosure;) Dr. Watson, (with enclosure;) Dr. Perry; Studens Medicinæ; A Subscriber; The London School of Dental Surgery; M. A. B.; Society of Arts; E. M. M.; An Old Subscriber; A Second Year's Student; Studens, University College; A Young Reader; A Medical Student; Paterfamilias; W. J.; Centurion; A Tyro; L. R. T. K.; Anti-Register; M.D.; Knox; &c. &c.

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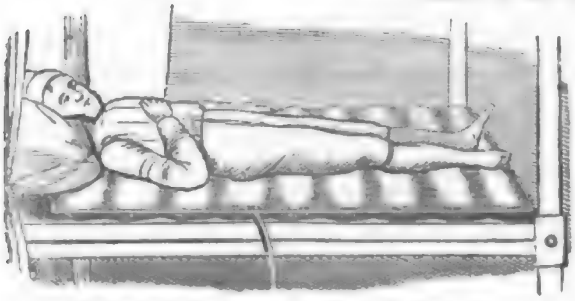
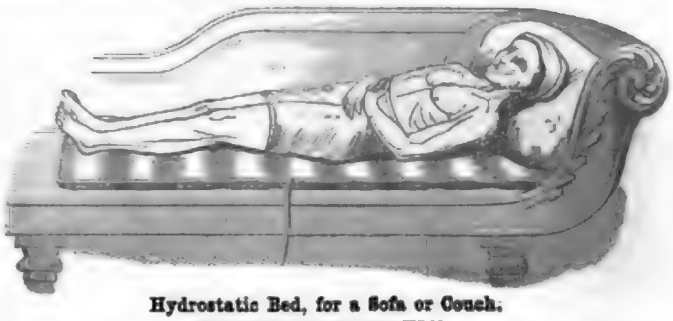
FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



Hydrostatic Bed, or an ordinary Bedstead.



Hydrostatic Bed, for a Sofa or Couch.

FOR BED-SORES, CONSUMPTIVE CASES, DISEASED JOINTS, DROPSY, FEVERS, FRACTURES, GUN-SHOT WOUNDS, LASSITUDE, PARALYSIS, **SPINAL AFFECTIONS**, SLOUGHING SORES, ULCERATED CARTILAGES, AND ALL INVALIDS AND **BED-RIDDEN PATIENTS.**

HOOPER'S PATENT INVALID BED-LIFT.

THE OBJECT of this INVENTION is to enable the patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.

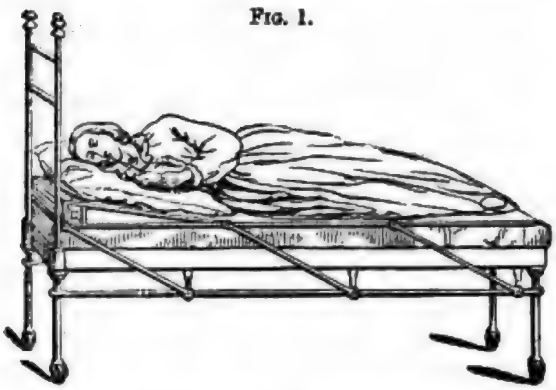


FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

FIG. 2.

Elastic Bed-Pan.

FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.

1
KNEECAP AND ANKLE SOCK.

ABDOMINAL SUPPORTER AND THIGH-PIECE.

1
STOCKING BELOW THE KNEE.

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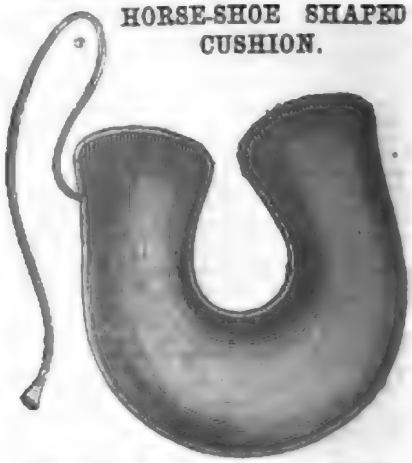

Especially adapted as a Preventive to Sloughing over the Sacrum.

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At a great Reduction in price, soft and inodorous, and not acted on by Urine, Acids or Alkalies, and may be washed as Family Linen.

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Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

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These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

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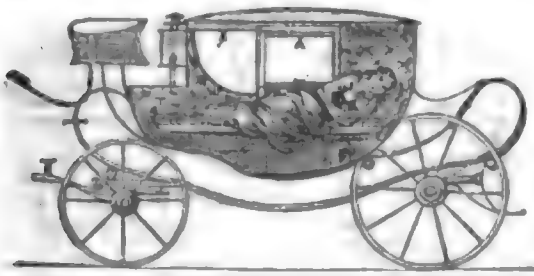

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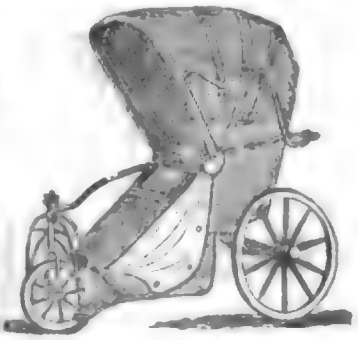

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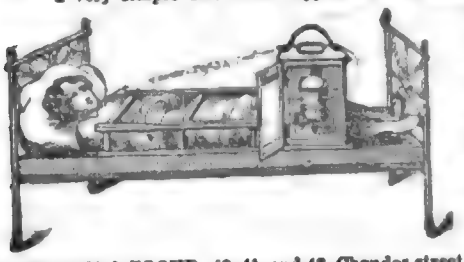

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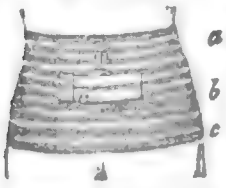

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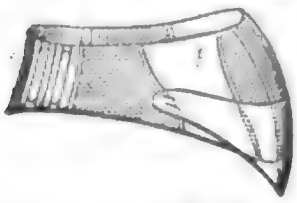

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RODGERS'S NEW SPORTING SHIRTS, extraordinary designs, comprising horses, dogs, foxes, birds, &c., in all colours.
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RODGERS'S DESCRIPTIVE BOOKS, with 80 Illustrations and Patterns of the new Coloured Shirtings, post free for two stamps. All measures should be taken in inches, for which printed forms are supplied.

RODGERS and CO., Improved Shirt Makers, 59, St. Martin's-lane, Charing-cross; and 29, corner of New-street, Covent-garden, W.C.
Established sixty years.

Ford's Select Mantles.—The Royal

BRUNSWICK, a new full-skirted mantle of rich French glacé, beautifully trimmed, having a handsome shoulder-piece of novel construction with ornaments pendant. A most lady like and graceful pattern. Price Four Guineas; in Lyons velvet, Seven Guineas. Duty free. Also choice and elegant patterns with the new straw trimmings and other novel ornaments, announcing a total change of Fashion. Price Two Guineas. Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London.

Ford's Select Mantles are the most

elegant designs. Ladies are invited to inspect a beautiful assortment made in silk, velvet, cloth, &c., at moderate prices, commencing at One Guinea. Rich ribbed silk paletots, from One Guinea. Glacé silk mantles, with sleeves and full skirts, extremely handsome, Two Guineas. Waterproof cloth of all colours, for travelling or ordinary wear, price One Guinea. Young ladies' mantles, 10s. 6d. Last year's patterns at half the cost price. Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London, W.

Ford's Zouave Jackets, beautifully

fitting, and richly braided with black or gold braid.

Superfine Cloth	1 Guinea
" Cashmere	1 "
French Velvet	2 "
Fine Marcella	1 "
Muslin, trimmed	1 "
Glacé Silk	1 "
Black or White Lace	1 "
Morning Jackets, mixed colours	1 "
Alixa Jackets closed to the throat	1 "

Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London, W.

Ford's Zouave Jackets "still reign

triumphant in the fashionable world," those of velvet giving place to materials of lighter texture—taffetas of black, blue, white, rose, and maize colours; cashmeres of China-blue, violet, and the new green. The new "Aleline," a very pretty Zouave, half-fitting in front and tight at the back, terminating in a very stylish and coquettish little basque about two inches deep, with a lacework of braid at the hips, similar to that shown on the sleeve. Price, plain, 15s.; beautifully braided and ornamented, 21s. Illustrations free.—T. FORD, 42, Oxford-street, London, W.

Handsome Brass and Iron Bedsteads.

HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

HEAL AND SON'S ILLUSTRATED CATALOGUE, containing Designs and Prices of 100 Bedsteads, as well as of 150 different articles of Bed-room Furniture, sent free by post.—HEAL & SON, Bedstead, Bedding, and Bedroom Furniture Manufacturers, 196, Tottenham-court-road, W.

Shillibeer's Funeral System combines

under one charge, and no extras, every necessary requirement for any description of funeral, however costly or humble, and relieves executors and bereaved relatives from the expensive necessity of double charges, consequent on employing the upholsterer, carpenter, or nearest undertaker, who, seldom possessing the needful articles to complete a funeral, resorts to the furnishers to hire them, by which means the public have long been taxed with most extortionate and unwarrantable charges, to meet twofold profits. No extra charge within ten miles. A nobleman's or gentleman's funeral, including leaden coffin, from £18; professional gentlemen and tradesmen's, from £8; artizans', £3 and upwards.—City-road, near Finsbury-square; and North-street, Quadrant, Brighton.

Mappins' Electro-Silver Plate.—

MAPPIN BROTHERS, Manufacturers by Special Appointment to the Queen.—Queen's Cutlery Works, Sheffield; 67 & 68, King William-street, London, E.C.

Spoons, Forks, &c., Electro-Silver Plate on Hard Nickel Silver.

	Fiddle.		Threaded.		King's.	
	Medium Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong.	Med. Plating.	Plated extra Strong
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Table Spoons, per doz.	36 0	48 0	54 0	70 0	60 0	78 0
Do. Forks "	36 0	48 0	54 0	70 0	60 0	78 0
Dessert Spoons "	27 0	38 0	40 0	50 0	44 0	54 0
Do. Forks "	27 0	38 0	40 0	50 0	44 0	54 0
Tea Spoons "	16 0	20 0	24 0	32 0	27 0	36 0

Sugar Tongs, Soup Ladles, Gravy Spoons, Sauce Ladles, Egg Spoons, Salt ditto, Mustard ditto — At proportionate prices.

MAPPIN BROTHERS guarantee on all their manufactures in electro-silver plate a strong deposit of real silver, according to price charged.

Estimates furnished for services of plate for hotels, steam-ships, and regimental messes.

A costly book of engravings, with prices attached, gratis and post free.

MAPPIN BROTHERS, 67 & 68, King William-street, City; Manufactory, Queen's Cutlery Works, Sheffield.

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them, May be obtained from their successor,

J. C. PART, 196, Drury-lane, London.

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Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

Medical Examinations.—A First-class M.B. Lond., and a F.R.C.S. by examination, Prepares Gentlemen, either separately or in class, for the University of London, E.I.C., and other Medical Examinations. Also gives Courses of Practical Instruction in the Use of the Microscope, and the Chemical Examination of the Urine. Fee, £10 10s.; or for the Practical Courses only, £1 1s. each.—Address, M.B., care of Mr. Windus, 255, Strand.

National Hospital for the Paralysed and EPILEPTIC, 24, Queen-square, Bloomsbury, W.C.—Dr. BROWN SEQUARD will deliver CLINICAL LECTURES on PARALYSIS and EPILEPSY at this Hospital every Monday at half-past Three P.M., commencing on Monday, 14th May. Medical Men and Medical Students alone will be admitted on production of their card or College ticket.

GEORGE REID, Secretary.

Operations.—Army, Navy, and India EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

St. Thomas's Hospital.—A Course of LECTURES on the OPERATIONS OF SURGERY will be delivered by Mr. F. LE GROS CLARK during the Summer Session.

These Lectures will be commenced on Tuesday, May 15th, and continued on every succeeding Tuesday and Friday until their completion.

This course is free to the Surgical Pupils of the Hospital.

Students or other gentlemen who wish to perform the operations for themselves can do so, as opportunities are afforded, under the superintendence of Mr. Clark and Mr. Sydney Jones.

For terms and particulars apply to Mr. R. G. Whitfield, Resident Medical Secretary.

Royal London Ophthalmic Hospital, Blomfield-street, Moorfields.—In compliance with the recent Regulations of the Army Medical Department, a Three-Months COURSE of LECTURES on OPHTHALMIC DISEASES and their TREATMENT will be given, as a Summer Course, by Mr. DIXON and Mr. POLAND. The Lectures will commence on Thursday, May 10th, at half-past 10 o'clock, and will be continued every Thursday and Saturday at that hour. Fee for one year's Hospital Attendance, including Lectures, 5 Guineas. Students already entered will be admitted without any additional fee. Medical Men in the Public Service will be admitted on presenting their cards.

British Lying-in Hospital, Endell-street, Long-acre.—PRACTICE of MIDWIFERY.—Gentlemen are admitted as RESIDENT PUPILS of the Hospital, for a period of Two, Four, or Six Months, on application to the Weekly Board. Further information to be obtained from the Secretary at the Hospital.

Midwifery.—Dr. J. G. Wilson, F.F.P.&S.G. (Physician to the Glasgow Lying-in Hospital, &c.), intends delivering, during the ensuing Summer Session, a short Course of LECTURES on the History, Use, and Application of the various INSTRUMENTS employed in OBSTETRIC Practice.

Further particulars to be learned on application at Dr. Wilson's residence, Hope-street.

Glasgow, April, 1860.

Lectures on Venereal Diseases. Dr. R. PERRY, F.F.P.&S.G., (Surgeon to the Glasgow Lock Hospital, &c.,) intends delivering, during the ensuing Summer Session, a COURSE of LECTURES on the above subjects.—Further particulars to be learned on application at Dr. Perry's residence, 8, Melrose-street.

Glasgow, April, 1860.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from the unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, &c.; also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer, gratis.

J. G. GOULD, CHEMIST, 198, OXFORD STREET, LONDON.

James's Fever Powder, 4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render it further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

Comparative Anatomy and Zoology. Gentlemen proposing to attend Dr. COBBOLD'S Summer Course at the Medical College, Middlesex Hospital, are requested to leave their names with the Dean as early as possible. The course qualifies for the Army, Navy, and India Examinations. Fee £2 2s.

The Birmingham & Midland Counties DISPENSARY for DISEASES of the TEETH, 13, Temple-street.

President—Sir John Ratcliff.
Treasurer—Henry Marshall, Esq., 131, New-street.
Secretary—R. Blakemore, Esq., Charlotte-street.
Consulting Dentist—T. R. English, Esq., 13, Colmore-row.
Dentist—Mr. Samuel A. Parker, 18½, Colmore-row.
Bankers—Messrs. Attwood, Spooner, Marshall, and Co.

This Institution is founded with the intention of affording gratuitous advice and assistance to the poor in all cases of diseases of the teeth; such advice and assistance to include the operations of extracting, stopping, and scaling, and the regulation of children's teeth.

Open for patients every Tuesday, Thursday, and Saturday mornings, from 9 till 10 o'clock.

The fees for the attendance of Medical and Dental Pupils may be learnt upon application to the Secretary.

King and Queen's College of PHYSICIANS IN IRELAND.

REGULATIONS

FOR THE EDUCATION AND EXAMINATION OF CANDIDATES FOR THE LICENTIATESHIP IN MEDICINE.

Candidates for the Licentiateship will be required to produce evidence of having been engaged in the study of Medicine for four years, and of having attended the following Courses:—

Anatomy and Physiology	12 Months.
Or, { Anatomy and Physiology, ...	6 Months.
Or, { and Institutes of Medicine	6 Months.
Practical Anatomy and Demonstrations	12 Months.
Chemistry	6 Months.
Operating Chemistry, in a recognised Laboratory	3 Months.
Materia Medica	6 Months.
Botany	3 Months.
Medical Jurisprudence	3 Months.
Practice of Medicine	6 Months.
Practice of Surgery	6 Months.
Midwifery, and Diseases of Women and Children, one Course of	6 Months.
Or two Courses of 3 Months each.	
Practical Midwifery, in a recognised Hospital ...	6 Months.

In addition to the above Courses, Candidates will be required to have attended a recognised Medico-Chirurgical Hospital, with Clinical Instruction, for twenty-seven months, or each Hospital, with Clinical Instruction, for eighteen months, with nine months' attendance on a recognised Medical Hospital, with Clinical Instruction; the attendance in each case being for not more than nine months in any year.

Students are recommended to divide their course of study into two periods of two years each; the first to comprise Anatomy and Physiology, or Institutes of Medicine, Surgery, Chemistry, Botany, and Hospital Attendance; the second to comprise Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery, and Hospital Attendance.

The Examination will be divided into two parts:—

First.—Anatomy and Physiology, Botany, and Chemistry.

Second.—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Students may present themselves for Examination in the subjects of the first part at the termination of the first period; or for Examination in all the subjects of their education, on the completion of their Medical Studies.

Before being admitted to the final Professional Examination, Candidates will be examined in the following subjects of preliminary education:—

ENGLISH—English Composition.

GREEK—Either Homer's Iliad, first Book; or Xenophon's Anabasis, first Book; or Walker's Lucian, first twelve Dialogues; at the option of the Student.

LATIN—Either Virgil's Æneid, first and second Books; or Sallust; or first two Books of Cæsar, "De Bello Gallico;" at the option of the Student.

MATHEMATICS—Euclid, first Book; Arithmetic, to the end of Decimal Fractions.

Students in Arts of one year's standing, of any University in the United Kingdom requiring Examinations in the first year, will be exempted from the preliminary Examination.

The above regulations respecting Preliminary Examination will not come into force until 1st January, 1861.

Licentiates in Surgery, whose education has comprised the Courses required by the College, will be examined in the following subjects—namely, Botany, Chemistry, Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Graduates in Medicine of a University in the United Kingdom; Fellows, Members, or Licentiates of either of the Royal Colleges of Physicians of London or Edinburgh, who have been admitted upon Examination; or Licentiates in Surgery of one of the Royal Colleges of Surgeons, or of a University in the United Kingdom, of five years' standing, and who were engaged in practice before the 1st June, 1859, will be required to undergo the second part of the Examination only.

Fee for the Licentiateship, £15 15s., which may be divided into two payments, as follows, viz.:—

First—For Examination at the termination of the first period of Curriculum, £5 5s.

Second—For final Examination for Licentiateship, £10 10s.

In the event of a Candidate not passing for Licentiateship, he shall forfeit two guineas, which sum shall be allowed to him in the event of his subsequent admission.

Fee for the Midwifery Diploma, £2 2s.

April, 1860. WM. EDWARD STEELE, M.D., Registrar.

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Royal Medical Benevolent College,

EPSOM.—Incorporated by Act of Parliament.—Notice is hereby given, that a GENERAL MEETING of the Governors of the College will be held at the Freemasons' Tavern, Great Queen-street, on Monday, the 21st of May, at 1 o'clock A.M., for the purpose of Electing ONE PENSIONER and FOUR FOUNDATION SCHOLARS. The Ballot will commence at 11 o'clock and close at 3 o'clock precisely.

Any Governor who may not have received the Balloting Paper to which he is entitled is requested to inform the Secretary, who will immediately rectify the omission.

By order of the Council,
ROBERT FREEMAN, Secretary.
HERBERT WILLIAMS, Assist.-Sec.

Office, 37, Soho-square, London, W., April, 1860.

To the Governors of the Royal Medical

BENEVOLENT COLLEGE, Epsom.—Your Votes and Interest are earnestly solicited at the ensuing Election in May in behalf of WILLIAM SHAW BROOKE GEORGE, son of Edward George, M.D. (formerly of Sandgate, Kent), who has for some years past been suffering, and is so still, without hopes of recovering, from total Paralysis of the limbs—wholly disabled from following his profession. Further particulars will be gladly given by Mr. Allen Cooper, 63, Oxford-terrace, Hyde-park, to whom proxy-papers may be sent.

Royal Medical Benevolent College,

EPSOM.—MAY ELECTION, 1860.—FOUNDATION SCHOLARSHIP. Second Application of THEOPHILUS GLASCOTT VAWDREY. His father practised for twenty years at St. Austell, Cornwall, as a Surgeon, and died in July, 1858, after an illness of a few days. His mother was left with only a life annuity of £50, and with six helpless children. This case has within the year become the more distressing by the bankruptcy of the late Mr. Vawdrey's partner, whereby a provision of £500, to be paid in three yearly instalments to the widow, has been lost. The Votes of Subscribers are earnestly solicited in behalf of this Boy; and should he be unsuccessful this year, his friends beg that he may be supported at the Election in 1861.—Proxies will be thankfully received by Mrs. E. Carlyon, St. Austell.

Whereas the Commissioners in

LUNACY had intimated their intention of directing a Prosecution against me the undersigned WILLIAM BYAS, of Leyton Park, Leyton, in the county of Middlesex, Keeper of a Boarding Establishment, for having without a license received persons of unsound mind into my house, contrary to the provisions of the 8th and 9th Victoria, cap. 100, being an Act for the Regulation of the Care and Treatment of Lunatics; but in consideration of my having expressed my deep regret for my said offence, and solemnly promised not again to offend in the like kind, the said Commissioners have consented to forego the prosecution on my making a public apology and promise: I do accordingly hereby acknowledge that, although I have never treated any of my boarders as lunatics in respect of the restriction of their personal liberty, I have violated the law by receiving persons of unsound mind into my house, and I do express my deep concern and regret for having so done, and do thus publicly apologize for the same, and I do solemnly promise not again to offend in like manner.

Dated this 1st day of May, 1860. W. BYAS.

To Physicians, Surgeons, and Medical

STUDENTS.—A Gentleman of long practical experience in teaching the Latin and Greek Languages is anxious to meet with one or two Pupils, with whom he could read at their own homes, and to whom he would impart the requisite knowledge of the said Languages in the shortest possible time. Terms moderate.—Address, Sigma, 183, Kingsland-road.

Royal Orthopædic Hospital,

318, Oxford-street.—Mr. TAMPLIN will deliver the Annual COURSE of LECTURES, on the NATURE and TREATMENT of DEFORMITIES, at the above Hospital, commencing Monday, May 7th, 1860, at 3 o'clock, and continuing each succeeding Wednesday, Friday, and Monday, at the same hour, until completed. The Course will embrace—

Contractions and Deformities, Congenital and Non-Congenital, of the Foot.
Ditto, ditto, of the Knee.
Ditto, ditto, of the Hip.
Ditto, ditto, of the Bones.
Scrofulous and other Diseases of the Joints.
Lateral and other Distortions of the Spine.
Disease of the Spine.
Wry-neck and Deformities of the Upper Extremities.
Contractions of the Toes and Fingers.
Contractions from Burns, &c.

Legally-qualified Practitioners are invited to attend.

Admission tickets may be obtained from Mr. Tamplin and from the Secretary at the Hospital.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for

Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. RATHBURN, Hon. Sec.

Medical Society of London.—

LETTSOMIAN LECTURES on the OPHTHALMOSCOPE and its APPLICATION, with Practical Illustrations. By H. HAYNES WALTON, F.R.C.S., Surgeon to St. Mary's and the Central London Ophthalmic Hospitals. On Mondays, the 14th and 21st of May, at half-past Eight o'clock P.M. precisely.

H. HYDE SALTER, M.D., } Hon. Secs.
THOMAS BRYANT, }

32 A, George-street, Hanover-square, W.

Mental Disorders.—Wye House,

BUXTON, DERBYSHIRE.—Private Establishment for the Cure and Treatment of a select and limited number of persons mentally affected.

Resident Proprietor—T. DICKSON, L.R.S.C.E.,
Late Medical Superintendent of the Manchester Lunatic Hospital.

Wye House is delightfully situated in its own grounds of Twelve Acres, at Buxton, and forms part of the magnificent scenery of Wye Dale.

The well-known salubrity of Buxton, and the hygienic effects of its Waters and Baths, render it a desirable locality for Invalids nervously or mentally affected.

Ample means are provided for the occupation and amusement of the Patients, including Carriage and Garden Exercise.

Resident Governess.—Required, by

a Lady, a RE-ENGAGEMENT, near Town, in the above capacity, where the children are under twelve. Qualifications—English, French (acquired on the Continent), Music, Drawing, and the rudiments of German. A member of the Church of England. Charge of wardrobes not undertaken. Salary £30 to £40.—Address, S. E., 27, Essex-street, Strand, W.C.

To Medical Men.—Wanted, a Medical

OFFICER for a Lodge of the Manchester Unity Friendly Society, whose members reside in the parishes of Wandsworth and Battersea.—Apply, either personally or by letter, to George Wells, Antelope Inn, Wandsworth, S.W.

Medical.—The General Hospital,

BIRMINGHAM.—There is a Vacancy for a RESIDENT PUPIL. The large number of Patients (24,000 annually, of whom upwards of one-half are Accidents and urgent Medical Cases) admitted, consequent upon its situation in the centre of a densely-populated Manufacturing district, affords the most complete opportunity for the study of Medicine and Surgery in all their branches. The Hospital contains 240 Beds for In-patients, together with a separate Out-patient Department; and attendance upon it, as also upon the Medical Schools in the town, is recognized by all the Examining Boards.

The terms may be known by application to the Secretary, at the Hospital.

May 1st, 1860. WILLIAM R. HUGHES, Secretary.

Royal General Dispensary.—An

Extraordinary General Meeting of the Governors will be held at the Dispensary House, No. 25, Bartholomew-close, on Wednesday, the 23rd of May next, at 10 o'clock A.M., for the purpose of Electing a PHYSICIAN in the room of Dr. Lewis, resigned.

Gentlemen desirous of offering themselves as candidates are requested to attend the Medical Sub-Committee of the Institution, with their testimonials of qualification, on Wednesday, the 16th of May next, at 1 o'clock precisely.

JOHN SEWELL, Hon. Sec.
April 20th, 1860. J. FAULKNER, jun., Assist.-Sec.

Clun Union.—Medical Officer

Wanted.—The Board of Guardians of the Clun Union will, at a Special Meeting to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 18th day of May next, proceed to the Election of a Medical Officer and Public Vaccinator for the undermentioned districts of this Union;—

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Shelve, Snead, and Wentnor; at the annual salary of £35.

The Bishop's Castle No. 2 District, comprising the out-liberties of Bishop's Castle and the parish of Myndtown, at the annual salary of £12 10s.

The Medical Officer of each district, in addition to the above salary, will be entitled to extra fees for Midwifery and Surgical Cases, and such other fees as are allowed by the General Orders of the Poor-law Board (cod-liver oil to be supplied at the cost of the Union).

Applications, accompanied by testimonials and such evidence of qualification as is required by the order of the Poor-law Commissioners, dated 5th of April, 1860, must be sent to the Board of Guardians at the Workhouse, in Bishop's Castle, before Eleven o'clock in the forenoon of the 18th of May next, at which time and place candidates are requested to attend.

By order of the Board,
Bishop's Castle, April 7th, 1860. FREDERICK PARDOE, Clerk.

Alnwick Infirmary.—House-Surgeon.

An unmarried HOUSE SURGEON is required for this Infirmary, whose character, abilities, and qualifications must have the approval of the Medical Committee, and who will be restricted from Private Practice. He will be required to reside in the Infirmary, and in addition to other duties to make up the Prescriptions. He will be allowed to take an Apprentice upon such terms as shall be approved of by the Committee of Management. The House-Surgeon will hold the appointment subject to three months' notice on either side, which shall terminate the engagement.

Salary, £105 per annum, with furnished apartments, coals, candles, and attendance. Out of the above sum, he will be required to pay annually £5 towards the wages of a servant.

Certificates and testimonials to be transmitted by candidates to the Secretary not later than the 14th day of May next, to be examined by the Committee of Management and the Medical Committee, who will meet at the Infirmary on Tuesday, the 15th day of May next, at noon, for that purpose.

And notice is hereby given, that a General Meeting of the Governors of the said Institution will be held at the Infirmary on Tuesday, the 22nd day of May next, at noon, for the purpose of appointing a House-Surgeon, at which no Governor will be qualified to Vote unless his or her Subscription for the current year be previously paid.

By order,
Alnwick, April 17th, 1860. J. A. WILSON, Hon. Secretary.

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Poor-Law Medical Reform Associa-TION, (Students' Branch.) — A GENERAL MEETING of Students will be held in St. Martin's Hall on Tuesday, May 8th, at half-past Seven P.M. F. PIGOTT, Esq., M.P., in the Chair.

WM. TILBURY FOX, C. F. SUTTON, } Hon. Secs.

Partnership. — A Gentleman, fully qualified, wishes for a PARTNERSHIP, or SUCCESSION to a PRACTICE, near or within an easy distance of London.—Address, Z., the Dispensary, High-street, Rochester, Kent.

Partnership.—Wanted, by a duly-qualified gentleman, to Purchase a SHARE in a GENERAL PRACTICE, with a view to ultimate Succession. The advertiser's Share must not be less than £300 per annum.—Address, J. G., THE LANCET Office, 423, Strand, W.C

Partner Wanted, in an old-esta-blished Surgery, in a sea-port town, by a gentleman who wishes to retire from the profession, in the course of two or three years, in consequence of ill-health. The Practice is worth £300 to £400 per annum. A premium of at least £300 would be required, when liberal terms would be entered into.—Address, D. W., THE LANCET Office, 423, Strand, London, W.C.

Partnership.—A married Gentleman, between thirty and forty, highly qualified, and well acquainted with the routine of General Practice, is desirous of Joining a Gentleman possessing a first-class Practice. The share at first to be not less than £400 per annum. The highest references afforded. No agent need apply.—Address, stating terms, &c., to L. M., THE LANCET Office, 423, Strand, W.C.

Medical.—A Gentleman, fully quali-fied, would be glad to obtain a PARTNERSHIP in a Genteel PRACTICE, where he would undertake the greater part of the work in consideration of a small premium only being required.—Address, T. Y., Surgery, St. Thomas's Hospital, Borough.

For immediate Disposal, a Practice, in the S.E. Postal District. Returns about £300 per annum. There is an appointment of £110 per annum, which can be secured. Terms of Transfer easy. A personal interview requested.—Direct, A. Z., Mr. Clift's, Post-office, Lewisham-bridge, S.E.

A fully-qualified Gentleman, aged 26, who has been actively engaged in all branches of his profession, wishes to meet with a PRACTICE or PARTNERSHIP in a good town in the north of England.—Address, Alpha, Post-office, Liverpool.

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Lecture II. ..... p. 461

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Guy's Hospital: Embolon in the Left Carotid and Cerebral Arteries, and also in those of the Spleen and Kidneys; Fatal Result 466
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Medical Society of London: Eczematoid Eruption following the Use of Chloroform.—Injections of Trisnitrate of Bismuth in Gonorrhœa.—On the Pathology and Treatment of Painful Ulcer of the Rectum 467
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Harveian Society: On Yellow Fever 470
Western Medical and Surgical Society: What to Observe in Diphtheria 470

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The College of Surgeons and Uneducated Candidates 472

LEADING ARTICLES.

The Poor-Law Medical Relief Bill 473
Intemperance in India 473
Presentation to Prof. Tufnell 475
Mr. J. Ranald Martin, C.B. 475
Representation of the University of London 475
The Students' Aggregate Meeting 475
The Lectures of Dr. Brown-Séquard 475

University of London: Nomination by Convocation for Senate 475
Poor-law Medical Reform: Meeting at St. Martin's Hall 475

CORRESPONDENCE.

The Reform of the College of Physicians: Letter from Dr. J. A. Wilson 476
The Royal College of Surgeons, Ireland, and the Dublin University: Letter from Mr. Rawdon Macnamara 477
Poor-law Medical Reform Association: Note from Mr. Griffin . 478
Iodide of Potassium in Large Doses 479
Iridescent Halo seen in Glaucoma, &c. 479
Naval Surgeons on Half-pay 480
Pepsine in Pregnancy 480

Parisian Medical Intelligence 480
House of Commons 481

MEDICAL NEWS.

A Fourth Faculty of Medicine at Lyons 482
The Medical Warrant for the Indian Army 480
South Kensington Museum 481
Pass-lists of the Royal College of Surgeons; Apothecaries' Hall; Colleges of Physicians and Surgeons, Edinburgh; College of Surgeons, Edinburgh; and King and Queen's College of Physicians, Ireland.—St. Thomas's Hospital.—The University of London: the Conferring of Degrees.—Early Decay of the Teeth.—Belfast Medical Society.—Death from Diphtheria caught at the Children's Hospital of Paris.—A New Military Hospital in Paris.—Thames Police Court: Charge of Libel.—Mortality amongst the Troops at Hong-Kong.—The Cure of Deafness.—Health of the Metropolis 481
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Medical Diary of the Week 483
Notices to Correspondents 484

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Glycerine Soap, natural colour, un-scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.
SOAP WORKS, CLERKENWELL, LONDON, E.C.

To Students and others.—You will do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

TO SURGEONS, DENTISTS, ETC.

The best House in London for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.
A large Stock of New Instruments always on Sale, all warranted.
Instruments Bought, Sold, or Exchanged.
N.B.—The largest Stock of Second-hand Dissecting Cases in London.

Smith, Beck, & Beck, late SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of
The Council Medal of the Great Exhibition of 1851, and
The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

Microscopes.—J. Amadio's Botanical MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalcule in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

Restoration of the HARMONY of the FACE for PERSONS who have LOST an EYE.—M. BOISSONNEAU, Oculist of the French Army and the Hospitals of Paris, will undertake his accustomed journey to the British Isles in the month of May next, for the application of his Artificial Eyes, endowed with natural and expressive Movements.—His itinerary and dates of stay are as follow: LONDON, Panton Hotel, Panton-street, Haymarket, on the 15th and 16th; MANCHESTER, Brunswick Hotel, on the 18th and 19th; DUBLIN, Royal Hotel, on the 22nd and 23rd; GLASGOW, Lamb's Hotel, on the 26th and 29th.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset, June 20th, 1853.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
430, Oxford-street."

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Diphtheria, Clerical Sore-throat, Loss

of Voice, and other Diseases of the Mucous Passages of the Throat successfully treated with Solution of Caustic by TOMPSON'S PATENT HYDRO-PNEUMATIC INHALER (which is easy of self use), without pain or inconvenience. Vide THE LANCET, 28th Jan. 1860, and specimen of action at the Agents, MILLIKIN and LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

Child's Patent Galvanic Electro Hair

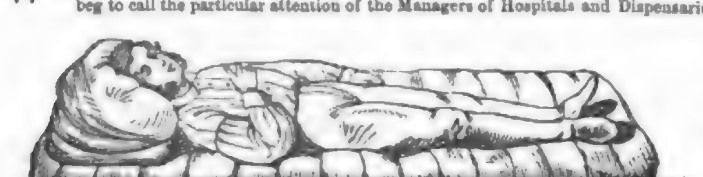
and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WATER BEDS.—EDMISTON & SON (Removed to 5, CHARING-CROSS)

beg to call the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the price and quality of their Hot or Cold Water Beds.



WATER BEDS, according to size, £3 13s. 6d., £5 5s., and £6 16s. 6d.

Water Cushions, all sizes, from 7s. 6d. to 30s. Cotton Elastic Stockings, 4s. 3d.; Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c. Day and Night Urinals, from 3s. 6d. to 12s. 6d. Injection Bottles, Bed Sheets, Accouchement Belts, &c.

India-rubber Chamber Utensils, for Lunatic Asylums, 7s. 6d. each, or 75s. per doz.

India-rubber Mats & Soundless Elastic Floor-Cloth.

Water Beds can be had on hire. Terms, 7s. 6d. per week.

LONDON: EDMISTON & SON, THE POCKET SIPHONIA DEPOT, 5, CHARING-CROSS (late 69, STRAND), W.C.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

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SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 3, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

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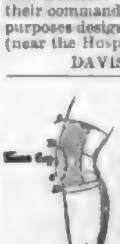

beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE vulcanized on the newest principle.

Directions for measurement sent by post.

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A female to attend on Ladies.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and hand with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality.—Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.—Priced and Illustrated Catalogues on application to

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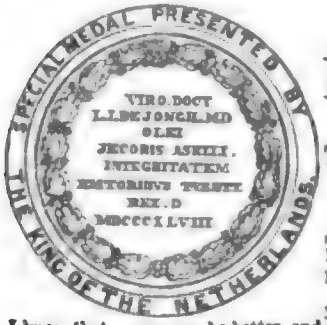

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Fluid Confection of Senna. The

price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

Syrup of Iodide of Iron with Sarsaparilla, invaluable in Strumous Affections; 2 fluid drachms contain 5 grains of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

Tannate of Glycerine, a powerful Astringent, miscible with water in any proportion.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

Carbonate of Bismuth, preferable to the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

IMPORTANT REDUCTION.

Pure Cod-liver Oil with Quinine,—

PLAIN or AROMATIZED as desired; *ditto* with IODIDE IRON, &c. &c. 8 oz. 2*s.*; 16 oz. 3*s.* 6*d.*; 20 oz. 4*s.*; 40 oz. 7*s.* 6*d.*; 80 oz. 14*s.* each.

N.B.—20 per cent. discount to the Profession by taking not less than 1 doz. of either of the three smaller sizes and ½ doz. of the others.

Finest *new* Newfoundland Oil, 12s. gn. Quinæ Disulp. by 6oz., 6s. 6d. oz. Potas. Iodid., 13s. lb. Liq. Sarzæ Concd., 5s. 6d. and 10s. 6d. Liq. Taraz., 5s. lb.—Monthly price-currents on application.

BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.; and 154 A, Fenchurch-street, E.C., London.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEÆ EQUINÆ. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

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INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the Inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

Macord's Isinglass Plasters.

Prepared solely by WHINFIELD HORA & Co., Wholesale Druggists, 58, Minories.—TESTIMONIAL: March 8th, 1844.—I have directed the application of Mr. MACORD's prepared Isinglass Plaster in cases of Ulcer and recent Wound, and I think very favourably of the invention. It is a cleanly and effective dressing, and easily applied.—BENJAMIN TRAVERS, Jun., F.R.C.S.

The Profession supplied with DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of the purest quality, at the lowest remunerative prices.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Alcohol as a Medicine.—Members of

the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 3s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

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The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMSTED, of the University College Hospital, writes thus:—

"October 28th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

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Bastick's more Certain Forms of REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

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FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

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Compressed Air Bath. — A COMPRESSED AIR BATH, on a large and complete scale, has been erected at MALVERN, with a view to co-operation with members of the Profession, to whom it is open for personal inspection and experiment. Inquiries to be made of the Medical Superintendent, Townshend House.

The General Apothecaries' Company (Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continues to supply the Profession with the purest Drugs and Chemicals.

The following new and valuable Remedies have recently been introduced by the Company:—Pyrophosphate of Iron, Monsell's Persulphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carb. Lithia, Santonate of Soda, &c. &c.

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Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Health, Pure Air, and Fresh Water. CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aëriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

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LIQUOR POTASS. PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
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Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

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Jockey Club Bouquet,	Forget-me-not Bouquet,

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Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Metropolitan Board of Works. —

CHLORIDE of LIME.—To CHEMISTS, MANUFACTURERS of DEODORIZING AGENTS, and other Persons.—The Metropolitan Board of Works hereby give notice, that they will meet in the Council Chamber, Guildhall, in the city of London, on Friday, the 18th day of May now next, at 12 o'clock at noon precisely, and will then be prepared to open TENDERS for the SUPPLY of

CHLORIDE OF LIME,

for deodorizing purposes, during the summer months of the present year, on the following amongst other conditions:—

That within one month after receiving a notice to that effect, the contractor shall deliver at such localities as shall be indicated, within the metropolitan area, 14 tons 6 cwt. or thereabouts per diem of Chloride of Lime; and within a further period of three weeks after receiving a similar notice he shall deliver such increased quantity as may be required, not being more than double the quantity above-named.

That he will regularly continue such supply during the summer months until he shall have received fourteen days' notice to diminish or discontinue it.

That the tender shall state the price per ton, delivered at the several stations specified, and shall include the cost of casks and packages, which shall be the property of the contractor, and shall be collected by him, when empty, at his own expense. That the Chloride supplied shall contain not less than 35 per cent. of available Chlorine.

That each quantity delivered shall be tested as to its compliance with the foregoing conditions, and any Chloride which does not come up to that standard shall be rejected and removed at the cost of the contractor.

The specification may be inspected, and form of tender and further particulars may be obtained, at the offices of the Board, No. 1, Greek-street, Soho, on and after Wednesday, the 9th day of May instant, between the hours of 9 A.M. and 4 P.M., until Thursday, the 17th day of May now next.

Tenders addressed to the Metropolitan Board of Works must be delivered at their offices before 4 o'clock on the last-mentioned day, and no tender will be received after that hour.

The Board do not bind themselves to accept the lowest or any tender, and the party whose tender shall be accepted will be required to provide two approved sureties for the due performance of the contract.

JOHN POLLARD, Clerk to the Board.

No. 1, Greek-street, Soho, May 7th, 1860.

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ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

FOR 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

BY CHARLES BLAND RADCLIFFE, M.D.,

FELLOW OF THE COLLEGE,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC.

LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—In the lecture which I had the honour of delivering before you on Wednesday, I endeavoured to show, as far as was possible in the time, that it is necessary to adopt a new theory of muscular motion. I endeavoured to show that a fundamental change in this matter is absolutely demanded by many of the facts which have come to light during the past ten or twelve years, and chiefly by the messages which may be said to have been telegraphed along the three miles of wire which enter into the coil of a galvanometer, such as that which was then upon the table. For what are these messages? One is, that there are *electrical currents in living muscle and nerve.* Another is, that rigor mortis does not occur until the *final extinction of these currents.* A third is, that *these currents are weakened in ordinary muscular contraction.* A fourth is, that *contraction is produced when the nerve-current is weakened by the action of a galvanic current upon nerve.* A fifth is, that *contraction is not produced when the nerve-current is strengthened by the action of a galvanic current upon nerve.* In a word, the needle of the galvanometer appears to show that muscle elongates under the action of the muscular and nerve-currents, and that muscle contracts when this action is weakened or extinguished.

I pointed out also, as in keeping with these facts, that muscular contraction is connected with the *discharge* of ordinary electricity, and not with the charging or charge.

I endeavoured to show, further, that there are no sound reasons for supposing that blood and nervous influence produce contraction by acting as stimuli to a vital property of contractility, and that there are many grounds for believing that these agents act upon muscle in the same way as electricity, antagonizing contraction, not causing it—antagonizing contraction, possibly, by means of electricity,—nervous influence by the nerve-current,—blood, by keeping up the muscular and nerve-currents, for it is easy to suppose that these currents may be kept up by the respiratory or *chemical* changes which are produced by blood in muscle and nerve.

As to the rest, I endeavoured to show that there was no need of a vital property of contractility, and of the doctrine of stimulation founded thereon, to explain certain other facts which must be accounted for by any true theory of muscular motion. I endeavoured to show, for instance, that the fact of muscle undergoing no change of bulk in contracting, the gain in breadth being precisely equal to the loss in length, has its exact parallel in the change which a bar of iron undergoes in passing out of the magnetic state;—that contraction under "mechanical irritation" may be nothing more than the natural effect of the discharge of secondary currents, which currents are induced by mechanically interrupting the nerve and muscular currents;—that muscular waste is proportionate to muscular action, not because contraction is the sign of functional activity, but because a given amount of waste is necessarily incurred in that renewal of the muscular current which is necessary to relax the muscle after each contraction;—that the will may *act* in voluntary contraction by suspending the muscular and nerve-currents; that rigor mortis, which is utterly unintelligible on the accepted theory of muscular motion, may be the natural result of the action of the common molecular attraction of the muscular tissue upon the final dying out of the muscular and nerve-currents.

To bring forward all the arguments belonging to so comprehensive a subject within the space of one lecture was manifestly impossible, even with the additional moments which you, Sir, so graciously placed at my disposal; and thus I was obliged to leave much unsaid. I said nothing, for instance, about the rhythmical movement of the heart and other muscles, though I might have found in the theory a key to their physical interpretation, and in them no small confirmation of the theory. I said nothing about the parturient contractions of the uterus, though in the theory I might have hoped to have found a way of explaining how it is that these contractions begin at a certain time, and continue until the completion of birth. But though obliged to leave much unsaid, I hope I was able to say enough to show that a fundamental change is necessary in the theory of muscular motion, and to prepare the way for what I have now to say upon the theory of convulsive diseases.

Epilepsy is at once the great type of convulsive diseases, and the key to their interpretation. Epilepsy, however, is a name which indicates much less than it did formerly. Thus, it does not indicate the epileptiform convulsion which is connected with certain positive diseases of the brain, with fever, with uræmia and other retained excretions, with "irritation" in the gums and elsewhere, or with the moribund state. And it is difficult to say precisely what it does indicate; for, as our diagnosis gains in exactness, epilepsy changes from a special malady into a mere symptom, or congeries of symptoms. At the same time, it is convenient to take an ideal type of epilepsy, and regard it as a special malady; for there are numberless cases in which, in their earlier stages at least, it is very difficult, if not impossible, to recognise the disease of which the convulsion is merely a symptom.

What, then, I would begin by asking, is the theory of simple epilepsy? Upon which theory of muscular motion is it to be based? And, first, what are the facts?

An epileptic will often say—never oftener than upon the very eve of an attack—"I am quite well," and many are ready enough to echo what he says; but he and they have little right to say so. Where the malady has not made much progress, there may be a cheerful countenance, a sharp digestion, a firm limb, and at the first glance it may not be easy to say what is wrong; but, even in this case, there are always certain features which are incompatible with true health and strength. In many instances there is a want of fire in the countenance, and a dilated and sluggish state of the pupil, which point to the brain as lacking in energy; and, in keeping with these signs, it is found on inquiry that the memory is more or less treacherous, the ideas more or less indefinite, the powers of attention more or less incapable, the imagination more or less dull, the temper more or less irritable, the will more or less feeble, the character more or less undecided. It is, no doubt, common enough to meet with epileptics, who, without any want of candour on their part, will maintain that their minds are free from all infirmity; but if care be taken to examine their history, it will always be found that they and their friends have very different opinions upon this point.

In very many instances there is a marked disposition to tremulousness and cramp; thus in upwards of seventy cases which fell under the notice of my friend and colleague, Dr. Reynolds, these symptoms occurred at one time or other, and in one form or other, in more than half of the whole number.

In very many instances, again, if not in all, the hands and feet are cool or cold, the pulse is weak and slow, and a feeling of chilliness is almost habitual. Indeed, so far as my own experience extends, the powers of the circulation are always very defective *in ordinary epilepsy.*

In confirmed cases, these general features are so marked as to be altogether unmistakable. Not only are the pupils dilated and sluggish, but the under eyelids have become puffy and coarse. Often, moreover, the complexion has acquired a dull tinge—a change which appears to depend in part upon an habitually bloodshot state of the skin. At any rate, this bloodshot condition is rarely absent, and where it is most marked, as about the forehead and eyelids, it is often accompanied by numerous spots of ecchymosis, of about the size of a pin's head. The torpid features are now rarely lighted up with the fire of feeling or thought, the senses are duller than ever, the memory

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more treacherous, the ideas more confused, the power of attention more distracted, the imagination more drowsy, the temper more uneven, and the will more incapable. At this time, also, there is, for the most part, little of that fine susceptibility of feeling which is necessary to enable one to be miserable about anything.

This change for the worse is particularly marked after the fit. Indeed, at this time the senses may be so blunted, and the mind so clouded and confused, that the features of the epileptic may become blended in those of the demented person. Or symptoms of mental aberration may show themselves, and transform the epileptic for the time into the lunatic. The fits, also, may recur so frequently, that the mind may never have the chance of clearing up in the interval, and in this way the general features of the convulsive malady may never cease to be confounded with those of dementia or insanity. Not unfrequently, also, there is the gravest degree of mental infirmity from the very first, and instead of ending in dementia, the history of the epileptic may begin in idiocy. Indeed, epilepsy is so frequent an accompaniment of this saddest of all conditions, that it can scarcely be said to be an accident.

The signs of the approaching paroxysm are very variable. The patient himself will generally say, and say truly, that the fit takes him by surprise; and certainly the signs of danger are not those which are likely to arrest his attention. These signs also are very apt to vary in the same person.

As the time of danger approaches, the patient may become unusually fidgety, irritable, moody, forgetful, absent, or drowsy; or he may sleep restlessly, grinding his teeth, snoring or snorting, dreaming about things which distress or terrify him, or even somnambulizing; or he may have a disagreeable feeling of tightness about the throat, with cramps or tinglings in the limbs and elsewhere; or he may be unusually "shaky," or he may be annoyed with shudderings of a very disagreeable and violent character.

Another sign of danger may be giddiness or headache; but, so far as the latter symptom is concerned, I should not be disposed to lay much stress upon it as a warning in simple epilepsy.

Occasionally, the pupils may be more dilated and sluggish than usual, or one pupil may be more dilated and sluggish than the other; or the eyes may be rotated in a peculiar manner.

Usually, so far as my experience goes, the pulse may become feebler than it was before; and not unfrequently the patient will complain that nothing will warm him or keep him warm; or he may sigh in a way which shows that he is not breathing as freely as he ought to do; or, if asleep, the breathing may at times become so imperceptible and insufficient as to suggest the idea of death. The breathing fails in this remarkable manner before the fit in a patient at present under the joint care of a medical practitioner in the country and of myself, and we can both testify as to the fact.

Later still, there may be certain vague and undefinable sensations or movements, very varying in their character, but all comprehended under the term *aura*—sensations of pain, numbness, tingling, and a feeling as of cold vapour, movements of shuddering or spasm, beginning in a distant part, as in the hand or foot, and travelling towards the head. In other words, there may be symptoms which, as Dr. Watson thinks, are in some degree analogous to *globus* in hysteria, or to the numb and tingling feelings which are the precursors of paralysis and apoplexy.

In some cases there may be special premonitions. In one of my patients, the fit is invariably preceded by an intense feeling of hunger. In another patient, since insane, a little blue imp made its appearance, and grinned and mocked at him as he lost his consciousness. In a third, a guitar seemed to be roughly grated close to the ear. But these signs are of little value, for they are only perceptible to the patient, and not even to him until he has ceased to be able to bestir himself.

Last of all, there is a sign which is very difficult to catch, and this is the death-like pallor which overspreads the countenance immediately before the fall. M. Trousseau called attention to this sign five years ago as one which is diagnostic of epilepsy; and, since that time, I have seen it in every instance in which I have seen the fit from the very beginning. "Il est une signe," says M. Trousseau, "qui se produit du moment de la chute, et qui n'est imitable pour personne; c'est la pâleur très prononcée, cadavérique, qui couvre pour un instant la face de l'épileptique. Nous ne le voyons pas, parceque nous arrivons toujours trop tard, alors que la face est déjà d'une rouge très prononcé." M. Delasiauve has also noticed the same phenomena in several cases.

In the severest and most characteristic form of the paroxysm, the patient utters a peculiar choking noise, or a sudden and startling cry, and at once falls down convulsed and insensible. The convulsions are usually more marked on one side of the body than the other. They drag the mouth towards the side which is most affected, and twist the face in the opposite direction until the chin may press upon the shoulder. They push forward the tongue, and crush it between the teeth. They clasp the thumb upon the palm, and hold it down with the force of a giant. They seize the walls of the chest and abdomen, and prevent the possibility of breathing. They stiffen the limbs, so that the joints cannot be bent without some risk of breaking the bones. In some instances, they even take hold of the bladder, the bowel, or the seminal vesicles, and expel the contents; in others, they may be so violent as to bite off a large portion of the tongue, to break the teeth, or to dislocate a limb. At first, it seems as if the spasms would never relax; but afterwards they are separated by intervals, which grow wider and wider as the paroxysm draws to an end. The convulsions, that is to say, are tetanoid at first—clonic afterwards.

At the instant of the fall, a corpse-like paleness overspreads the countenance; a few instants later, and the livid, black, and bloated head and neck, and the hissing, gurgling, choking sounds proceeding from the throat, suggest the idea of a person struggling under the bowstring of some invisible executioner. At times, however, the signs of suffocation are absent, and the ghastly pallor of the beginning remains throughout.

When the fit is at its height, a quantity of frothy saliva is usually blown or puffed from the mouth, and this is not unfrequently reddened with blood, if the tongue or cheek happens to have been bitten.

If the eyelids are open, the eye is seen to be projected and distorted, with the pupil dilated to the utmost, and absolutely insensible to light. As a rule, however, the eyelids would seem to be closed; and well it is that they are so, for it requires some nerve to meet the hideous stare of the epileptic eye.

All this while, it is usual for the hands and feet to be cool, and bedewed with clammy perspiration. Except the head and neck, indeed, the whole body is cooler than natural, and any little additional warmness of the head and neck would seem to be simply due to the fact that their vessels are more distended with venous blood.

The other and less obvious features of the paroxysm are in keeping with these.

At first, it may be difficult, perhaps impossible, to feel the pulse, and the heart acts very feebly; but if the fingers of one hand be kept upon the wrist, and the other hand be placed upon the bosom, it is found that the pulse rapidly acquires a force and fulness which it never had in the intervals between the fits, and that the heart beats more and more tumultuously and violently as the pulse rises. In some instances, however, the pulse may remain almost silent, and the action of the heart be extremely feeble from the beginning to the end.

From the first all consciousness is happily suspended—this is our only consolation in so sad a spectacle—and the most powerful stimulants fail to evoke any sign of action in the dormant mind. The water which may be poured upon the face (with few exceptions) causes no blinking in the eye if this be open and staring; the fire upon which the patient may have fallen may char the flesh without causing a single pang.

After continuing for two or three minutes, which seem drawn out to hours, the convulsions cease, and the patient is left with all his muscles unstrung, like a person dead-drunk, or struck down by apoplexy. The lungs, no longer restrained by the suffocative spasm of the earlier part of the fit, resume their play with deep inspirations, and then act with loud and stertorous breathings; and as the respiration rights itself, the veins of the head and neck become unloaded, the natural colour returns to the surface, and presently the patient wakes to an obscured and troubled consciousness. "Je suis brisé," Calmeil tells us, were very often the first words of the returning epileptic at the Salpêtrière or Charenton. The time during which the patient lies after a fit before awaking is very variable, but (except in a first attack) it is rarely more than half an hour, and it may not be more than two or three minutes.

This is the usual, but by no means the invariable, course of the fit. Often, indeed, the attempts at rallying may be very imperfect, and fit after fit may recur for a long period without any interval of waking; and occasionally all rallying may be prevented by death.

After waking, there are generally some symptoms of reaction in the circulation, but in simple epilepsy these are never marked. They may be enough to give a dull flush to the

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cheek and a little fulness to the pulse for a short time after the patient wakes; but, as a rule, they cease when the coma ceases, and coma is never much prolonged in simple epilepsy. Usually the patient is headachy and exhausted, listless and stunned, moody and irritable, until a night's rest has enabled him to recover the balance of his shaken nervous system. The jaded countenance also tells plainly of the past struggle, even though it may present none of those numerous and minute dots of ecchymosis about the eyelids and upon the forehead which are such unequivocal signs of a severe attack of epilepsy.

As time goes on, the mental faculties recover more and more imperfectly, and more and more tardily, and at last their habitual state may be one of pitiful fatuity from which no single ray of the Divine principle beams forth. Or the moodiness and irritability which often follow attacks may become more and more marked, until at last they merge into attacks of downright mania. Or symptoms of paralysis may make their appearance. Or death may happen in a fit, or shortly afterwards. The natural tendency of epilepsy is assuredly towards dementia; and dementia is the frequent doom of the epileptic, if his disorder be unchecked and life prolonged sufficiently; but at the same time it is possible for an epileptic to live many years, and to have many fits, without losing the powers which are necessary to render him an agreeable and serviceable member of society. When death happens, it appears to be, most generally, from exhaustion in the period of prostration immediately following the paroxysm.

But the symptoms of epilepsy are not always so startling as have been represented, and in some instances they may be so softened down as to be recognised with difficulty.

In the slightest form of the malady, the patient pauses suddenly in the midst of anything he may happen to be doing or saying at the time, his countenance becomes pale and blank, his lungs cease to play, and, after a moment of absence or giddiness, he is himself again. His memory has kept no record of this sad passage in his history, and if it had escaped the notice of others he might remain in happy ignorance of it. Or, in addition to these symptoms, a lurid flush may succeed to the paleness of the countenance, the veins of the neck and forehead may start out in prominent relief, the face may turn slightly towards one of the shoulders, and there may be some convulsive twitching in the face and neck and arms. In such a case there is no scream or cry, no fall, no bitten tongue, no foam at the mouth, and at most there is only some obscure gurgling in the throat, some staggering, and some slight moistening of the lips with saliva. In such a case the convulsive movements are very partial, rarely extending beyond the face, neck, or arms, but in some few instances the whole frame may be agitated by one or two violent convulsive shocks. This state of giddiness and absence and partial spasm may be followed by fatigue, loss of memory, confusion of thought, depression of spirits, or irritability of temper, and at times it may end in drowsiness or actual sleep; but usually recovery is almost instantaneous. At the same time there is reason to believe that dementia is a more likely as well as a more speedy consequence in this, *le petit mal*, than in ordinary epilepsy, *le grand mal*.

In some of these cases, moreover, it would seem not only that the patient does not cry, or fall, or suffer from general convulsion, but that the state of intellectual eclipse—the most characteristic symptom of epilepsy—is far from complete. Esquirol says, "il est des accès dans lesquels on n'observe pas la perte de connaissance;" and M. Herpin directs particular attention to these cases. Cases like these are common enough in certain chronic diseases of the brain, as meningitis or tumour; but in simple epilepsy they are by no means common, if other proof be wanting than the mere assertion of the patient. I have met with four such cases, and have put them on record in various places.

The morbid appearances after death from simple epilepsy are necessarily very obscure, if the case have really been one of simple epilepsy, and not one of epileptiform convulsion connected with some special disease. In cases fatal during the fit the brain has been found to be congested; but this appearance is clearly owing to the mode of death, and it is allowed to be so. In cases, again, where epilepsy has been complicated with insanity, the brain or its membranes may present various signs of inflammation, or of changes more or less akin to inflammation; but these signs are clearly referable to the mental disorder, and for no other reason than this—that they are as common, or more common, in insanity without epilepsy. In other cases there are signs of degeneracy, such as pallor of the grey matter, softening, induration, atrophy, dropsical effusion; but these are the very signs which belong to the demented state. It is this very fact, however, which furnishes some grounds for supposing that signs of this character may have something to do with epilepsy. It does so, because the demented state is intimately connected with convulsive disorder; for if a demented person be not epileptic, he is almost sure to be affected with palsied shakings, or cramps, or spasms, in one form or another. In other cases, again, the skull may be thicker and heavier than usual, and the several internal projections—as the clinoid processes—may be considerably developed, or various parts of the dura mater may be converted into bone. Indeed, there are no constant changes in the brain proper or in its coverings—not even that change in the pituitary body of which so much has been said by Wenzel; for, writing of it, Rokitansky says that he has "frequently failed to discover it in those who had notoriously suffered from epilepsy and convulsions," and that he has "met with it in others who were thoroughly healthy." It is in the medulla oblongata, indeed, that we alone meet with any appearances after death which can be regarded as constant. In early cases of epilepsy, it is true, we may fail to find anything characteristic even here; but in confirmed cases the medulla oblongata is often harder than natural, from the interstitial deposit of a minutely granular albuminous matter, or else softened, swollen, and presenting evident signs of fatty degeneration. Professor Van der Kolk, who was the first to detect these appearances, has also detected some marked changes in the bloodvessels of the part, and to these changes he directs particular attention. He has examined fifteen epileptics after death, and in them all the posterior half of the medulla oblongata, on making a transverse section, was found to be redder and more hyperæmic than it ought to be; and this was the case whether death happened in an attack or not. On more minute examination, he found the bloodvessels dilated to thrice their natural dimensions, and their walls much thickened. And on comparing the medulla oblongata of several epileptics who bit their tongue, with the medulla oblongata of other epileptics who did not bite their tongue, he found (what is a very curious fact) that the capillaries were especially dilated in the course of the hypoglossus and the corpus olivare in the former case, where the tongue was bitten in the fit, and in the course of the roots of the vagus in the latter case, where the tongue was not bitten in the fit. These discoveries of Professor Van der Kolk are the most recent as well as the most important facts in connexion with the post-mortem appearances of epilepsy.

ON THE ATHEROMATOUS EXPRESSION.

By GEORGE D. GIBB, M.D., M.A., M.R.C.P.,
PHYSICIAN TO THE ST. PANCRAS ROYAL DISPENSARY.

THERE is a certain class of diseases of which examples here and there present themselves to our notice amongst individuals who are constantly in the habit of mixing in the daily bustle of life, enjoying apparently a fair share of health, and whose appearance to many, both in our profession and out of it, is that of extremely good health. Such persons, if they go to assure their lives, will probably meet with a superficial or perhaps formal examination, because of their healthy appearance; and yet their lives are doubtful ones. The antecedent history may be a good one; nevertheless, owing to changes going on in the system at large, from the influence of fat and its numerous compounds, the invariable result of saccharine conversion in the economy, there is the development of a state of things which, although liable to detection by careful and minute physical examination, is more especially made known to the acute observer by what I purpose calling the "atheromatous expression." This peculiar expression has been the subject of careful study with me for a number of years, and is daily forcing itself upon my attention during the pursuance of my avocations. If riding in an omnibus, if a passenger on one of the river steamboats, or if in a railway carriage, some one or more individuals with the atheromatous expression may be present. Perhaps a person with it is sitting opposite to me in an omnibus, and he thus affords me an excellent opportunity of studying every lineament of his features, and further confirming the correctness of my own views and conclusions. In the many thousand cases of disease constantly coming under my notice in the im-

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mense field of London hospital practice, which it is my especial privilege to make use of, a tolerable number, in both sexes, present themselves with it. In assemblages of persons, whether public or private, it is quite possible to point out those who possess it.

Such statements as the foregoing might give cause for uneasiness and alarm; this, however, will be removed when it is mentioned that persons thus featured, with quiet, care, moderation in living, the avoidance of excitement and of the special causes which help to further its development, may go on smoothly and comfortably till a ripe old age is reached. But, in accordance with our advancing knowledge, and the accuracy of our powers of discrimination of disease by the countenance and general physique—powers eminently possessed by those amongst us whose development of the perceptive faculties is strong, and whose organ of individuality is large,—it is requisite that the attention of the profession generally should be drawn to such an important subject as the present, as a discovery or announcement quite in accordance with the advancing spirit of the age we live in.

The atheromatous expression is an indication presented by the countenance of the changes which are either about to commence or are already going on within, and mainly affecting the condition of the blood primarily, and of the vessels which carry it secondarily. Without entering into the most important question now, of how the blood thus becomes diseased, it will be quite sufficient for my purpose to state that atheromatous deposition in the coats of the bloodvessels is the consequence of the former. This latter may be pronounced in the larger trunks proceeding direct from the heart, and almost invariably have the cerebral bloodvessels associated in a similar condition; or else the arteries at a distance may be involved, when the expression is modified, as I shall presently show, into a variety or subdivision which I shall denominate the *calcareo-atheromatous expression*. Without stopping to inquire into the pathological peculiarities indicated in the foregoing observations, as they are probably familiar to most observers, I will mention that life is jeopardized by the risk of cerebral hæmorrhage or intense congestion, by fatal cardiac syncope, or by aneurismal disease in distant parts. There may be inherent disease that helps to develop this state of things, for it is observed sometimes in gout, rheumatism, disease of the kidneys, cancer, polyarcia, &c. Persons with this expression get through attacks of other diseases very badly, on account of the state of weakness and prostration which it necessarily engenders. The condition of the bloodvessels, whether it be deposits of atheroma or of calcified or phosphatic matter, is never the result of any inflammatory process, but is unquestionably due to simple metamorphosis, through the agency of the blood.

It is, perhaps, not an easy matter to recognise the marked features of the atheromatous expression by almost any description that may be given, as the idea of it is very difficult to convey in words; the opportunity of having it pointed out would be preferable, and worth a hundred descriptions. Those, however, who are experienced in the facial physiognomy of disease may be enabled, perhaps, to recognise what is meant by the following observations:—

There will be noticed a peculiar greasy appearance of the face, especially about the prominent part of the cheeks and end of the nose. The lips have a fulness which is unmistakable; the ala of each nostril is smooth and rounded; whilst the features generally seem plump and well developed, because of the subcutaneous areolar structures being well supplied with the adipose element. There is often a double chin, of varying dimensions. The skin of the face may be reddish, or perhaps pinkish, with the small vessels on its surface injected here and there with blood of a bright-red colour, which extends in many cases to the tips and lobuli of the ears. The character of the injection is sometimes peculiar, and runs in irregular streaks, with little stellæ here and there. The eyes are very bright, occasionally watery (not from drink), and of a fatty lustre, especially about the ocular conjunctivæ. Once in a while, a well-marked arcus adiposus or arcus senilis will be seen, which may be a simple arcus or a complete annulus. Sometimes the eyes are seen to be prominent, with the surrounding tissues filled out, as it were, by fatty deposits. The general complexion is heightened, and there is an air of ease and contentment about the individual as if the cares of life sat lightly upon him.

Although this expression is not at all uncommon in the aged, it is observed in a large number in the prime of life, and even in those who are much younger. I can call to mind a gentleman with it, who is not more than twenty, and in whom it will become further developed in a few years. The appearance of the nose and cheeks alone determines me in my opinion. He has no arcus. This I may observe, however, is not absolutely essential; but its presence, taken with other peculiarities, is corroborative of the expression, and renders it the more striking and manifest. But, as a rule, which I have worked out by watching a large number of persons thus featured, life is extremely uncertain, and sooner or later becomes the forfeit, to the astonishment of their friends, who had hitherto looked upon them as models of health from their complexion and general appearance. Yet, as I observed before, individuals whose daily course of life is regular and smooth, without excitement, may go on and live for years, and reach, perhaps, a comfortable age, with the lining membrane of their bloodvessels in a state of atheromatous disease. Let any secret source of annoyance and worry arise, however, to arrest the even tenour of their way, and if they do not experience a rupture of some minute cerebral bloodvessels, they may become the subject of other diseases in which the destructive saccharine conversion plays an important part, in depositing fat in the tissues of important organs. Pathologists at the present day might explain this saccharine conversion in the economy by the chemical changes which the amyloid substance or hepatine prevalent in almost all the tissues undergoes. But for some years before the latter was discovered, I had set down the changes in my own mind as due to those which the sugar undergoes, no matter what its source might be, or how formed.

There are certain expressions and appearances of the visage which must not be mistaken for that under consideration, as the florid redness, with perhaps natural roughness of the cuticle, has arisen from exposure to the vicissitudes of temperature and of climate. Such is visible in seamen, captains of ships, and many others who possess a weather-beaten countenance, a peculiarity which is altogether different. Other persons, again, possess a florid complexion without having suffered exposure, and who are free from disease; and discrimination is necessary to distinguish between these healthy states and that derived from atheroma. The appearances due to the lymphatic temperament are also liable to be mistaken for it.

The *calcareo-atheromatous expression* is a variety or subdivision of the other, and may be known by the following differences: the general features of the face are the same, but there is a whiteness or pallor of the countenance which depends upon another cause. The eye is fatty, and a distinct bluish-white annulus, or ring, surrounds the entire margins of the cornea. This ring may be narrow, very narrow, perhaps, and so will escape observation. A most striking example of it was lately under Dr. Farre's care in the medical wards of St. Bartholomew's hospital. This pallor (which varies in a mixture of the two expressions) and this bluish-white ring round the cornea indicate the extensive deposition of calcareous or earthy matter in the distal bloodvessels,—that is, in the major vessels of the extremities: the radial, the ulnar, and the tibial, and occasionally the femoral and the axillary, in both sides of the body. They can readily be felt, during life, as hard and firm tubes under the finger. Mr. Canton kindly showed me a most exquisite representation of the bluish-white annulus in both eyes of a person in good health, in whom I at once recognised the calcareo-atheromatous expression; and although I have not as yet had an opportunity of examining his bloodvessels, I feel persuaded that they are slowly becoming hard cylinders from calcareous deposits in those of the extremities. The radial at the wrist felt hard under the finger.

Since then (Feb. 22nd) I was requested by my colleague, Dr. Bealey, to see a woman, aged sixty, the subject of uterine hæmorrhage off and on for the last eight months, the catamenia having ceased for twenty years. This depends upon cancer of the uterus, which is felt hard and enlarged in the vagina. All the arteries of the body are quite hard, like twigs beneath the skin. When using any exertion, or forcibly coughing, sudden swellings used to appear on the arms along the course of the vessels, about two inches long; they would become red, then purple, and finally yellow and green, like the remains of a bruise, until their absorption was complete. A congestive swelling in the right groin used always to precede the catamenia, and would then vanish. Has had cough every winter for the last five years, and is now much emaciated, with a white face—in fact, the *calcareous expression* simply, with an entire absence of atheroma. The heart is not much diseased; its action is strong, giving to the pulse a hard and firm character, beats 104. Her mother was lame for twenty-five years from rheumatism, and lived to seventy-three years, and her father to sixty-six. There is no bluish annulus in this patient, but there is commencement of deposit at the upper part of the cornea in one eye. This case is a practical verification of my

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remark, that the heart and all the bloodvessels are not simultaneously extensively diseased; for here we have all the latter affected, and the former triflingly so, or perhaps not at all organically involved, beyond calcification (not atheromatous degeneration) of the coronary arteries.

In my work on "Diseases of the Throat and Windpipe," just published, I have further dwelt upon this subject, together with the relationship which subsists between the changes in the cartilages of the larynx and in the arterial bloodvessels, but will refrain from entering into it here. I may observe, however, that as a rule atheromatous conversions are the commonest, and mostly involve the heart; whilst, on the other hand, calcification of the bloodvessels is more rare, and leaves the heart comparatively uninvolved. A mixture of the two is still less frequently to be seen; but a good example in point is the patient of Dr. Farre, already alluded to.

Among six hundred autopsies performed by myself, together with a very much larger number undertaken by others at which I have been present, the verification of the correctness of my views, in relation to the pathological changes giving rise to these three forms of expression, has been largely proved in those instances in which the latter were recognised during life; and although it is tolerably frequent, and rather common in some classes of individuals, there are others, again, who do not and never will possess it.

In my description of the atheromatous expression, the features will not always come up to what I have stated, but will present various modifications, no doubt influenced by the circumstances and condition of the possessors. There may be an absence of the fatty look in some, yet the features have the peculiar puffiness which resembles the brawny œdema of the arm, for instance, in cancer. But it is a most curious and really wonderful fact, that the intellectual vigour of the mind, in its perfection and purity, remains unchanged, and yet the body (no matter if the expression is present even before thirty) is in the condition of advanced senility; so that an individual who may be affected in the manner described at forty, and who should be enabled to reach sixty or even seventy, has his corporeal capacity relatively equal to the ages of eighty and ninety.

It is not my purpose to go into the question of treatment at all, but two or three things may be mentioned in concluding this paper. Persons thus affected should avoid malt liquor, and rather substitute light wines and pure spirit. Substances likely to turn into fat and atheroma should be eschewed. Chloroform should not be given when operations are required. Above all, a proper estimation of such lives should be taken into account by insurance companies. And lastly, in describing cases of disease, the use of the particular term of expression of the countenance will be found most convenient.

On another occasion, I may enter somewhat more fully into the details of this important subject; for the present, it is my desire only to introduce it to the notice of the profession.

Portman-street, Portman-square, May, 1860.

REPORT OF A CASE OF

RETAINED MENSES FROM IMPERFORATE OS UTERI;

OPERATION; DEATH.

BY I. BAKER BROWN, F.R.C.S. (EXAMIN.),
SENIOR SURGEON TO "THE LONDON HOME."

S. L——, aged sixteen, the daughter of a monthly nurse, was brought to me at "The London Home" by her mother. She had never menstruated. About every month she suffered great pain in the abdomen and back, lasting for a period varying from a few hours to three days. This was accompanied by all the usual symptoms of menstruation, without, however, there being any external appearance. The pain was described as being so severe, as to cause her to roll about the floor in agony. She had all the usual marks of confirmed puberty, was tall and well made.

On making an examination, per vaginam, I found it terminate superiorly in a perfect cul-de-sac. The neck of the uterus could be felt in its normal position; but no os uteri was distinguishable. The lips of the os could be obscurely made out, covered, as it were, with the lining membrane of the vagina. By examination through the rectum, the uterus could be felt increased in size, and presenting to the taxis a sense of fluctuation. It was evident that the case was one of retained menses from congenital closure of the os uteri. The general health was becoming a good deal affected. I explained to the mother that the closure of the os uteri must have existed from birth, and that nothing but an operation would be of any service.

She was, therefore, admitted into "The London Home" on March 5th, and on the 8th of the same month she was subjected to the influence of chloroform, and further examined by Dr. Hall Davis and Mr. Philip Harper, who both agreed with me as to the nature of the case and the necessity of an operation. I therefore proceeded to operate in the presence of those gentlemen and Dr. Menzies, Messrs. Ince, Ince, jun., Andrews (all of Pimlico), Spencer, and Dr. Giles. She was placed in the lithotomy position, and I passed my finger into the vagina until the end of it was in contact with the obscurely-felt lips of the os uteri. I now introduced a pair of sharp-pointed straight scissors along the finger to the obstruction, and gently pressed them through it, without opening them. It required very little force to penetrate the membrane. On withdrawing them, a quantity of thick fluid, of treacly consistence, but of the colour of red-currant jelly, immediately flowed out. I now passed one finger into the rectum, whilst gentle counter-pressure was made on the abdomen, and thus a quantity of the fluid flowed out (about five or six ounces, subsequently increased to nearly three-quarters of a pint). The vagina was syringed out with warm water, a napkin and binder put on, and she was placed in bed. When she had recovered from the chloroform, one grain of opium was given to her, which was to be repeated every six hours. There was not the least hæmorrhage.

The following account of her progress is from the notes of Mr. Wratislaw, the visiting surgeon in charge:—

March 9th.—Nine A.M.: Has had a good night, and felt so well this morning that she was found sitting up in bed doing some crotchet work. The thick fluid had continued to flow during the night, and the nurse had collected about six ounces of it. It had now changed to a brighter red, having the appearance of natural menstruation.—Nine P.M.: Slight sickness had come on in the course of the day, and there was some uneasiness with tenderness in the epigastrium. The countenance was swarthy; tongue coated. Ordered hot linseed poultices over the abdomen; and to take three grains of grey powder with five grains of Dover's powder at bedtime, and effervescents every three hours.

10th.—At three A.M., as she had not slept and was very restless, a grain of opium was administered as a suppository. Not being relieved, another grain of opium was given by the mouth. This produced no effect, and at nine A.M. vomiting of dark bile came on, and was very frequent. The pain in the epigastrium was severe; pulse 120; tongue foul; bowels have not acted. She lies upon her back, with the legs stretched out and extended. Turpentine epithems were applied over the abdomen, and a dose of castor oil was given. This produced dark bilious motions, but the sickness continued. In the course of the day tympanitis came on, and the tongue became very dry; pulse 130, very weak. She became so prostrate and sinking in the evening, that frequent doses of ether were administered.

11th.—Has had a bad night; the vomiting of the same bilious matter is incessant; pulse 140; tympanitis and tenderness of the epigastrium; tongue dry and brown, except at the edges, where it is red. A grain of calomel was given, and a blister applied to the abdomen. The sickness ceased after this, but she continued to sink, and died soon after four P.M., continuing perfectly sensible to the last.

The following account of the post-mortem appearances was drawn up by Mr. Leggatt, of William-street, Lowndes-square, her usual medical attendant, and Mr. Philip Harper:—

Examination twenty-six hours after death.—On opening the abdomen, there was not any appearance of general peritonitis; but on examining that portion of the intestines which was in contact with the uterus, there was evidence of local inflammation, plastic lymph having been recently thrown out. The uterus was large, and had recovered from its retroflexed condition. On being removed from the body, it was laid open through the cervix. Its lining membrane was very vascular and injected, from the long contact of the menstrual fluid. The puncture had been made into the os, and its surrounding edges presented a dark and ecchymosed appearance. The ovaries were enlarged, softened, and granular in appearance and feeling. Liver quite healthy.

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Remarks.—Cases of this kind are very rare; it is, therefore, of the utmost importance that they should be recorded, so that all medical men may know that such cases do sometimes occur. Ignorance upon this point is calculated to do much mischief, both to the profession and the public. The feelings of the relations may be severely tried, and the reputation of the surgeon seriously imperilled, by an expression of opinion as to the non-advisability of surgical interference. The slightest consideration renders it evident that there is no choice but between continually increasing suffering, leading to ultimate death, and the effort to restore the natural channel by surgical means.

Connaught-square, April, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

EMBOLON IN THE LEFT CAROTID AND CEREBRAL ARTERIES, AND ALSO IN THOSE OF THE SPLEEN AND KIDNEYS; FATAL RESULT.

(Under the care of Drs. ADDISON and REES.)

A FEW years back Virchow described a disease of the circulation under the name of *emboli*, signifying the detachment of some of the particles of fibrinous concretions or solid bodies formed in the heart or great vessels, whence they are carried along with the current of the blood, and finally obstruct some of the smaller or secondary branches of the vascular system. Such obstruction would naturally give rise to a certain set of symptoms according to the situation in which it might occur. The conditions producing it, however, are referable to gangrenous inflammation of the veins, organic affections of the left side of the heart, and atheromatous degeneration of the large arterial trunks. There are, probably, some other causes; but of the three mentioned, the second would seem to be the most common, and is observed chiefly in connexion with the cardiac mischief arising from rheumatism. The third, perhaps, ranks next in frequency.

Curiously enough, the three cases of the disease which we record were those in which rheumatism apparently played a prominent part; and, if our space permitted, we could have added a few cases wherein no symptoms of embolon were present, but serving simply as illustrations of the class of cases most likely to give rise to the disease.

It is on the borders of the mitral valve that these fibrinous concretions chiefly grow; and as their adhesion is oftentimes of the slightest possible character, the activity of the circulation alone proves sufficient for their detachment and carriage along the current of the blood, until the calibre of the vessel becomes too small to permit of their passing any farther.

The fact has also been pointed out, that if the patient does not succumb from the first attack, he is liable to do so from the second or third; but occasionally they may be multiplied. If it be admitted that Dr. Parkes's patient is an example of the disease in question, it might be said there were frequent recurrences of the symptoms; but the patient ultimately recovered. Dr. Farre's patient is slowly improving, and the state of the patient's heart leaves no doubt of the correctness of the diagnosis.

It is impossible to say that any one set of arteries more than another is liable to be plugged up, as it manifestly depends upon the course which the floating body may take. The carotid and cerebral are, perhaps, the most frequently found in that condition; then come those of the extremities; and, finally, those of the kidney and spleen. Some of these are clearly verified in the annexed case.

It is a noteworthy fact, that if the collateral circulation becomes established, the general disturbance is but temporary. It is otherwise when it fails, for then we encounter one of the forms of gangrene, dry or moist, partial or general, according to the trunk involved. These points are well understood in diseases of the bloodvessels, but they have hitherto not been given sufficient prominence. Pott's gangrene, described so many years back, is clearly due to total arrest of the circulation in minute arterial twigs, the result of atheromatous or, more likely, calcareous degeneration in their coats in the aged.

The following case (for the notes of which we are indebted to Mr. John Henry Gatton, clinical clerk) will be found one of extreme interest, and an excellent example of the disease under consideration:—

Jane P——, aged fourteen, was admitted Nov. 2nd, 1859, into Lydia ward, under the care of Dr. Addison. She was a pale, strumous-looking girl, with widely-dilated pupils. Menstruation had not commenced, and there was no mammary development. Her mother stated that, though delicate, she had never had any illness till eight weeks before admission, when her joints became painful and swollen, the smaller joints being affected as well as the knees, ankles, &c. A week before she entered she became worse and began to lose flesh. On admission, her knees and ankles were affected, and a large systolic bruit was audible over the mitral valve, with abnormal roughness over the aortic valves. Præcordial dulness was slightly increased; respiratory sounds normal. No history of previous rheumatism. The symptoms were attributed by Dr. Addison to sub-acute rheumatism. Ordered three grains of iodide of potassium and twenty minims of tincture of hyoscyamus, in peppermint julep, three times a day. A blister over the sternum.

Nov. 4th.—Ordered four grains of calomel at once, and a senna draught with twenty minims of wine of colchicum five hours afterwards.

11th.—Some improvement; pains less. Ordered two grains of iodide of potassium three times a day.

On the 19th, the case came under the care of Dr. Rees. Return of pain from cold. To have five grains of Dover's pill every night, and decoction of cinchona with soda twice a day.

21st.—Right knee contracted and painful. To be rubbed with mercurial ointment.

30th.—Knee better, but the patient complains of general pains. Pulse quick; skin hot.

Dec. 4th.—She is very ill; unable or unwilling to speak or protrude the tongue; pain in the knees and ankles; memory slightly affected. Ordered one grain of opium every eight hours, and six ounces of brandy.

5th.—Pains and taciturnity continued; pupils natural; perspiration profuse; tongue white, thickly furred; urine found to be albuminous. Ordered three grains of calomel and one of opium at bedtime.

6th.—In great pain if moved; has complete loss of motion of right arm and leg; no anæsthesia; feet peculiarly inverted; facial paralysis on the right side also noticed.

8th.—She is more cheerful, and the pulse stronger.

9th.—Action of facial muscles continues stronger on the left than on the right side; no double vision; right pupil slightly more dilated; can flex the right forearm after it has been extended, and move her fingers; can also move the right leg; tongue clean, protrudes towards the right side of the median line; pulse 116. (Dr. Rees diagnosed the occurrence of "embolon" in one of the cerebral arteries, and also—from the "bloody urine"—in the kidney.)

14th.—Bowels confined. Ordered suitable aperient medicine, and a blister to the nape of the neck. Urine still bloody; specific gravity 1015.

18th.—Much improved; paralysis gradually diminishing. Ordered a mutton chop.

She then continued improving till the 27th, when vomiting occurred, and she became rapidly worse, losing her speech, and at times her consciousness; paralysis also returning. On the 2nd of January diarrhœa had supervened, and she was ordered by Dr. Barlow an enema of starch and opium, and half an ounce of a mixture, twice a day, containing half a grain of strychnine to eight ounces of water. She continued gradually sinking, incapable of motion, and losing all consciousness, till the 9th of January, when she died at four o'clock A.M.

Post-mortem examination.—Body extremely emaciated and ill-developed. On examining the brain, the left carotid artery at its base was completely obstructed by a fibrinous plug, which extended a short distance into the middle cerebral artery. The left corpus striatum and thalamus opticus were soft, and, on microscopical examination by Dr. Wilks, pre-

sented numerous granular masses. Pericardium healthy. Mitral valve covered with a thick mass of vegetations, to which coagula were adherent. Spleen large, congested at one end, and firm, the section showing a mass of minute extravasation. The kidneys contained several fibrinous masses in various stages; their structure full of minute extravasations.

UNIVERSITY COLLEGE HOSPITAL.

EMBOLON IN THE CEREBRAL ARTERIES, PRODUCING HEMIPLEGIA, IN A CASE OF DISEASE OF THE HEART FROM RHEUMATISM; RECOVERY.

(Under the care of Dr. PARKES.)

THE symptoms of impaired nervous power in the following case are very different from those which are usually encountered in paralysis depending upon sanguineous effusions or softening of the brain; for the attack occurred suddenly, whilst the patient was in the hospital, and every vestige of the palsy had disappeared on the fourth day, leaving behind morbidly-acute sensation in the right ear. Now, in cases of even very slight congestion of the brain, a patient may not lose consciousness, and may have a temporary paralysis; but it is seldom that the symptoms so totally disappear in the short time mentioned in the present instance. For a week he now had slight recurring attacks of paralysis every morning on the left side of the body; it then became persistent, and he finally left the hospital improved. The case was suspected to be one of embolon; and although the symptoms are not very clear, we include it in the same category with the others.

The following notes are a brief abstract from the hospital books furnished us by Mr. W. Murray, the physician's assistant:—

Charles S——, aged thirty-six; has been subject to attacks of rheumatism, and has, during the paroxysms, had cardiac affections. About May 1st, 1858, he began to feel weak and languid, and suffered frequently from præcordial pain. On June 1st, 1859, he was admitted into hospital, in rather a weak state, with considerable pain at the epigastrium and uneasiness after eating. The chest is barrel-shaped, with slight bulging in the cardiac region; the lungs are healthy; the heart's area of dulness is too large; a murmur with first sound is heard at the base, of greatest intensity over the second right costal cartilage; another murmur with first sound is heard loudest at the apex; (aortic obstruction and mitral regurgitation diagnosed;) no diastolic murmurs.

June 3rd, 1859.—Eight A.M.: He was seized with pain in the head, loss of power in the limbs, and loss of speech. When the physician's assistant saw him, he was lying on his right side, with the legs drawn up; speech very difficult; countenance very anxious, and bathed in a cold perspiration. The mouth was drawn to the left side; right eyelids partially paralysed; pupils contracted equally; sees best with the right eye, and hears best with the right ear; dysphagia; fluid returning through the nares; total loss of sensation and motion of the right arm; no rigidity; the left arm unaffected; loss of sensation, &c., of the right side of the chest; the lower extremities unaffected; the urine passed freely; healthy. He was ordered calomel with croton oil.

6th.—Every symptom of paralysis has disappeared; in fact, the right ear is too sensitive.

14th.—Has had each morning a short attack of paralysis on the right side.

18th.—The right side quite perfect; the left arm has become slightly paralysed; and the left ear has become affected.

From this time he improved, and left the hospital in July, with his urine slightly albuminous.

ST. BARTHOLOMEW'S HOSPITAL.

EMBOLON IN THE CEREBRAL ARTERIES, FOLLOWED BY HEMIPLEGIA; EXTENSIVE MITRAL VALVULAR DISEASE FROM RHEUMATISM; IMPROVEMENT.

(Under the care of Dr. FARRE.)

WHEN the infarctus occurs in the brain, it is said to usually occasion yellow softening; but the rapidity of the functional disturbance, as in the following case, simulates an attack of apoplexy. Here, however, although the symptoms perhaps do not differ from a case of cerebral hæmorrhage or acute softening, the attack was followed by hemiplegia without loss of intelligence or of speech, and slow improvement is going on. From the state of the mitral valve, it is probable there will be a recurrence of the mischief at a later period. A case has been recorded by Schützenberger, in which numerous slightly attached irregular vegetations were present on the mitral valve, and many also were found loose in the cavity of the ventricle.

Henry S——, a butcher's boy, aged sixteen, a delicate-looking and spare lad, was admitted on the 20th of March, 1860. It appears that two years ago he had an attack of acute rheumatism, for which he was confined to bed for some weeks; all the joints of his body were affected, but he made no complaint of pain or uneasiness over the region of the heart. He is blind of the right eye from an injury received during childhood. At seven o'clock on the morning of admission, he was carrying home to his master some meat from market, when he suddenly staggered, and was obliged to catch hold of the railings for support. He became utterly helpless, was then conveyed to the hospital, and placed under Dr. Farre's care. On his admission, it was discovered that he had hemiplegia of the left side, with some rigidity of the leg, but not of the arm; there was no loss of intelligence nor of speech. The carotids were acting most powerfully, with great pulsation in the neck. On examining the heart, the organ was found to be hypertrophied, with a direct systolic murmur, and a double murmur was heard with both sounds over the aorta. There was, besides these symptoms, a good deal of pain in the head. He was at once blistered at the nape of the neck, six leeches were applied behind the ear, and three grains of calomel were ordered at night.

March 22nd.—The pain in the head has gone, although the pulsations in the carotid arteries are still strong. He was ordered half an ounce of the infusion of digitalis three times a day. This not only diminished the excessive action of the heart, but next day permitted of some movement of the affected leg, and on the 26th the rigidity had completely disappeared. The infusion of digitalis was now reduced to two drachms, with twenty minims of tincture of hyoscyamus three times a day. The patient now began to improve, and on the 2nd of April he took the compound cinchona mixture, with two grains of iodide of potassium, three times a day.

April 6th.—When standing up he can move the affected leg.

9th.—Great pulsation in the vessels generally, but particularly in those of the arm, which beat with a thrilling sensation. The digital arteries beat as strongly as an ordinary radial artery at the wrist. Besides his other treatment, he is having electricity applied every second day with considerable benefit.

16th.—Slowly improving. Ordered a mixture containing quinine three times a day.

23rd.—Can walk a little without assistance, and is otherwise much improved in his general health. He can move both his leg and arm very much better; the leg can be drawn up in bed, but he cannot grasp with the affected arm. There is still a double friction sound, and a double valvular murmur. The pulse is that clearly indicating regurgitant mitral valvular disease. His intelligence is perfect. The galvanism is applied three times a week, and the quinine mixture is continued.

May 7th.—Heart symptoms as before; is sitting up, and walks with considerable dragging of the affected leg; his strength is much increased. Treatment continued, with wine.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 30TH, 1860.

DR. GARROD, PRESIDENT.

ECZEMATOID ERUPTION FOLLOWING THE USE OF CHLOROFORM.

MR. J. F. CLARKE inquired if any Fellow of the Society had observed an eczematous eruption follow the inhalation of chloroform? A lady under the care of Mr. Curling and himself had inhaled chloroform previous to an operation for fistula in ano. About three days afterwards the entire surface of the body was covered by a red papular eruption, attended by great irritation, but no other marks of constitutional disturbance. There was no sore-throat, and the tongue was natural. The eruption soon assumed a scaly character, the scales being

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thrown off in very large quantities. The process of "peeling" continued for three weeks, at the end of which time the surface had assumed its natural appearance, with the exception of the skin on the calves of the legs and some isolated patches in other parts. It was at first supposed that the patient had contracted scarlet fever, but the absence of constitutional symptoms, and the peculiar character of the eruption, were sufficient to set aside this view.

Dr. HYDE SALTER had not seen any eruption follow the use of chloroform, but he had observed in one case a general erythematous eruption supervene on the use of iron.

Mr. DE MÉRIC read a paper on

INJECTIONS OF TRISNITRATE OF BISMUTH IN GONORRHŒA.

The author premised that he would confine his remarks to the therapeutics of the disease; but incidentally stated that true gonorrhœa contained a contagious principle which might be called a special poison, whilst another kind of urethral discharge existed which was a mere hypersecretion. Mr. de Méric gave the broad characters of the two forms, and then related a series of experiments which he had made at the Royal Free Hospital as to the efficacy of injections of the trisnitrate of bismuth. He had refrained from using the injections in the inflammatory stage; and had principally prescribed them in chronic cases, whether these had followed the acute period, or had been at the outset of the chronic painless character. No internal medicines had been given, and the proportions employed for the injections had gradually been carried from half a drachm to a drachm of the insoluble salt per ounce of water. A special register of the cases had been kept, from which it appeared that, out of 140 patients who had used the injections, a great number were still under treatment, and a good many had attended irregularly, so that positive results were obtained only in 52 cases: out of these, 36 patients had been noted as cured; 5 as much better; and 11 as not improved at all. The cures—viz., the cases in which the discharge completely ceased—were obtained in twenty-two days, on an average; the partial cures took place on an average of twenty days; and the unsuccessful cases remained under the bismuth treatment for twenty-five days on an average, being then put, with good results, on the copaiba-and-cubebs mixture. Mr. de Méric next alluded to some cases in private practice; to the proportion of swelled testicle, buboes, and other complications which had been observed in the hospital cases; to the symptoms observed during the use of the injections; to the risk of strictures, &c. &c.; and concluded by stating that he was by no means wishing to extol the use of the trisnitrate of bismuth in gonorrhœa, though he considered it very useful, especially in gleet; but that his object, in instituting the experiments, had been to test the value of a remedy which had been highly lauded in Paris.*

Mr. J. F. CLARKE would have wished that the author had specified how long the disease had lasted, and what treatment had been used, before the injections of bismuth had been begun, and also that something had been said of the temperament of the patients. He (Mr. Clarke) recollected a great authority, who had distinctly stated that gonorrhœa would, when inflammatory symptoms had subsided, get well of itself.

Dr. HARDING inquired what might be the *modus operandi* of the bismuth when injected, whether it was thought to furnish merely a coating, or whether it possessed any specific influence.

Mr. HENRY SMITH made some remarks touching the urethral sponge which Mr. de Méric had shown when speaking of caustic applications to the urethra. He (Mr. Smith) stated that the instrument was of his invention.

Mr. BRYANT thought the injections of bismuth should not be used in common cases, and considered that the saline treatment or copaiba was sufficient without injections. Tannin had been very successful in his hands, and had the advantage of yielding a very clean injection. He would, however, try the bismuth in chronic cases, and did not believe, especially from investigations of his own, that stricture was so frequently a sequel to injections as had been alleged.

Mr. MILLER expressed his belief that we might do without injections, and rely upon the use of internal remedies.

The PRESIDENT said that the action of the bismuth was well known to be very beneficial in pyrosis, and that analogy would thus lead to view its employment favourably in gonorrhœa.

Mr. DE MÉRIC briefly replied to the observations made, and clearly dissented both from the *authority* who said that gonorrhœa would get well of itself, and from those who had stated that stricture frequently followed upon the use of injections. Herein he was glad to be supported by Mr. Bryant's experience. He (Mr. de Méric) did not think that bismuth possessed any specific influence, and mentioned that M. Caby's patients passed urine more easily with the coating of bismuth than without it. The author congratulated Mr. Smith on the invention of the urethral sponge, and wished to be understood as having undertaken the bismuth experiments principally in order to test the value of these injections, the latter having been highly recommended at Paris. He did not think they would drive other injections from the field, but that in chronic and tedious cases the bismuth would be found very useful.

* See the two articles of M. Caby, in the Bulletin de Thérapeutique, vol. lv., 1858, pp. 193 and 259.

At a former meeting,

Mr. HENRY SMITH read a paper

ON THE PATHOLOGY AND TREATMENT OF PAINFUL ULCER OF THE RECTUM.

He first made some observations upon the simpler forms of ulceration met with about the anus, describing that condition occurring in persons who neglect cleanliness, or who have suffered from gonorrhœal discharges. These cases are, for the most part, simple sores seated outside the verge of the anus, and may be readily cured by careful ablution, and the use of astringent lotions. The true painful ulcer, or fissure of the anus, is situated within, and upon, the sphincter ani, and is not visible, except when the most careful examination is made, and then it appears to be simply a crack; whereas, in reality, when the part comes to be carefully exposed, the morbid condition is found to consist of an ulcer, varying from the size of a split pea to a fourpenny-piece or larger, varying also in shape. There is generally a small external pile covering the seat of this ulcer, which is, in nine cases out of ten, met with at the posterior verge of the anus. Women are more liable to the affection than men. As regards its pathology, the author was of opinion that the disease was originally produced by some irritation excited at the point affected by some retained fæcal or other matter, and as the disease was frequently found associated with hæmorrhoids, and an external tumour was in many instances seen to be, as it were, overlapping the ulcer, he was of opinion that the morbid process might be the effect of the retention of the irritating matter from the mechanical impediment offered by the small tumour in question. The increase and persistence of the disorder were due to the periodical action of the sphincter. The symptoms, although so very peculiar, were very liable to be overlooked, or to be referred, especially in women, to disorders of other organs, particularly of the womb, and very gross maltreatment had been the result. One case in particular was mentioned by the author, where a lady had been confined to the house, and had undergone prolonged treatment, the real nature of the disease not being discovered.

The treatment which should be adopted in the more simple cases, where the disease had not long existed, and where the ulcer could readily be exposed, was the application of caustic and astringent lotions. A persevering use of these remedies will cure many cases; but when the symptoms are excessively severe, and the ulcer cannot be brought well into view, another mode of treatment is to be adopted. The principle upon which the surgeon acts in the treatment of these cases is the same which teaches him the use of the swing splint in fractured limbs or diseased joints; the employment of a common splint applied to the forearm for wrist-drop, or the division of the levator palati muscle, as recommended by Mr. Fergusson, prior to the uniting of the edges of a cleft palate—that of placing the part in a state of complete rest. It was upon this sound principle that Boyer, either consciously or unconsciously, acted, when he recommended the complete division of the sphincter ani for the cure of this painful disorder. A modification of the same plan is now chiefly practised, and Mr. Smith was amongst those who adopted the limited incision as originally recommended by Mr. Copeland. It was considered by some surgeons that the simple division of the ulcer did not include any of the sphincter, but the author was inclined to agree with Mr. Curling, that in most cases where this limited incision only was made, some of the fibres of the sphincter must of necessity be divided; and hence the almost instantaneous and perfect relief. The author practised the operation by introducing a narrow-bladed straight knife upon the finger previously introduced into the bowel, and then cutting from within outwards. Several cases were related where the most admirable results followed the employment of this simple operation.

An animated discussion followed, in which Mr. I. B. Brown, Dr. Rogers, Mr. H. Lee, Mr. Price, and Mr. Gay, took part.

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PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 17TH, 1860.

MR. FERGUSSON, PRESIDENT.

A REPORT on some preparations of the articular lamella by Mr. BARWELL was read.

Dr. JOHN OGLE exhibited

PORTIONS OF FIBRINOUS CASTS FROM THE LARGER AND SMALLER BRONCHIAL TUBES.

These bodies, like miniature branches of a tree, were spat up during coughing by a man who had been ill a year, and who had been every few days spitting up similar fragments, which were likened by the patient to pipes of maccaroni, having the appearance of a mould of the bronchial tubes down to their smallest ramifications. Almost every kind of remedy had been prescribed, but the chief relief was obtained from the inhalation of the vapour of boiling water containing liquid pitch. This inhalation was used three or four times daily. Microscopical examination showed the smaller tubes to be composed of many delicate fibres, much clear granular matter, partly highly refractive, and also occasional largish opaque bodies of an oval form, with many smaller rather indistinct bodies, probably of a cell nature. The larger and thicker portions of the casts contained but few cells or rounded bodies, but numbers of strong fibres, with firm granular matter and decidedly fatty material, and also opaque yellowish matter, with other elements like altered epithelium. No distinct epithelial bodies were seen.

This case was brought forward in connexion with similar cases presented to the notice of the Society on previous occasions by Dr. Peacock, Mr. Nunneley, and other gentlemen.

HEAD OF THE FEMUR EXCISED.

Mr. MAUNDER exhibited the head of the femur excised after chronic disease. The bone was dislocated, the ilium was diseased, and a small portion of the acetabulum was removed also.

A PORTION OF VILLOUS TUMOUR OF THE BLADDER.

Mr. BRYANT showed the above, which had been passed from a female patient by the urethra. She had been the subject of hæmaturia, and had been suspected to suffer from stone, the stream of urine often stopping; none, however, was found. The fragment in question proved to be a portion of a villous tumour.

Dr. HICKS read an elaborate report detailing the microscopical appearances of the portion passed.

NECROSIS OF FRONTAL BONE.

Mr. BRYANT also showed a specimen of necrosis of a very large part of the frontal bone from a child. No cerebral symptoms were observed, and the child was going on well.

BURSAL TUMOUR FROM THE KNEE.

Mr. SYDNEY JONES exhibited a specimen which he removed from a woman, aged thirty-nine. It was large, very thick, and of slow growth. The result was successful.

BONES FROM A CASE OF EXTRA-UTERINE FŒTATION.

Mr. JONES also showed the above, which were met with in the practice of Mr. Sutcliffe, of the West Herts Infirmary, and were removed from a woman upwards of fifty years of age. A tumour was observed, which remained dormant twelve years. The bones were discharged per anum during a period of two years subsequently. The woman was now perfectly well.

Dr. OGLE exhibited three specimens of

HOOPS OF CALCAREOUS DEPOSIT IN CONNEXION WITH THE SURFACE OF THE HEART AND SURROUNDING THAT ORGAN.

CASE 1 was that of a man, aged thirty, who "caught cold," as was stated, and had since suffered from ascites. The urine was found albuminous, and he frequently suffered from epistaxis. He suddenly became comatose, and speedily died. After death the coma was found to have been owing to extensive extravasation of blood into the right corpus striatum and cerebral hemisphere. The kidneys and liver were diseased, and the spleen was enormously large, being occupied by a considerable deposit of fibrinous material. The heart was healthy as to its walls and cavities, but recently-deposited fibrin was found attached to the aortic and mitral valve flaps. The two layers of pericardium were everywhere firmly adherent, but especially so at the base of the heart; and embedded in the adhesions, corresponding to the sulcus between the auricles and ventricles, was a ring of calcareous matter encircling the heart entirely.

CASE 2 was that of a girl, aged seventeen, who had had rheumatic fever four years previously to her admission into St. George's Hospital, and since then had always been subject to palpitation. When admitted, the pulse was 120 and feeble, and the jugular veins were distended. The heart's action was tumultuous, and a very loud mitral murmur was heard. The urine was albuminous. She died four days after admission. Dr. Ogle found the abdominal organs very congested, and the heart's walls were much thickened, and its cavities dilated. The mitral valve flaps were thickened. The two layers of pericardium were everywhere adherent, and in the sub-serous layer at the fossa between the auricles and ventricles was a ring or hoop-like mass, of about the thickness of a goose-quill, surrounding the base of the heart. The coronary vessels were natural.

CASE 3 was that of a man, aged forty-seven, who for many years had suffered from cough, dyspnœa, ascites, and anasarca, at various times; at one period, however, being apparently well for the space of three years. He got the greatest relief from elaterium, with digitalis and cantharides. Shortly before death nothing wrong was found by the stethoscope, &c., about the heart. About ten days before death he became hemiplegic, the paralysis, however, quickly becoming almost entirely removed. After death, a firm ring of calcareous matter was found about the heart opposite to the fossa between the auricles and ventricles; but also connected with this hoop-like mass were two plates of calcareous matter connected with the pericardium, covering the front and the back part of the right side of the heart. Throughout, the two layers of pericardium were firmly adherent, so that they could not be separated from each other or from the calcareous matter without much trouble.

In none of the above cases was true bony structure found by the microscope in the calcareous masses.

Dr. OGLE also exhibited

AN ANEURISM OF THE INTRA-THORACIC AORTA, IN CONNEXION WITH WHICH ALTERATIONS IN THE SIZE OF THE PUPIL HAD BEEN OBSERVED DURING LIFE.

The specimen was shown with reference to the supposed influence which pressure from various causes upon the numerous branches of the sympathetic nerve may in some cases exert upon the pupil of the eye. The subject had been dwelt upon in a communication to the Royal Medical and Chirurgical Society (see "Transactions," vol. xxi.), and this case alluded to, but not described at any length. The case was that of a woman aged forty, who nine or ten months previously had had a swelling a little to the right of the sternum. A few weeks before death, a slight swelling was first perceived between the third and fourth ribs on the right side, which gradually increased until it became as large as a moderate-sized man's fist. A sharp click was heard with the second sound of the heart over both scapulæ, and specially at the central part of the right one, and there was a good deal of pain in the region of the swelling and down the right arm. Subsequently a systolic bruit was heard at the heart's apex, and the swelling extended to the left and downwards; crowing inspiration and orthopnœa came on. About three weeks before death, the pupils of the eyes became more than usually dilated; and two days later the right pupil was observed to have become more dilated still, and much larger than that of the opposite eye. Before death œdema of the right arm came on.

On post-mortem examination, an aneurism of the size of a cocoa-nut was found arising from the upper part of the ascending portion of the thoracic aorta. This had produced absorption of the right side of the sternum, of the lower border of the second rib, as also of the third rib, the "*sternal end of which was found loose in the aneurismal sac.*" The first and second parts of the thoracic aorta also were greatly dilated; but the heart and its valves were healthy. The lower part of the upper lobe of the right lung was extensively hepatized.

In such cases, it could hardly be but that the aneurismal tumour, pressing backwards and upwards, would come in contact with some of the branches and subdivisions of the sympathetic nerve at the upper part of the thorax, and in this way, according to the degree and rapidity of its pressure, irritate or paralyse them; and according to the kind of action produced, so might the radiating fibres of the iris, which are supplied by the sympathetic nerve, be stimulated, causing dilatation of the pupil, or deprived of power, so permitting contraction of the pupil.

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CYSTIC TUMOUR FROM THE OCCIPITAL REGION OF A CHILD.

Mr. WARD described this preparation as occurring in a child aged twelve months. There was a tumour in the occipital region, movable, the size of a billiard-ball, but adherent to the skin. It appeared like a fatty tumour, but on putting in a grooved needle serum flowed out, without much diminishing its bulk. He removed it by an incision afterwards, and found that it contained several small cysts.

DISEASED EYE.

Mr. PRICE showed a specimen removed by operation.

CALCULI OF THE BLADDER.

Mr. PRICE also exhibited fourteen calculi removed from the bladder of a patient by lithotomy. The forms of some of them were peculiar.

HARVEIAN SOCIETY.

MR. HENRY THOMPSON, PRESIDENT, IN THE CHAIR.

DR. BROWNING read a paper on

YELLOW FEVER.

After some introductory remarks upon epidemic diseases generally, that which formed the subject of the present paper was introduced by referring to the localities in the West Indies, in other parts of North America, in South America, and in Europe, where yellow fever prevails. Low and level districts in Mexico and in the southern portion of the United States, were stated to present all the natural and geographical advantages necessary for the origin and spread of this disease. The more elevated parts of the West India islands are exempt. Thus some towns in Jamaica, at an elevation of 2000 feet, are healthy, as well as the higher parts of St. Domingo; whilst an elevation of more than 3000 feet has been assigned for the required exemption in Mexico. The Pacific coast has been rarely invaded, and on these occasions Panama and Callao have been its chosen towns. It was assumed that yellow fever was the same in its pathology in whatever country it might appear, whether sporadically or epidemically; that it had geographical limits beyond which it did not appear, and that long-continued heat and drought were atmospheric conditions favourable to the origin and spread of it. The constitutional condition induced by previous residence in high latitudes largely increases the per-centage of mortality. The per-centage of mortality is much greater amongst those who have acquired a vigorous constitutional condition by previous residence in high latitudes, upon entering what has been termed the "yellow fever zone," than upon those who have long been accustomed to the enervating influence of high temperature and the scorching rays of the unobscured sun. Intemperance and exposure might be regarded as predisposing causes; but total abstinence from spirituous drinks had been found no protection. The period of incubation and the mode of invasion were then stated by Dr. Browning to be subject to very considerable variation, some systems throwing off the secret agency which is at work for a long time, whilst others quickly succumb to its influence. The onset occurs most frequently in the early hours of the night and those of the morning. Sometimes the mode of attack is remarkable for its abruptness; whilst in the generality of cases the fever is ushered in by a chill and shivering, to be quickly followed by severe pain in the head and muscles of the back and thighs.

The division of the fever was that adopted by Dr. La Roche, of Philadelphia, into three stages: 1st, that of reaction; 2nd, that of calm remission; 3rd, that of exhaustion. A single paroxysm, usually lasting only a few hours, was dwelt upon as one of the peculiar features of the disease—the yellow or orange colour of the skin a sign of its intensity. The lowness of the pulse sometimes throughout an attack has been attributed to the poison acting as a sedative upon the heart's action. The great tendency to hæmorrhage (a tendency which is also frequently exhibited after death) was regarded as another distinguishing mark of yellow fever; and black vomit a greatly dreaded, but not necessarily fatal, symptom. The per-centage of mortality consequent upon a severe epidemic was stated to be enormous, being slightly in favour of a tropical over a European climate; and greatest, as a matter of course, in those cases accompanied by black vomit. In the severe epidemic of 1853, in New Orleans, the house-surgeon of the Charity Hospital stated tha seven per cent. of those who had black vomit recovered in that institution—a larger estimate, perhaps, than is usually made.

The author then concisely referred to the treatment, by saying it would naturally occur to everyone, that in a disease of this character various modes of treatment should have been adopted, some, perhaps, having been introduced by caprice, and sustained for a time by fashion. The Rhenish wines and champagne, in the latter stages, were regarded as grateful and valuable stimulants. Enormous depletion had had its advocates, and in the absence of all depletion fancied safety had been sought; whilst others again, upon more rational grounds, had found efficacy in the moderate abstraction of blood by cups or leeches in a certain class of cases. The excessive and often-repeated doses of quinine and calomel, as recommended by the late Dr. Blair, were condemned under the conviction that these (in doses of twenty or more grains of each, to be repeated two or three times at intervals of six hours, as occasion might require) had not been attended with such beneficial results as were once accorded to them; smaller doses better fulfilled the indications, without the grave results which frequently attend the so-called *heroic* practice. The sedative effect of frequent sponging with cold water or lemon-juice, allays irritability and tranquilizes vascular action; sometimes tepid sponging better answers the requirements of the case.

Many of the peculiarities which belong to yellow fever having been pointed out as concisely as possible, the opinion was pointedly expressed that its mode of invasion, its assigned geographical limits, its single paroxysm, with many other characteristics, claim for it a distinctive character, and establish it as a disease *sui generis*.

WESTERN MEDICAL AND SURGICAL SOCIETY.

MR. A. B. BARNES IN THE CHAIR.

DR. WM. OGLE read a paper on

WHAT TO OBSERVE IN DIPHTHERIA.

The paper consisted of a typical case, drawn up from analysis of records which have been already published, and of other cases that have recently occurred in the south-west district of London.

Dr. Ogle maintained that in the study of an epidemic such as diphtheria, observation should be extended so as to embrace other cases than those which are allowed to be genuine cases of the disease in question. In the present instance he recommended that all throat affections should be noted, all cases in which there is any tendency shown to croupal complication, and all recent cases of albuminuria. By a process of analysis and comparison of these cases with each other, and with others of the same disease which have been observed when no such epidemic was prevalent, the characteristic symptoms of diphtheria would be learnt, and thus an answer obtained to the question, "What to observe in diphtheria." In order to facilitate such comparison, it is desirable that all practitioners should draw up their cases after some generally approved plan, and that they should be careful to state facts rather than opinions. Thus "pulse 120" is a fact, whereas "pulse quick" is only an opinion, and is obviously of comparatively little value. It is not necessary to have as a basis any more complicated plan than that which is naturally followed under all circumstances, and by everyone. Symptoms being the conditions of the several parts of the body, and these parts being the same in all cases, a general outline—the same for all—is found more or less distinctly in every record. Every clinical record consists of facts that refer primarily either to the cutaneous, nervous, respiratory, circulatory, alimentary, urinary, or generative systems. These, with a single division for the facts that cannot be so arranged under any of the foregoing, suffice for all practical purposes.

Dr. Ogle exhibited an ingenious method, by which any person, remembering this natural division of the symptoms, could so order his manuscripts that the different symptoms might be read off, thus saving the trouble of making a separate analysis of each case, at the same time preserving the continuity of the record without loss of space. In the application of this plan to an epidemic, or to any special group of cases, modifications, according to the experience and judgment of the individual observer, would arise; but the simple, general outline being preserved, there would be a uniformity in the records, which is so much to be desired in clinical medicine.

We have given a report of this, which formed the introduc-

tion to the paper, both because it seems to us to supply a want that is universally felt, and also because the paper itself being of the nature of an abstract, it is impossible by further condensation to bring it within the limits at our disposal.

Reviews and Notices of Books.

The Pathology and Treatment of Venereal Diseases, comprising the most recent Doctrines on the subject. By JOHN HARRISON, F.R.C.S. 8vo, pp. 176. London: Simpkin and Marshall.

THE claim to a scientific character which Mr. Harrison puts forward in favour of the subject of venereal diseases will be found amply justified on a perusal of the work before us. In it the pathology of these diseases is so traced as to raise in the reader's mind a degree of interest which was scarcely to have been expected from such a subject. By distinguishing the simple or soft chancre and the true or indurated chancre from each other, we are taught to understand how, of two persons having sores, one remains free from constitutional infection, while the other suffers that very severe infliction. The laws relating to the transmission of syphilis by inoculation are explained, and the specific exanthematous nature of the disease pointed out. Constitutional symptoms are successively described, as they are manifested in the skin, throat, mouth and nose, the eye, the ear, the testicle, periosteum, bones, and viscera; whilst their treatment is discussed under the heads of Secondary Transition and Tertiary Symptoms, particular remedies being applied to each of these groups: for example, mercury in the secondary group, iodine and mercury in the transition group, and iodine in the tertiary.

One of the most interesting chapters of the work is that on Syphilis in Infants.

"In cases of syphilis affecting infants," Mr. Harrison observes, "it is important to determine whether the disease has been contracted at birth, by contact with primary sores on the mother's genital parts, or whether it is hereditary, or whether infection has been received after birth from a hired wet-nurse."—p. 32.

The extraordinarily contagious nature of hereditary congenital syphilis is thus pointed out:—

"In illustration of the hereditary transmission of the syphilitic poison, let us suppose a case of superfœtation, such as that which has been often quoted, in which a white woman, having been violated by a black slave one morning, shortly after her white husband had left the bed, gave birth, in due time, to twins—the one infant being white, and the other coloured; and let us suppose that both the woman and her husband were of pure and healthy blood, but the negro slave of syphilitic taint. If, now, in the course of her pregnancy, the woman manifested symptoms of constitutional syphilis, and if both infants were born diseased, the question arises, how was the infection propagated? The ovum impregnated by the black man had at the same time received the poison, so that the resulting fœtus became diseased. This fœtus communicated the infection to its mother, and she, on the other hand, communicated it to the twin fœtus she had healthily conceived by her own husband."—p. 33.

On the perplexed question of transmissibility of infection from secondary sores, Mr. Harrison remarks:—

"Practically speaking, it may be said that a healthy male runs little risk of infection from commerce with a female affected with secondary symptoms, and secondary symptoms only, excepting, perhaps, mucous tubercles of the genitals. But the case is different with a healthy female having connexion with a constitutionally syphilitic male; for, as we have seen in Chapter III., although the woman may not directly contract the disease, yet, if she becomes pregnant, the fœtus inheriting syphilis from the father will probably infect her. It is to be remarked that in almost all the alleged cases of transmission from secondary ulcers, it has been from the male to the female that the infection has passed. In such cases of infection of the mother by the fœtus, the first symptoms often have their seat in a region of the body where they could not have presented themselves, had the disease originated directly in sexual intercourse or even by any kind of contact. In a woman thus infected through the fœtus, the symptoms arose as follows:—Headache, general roseolar eruption, and in three weeks thereafter mucous tubercles in the throat and the genito-crural region; she had no chancre nor bubo. The man had no primary symptoms."—p. 50.

Again:—

"The effect of the contagion of syphilis, when contracted by transmission from secondary sores, is, according to M. Rollet, of Lyons, an ulcer which becomes developed after a variable period of incubation, which presents all the characters of the true primary syphilitic chancre, and is, like it, followed by other secondary symptoms. Inoculation with the matter of secondary ulcers on an uncontaminated individual, when successful, in like manner, produces an ulcer with the same essential characters as the infectious chancre."—p. 52.

After a chapter on the Immunity against New Constitutional Infection which one attack of syphilis gives to the system, as in the case of exanthemata, Mr. Harrison discusses the subject of syphilization on repeated inoculations with chancrous virus, which have been alleged to prove not only *curative* of the syphilitic diathesis, but also prophylactic of it. The matter of which the syphilizers have need for these inoculations, the author shows, must have been merely that from *simple chancre*.

In regard to the curative influence of syphilization, Mr. Harrison admits that the evidence is too strong to be doubted; yet he suggests that, as the sores produced were merely simple chancres, the production of tartar-emetic pustules in small successive crops over all the body might answer as well as inoculations. As to the prophylactic power of syphilization, as Mr. Harrison defines the question, he considers it unproved. He then concludes that the propriety and utility of the practice of syphilization are not sufficiently established to warrant us in introducing it, except with hesitation and reserve.

Under the head of Non-specific Sores, and under that of Discharges from the Urethra not of a specific gonorrhœal character, Mr. Harrison reproduces the practical observations which he lately communicated to this journal.

The chapter on the Non-identity of the Syphilitic and Gonorrhœal Virus is a very interesting one.

Part II. of the work comprises the chapters on Treatment. Though Mr. Harrison is very circumspect in the use of mercury, he is far from being a non-mercurialist. He considers that the previous exhibition of the chlorate of potass puts the system in a more favourable condition for the operation of mercury; for after a course of chlorate of potass, smaller doses of medicine tell with better effect.

After the lengthened analysis we have given of the author's pathology, we cannot go into the details of his treatment; but it is enough to say, that it is characterized by much simplicity. No matter what a practitioner's particular department of practice may be; no matter though cases of primary sores or gonorrhœa may never come under his care, some form or other of constitutional disease assuredly will. He should, therefore, be conversant with venereal disease. Mr. Harrison's work contains much information. To the practitioner who wants merely a view of the most recent doctrines on the subject it is not too long; to the student who wants practical instruction it is not too short.

Foreign Department.

ON THE MEANS TO BE EMPLOYED IN SYNCOPE FROM HÆMORRHAGE AFTER SURGICAL OPERATIONS.

M. DEBOUT, Editor of the *Bulletin de Thérapeutique*, has published, in a late number of that periodical, a valuable article, wherein he shows, by facts and arguments, that this syncope is not to be treated like the fainting which occurs

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after parturient hæmorrhage. M. Debout concludes with the following rules:—

1. Syncope following traumatic hæmorrhage is a more serious symptom than the fainting resulting from uterine hæmorrhage, both on account of the nature of the blood lost and its less rapid escape; it may, therefore, be affirmed, that the means found successful in the latter complication are not, as a consequence, likely to be efficient in the former.

2. As syncope, in traumatic hæmorrhage, is the result of want of stimulus to the nervous centres, the remedy will consist in putting the patient upon his back, and in lessening the extent of the circulation by abdominal pressure.

3. As we are to be especially anxious for the energy and duration of our therapeutic interference, we should add to the physical action of the means above alluded to the stimulation of the heated steel knob, rapidly carried over various parts of the cutaneous surface, and assist this operation by enemata of wine. This syncope is so perilous that all the above measures combined will never be too powerful.

M. Debout thinks that transfusion of blood in these cases is not to be relied upon.

THE QUESTION OF PREMATURE ARTIFICIAL DELIVERY IN CASES OF UNCONTROLLABLE VOMITING.

L'Union Médicale of the 3rd of April publishes a long and valuable article on this question, the occasion of which was a case under the care of an hospital physician of Brest, M. Caradec. The patient was a lady of twenty-two, who, in the second month of her first gestation, was seized with vomiting, which nothing could arrest. She died towards the end of the fourth month, after some days of apparent improvement. M. Caradec had adopted in this case a mode of consultation which seems usual in France, but is not so in this country. He had sent an accurate account of the symptoms to *L'Union Médicale*, asking for the opinion of the committee of medical gentlemen who, under the guidance of M. Latour, edit the paper. Both M. Caradec's letter and the answer are inserted in the journal, death having taken place subsequently to the use of the remedies suggested by *L'Union Médicale*.

M. Caradec wished to deliver prematurely, but was afraid of incurring the responsibility. It would appear, from the document sent to him by the above-mentioned paper, that two eminent accoucheurs of Paris, M. Chailly Honoré and M. Cazeaux, differ in their opinion as to the question at issue: the first is a strong supporter of artificial delivery, and the latter is opposed to it. M. Cazeaux remarks that, although five successful cases have been quoted in English obstetric works, we are not acquainted with all those in which the operative interference alluded to has failed to relieve the symptoms.

SUBCUTANEOUS INJECTIONS OF SULPHATE OF ATROPINE IN TETANUS; RECOVERY.

M. PESCHEUX has communicated the following case to the Surgical Society of Paris. A woman had met with a scalp wound and a compound fracture of both bones of the leg, in consequence of the falling-in of a chimney. For three weeks she progressed very satisfactorily, when tetanus set in with great violence. After almost every one of the usual remedies had been employed, M. Pescheux subcutaneously injected, along the spinal processes of the cervical vertebræ, a solution of sulphate of atropine in the proportion of one grain of the salt to one hundred of water. About two-thirds of Pravaz's syringe were used, when the patient was seized with the well-known symptoms of belladonna poisoning, which lasted about twelve hours. The tetanic manifestations, when these symptoms abated, were much less severe; and after another injection, made twenty-four hours afterwards, which, however, did not affect the patient so much as the first, she completely recovered.

ON THE COLORATION OF SIGHT AND URINE PRODUCED BY THE ADMINISTRATION OF SANTONINE.

M. FLOURENS presented to the Academy of Sciences of Paris, at the meeting of the 12th of March, the second edition of M. Martini's work on the above subject. M. Flourens stated, that of the two effects of santonine mentioned, the former was certainly the most curious. Most persons who take santonine see objects green, some blue, and others straw-coloured. In the present edition, M. Martini has added new cases, and quoted those which have been published in England and France. In this edition also will be found some trials of santonine in nervous affections of the eye.

A woman, aged sixty-three, was affected with imperfect vision of the left eye. No visible alteration could be detected when M. Martini saw her in March, 1859. The pupil, however, was sluggish, and larger than on the right side; in the aqueous humour a whitish cloud could be detected; and the patient could hardly distinguish light from darkness. M. Martini resolved upon trying santonine, and the patient was given for five days from four to six grains daily. She then saw, four or five times in the course of the day, objects of a greenish yellow, even with the weak eye. Eight grains were now daily given, and besides seeing things coloured, as stated before, she could discern the faces of the persons around her. On the 20th and 22nd of March she still saw everything yellow, and more distinctly than before. The administration of santonine was now given up, and the improvement remained stationary.

In another case, santonine was given for two days to a patient who was amaurotic on both sides; and after that time the retina was found more sensible to light than before.

A third case is also mentioned, in which the patient had lost the right eye, and was amaurotic of the left. He was given ten grains daily. In a week he could read some words written in large letters on the wall.

THE COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

WE have been requested to publish the following letter from Sir Benjamin Brodie, President of the Medical Council:—

14, Savile-row, W., April 30th, 1860.

SIR,—I have to acknowledge the receipt of your letter, dated ———, respecting the admission of certain persons as members of the Royal College of Surgeons, who have not gone through the course of professional study which is required of ordinary candidates.

Not having been for many years a member of the Court of Examiners, and having been prevented by other public duties for some time past from attending the meetings of the Council, I have no knowledge of the particular cases to which you have referred. But as to the general question, I will call your attention to the following circumstances:—When the Apothecaries Act of 1815 was passed, it was thought right that the operation of it should be in no way retrospective, and it was therefore provided that all those who had been engaged in practice as apothecaries previously to the year 1815 should have the same privileges as those who were to be licensed after due examination afterwards. In the Medical Act, the same attention has not been paid to the preservation of vested interests as in the instance of the Apothecaries Act. Previously to the year 1858, it was not necessary that any one who practised as a surgeon, or called himself a "surgeon," should be provided with a licence or diploma from any of the medical corporations. He had as much right to do so, and to place the title of "surgeon" on his door, as another man has to call himself a painter or an engineer; and I can remember the time when some of the leading provincial surgeons were in this predicament; for example, Mr. Ingham and Mr. Moore, of Newcastle, and Mr. Richard Smith, of Bristol. Of late years such instances have been rare, and it was only a few obscure persons who ventured to offer themselves to the public as surgeons without any other evidence as to their qualification than their own word. Still they did nothing more than the law allowed, and it seems not unreasonable that, when they have conducted themselves decently and respectably, some such favour should be conceded to them as had been conceded to the apothecaries formerly.

If the College of Surgeons has done no more than to admit such persons as members after examination, without inquiring very minutely into their early professional studies, I conceive that they have not acted contrary to the spirit of the Medical Act, nor to the intentions of those by whom it was framed.

I am, &c.,

(Signed) B. C. BRODIE.

A FOURTH FACULTY OF MEDICINE AT LYONS.—The talented editor of the *Gazette Médicale de Lyon* publishes, in the number of the 1st inst., a clever article showing that the annexation of Savoy to France will make it imperative to raise the Preparatory Medical School of Lyons into a Faculty of Medicine. Our readers are aware that at present France has but three Faculties of Medicine—Paris, Montpelier, and Strasburg. The Preparatory Schools are twenty-two in number.

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THE LANCET.

LONDON: SATURDAY, MAY 12, 1860.

ALTHOUGH the Poor-law Medical Relief Bill has been withdrawn by Mr. PIGOTT, we think it may be useful to notice one or two features of Mr. GRIFFIN's last pamphlet, in which he seeks to defend the Bill, and to excuse its errors. We may confidently say that a great opportunity for removing or mitigating the grievous wrongs which the Poor-law surgeons endure, and of improving the administration of medical relief to the suffering poor, has been lost through the injudicious attempt to make the Bill carry provisions totally foreign to its professed and only legitimate objects.

The result, which could not but be foreseen, has been to strengthen Boards of Guardians in their opposition, and to bring the Bill to a damaging termination. Mr. GRIFFIN now admits that the Clause relating to Coroners' Inquests had better be expunged. The Clause will certainly be expunged from any Poor-law Medical Relief Bill that will pass the Legislature, and it is not likely to make part of the Coroners' Bill. The imperfect consideration given to the framing of this Clause is evinced by the qualifications subsequently suggested. As a first amendment, it is proposed that the Registrar shall direct his order of inquiry to the "usual medical attendant"—if living within five miles—of a person lying dead, instead of to the district medical officer. The next amendment—one framed to obviate "unnecessary inquests"—is, "That in no case shall "a district medical officer, who has certified to the necessity "of an inquest being held by the Coroner, be entitled to any "fee for giving evidence at such inquest." It is obvious that this latter qualification would tend not only to prevent the holding of inquests in proper cases, but would also deprive the medical practitioner of the fees secured to him by the Medical Witnesses Act. The district medical officer, in return for an invidious duty thrust upon him, that must continually bring him into collision with the public and his medical brethren, must be denied his legitimate fee, or incur the imputation of directing unnecessary inquests for the sake of fees.

Such are the shifts involved in the attempt to justify an inconsiderate and untenable proposal. This might suffice: but we do not think it right to overlook an argument in this pamphlet which is based upon a complete misunderstanding of a passage in a report of the Registrar-General. Mr. GRIFFIN says:—

"A Poor-law medical officer sent me the following extract from the Annual Report for 1854, page 66:—'In 1854, 5663 deaths occurred in which no cause was specified (therefore so many cases in which death may have occurred from other than natural causes); 3993 were *sudden;* inquests were held, but cause of death not determined (the inquests were therefore useless, and the expenditure incurred by them thrown away).'"

This is so entirely opposed to the published opinions of the Registrar-General that we consulted the report quoted, and not great was our surprise to find that, owing, no doubt, to want of precision in literary composition, the sentences enclosed between parentheses, and which appear to be quoted from Dr. FARR, are not found in the text at all; they are simply the comments of Mr. GRIFFIN or his correspondent. When it is stated that in 3993 instances inquests were held without determining the cause of death, it is not meant to imply that the inquests were held unnecessarily; such a conclusion is absurd. It simply raises a presumption that in many cases the inquiries were incomplete, inasmuch as there were no post-mortem examinations.

In another part of this pamphlet, Mr. GRIFFIN defends the Clause which would convert District Medical Officers into Medical Officers of Health. He does this by quietly assuming that the measure must be good because he has not heard of any opposition. We can assure him that had the Bill survived another fortnight there would have been petitions presented from every District Board in the metropolis against this attack upon their legal rights; and we have good reason for believing that this Clause has been the direct incitement to much of the opposition exhibited by boards of guardians. As we have not hitherto referred to this proposal to make the District Medical Officers the only Officers of Health in the country, we will now state the main objections to it.

It will, in the first place, strike everyone that the Clause would operate as a disfranchisement of all those practitioners who may not be Poor-law Medical Officers. We believe that to establish a monopoly of this kind, to institute a forced association between the two offices, would operate as injuriously to the Poor-law Surgeons as it would be unjust and injurious to the rest of the profession. The experience of the metropolis has fully vindicated the wisdom of the framers of the Local Management Act, in separating the duties of the Medical Officer of Health from all others. By this arrangement the highest degrees of independence and efficiency have been secured. In many instances, gentlemen of high standing have been appointed who do not even live in the districts over which they have authority. They are thus as free as possible from local influences, and encounter no risk of finding their private interests clashing with the discharge of their public duties. On the other hand, the Poor-law Surgeon would, at every step made in the removal of nuisances or the enforcement of house improvements, be brought into collision with his guardians and clients *in esse* or *in posse*. On this ground many of the most able of the Poor-law Surgeons of London have steadily refused to take the appointment that Mr. GRIFFIN would thrust upon them.

It is well that these facts should be borne in mind. A policy of exclusion and monopoly must always be bad. The agitation for the improvement of the administration of Poor-law Medical Relief must not be abandoned. It must be pursued resolutely. If the movement be not encumbered with extraneous matter; if the next Bill be strictly and honestly confined to its legitimate objects, another year may, we hope, witness a more successful result.

THE majority of our military and medical officers will acknowledge that *intemperance* is one of the chief determining causes of the high rate of mortality which is common amongst the troops at each of the three Presidencies of India. Those who are best able to judge of the matter have formed the same strong conviction as Colonel SYKES has—namely, that the mortality amongst the European troops will not be lessened until the soldier is improved in his habits—until he is made to understand that temperance is for the benefit of his body, libraries for the benefit of his mind, and exercise for the

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benefit of his health. Yet, strange to say, one or two authorities can be referred to who attempt to show that the popular notion relative to the way in which habits of intemperance influence the rate of army mortality is an erroneous one. Sir A. TULLOCH, for example, is a strong advocate of the opinion that drunkenness does not form one of the main causes of sickness and mortality amongst her Majesty's troops. If it be said that this opinion does not relate to the Indian army, we may observe that, in reference to the latter, Dr. BALFOUR maintains that the actual loss which the service sustains by the intemperance of its soldiers adds only a small proportion to the deaths from climatorial diseases. This officer likewise maintains that the belief that soldiers are generally intemperate is a very unjust one.

Now, with every respect for these latter authorities, we must agree with Dr. CHEVERS that "all our data combine to support an opposite line of argument." The reports from nearly all the medical officers in Madras concur in stating that "the chief cause of crime and mortality is drunkenness." It is the same as regards Bengal; and upon looking at the data afforded by an article in the *Bengal Review*, entitled "Soldiers, their Mortality and Morality," we observe a body of 8743 men, of whom 1461, or 167 in the 1000, are drunkards! We have long been satisfied of the enormity of the evil of allowing, if not of seducing, soldiers to drink large quantities of raw spirits in India. We commented upon the degradation of our men in the East from constant intoxication when lately bringing the facts of the *Great Tasmania* case before our readers. We there exhibited the European troops collected at the military depôt for Calcutta, where the canteen is the property of a sergeant-major. We found them under this worthy's care until they embarked; and we discovered the natural consequences attending such an arrangement—namely, that the sergeant induced the men to drink as much as possible, and that they did drink to such an extent as often to prevent them going on parade. Dr. FERNANDEZ, the medical superintendent of these men on their voyage home, informs us that the kind of liquor they drank while in India was made so strong that it was like fire in the mouth. It was called "bayonet-points," "fire-dragon," and other strange and potent names.

We have been somewhat struck by an account* we have just received from India of a very sudden and remarkable mortality amongst the men of the K Battery, Royal Artillery, at Baroda. This occurred at first sight apparently from no very assignable cause, though all the men had head-symptoms of "sun-stroke" character, and ten died, between May 27th and June 2nd, in the course of a few hours. It is also a striking fact, that this mortality took place whilst a detachment of her Majesty's 4th (King's Own) Regiment, at the same station, lost only one man. In the Artillery, however, as the strongest and finest-looking men were the first to suffer, the alarm increased, and the men generally of the company lost heart, so as to lead them to "fancy themselves struck when, in reality, nothing ailed them." Under these circumstances, the medical officers of the brigade advised the brigadier commanding to march the company out for a change, believing that although in tents the thermometer might stand higher than in barracks, yet to the soldiers' sensations it would appear cooler. Further, their thoughts being diverted by change of scene, the men might recover a healthy tone of mind, and their bodily health along with it. This judicious advice of the medical officers was happily listened to by a sensible commandant, and the company (with the exception of a few men left to look after the battery and horses) was marched out some twenty miles to Dutka, on the banks of the Myhe, within influence of the sea-breeze, and where the men could find amusement. Improvement rapidly ensued, and in less than a fortnight the company returned to Baroda, with fewer sick than it had had for some time previously.

What was the cause of this strange and sudden mortality in one body of men, whilst another (two companies of the 4th Foot), quartered in barracks of the same construction, and immediately adjoining those of the other corps, lost only one man by "coup-de-soleil," and were as healthy as could be expected, having only twenty sick (one serious case) out of 171 men? The following extract from an official paper will show:—

"A medical committee was ordered to report upon the extraordinary sickness in No. 1 Battery, 13th Battalion, Royal Artillery, and to assign, if possible, reasons for the mortality that took place in its ranks, whilst the detachment of the 4th (King's Own) Regiment, quartered in barracks immediately adjoining, and living under precisely similar conditions, exhibited an average amount of sickness.

"The committee, after careful investigation of all the circumstances, arrived at the conclusion that the mortality amongst the men of the Royal Artillery was caused by the exposure of men of *intemperate* habits to the heat and sun; and that the comparative immunity of the detachment of the 4th Royal Regiment arose from their more abstemious habits, and less exposure. No cause for the mortality amongst the men of the Artillery could be traced to the barrack accommodation, as those who died came equally from the old and the new barracks, the rooms of which are as near as possible like those occupied by the detachment of the 4th (King's Own); nor could any cause be traced in diet, as the rations received were very good, and could not in any way have proved injurious to the health of the men, and were similar for the Artillery and for the 4th (King's Own)."

That *intemperance* was at the bottom of this sudden mortality, there can be no doubt. The surgeon carefully examined the canteen reports, and found the quantity of spirits that had been daily consumed to be very great. The men were known as "free drinkers," or as "hard drinkers," and when there were fewer men to drink the usual ration, the consumption of arrack was at its greatest height; the men, when the nervous depression first seized them, having immediate recourse to "spirits" as a relief. The temperate men of the battery were those who did not suffer. The means further adopted at the time to prevent a recurrence of the danger were, the closure of the canteen, with the exception of the issue of one pint of porter per man daily, and the suspension of extra drills and parades.

Now, surely some way between "teetotalism" and intemperance might be found worthy of Government patronage for the adoption of soldiers in India. Government commenced a good work; but it is clear that, for the burning sky and deleterious climate of the East, it ought to have gone further. The discontinuance of the allowance of the "rum ration," (except on field service,) and the providing of malt liquor for the men, have tended to diminish to some extent drunkenness in the army. Formerly every soldier in India and in our other tropical colonies received a daily allowance of half a pint of rum, in the form of "two drams," as they

* Transactions of the Medical and Physical Society of Bombay. No. V., New Series. Bombay, 1860.

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were called. The existing system, as we learn from Dr. CHEVERS, (*op. cit.*,) limits the quantity of liquor obtainable by each man only on *desire* to a quart of beer and two "drams" of spirits. But the majority of experienced medical men in India certainly hold the opinion that it is advisable to discontinue altogether the *authorized* sale of spirituous liquors to our troops. In former times, when the men's balances were paid monthly, and any amount of rum was procurable for some time after pay day, commanding officers were obliged to dispense with parades sometimes for several days successively; it was with difficulty that the requisite number of men could be found sufficiently sober to mount guard, at least so Mr. MARSHALL tells us. So much for "bayonet-points," "fire-dragon," and "hell's blazes"—the last a delightful mixture of arrack, fermenting toddy, and Cayenne pepper, and which at some stations used formerly to be of so potent a character as occasionally to cause the mouth of the man who drank it to look as if its lining membrane had been removed by an escharotic.

THE cordial feelings of mutual regard and respect which animate the members of the military medical service are very honourable to that service. The Army surgeons manifest a dignified self-respect and generous *esprit de corps* which are very admirable, and worthy of imitation. It is frequently and abundantly shown by the earnest testimony of superior officials to the high merits and claims of the junior officers, not less than by the grateful regard in which the memory of the leading authorities is held by them, and their frequent manifestations of esteem towards the military heads of their profession. We receive this week a new instance of this feeling in the account of a presentation of some massive plate made

"To JOLLIFFE TUFNELL, Esq., Regius Professor of Military Surgery, Dublin, by the medical officers of the British Army, in acknowledgment of his unwearied advocacy of their rights and staunch support of their claims."

It was presented by Dr. HUMFREY, Inspector-General of Hospitals, who expressed the high sense which Army medical officers entertained of Professor TUFNELL's qualities and services. He called to mind that at a time when unexpected sickness and unheard-of hardships weighed on the British Army, and the Medical Department became the subject of unmerited criticism, Professor TUFNELL came forward and forcibly described the true position of the medical officers, and the obstacles with which they had to contend. When, subsequently, the Royal Commission was appointed to report on the Army Medical Department, he gave an equally staunch support of their rights and unwearied advocacy of their claims. Professor TUFNELL may justly value so high a testimony of regard from those who are best able to judge of the value of his exertions.

WE learn with pleasure that the Queen has been graciously pleased to give orders for the appointment of Mr. JAMES RAMALD MARTIN, Examining Physician to her Majesty's Principal Secretary of State for India in Council, to be an Ordinary Member of the Civil Division of the Third Class, or Companion, of the Most Honourable Order of the Bath. Her Majesty has also accompanied the Companionship of the Bath with an offer of Knighthood, which will probably be conferred on our distinguished professional brother at the next meeting of the Order.

THE question of the Parliamentary representation of the University of London is assuming greater complexity. The present position is one calculated to excite the greatest anxiety in every friend of the University. It is impossible to exaggerate the importance of selecting the right man for the first member. By its first choice the University will be judged in the eyes of Parliament and of the public, and its future influence for good determined. Every personal feeling should be merged in the single object of securing the man of the highest characte of the most conspicuous excellence, and of strictly liberal principles.

WITH admirable perseverance and resolution, the students were not prevented from holding their aggregate meeting by the fact of the withdrawal of Mr. PIGOTT's Bill, in especial support of which it was called together. The principle remained intact, and they probably felt that there was the more necessity for unanimous and energetic action since the Poor-law guardians have combined to resist the proposed ameliorations. The meeting was well attended, and, as might be expected, displayed an enthusiasm which was beyond its numbers.

WE are glad to direct the attention of our readers to the announcement of a Course of Clinical Lectures on Paralysis and Epilepsy, to be delivered at the National Hospital for Epileptics by Dr. BROWN-SÉQUARD. By this means the full pathological and therapeutical value of this institution will acquire its utmost development. The instructions of the distinguished physiologist and physician will be sought with eagerness and profit.

UNIVERSITY OF LONDON.

NOMINATION BY CONVOCATION FOR SENATE.

AT the meeting of Convocation on Tuesday last the votes were—for Dr. Quain, 132; Mr. Jessel, M.A., 57; Dr. Miller, 52. Great credit is due to the medical graduates for the zeal with which they followed up the legitimate object they had fixed, and they may well congratulate themselves on the result, alike satisfactory to them, and creditable to the University. Praise is due to the graduates in Arts and Laws, or at least to a majority of them, for the good sense and good feeling which they displayed in recognising the claims of their fellow-graduates in Medicine. The present would seem to be the opening of a new field and of renewed vigour, founded on a good understanding between the several sections of the graduates.

POOR-LAW MEDICAL REFORM.

AN aggregate Meeting of Medical Students, convened by the Poor-law Medical Reform Association, was held on Tuesday last, at St. Martin's Hall. The chair was occupied by Mr. POTTS, M.P. for Barnstaple.

The CHAIRMAN, in opening the proceedings, said he took great interest in the question of Poor-law Medical Reform, and cordially sympathized in the object for which the meeting had been convened. The House of Commons, he said, was always glad to listen to applications for the redress of any grievance; and if the members of the profession were unanimous, he had no doubt that Parliament would accede to their request. The remuneration afforded, in many cases, to Poor-law medical officers was altogether inadequate to the services rendered, and to the high character of the profession;

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and a change in the system was imperatively called for. (Hear.) He was not so well acquainted with the details of the subject as his friend, Mr. Pigott; but he should always be glad to render any aid in his power to the movement which the meeting was assembled to promote.

The Secretary having read a brief *résumé* of the proceedings of the Students' Branch of the Society,

Mr. ERNEST HART, the Chairman of the Students' Committee, proposed the first resolution,—"That the existing system of Poor-law Medical Relief is fraught with dangers which call for immediate relief." These dangers, he said, were dangers to the poor and to those who support the poor. Poor-law medical surgeons were often called upon to treat cases of the greatest importance in every branch of medical practice, and had to travel long distances, in all weathers, to attend their patients; and, under the most disadvantageous circumstances, they were expected to show the utmost zeal and alacrity in their labours, which were scrutinized by the guardians with the greatest jealousy and often interfered with in the most unwarrantable manner. They did not ask for extravagant, but only for a very moderate, remuneration. (Hear.) It had been said that they were satisfied with their pay, but that was untrue; and now that the falsehood had been demonstrated, the guardians were organizing an opposition to the claim which had been put forward. The movement was, however, rapidly progressing, and he was satisfied that it would be ultimately successful.

Mr. GRIFFIN, of Weymouth, who was received with a rapturous demonstration of applause, seconded the motion. He referred to the withdrawal of the Bill by Mr. Pigott in consequence of the sudden opposition of the guardians, observing that that gentleman fully intended to bring in another, which he had every reason to believe would receive support in high quarters. The Cambridge Board of Guardians, he said, had the honour of originating the opposition to the present movement, and they had recently summoned one of their officers before them for neglect of duty. The great fear of these bodies appeared to be that the poor should be too well cared-for, and that they should have a little meat ordered them by the medical officers. The payment was so disgracefully low that it was morally impossible that the poor could be properly attended to. He himself received only 1*s.* 4½*d.* a case on an average of four years (Shame!); and how could it be expected that in a severe case of inflammation he should apply twelve or twenty leeches which cost him 6*d.* each? (Hear, hear.)

Mr. HOLMES COOTE supported the resolution. He said there was no public reform more needed than the one in which they were at present engaged. The guardians could do nothing better for the cause than appear in opposition to so just a claim. What had been effected in the army could be achieved in behalf of the Poor-law medical officers, by a vigorous effort on the part of the profession and the public; and without some effectual reform it would be impossible to carry out the sanitary principles of the present day.

Mr. FAGG, of Guy's Hospital, proposed,—"That the present system grievously injures the efficiency of the relief afforded, by crippling the resources, limiting the powers, and lowering the standard of skill amongst the administrators of that relief, and that the remuneration afforded is inadequate to the labours which are demanded of them, the skill which they should possess, and the expenses incidental to their position." The remuneration of Poor-law medical officers, he said, was not sufficient to furnish the medicines required by the poor. Their duties were of the most laborious kind, and they were often only saved from utter despair by the consciousness of the good they did to their fellow-creatures. It was said that medical men advanced in their professional practice by their public position as union medical officers. Even if this were so, which he did not admit, was it a sufficient reason for an inadequate remuneration? Would a baker charge less for his bread because he supplied the union? or would a solicitor take less fees because of his official position as a Poor-law officer? (Hear.)

Mr. SUTTON of the Middlesex Hospital, briefly seconded the resolution, and urged the importance of the reform.

Dr. PAVY supported the resolution. He remarked that the offices of barber and surgeon were formerly combined, and now that they were disconnected, the barber was better paid than the Poor-law medical officer; for while the former received 6*d.* for taking away our superfluous hair, the latter, after deducting the expenses of medicines, received 5¾*d.* for twenty-two visits. (Hear, hear, and laughter.)

Mr. W. F. TEEVAN proposed the next resolution,—"That as the grievances set forth also injuriously affect the medical care and well-being of all the poor throughout the kingdom, they are well deserving the attention of Parliament." He referred to the hardships inflicted upon medical men and upon the poor by the system adopted by the guardians, adding that, with regard to children in the unions, the policy pursued was to treat them in such a way as to cause them to die early, and thus relieve the parish of the burden thrown upon it.

Mr. WM. BRETT, of Westminster Hospital, seconded the resolution in a humorous speech. He commented on the inconsistency of Sir E. Bulwer Lytton, the humanitarian and philosopher, presenting petitions to the House of Commons from the guardians against Poor-law medical reform. He referred to the claims of medical men, who he said had done more for the poor than the members of any other learned profession, and urged on the meeting to do everything in its power to forward the object they had in view.

Mr. M. C. WARD, of St. George's Hospital, proposed,—"That this meeting urgently calls upon the House of Commons to take the case of the Poor-law medical officers into their serious consideration, and pass such measures as are calculated to meet the evils complained of, and thereby obtain more efficient relief to the sick poor." He believed that the Bill proposed by Mr. Pigott would have been highly beneficial to the poor, to the ratepayers, and to the medical profession. He referred to the importance of unanimity in all future efforts, and recommended the friends of the movement to consent to forego their individual opinions in reference to minute details, so as to unite with vigour in promoting the common object they had in view.

Mr. WALTON, of King's College, seconded the resolution, and commended the example of continental students to the students of this country, urging upon them the necessity of combining in furtherance of the just claims of Poor-law medical officers.

Mr. W. FARRINGTON, of St. Bartholomew's Hospital, proposed the adoption of a petition to Parliament in behalf of a more adequate recompense to Poor-law medical officers. He said the present scandalous system could only be remedied by parliamentary enactment; and he called upon the students to sign the petition as numerously as possible.

Mr. S. FELCE, of St. Mary's Hospital, seconded the resolution. He hoped that the movement would not be made a party one, and that all its supporters would unite heartily in its promotion.

Mr. NUNN, in supporting the resolution, urged the importance of continuously petitioning Parliament. He did not believe the movement would be successful this year; but he had no doubt that by repeated, persevering applications, success would be ultimately achieved.

Mr. J. H. HOOPER, of St. Thomas's Hospital, proposed a vote of thanks to the Chairman. He thanked the medical students for the aid they had afforded to the cause, and the manner in which they had rallied round the promoters of the movement. He anticipated a long and an up-hill fight; but from the attitude the guardians had found it necessary to take, he had no doubt of the result. The question affected the poor more than it did the medical profession; and on that ground they had a right to public sympathy and co-operation.

The motion, having been seconded, was carried by vociferous acclamations.

The CHAIRMAN briefly acknowledged the compliment, and the proceedings terminated.

Correspondence.

"Audi alteram partem."

THE REFORM OF THE ROYAL COLLEGE OF PHYSICIANS.

(LETTER FROM DR. J. A. WILSON.)

To the Editor of THE LANCET.

SIR,—More than a quarter of a century ago, I laid the "Resolutions" (of which I now enclose the original draft in MS.) before a Reform Committee, obtained at my instance from the President and Fellows of the London College of Physicians. Need I tell you that these Suggestions met with but small favour from Sir Henry Halford, and those whom he influenced in the College Councils of 1833. They were denounced by the Court physician and baronet, in full comitia, as much too "*democratic*" for adoption, and have been shelved ever since.

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But in Pall-mall East, as elsewhere, Time holds his whirligig, and scores his game with "revenges." Here is mine! For full five years I strove hard to lead Linacre's College back from the narrow by-ways of their later statutes to the broad highway of their Charter. I succeeded only in securing much flippant ignorant criticism on the measures I proposed, with ingenious disparagement of my motives, and abundant ill-will to myself. Time has righted us all, and the London College of Physicians bids fair at length to become a British institution.

I am, Sir, your obedient servant,

London, May, 1860. J. A. WILSON, F.R.C.P.

Suggestions for Enlarging the Order of Candidates, by admitting into it many of those who would now be classed as Licentiates; also, for extending the influence of the College by the Admission of Medical Practitioners, without degrees, into the Class of Licentiates, the Fellowship remaining as before. Both proposals are in accordance with the original proceedings of the College under the Charter.

(J. A. WILSON, Nov. 14th, 1833.)

It is recommended,—In consideration of the improved state of medical education, in accordance with the spirit of the College Charter, and for the prevention of all possible effect of distinction amongst its members, as resulting from differences of opinion in matters of religious belief, that—

I. The election of Fellows from the general body of licensed physicians be less restricted than it now is under the operation of the existing bye-laws.

II. That the eligibility of candidates for the Fellowship be determined by the range of their medical, scientific, and general literary attainments.

III. That the standard of education required by the College as necessary for admission to its Fellowship, be, as heretofore, the highest which the academical institutions of this country can afford, and that the Report of the Education Committee be considered to express the views of the College on this subject.

Fellows.

1. That physicians holding the College licence be designated as—Fellows, Graduate Fellows (*i. e.*, Candidates), Licentiates (or licensed Members).

2. That the Fellows continue to exercise their functions as heretofore.

3. That the Fellows be elected by ballot from the class of "Graduate Fellows."

4. That the examination necessary for admission into the class of "Graduate Fellows" be the same as that required for the class of candidates by the College, in the Report of the Education Committee.

5. That no physician be admitted to examination as "Graduate Fellow," who has not completed his twenty-sixth year, and who cannot produce his diploma of Doctor of Medicine in some accredited British or foreign University, or his diploma of Bachelor of Medicine, with licence to practise, from the Universities of Oxford or Cambridge.

6. That all such Doctors or Bachelors of Medicine, if approved on examination, be proposed and balloted for as "Graduate Fellows," at the Comitia Majora Ordinaria next ensuing, and if elected, forthwith admitted.

7. That no "Graduate Fellow" be proposed and balloted for as Fellow until he shall have completed the twenty-ninth year of his age, and unless he can produce his diploma of Doctor of Medicine in some accredited British or foreign University.

8. That no "Graduate Fellow" be proposed and balloted for as Fellow, until he shall have completed the term of three years as Graduate Fellow on the College Register.

9. That *all* "Graduate Fellows" holding the diplomas of Doctor of Medicine in the Universities of Oxford or Cambridge, or in any other accredited British or foreign University, *likewise Masters of Arts*, be proposed and balloted for as Fellows on the expiration of three years from the date of their admission as "Graduate Fellows" on the College Register.

10. That no "Graduate Fellow" *not* a Master of Arts in some accredited British or foreign University, be proposed or balloted for as Fellow until he shall have completed the term of five years, from the date of his admission as "Graduate Fellow" on the College Register, and that, at the expiration of five years, all such "Graduate Fellows" be proposed and balloted for as Fellows, and if elected, forthwith admitted.

11. That the "Graduate Fellows" be admitted to the use of the library, museum, and reading-room, on the payment of an annual subscription, under the same restrictions and on the same terms with the Fellows; that they receive notice of all public meetings held in the College, (and that they have the privilege of attending the Comitia Majora Ordinaria as visitors, without the right of voting,) thus acquiring an interest in, and becoming acquainted with, the business of the College.

Licentiates, or Licensed Members.

1. That the examination of persons wishing to become Licentiates of the College be the same as adopted by the College on the Report of the Education Committee.

2. That no person be admitted to an examination as Licentiate, who has not completed his twenty-sixth year, and who cannot produce such testimonials of education, character, and attainments, as have been recommended to the College by the Education Committee.

3. That the statute relating to the *extraordinary* election of Licentiates, on the recommendation of the President unto the body of the Fellows, remain in force.

4. That all Licentiates of five years' standing be admissible to examination as Fellows, on producing the diploma of Doctor of Medicine in some accredited British or foreign University, and that, if approved on examination, they may be balloted for at the Committee next ensuing, and admitted accordingly.

5. That the Licentiates of the College be admitted to the use of the library and museum, under such restrictions as may be deemed expedient; that they have notice of all public meetings to be held in the College, (and that their names appear in the College list as Members.)

6. That the Bye-laws affected by the foregoing resolutions be altered or repealed, so as to give effect to their operation, and that a Committee be forthwith appointed for this purpose.

Further proposed, that a large election (say ten or twenty) of the *present* Licentiates should forthwith take place, partly on the selection of the President, principally by general ballot of the Fellows. J. A. WILSON, M.D.

THE

ROYAL COLLEGE OF SURGEONS, IRELAND, AND THE DUBLIN UNIVERSITY.

(LETTER FROM MR. RAWDON MACNAMARA.)

To the Editor of THE LANCET.

SIR,—An editorial comment that appeared in the *Dublin Medical Press* of the 12th April, on the letter that I had the honour to forward to you recently, and which appeared in THE LANCET of the 7th inst., renders it imperative on me to appeal to your well-known courtesy and sense of justice for the opportunity of explanation.

A few preliminary words of explanation are necessary to enable your readers to understand the case. They shall be brief, and are these.

The University of Dublin has a Medical School attached to it, officered by professors of undoubted ability. The College of Surgeons in Ireland also has a School attached to it, similarly officered; and in addition to these we have four unchartered Schools, each with a full and efficient staff of lecturers. Until recently, the University authorities would not receive the certificates issued by the professors in the College, or the lecturers in the unchartered Schools; and, on the other hand, the Council of the College declined to receive the certificates of the University professors unless from such of their students as were of B.A. standing,—thus compelling the student who wished to possess himself of the double degree of M.B. T.C.D. and L.R.C.S.I. to take out, on the same subjects, a double set of certificates from a double set of lecturers, either of whom were acknowledged to be competent to give the necessary amount of information to the student; and it was as to the propriety of a continuance of this state of affairs that our Council was very nearly equally divided, the party with whom I have the honour of acting being advocates for the recognition of the University certificates; the other portion (unfortunately the majority, headed by Dr. Jacob, Professor of Anatomy in the College School, and Editor and proprietor of the *Dublin Medical Press*) being vehemently opposed to it. And it is for venturing to claim for our party the merit of our present liberal bye-laws that I have been so wantonly assailed in the number of the *Medical Press* already alluded to—with what justice the following facts will show.

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The then existing condition of our educational bye-laws was felt to be so crying an evil, that at last it was taken in hand by Dr. Beatty and some others, and an arrangement was made between the two bodies for a mutual recognition, but in which recognition no notice was taken of the unchartered Schools. This truce, however, was but of temporary duration, and a return to the *status quo ante* was resolved upon by the Council of the College of Surgeons, the University authorities still, however, continuing the recognition of the certificates issued by the professors in the College School, and after some time even extending it to those issued by the lecturers in the unchartered schools. During this period also, the Board of Trinity College, Dublin, commenced a parliamentary campaign to have the names of their Licentiates in Surgery inserted on the Register, with a success that we all know, but with what ultimate fatal results, not only to our College, but to every other surgical corporation in Great Britain, remains as yet to be seen. We sent a deputation to London to oppose this measure; and, on the 5th of August, 1859, a telegram was laid before the Council of the College from these gentlemen of such a nature as to induce *me* to propose that instructions should be sent authorizing them "to compromise matters by a mutual recognition of lectures." This was not considered enough; and my valued friend, Dr. Banon, proposed the addition of the words, "including the private schools." Both the original resolution and the amendment were opposed by Dr. Jacob and his party, and not allowed to pass.

On the 7th of October, 1859, Dr. Beatty proposed in the Council that we should recognise the certificates of the University professors. Dr. Jacob, with his party, successfully opposed it. On the 27th of October last, we had a special meeting of the Fellows at large of the College, who, in spite of Dr. Jacob's opposition, by a large majority recommended the Council to recognise the University tickets. On the 18th of November, Dr. Hutton proposed in the Council that these certificates should be recognised, when again Dr. Jacob and his party negatived the motion. On the 9th of January, 1860, we again held a special meeting of the Fellows, who, by a still larger majority, and in spite of Dr. Jacob's continued and vehement opposition, recommended the Council to receive the University certificates, *and adjourned to the 23rd instant to receive a further report from the Council on this subject;* and it was only on the 10th of January, 1860, that Dr. Jacob, finding further resistance worse than useless, with grim forebodings of our approaching annual elections for members of Council, and in the vain hope of converting a most signal defeat into something bearing the semblance of a decent retreat, brought up himself the resolution which is now our bye-law, which was passed unanimously, and which we have taken good care cannot be altered at his caprice in times to come, having had it submitted to her Majesty for her approbation, and having had it signed by the Secretary of State. No doubt he thought that by coupling the Queen's University with that of Dublin, he should only at once have to swallow a to him most nauseous draught, which he had good reason to know would, in a very short time, be thrust down his throat by the very same means we had compelled him to gulp the University certificates. During the whole of this prolonged controversy it is but too well known to our Fellows the letters, circulars, pamphlets, &c. &c., addressed to them by those gentlemen with whom, as he styles it, I have had the *impudence* of coupling my name. After this statement, I think that I may fairly ask on whose side lies the "cool effrontery," or which of us is it that "attempts to sheer off under false colours?"

With respect to the allusion made by him to the recent movement against the College School, candour requires the acknowledgement that I was the person who, at the meeting of the Fellows summoned to consider the question, moved the postponement of the discussion *sine die*. This I did for many reasons, prominent amongst which was one for which I cannot expect him to give me due credit—a charitable and compassionate desire not to deprive, after many years' service, an old servant in his declining years of his perquisites. And I may be permitted to remind him that those *piratical privateers* (by which insulting term he means to designate the lecturers in our unchartered schools) are able to attract, without any assistance from our College funds, large, full, and attentive classes, who do not interrupt their lecturers by hootings or other unseemly conduct, and for which they solely depend on their own character, unbolstered up by collegiate or professional attractions.

Your obedient servant,

RAWDON MACNAMARA,
L.F. and Member of Council, L.R.C.S.I.

Stephen's-green, Dublin, April, 1860.

POOR-LAW MEDICAL REFORM ASSOCIATION.

[NOTE FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your inserting the accompanying letter in your journal, as it has been sent only to the recent subscribers to the Association. The pamphlet, a copy of which I now forward to you, I sent last Thursday to the members of Parliament; it was then too late to be of any use, as the opposition of the guardians was overwhelming, but I trust it will have its weight with members in future legislation.

I am, Sir, yours, &c.,

12, Royal-terrace, Weymouth, May 5th, 1860. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, May 5th, 1860.

DEAR SIRS,—In order that you may know what has recently taken place, I forward you a copy of the pamphlet I sent last Thursday to each member of Parliament. I regret I cannot give you a copy of my last two or three letters to Mr. Pigott, or the whole of his last to me, as they contain private communications from other gentlemen, which to print I feel might be a breach of faith, and moreover would endanger our cause. You will guess from Mr. Pigott's letter that I urged him not to press the Bill last Friday, as it was certain not to pass; but from the suppressed part of Mr. Pigott's letter I have reason to believe that a good understanding has been come to relative to the introduction of a future Bill. Mr. Pigott has done well for us, and he richly deserves our warmest thanks; he has ascertained the sunken rocks, and therefore will be able to steer our vessel clear of them for the future. I regret I was unable last Tuesday to establish a London sub-committee, as an objection was raised to it by some of the London men, who say they have already a committee of their own; the misfortune of having two bodies is, that there is danger of one running counter to the other. The metropolitan men had their deputation to the Poor-law Board fifteen months since, we had ours shortly after; it would have been better to have had one only. From my private correspondence I hear of a few medical men who are secretly doing all they can against us with those in authority. These divisions in our own body, I need scarcely say, are most injurious to the cause; to counteract these machinations, the good men and true must keep well together, and endeavour to enlist into their ranks as many of their colleagues as possible. During the last three months I have received from 450 gentlemen £226. To carry on this affair to a satisfactory conclusion requires a liberal supply of cash; be good enough, therefore, to collect subscriptions where they have not already been paid, and send them to me. I write in great haste to save this post, in order that you should know as quickly as possible why the Bill is withdrawn.

I am, dear Sirs, yours faithfully,

To the Poor-law Medical Officers. RICHARD GRIFFIN.

House of Commons, Friday, May 4th, 1860.

MY DEAR SIR,—I received all your letters to-day; I had anticipated your wishes. When I came down to the House last evening I was beset with members telling me "they must withdraw their promised support, owing to the views and objections of the guardians." Mr. Villiers, too, had much opposition to offer; I therefore finding defeat *certain*, ... put a notice on the paper that I would to-night move that the order be discharged, and ask leave on a future day to introduce another Bill on the subject; so we must prepare, but it will want great consideration. ..... The feeling of the House was well in favour of the principle of the Bill, but the details were objected to; the element of acreage was sadly objected to, as also any payment from the county rate. I shall be glad to confer with you, and we will meet and talk it over. One thing I am certain of, that we have advanced the matter by the excitement and interest that have been shown. I write as usual in great haste, as my letters on this subject are very numerous. I enclose one letter as a specimen of the conversion made by the boards of guardians.—I am, my dear Sir, yours very truly,

R. Griffin, Esq. F. PIGOTT.

"——, 3rd May, 1860.

"DEAR PIGOTT,—I have received a printed circular this morning, signed by you, requesting me to support the second reading of the Poor-law Medical Relief Bill. Having during the last week given this Bill much consideration, which I had not

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the opportunity of doing before, and having made very many inquiries about it, I must tell you frankly that I cannot support it. I have not seen a member of the House, excepting yourself, who is not opposed to it.—Believe me, very truly, yours,

"To F. Pigott, Esq., M.P." "————.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—I think the profession and the public at large are much indebted to the gentlemen who volunteer to test the powers of drugs in heroic doses upon their own persons; and the letter of Dr. Sisson in THE LANCET of the 14th of April, detailing experiments, tried upon himself, with iodide of potassium, does credit to his caution and courage, and entitles him to thanks for his experimental inquiry; at the same time I feel assured that larger experience will satisfy him that the salt in question ought in all cases to be prescribed with due caution. True it is that a large proportion of patients can take it, even in large doses, with impunity; but, judging from my own experience, there are many to whom it cannot be given, without inconvenience, even in small doses. I confess I was staggered on reading of the iodide having been given by our continental brethren to the extent of an ounce per diem; still, I know that some constitutions will tolerate almost any dose of powerful drugs when gradually augmented. Calomel may be given to some persons to an almost unlimited extent without producing any of its ordinary effects upon the system; whilst in another individual a single grain will excite ptyalism. Thus it is with iodide of potassium: one patient may possibly take an ounce per diem with impunity and perhaps benefit; and another will be half killed by a grain or two. I gave to a middle-aged gentleman a mixture containing iodide of potassium—a dose, containing three grains, to be taken three times a day. He took one dose at night; I saw him in the morning, when his sister informed me he had been, to use her own expression as near as I can recollect, half mad all night, and she dared not give another dose of the medicine. He was getting better, but had ferrety eyes, when I saw him. He took no more. The party had suffered from some head affection resulting in partial paralysis of the lower extremities some years before I knew him, and the iodide was prescribed for chronic enlargement of the testis. The same dose was given to another middle-aged person affected in a like manner, but otherwise healthy. He took a dose at night, and in the morning I found him in bed with his head wrapped up in a flannel night-cap; he had got a desperate cold, somehow, the day before, with which he woke up, but was getting better. He took no more iodide, and was free from his desperate cold the next day.

I gave the same dose recently to a lady, the subject of ovarian dropsy. A few doses made the head very uncomfortable, and brought out blotches on the face and other parts of the body. Its use was discontinued, and afterwards resumed with the same results.

To the daughter of the same lady, eight years old, it was given in one-grain doses. On the second day I found the patient with a shade on; she had caught cold in the eyes and could not bear the light. The iodide was discontinued, and the eyes were well in twenty-four hours.

A lady suffered from neuralgia of the face, for which the iodide had been prescribed on a former occasion—she told me in one-grain doses; it cured the neuralgia, but deprived her of voice for a long time. I doubted her report as to dose, so the prescription was looked up, and it proved to be a five-grain dose. She was anxious to try it again, if its inconveniences could be obviated. I directed a few drops of laudanum to be added to each dose, which proved effectual.

I took the iodide myself, some time back, for a rheumatic affection of the acromio-clavicular joint. The dose I began with was three grains, thrice daily. This was taken three or four days, when a grain per dose was added. Finding no inconvenience or advantage, another grain was added in a day or two. The effects of the medicine now began to show themselves. I awoke the morning after the five-grain doses had been taken with an uneasy feeling of the left eye. On applying the hand, I found the edge of the orbit, at the external part, tender on pressure, and on inspection the eyelids were found swollen and infiltrated on that side. The following morning the right side was similarly affected: the tenderness was evidently seated in the periosteum of the orbit, and exclusively at the outer part. On the following day, a strange sensation was felt: it appeared like a pain extending in a direct line from the external border of one orbit to that of the other at the same spot; the sensation was very peculiar and difficult to describe—it was pain and something more, which made me decide at once that it was better to have rheumatism than that, for to-morrow, perhaps, the dura mater may be quarreling with the iodide in a like manner to that manifested by the periosteum of the orbit to-day, and so I gave up my remedy.

The foregoing, amongst similar cases that might be adduced, will suffice to show that iodine is not a medicine that may be prescribed at random in heroic doses in all cases. Like opium and other medicines, iodine may be safely administered in large doses to some individuals, and with advantage; at the same time, common prudence requires that the drug should be prescribed with caution in all cases, seeing that no one can tell beforehand whether the individual for whom it is prescribed can tolerate its action or not. I have seen an ounce of the ordinary tincture of opium taken at once as an agreeable cordial, and known a half-grain dose of opium, given to an adult, followed by all the urgent symptoms of poisoning by that drug. The iodide of potassium appears to act specifically on mucous membranes, as shown by its action upon the bowels, causing much irritation in some cases, irritable bladder in others; affections of the conjunctiva, fauces, and nasal cavities, and larynx, together with the integument; and also on fibrous structures, as periosteum, and capsular ligaments of joints, &c.

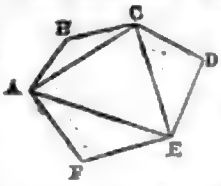
I am, Sir, yours, &c.,

Berners-street, April, 1860. H. C. ROONS, M.D.

IRIDESCENT HALO SEEN IN GLAUCOMA, &c.

To the Editor of THE LANCET.

SIR,—One of the most constant of the subjective symptoms in those diseases of the eye which are attended with increased secretion of aqueous humour, and consequent intra-ocular pressure (as, for example, glaucoma, &c.), is the appearance of an iridescent halo seen round the flame of a candle. I am not aware that any explanation has ever been offered of the above phenomenon. The luminous rays are evidently decomposed in their passage through the eye to the retina. What part of the ocular apparatus is it, then, which acts as a prism in these cases? I think it highly probable that the decomposition is due to the change of form, resulting from compression, which occurs in the bands of which the crystalline lens is made up. These bands are hexagonal, and by the accompanying figure



the mode in which the change may take place is easily illustrated. Supposing the hexagon A B C D E F to be a transverse section of one of these bands, pressure from without at the alternate points, B, D, F, would, by suppressing and flattening in these angles, cause the band to assume the form of the three-sided prism A, C, E, and thus account for the coloured spectrum projected on the surface of the retina.

The frequency of cataract in diabetes mellitus is a fact not very generally known. Lenticular opacity, however, is a very common concomitant of this most grave disorder. M. Follin, of the Necker Hospital, goes so far as to declare that he has, on more than one occasion, diagnosed the existence of glycosuria from the peculiar anatomical character of the cataract. It is almost invariably of the soft variety, very voluminous, more especially in its antero-posterior diameter, pressing forward the iris against the cornea, and obliterating the anterior chamber, and, moreover, is rapid in its development. The practical importance of the connexion between these two pathological conditions depends upon the very great difficulty in procuring adhesion of the corneal flap, if extraction be the mode of operation selected, or in the avoidance of secondary inflammation and irido-choroiditis, if couching be performed. M. Gendrin is of opinion that diabetes mellitus is never *cured*; it may *disappear*, he says, but then in its disguised form it becomes even more fatal than when frankly apparent. He has seen patients (*soi-disant* cures of the above complaint) succumb to low forms of gangrenous disease, the provocation having been a slight bruise, a scratch, or the prick of a pin. With these facts, illustrating as they do the utter deficiency of reparative power co-existent with glycosuria or its consequent debility, surgeons should be very careful, before operating on cataractous patients, to ascertain, *in all cases*, the state of the urine.

Should the operation, however, be deemed indispensable, the after-treatment of the diabetic patient must be very different from that pursued in an ordinary case. The diet must be nutritious and stimulating from the outset, the patient must be

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crammed with the most succulent food, and ordered the use of generous wines, &c. By this means occasionally (but success is, unfortunately, rather the exception than the rule) the system may be spurred into sufficiently energetic action to produce the necessary plastic exudation essential to the formation of a healthy cicatrix.

I am, Sir, your obedient servant,

Paris, May, 1860. OPHTHALMOSCOPE.

NAVAL SURGEONS ON HALF-PAY.

To the Editor of THE LANCET.

SIR,—I have read with great pain and regret, in your journal of the 28th ultimo, a requisition from the medical practitioners of the borough of Portsmouth, presented to Sir John Liddell, Director General, praying for the removal of certain "young and able" naval medical officers settled amongst them, whose misfortune, and not their fault, it is to be placed upon half pay; and who, (save the mark!) by the "style and dash" they are enabled to cut out of a miserable pittance of 8s. per diem, less Income-tax (for these gentlemen have also to contribute to the security of us at home), tread on the heels of the medical monopolists of Portsmouth. It is almost needless, Sir, to state the dangers and difficulties to which our brethren afloat are exposed, including climate, disease, and (last, not least) action, all of which have been and ever will be braved by our valiant naval medical men as becomes their noble profession. Is it any wonder that these gentlemen have been, and still are, treated with such contumely by those in authority, when we read such a requisition, signed by eighteen so-called medical practitioners, as that referred to, and coming from one of our great naval arsenals, and whose "precarious incomes" are in jeopardy from the "style and dash" (and also, I suspect, the ability) of a few half-pay naval medicals?

I remain, Sir, yours truly,

W. HONNER FITZ PATRICK, M.B.,

Knotty Ash, May, 1860. Late Assistant-Surgeon R.N.

PEPSINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—Having read in THE LANCET of April 28th that M. L. Corvisart had advocated the use of pepsine in the "obstinate vomiting of pregnant women," and on the following day having been consulted by a patient, a very delicate young woman, two months advanced in pregnancy with her first child, and who had (as she stated to me) been suffering from extreme vomiting for nearly a month, and being also unable to retain food upon the stomach, I determined to give pepsine a trial before resorting to any of the other well-known remedies; and I am happy to say, that the first dose, ten grains (placed between bread-and-butter), gave immediate relief; the second dose, and the same quantity as first prescribed, permanently relieved her. I would most certainly recommend the use of pepsine in this most distressing complaint.

I am, Sir, yours truly,

GEO. SELWYN MORRIS, M.R.C.S., &c.

Summerhill-road, Tottenham, May, 1860.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE discussion on iodism was brought to a close at the meeting of the Academy of Medicine, on the 24th instant, when two orators—M. Baillarger and M. Trousseau—were heard. The former contended that the question could only be solved by further experiments in Paris, so as to test, in a great number of cases, the effects of the small doses of iodine. He thought goître alone, independently of iodine, might be suspected of causing iodism. M. Trousseau considered that goître had not so much to do with iodism as was supposed, and that much depended on locality. He then described the symptoms of exophthalmic goître, and stated that small doses of iodine, in such a state of the organism, might produce iodism. He distrusted, however, infinitesimal doses, and thought we should take the natural progress of disease into account. M. Trousseau finally alluded to letters he had received from physicians practising in districts where goître is endemic, and where no iodism has ever been observed.

Chopart's operation is very unpopular here. M. Rober, of the Hôtel Dieu, who performed that operation some time ago, had, last week, to cut the tendo-Achillis to relieve retraction. The French surgeons prefer the sub-astragalus operation after Malgaigne's method, which consists in covering the anterior and inferior articular surface of the astragalus from the soft parts of the internal lateral half of the sole of the foot.

The question of medical regimen is much agitated amongst surgeons. M. Verneuille, who lately performed resection of the elbow-joint on a cachectic girl, aged sixteen, in the Infants' Hospital, gave his patient wine and beefsteak on the day of the operation. No febrile symptoms manifested themselves, and the wound healed kindly. There is a tendency amongst surgeons to adopt rich diet after operations.

M. Desmarres tried last week a new cure for hyperæmia of the papilla of the optic nerve, which is here designated "fatigue de l'accommodation." After trying the general antichlorotic treatment—blue conserves, &c.—without success, he performed tenotomy of the external rectus muscle in two patients. We shall see the result of that method.

In reference to Professor Czermak's efforts here to popularise the laryngoscope, I must give you a short outline of its history. The idea of that instrument originated with Liston, who, in his "Practical Surgery" (London, 1840, p. 417), says, with respect to ulcerated glottis, "A view of the parts may be sometimes obtained by means of a speculum—such a glass as is used by dentists—on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well into the fauces." In 1855, Garcia, professor of music, made some excellent observations on the physiology of the human voice, as revealed by the laryngoscope (*Philosophic Magazine*, vol. x., p. 218). Dr. Turk, of Vienna, attempted to apply the Liston-Garcia speculum to medical diagnosis in 1857. A drawing of the same instrument is given in THE LANCET of Dec. 24th, 1859, by Mr. Price, of the Great Northern Hospital. But M. Turk's speculum could be used only during clear sunshine, and hence it was never employed in winter. Professor Czermak was the first who commenced its application by the aid of lamp-light, thus rendering it of general utility. In 1858, he published his observations in the *Wiener Medic. Wochenschrift*, when he gave the first impulse to its investigation, explaining its physiological and therapeutic importance. I saw lately, in company with Dr. Sichell and other medical celebrities of Paris, the application of the laryngoscope by Professor Czermak both upon himself and upon others present, and I must say that the view we obtain of the vocal cords, ventricles of the larynx, and the Eustachian tubes is quite charming.

At the Pitié, M. Michon has a case of necrosis of the superior maxilla, caused by the absorption of phosphorus, the patient being engaged in the manufacture of lucifer matches. He will remove the whole of the left superior maxilla as far as the orbit. He has also a case of brachial aneurism caused by unskilful bleeding.

At the Infants' Hospital, M. Bouvier has had two more cases of diphtheritis. During the last winter he saved four out of forty patients in whom he performed tracheotomy.

Professor Trousseau has in his wards a patient who contracted a chancre five years ago, for which he received no treatment. Now he suffers from periostitis complicated with paraplegia, whom M. Duchen treats by Faradization.

Professor Nélaton lately removed two cancers of the tongue by the écraseur, and one of the patients has since left the hospital. The greatest surgical curiosity has been the removal, by M. Nélaton, of a large tumour situated at the left side of the face and covering the whole of the neck, hanging down over the chest, and reaching as far as the fourth rib. The patient is a man of thirty-five, who had five years ago a small tumour in the same region, which was removed; but it soon returned, and, making rapid progress, reached such a huge size that, unless removed, it would have proved fatal by causing asphyxia. Its measurement was, from the parotid on the left side, near the angle of the ramus of the left jaw, seventeen inches; its circumference above ten inches. The nature of the tumour was what French surgeons call ganglionic, meaning simple hypertrophy of the lymphatic glands; whilst M. Robin designates it ganglioma, taking it to be a kind of encephaloid. M. Nélaton removed the greater part of the tumour, and to the rest he applies caustics. The patient is doing well.

April 20th, 1860.

THE MEDICAL WARRANT FOR THE INDIAN ARMY.—It is understood that the Medical Warrant, which was believed to have been forwarded to India, has been detained in England, owing, it is thought, to the remonstrances of Sir J. Outram.

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Parliamentary Intelligence.

HOUSE OF COMMONS.

Friday, May 4th.—On the motion of Mr. PIGOTT, the order for the reading of the Poor-law Medical Relief Bill was discharged.

Poor-law Medical Officers: Petitions for ameliorating their condition, from Rumford Union, North Branch of the British Medical Association, Manchester (two), Llandisilio, Stockton-on-Tees, Ferryhill, Warrington Union, Runcorn Union, Narberth, Odiham, Bangor and Beaumaris Union, Chelsea, Combhay, Llanfair, Hornchurch District, Barnstaple, St. Asaph (two), St. Asagh Union, Llanfairlalhairn, Preston, and Reading.

Monday, May 7th.—Opium: Petitions for suppression of the opium trade, from Newcastle-on-Tyne, and Tynemouth (Chairman).

Poor-law Medical Officers: Petition from Hollingbourne Union, for amelioration of their condition.

Mr. TAYLOR—Quarantine: Address for "Copies of Reports on Quarantine forwarded to the Foreign-office by her Majesty's Consuls in the Levant;" "and of Despatches sent from the Foreign-office, and the Correspondence between Sir H. L. Bulwer and the Turkish Authorities, on the subject of the Quarantine Regulations."

Tuesday, May 8th.—Lord NAAS moved for leave to bring in a Bill to provide for the registration of births, marriages, and deaths in Ireland.

Medical Relief (Ireland): Petition of H. Minchin and R. Mayne, for extension.

Mr. BLAKE—In Committee on County Prisons (Ireland) Bill: Clause 6, line 3, after "Ireland," insert "one of whom shall be a duly-qualified physician or surgeon of at least three years' standing."

Mr. CARDWELL—Registration of Births, &c. (Ireland), (No. 2): Bill to provide for the registration of births, deaths, and marriages in Ireland. (Thursday, May 10th.)

Wednesday, May 9th.—Medical Act (1858): Return presented, of number of qualifications granted without examinations, &c. (Address, March 15th.)

Registration of Births, &c. (Scotland) Bill: Petition from New Cumnock, for alteration.

Mr. GRIFFITH—In Committee on Nuisances Removal and Diseases Prevention Bill: Clause to follow Clause 10. In order to prevent, as far as may be possible, within the metropolitan district, the spread of infectious diseases, such as small-pox, typhus and putrid fever, and sore-throat, scarlatina and scarlet fever, measles, and other such infectious diseases, which are at present greatly extended by the prevailing habit of using the metropolitan hackney carriages for the conveyance of patients affected by the same to hospitals or other places which may be their destination; the board of guardians of every parish or union within such metropolitan district shall provide one or more carriage or carriages suitable for the conveyance of such sick and diseased persons, and to be kept for that purpose alone, together with the horse-power necessary for the use of such carriage; and such carriage shall be held at the service of any person residing within such parish or union, who may be sick and diseased as aforesaid, requiring and demanding the use of the same, and paying the expense of the horse-power and driver necessary for the use of such carriage; and such payment shall be fixed at ("one-half more than," "double") the rate at which the driver of a metropolitan hackney carriage is empowered to charge by the present law for the same distance, which is to be reckoned inclusive of the additional distance from the place where the carriage is kept to that to which it may travel in taking up or setting down the sick person.

Mr. FRANCIS RUSSELL—Coroners (Ireland): Bill to amend the provisions of the Act for the Regulation of Municipal Corporations in Ireland, with respect to the appointment of Coroners in Boroughs in Ireland. (Friday, May 11th.)

SOUTH KENSINGTON MUSEUM.—Dr. Lankester commenced his course of lectures "On Food," on the 5th inst. The subject on that occasion was Water, when the lecturer dwelt more particularly on the impurity of water and the diseased conditions to which this gave rise. The lecture to-day (Saturday) will be "On the Mineral Substances of Human Food."

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 7th inst.:—

Arnold, J. C., Blackburn, Lancashire.
Bubb, John, Cheltenham.
Caldwell, W. T. D., Kennington-park.
Close, G. W., Richmond, Yorkshire.
Davy, Richard, Chumleigh, Devon.
Dickinson, James Bathgate, Leeds.
Griffith, S., Tremadoc, Carnarvonshire.
Harold, T., Castle Ireland, Co. Kerry.
Jeaffreson, H., Framlingham, Suffolk.
Long, R. G., Sturminster, Dorset.
Miall, P. E., Bradford, Yorkshire.
Nathan, Henry Fred., Wool, Dorset.
Roberts, C. H., Shaftesbury, Dorset.
Seaton, D., Dorset-sq., Regent's-park.
Ward, Samuel Meire, Cambridge.
Williams, John, Brecon, S. Wales.

The following gentlemen were admitted Members on the 8th inst.:—

Bastian, Henry Charlton, Falmouth.
Cann, Francis Mark, Exeter.
Case, Geo. H., Fareham, Hants.
Eccles, E., Longridge, near Preston.
Harris, F. D., Gower-st., Bedford-sq.
Ireland, Richard Joseph, Galway.
Matthews, C. S., Portugal-street, Lincoln's-inn-fields.
Middlemist, R. P., Great Coram-street, Russell-square.
Olive, E., Hellingley, Hurst-green.
Prince, C. E., Balsham, Cambridgesh.
Shorto, James Reeve, Southampton.
Thane, Wm. Dancer, Islington.
Welch, F. H., Stansted, Essex.
Williams, John, Doncaster.
Williams, John Hughes, Holyhead.
Williams, K. B., Conway, N. Wales.
Workman, C. J., Reading, Berkshire.
Yeld, Henry John, Sunderland.

The following gentlemen were admitted Members on the 9th inst.:—

Brown, John Barr, Sunning-hill, Berkshire.
Folkes, W., Dukinfield, Manchester.
Foulds, Samuel, Whitwell, Derbyshire.
George, Ambrose Brooke, Liverpool.
Middleton, John Wm., Brussels.
Miller, William, Liverpool.
Moore, John Thos., Newtown Butler, Co. Fermanagh.
Piggott, Wm. Cummings, Barbadoes, West Indies.
Robinson, Andrew, Newbliss, Co. Monaghan.
Smith, J. K., Yeadon, near Leeds.

LICENTIATES IN MIDWIFERY.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 4th inst.:—

Blaker, Edgar Shaw, Lewes, Sussex; diploma of membership dated April 15, 1859.
Brown, Edward Adolphus, Eastwood, Nottinghamshire; April 21, 1850.
Corry, Thomas Charles Stuart, Belfast; October 2, 1846.
Davey, Alexander George, Walmer; April 13, 1860.
Hanna, Harrison, Belfast; May 14, 1852.
Hind, Charles Whiston, Swindon, Wiltshire; December 5, 1845.
Holland, Edmund, Rugeley, Staffordshire; April 19, 1860.
Hunt, William John, Sheerness; April 19, 1860.
Salmon, William Thomas, Canada; July 18, 1859.
Strickland, Edmund, Kirby Moorside, Yorkshire; April 20, 1860.
Sutton, Henry Grant, Ilminster, Somerset; April 17, 1860.
Woodman, John, Exeter, Devon; April 17, 1860.

The following gentlemen have passed their primary examination in Anatomy and Physiology, and when eligible will be admitted to examination for the diploma:—Wm. Towers Smith, Frederic Barnes, William Watson, John Dollman, Henry Arthur Martin, Charles Henry Greaves, Richard Oliver, Wm. Peter Rawlins, Henry Finch, Martindale Cowslade Ward, William Bowes, William Bathurst Woodman, Thomas Edward Jones, John Lloyd Jones, Owen Owen, Robert Henry Thomas Gilbert, Samuel Fielden, Thos. Dodd Milburne, Hulton Joseph Webber, Richard Lloyd, William Everard Ridsdale, Frederick James Reilly, Devereux John Garnham, Elijah Barker, John Harvey, Joseph Hatchett, George Price Blackett, John Gregory, Thomas Griffith Evans, Evan Thomas, George Kerswill, James Matthias Phillips, Arthur Roper, George Griffith, William Mortimer, William Soper, Charles Henry Fowler, James Douglas Harrington, Henry Stanley Gale, Robinson Elsdale, John Makens, Joseph Harper, William Squire Ling, William Morris Marshall, James Edward Bennett, George Cox Douglas, Pembroke Robert Joseph Bunch Minns, Belgrave Ninnis, Charles Alfred Atkins, Frederick William Spurgin, Henry Holman, Thomas Newby, Frederick William Axham, Thomas Henry Thorne, Robert Maxwell Johnson, Daniel Robert Wynter, Richard Purnell Tyley, William Henry Brotherton, John Mangin Waters, Samuel Maughan, Thomas Hodson, Crawford John Pocock, Isaac Howard Swain, James Arthur, Owen Jones, William Payne, Arthur Hanley Clay, Marshall Hall Webster, James Hayward, James Johnson Corrie, Henry P. Long, John Morgans, William Fairlie Clarke, Walter Thos. Marshall, William Hughes Griffiths, Edward Leeds, Wm. French Cook, William Poston Parker, Charles Radcliffe Bond, Francis Furlong Searle, John Edward Thornburn, Robert Croskery, George Bagster Phillips, Daniel Gibeon, Thomas Gambier, Arthur Boyer Brown, Charles Eddowes, Washington Lovegrove, Thomas Morton, Thomas Charles Spyers, Herbert Frederick Henry Barham, James Yates, William Batho, Thomas Jackson, John Williams, William Laidlaw, James Burt, Matthew James

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Robson, Edward Julian Sharood, William Connon, John Thos. Moore, Henry Bunting Anderson, Robert Cotterill Garner, James Shard, Samuel Onley, John Anderson, and James Russell Jeaffreson.

DIPLOMA OF DENTISTRY.—The following gentlemen, having undergone the necessary examinations, received the Diploma of Dentistry at a meeting of the Board on the 2nd inst., viz.:—Messrs. John Wilcox Elliott, Theberton-street, Islington; Geo. Owen, Bedford-row, Islington; Geo. Salusbury Williams, Chesterfield-place, Clifton; Andrew Laws, Lowther-street, Carlisle; George Ash, Great Marlborough-street; Sidney Longhurst, Southampton-row; John Littlewood, Lower Eaton-street, Grosvenor-place; John Howard Kyan, Preston, Lancashire; Frederick William Rogers, Sackville-street; William George Bennett, Poland-street, Oxford-street; Robert Parsons, York-place, Portman-square; Alfred Coleman, Finsbury-square; and Charles Rogers, Cork-street, Burlington-gardens.

CAUTION TO STUDENTS.—At the recent examinations for the diploma of the College of Surgeons, two candidates were rejected; the one for having copied the answers of another student, and the other for referring to a text-book. Not only were these gentlemen rejected, but, by a resolution of the Court, they will not be allowed to present themselves for re-examination until the expiration of six months. We mention this, as, from arrangements now in force, detection would be sure to follow any attempt to obtain the diploma by such dishonourable means.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 3rd, 1860.

Bamfield, Samuel, Falmouth.
Davies, Morris, Carnarvon, North Wales.
Hope, Samuel, Guernsey.
Macnamara, James, Uxbridge, Middlesex.
Miall, Philip Edward, Bradford, Yorkshire.
Ormerod, William George, Bristol.
Terry, Joseph Garside, Wittersham, Kent.

The following gentlemen also on the same day passed their first examination:—

Cox, William Henry, Stonehouse, Devon.
Edwards, Morgan John, Newbridge, Glamorganshire.
Yeo, Isaac Burney, King's College.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—Mr. Wm. Mair, of Edinburgh, was admitted to the double qualification, on the 20th ult.

ROYAL COLLEGE OF SURGEONS, EDINBURGH. — Mr. William Andrew M'William, of Co. Antrim, received the diploma of Licentiate of this College on the 20th ult.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND. —Mr. Denis M'Veagh, of Coventry, Warwickshire, passed his examination for the Licence of this College on the 18th ult.

ST. THOMAS'S HOSPITAL.—The following operations are expected to be performed on Saturday, the 12th inst. (this day), at one o'clock:—By Mr. Solly: Excision of the Knee-joint, Caries of the Tarsus, and Tenotomy. By Mr. Clark; Amputation of the Foot, and Excision of the Elbow-joint. By Mr. Simon: Excision of the Hip-joint.

THE UNIVERSITY OF LONDON: THE CONFERRING OF DEGREES.—The meeting of the members of the University of London was held at Burlington House, Piccadilly, for admission to degrees. Earl Granville, the Chancellor, presided. Lord Granville observed, in the course of his address, that the Senate had been engaged in preparing the medical curriculum. That was a most important matter, for they would all admit that the great glory of the University was their Medical School. It performed the same functions, with regard to the medical profession, which Oxford and Cambridge did with regard to the Church of England, and those functions were creditably discharged. The Registrar's Report stated that 254 candidates matriculated during the past year; 67 candidates passed the final examination for the degree of Bachelor of Arts; and 30 passed the first examination for the degree of Doctor of Medicine.

EARLY DECAY OF THE TEETH.—The Report of the Birmingham and Midland Counties Dispensary for the Diseases of the Teeth points out the astonishing fact that of 1952 operations undertaken, no less a number than 1494 were performed upon patients under the age of twenty years; and that out of the same number of operations, 1217 were upon the most valuable teeth in the head—namely, the molars, or masticating organs.

BELFAST MEDICAL SOCIETY.—On Monday evening, the 7th instant, the annual meeting of this old-established Society was held in the library of the General Hospital, Frederick-street, to elect the office-bearers for the ensuing year. Dr. Patterson, the retiring President, occupied the chair. The following gentlemen were duly elected by ballot:—*President:* Dr. H. Murney, J.P. — *Vice-Presidents:* Drs. J. H. Halliday and T. C. S. Corry. — *Council:* Drs. Wheeler, Harkin, Mulholland, Ross, Bryce, and Mr. M'Cleery. — *Treasurer:* Dr. Smyth. — *Secretary:* Dr. Drennan. — *Assistant-Secretary:* Dr. Whittaker. A vote of thanks was passed by acclamation to Dr. Patterson for the deep interest he had taken in the welfare of the Society, and for the able manner in which he had conducted its proceedings.

DEATH FROM DIPHTHERIA CAUGHT AT THE CHILDREN'S HOSPITAL OF PARIS. — M. Gouget, dresser at the Hospital St. Eugénie (Children's Hospital) of Paris, died on the 20th ult. of diphtheria caught in the hospital, whilst in attendance upon the little patients affected with that complaint. The whole staff was present at the funeral, as an expression of regret at this new sacrifice to professional devotion. M. Gouget was on the point of finishing his studies, in order to join his father in practice.

A NEW MILITARY HOSPITAL IN PARIS.—The Minister of War has lately decided that a military hospital shall be established in the northern part of Paris. The principal hospital of the kind, called Val de Grâce, is situated, as is well known, on the left or southern side of the Seine. It has been proposed to use the Hospital for Incurables for the purpose, and to transfer the patients of the latter institution into a new building to be erected outside the fortifications. Another part of the project is to place all the hospitals in which very chronic or incurable cases are received beyond the fortified line. What is to become of the patients in the event of a siege?

THAMES POLICE COURT. — CHARGE OF LIBEL. — Mr. Richard Talbot, a gentleman residing in the East India-road, at the corner of Stainsby-road, Limehouse, appeared before Mr. Selfe, on the 3rd instant, to answer a summons taken out by Mr. William Giles, a medical practitioner, of No. 1, Canton-place, East India-road, which charged the defendant with maliciously writing and publishing a certain false, scandalous, and malicious libel in a newspaper and in a certain handbill, containing divers false, scandalous, and malicious matters and things concerning the said William Giles.—Mr. Young, solicitor, said he was happy to state that the magistrate would not be troubled with any lengthened discussion. Mr. Giles had taken out the present summons against the defendant for libel, but had really no vindictive feeling against Mr. Talbot. Mr. Giles had adopted this proceeding to vindicate his good name. He understood the learned counsel on the opposite side was prepared to make a full and ample apology. On that being done, and on the understanding that three guineas costs would be paid, the summons would be withdrawn by Mr. Giles.—The required apology having been made, the summons was dismissed.

MORTALITY AMONGST THE TROOPS AT HONG-KONG.—We extract the following from a letter in the *Bombay Times and Standard* of April 10th:—"At the present moment there are fourteen garrison guards, upon which seven sergeants, ten corporals, and ninety-six privates mount daily. In the hospital there are 124 men, not including the convalescents, who are stationed on board the *Hercules*. Although every military medical officer is well aware that neither European nor native can live below stairs, half the prisoners in the provost live, languish, and die in cells upon the ground floor. Thirteen men are now undergoing imprisonment, with or without hard labour. The whitewashed cells are large, and contain only an iron bedstead, while they are so far apart that no prisoner can carry on a conversation with his next neighbour. Death stalks along so silently, and visits men so suddenly, in this region, that the cemetery in the Happy Valley is full of gaping graves."

THE CURE OF DEAFNESS.—The "Bulletin de Thérapeutique" of the 30th ultimo contains a valuable article on the cure of deafness by Mdlle. Cléret. The remedy used by that lady, and which has been found very efficacious, is sulphuric ether, from four to eight drops of which are daily dropped into the ears of children, and double the quantity into the ears of adults. The manner in which Mdlle. Cléret thought of the ether is as follows [the account given in *The Times* does not harmonize with the official statements from which we draw ours]:—Mdlle. Cléret, a private teacher in humble circumstances, had been deaf for several years, and to such an extent

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as to prevent her from following her calling, when by chance she discovered a remedy which cured her; and as her hearing improved, she thought of applying the same remedy upon two deaf and dumb children who were day scholars in her little establishment. She succeeded beyond her expectations, and forthwith devoted herself to the education of the poor little sufferers from deafness. With so much zeal and disinterestedness did she carry out her project, that the French Academy (not the Academy of Medicine, as has been stated) bestowed upon her the Montyon prize for "virtue and charity." As, however, she had sorely to struggle with the *res augusta domi*, Mdlle. Cléret wrote to the Minister of Public Instruction for assistance, so as to be enabled to go on with the treatment of the poor. The minister deputed M. Béhier, a physician of high standing in Paris, to make inquiries about the matter; and the latter was so struck with the results, that he requested that a committee should be appointed to test Mdlle. Cléret's method. This committee met for the first time in October, 1856; and examined, every three months, the state of the children put under treatment. These investigations were being carried on until lately, when the sudden change of fortune, and especially the attempts of a specialist to wrest her secret from her, drove the poor woman mad. And now that she has been declared incurable, the committee have been obliged to send in their report, which is satisfactory in many respects, though somewhat incomplete, from the sudden cessation of Mdlle. Cléret's labours.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 5TH.—In the last five weeks the deaths in London have constantly declined; in the last two the decrease has not been very considerable. In the week that ended last Saturday the number registered was 1205. The deaths from bronchitis were last week 139. Those from pneumonia were 59. It is remarkable that, while the former disease was still much in excess, the latter was decidedly less fatal than usual. Phthisis carried off 167 persons. There were 18 deaths from small-pox, 38 from measles, 35 from scarlatina, 7 from diphtheria, 53 from whooping-cough, 7 from syphilis, and 19 from cancer.

Births, Marriages, and Deaths.

BIRTHS.

On the 21st ult., at Leyton, Essex, the wife of Alfred Peskett, M.D., of a son.

On the 2nd inst., at Finsbury-place, the wife of Thomas B. Crosby, Esq., M.R.C.S. and L.S.A., of a daughter.

MARRIAGES.

On the 26th ult., at Bloxwich, John Wood, Esq., of Ankerton, near Ecclesall, to Eliza Mary, only daughter of Charles Somerville, M.D., of Bloxwich.

On the 7th inst., at the parish church, Henry B. Wood, M.D., of Lydd, to Katherine Elizabeth, youngest daughter of David Denne, Esq., of Lydd, J.P. and D.L. for the county of Kent.

On the 8th inst., at St. Mary's, Lichfield, Draper Mackinder, M.D., F.R.C.S., of Gainsborough, to Fanny Anne, eldest daughter of Halford Wotton Hewitt, L.R.C.P., of Lichfield.

DEATHS.

On the 17th ult., of pneumonia, George Oliver, son of R. R. G. Thomas, L.R.C.P. Edin. and M.R.C.S. Eng., of Hartland, North Devon, aged 11 months and 3 weeks.

On the 28th ult., at Karsfield, near Exeter, Robert Pinhey, Esq., F.R.C.S., late Surgeon-General of the Bombay Army, aged 66.

Obituary.

ANDREAS RETZIUS.

THE Stockholm *Aftonbladet* for April announces the decease of this great physiologist. Andreas Retzius, Professor of Anatomy and Physiology at the Royal Caroline Institute, expired on the 18th of April, after a few days' sickness, at the age of sixty-four. Sweden has lost in him one of its most honoured men. The pupil of Florman and Abildgard, and, in subsequent years, the intimate friend of Johannes Müller, he combined all the merits of the elder school with all the prerogatives of the new. As an investigator, he had the good fortune of seeing all his numerous discoveries included in the system of science, and as a teacher few equalled him in the fervent interest with which he watched over the progress of his pupils, and in the bold, clear, vivid originality of his instruction and diction. He was one of those great workers on the soil of science who had acquired European fame. His comprehensive intellect embraced all subjects, however varied, that tended to the common good, and his assistance and co-operation were ever ready when the object was to force through all prejudices to make way for light and truth. Few amongst his contemporaries who lived and worked for the public good could be found who were not stimulated in their career of activity by the animatory contact with Andreas Retzius. In social life he was universally beloved. Warm in friendship, charitable in silence, free from all selfishness and idle vanity, his memory will be long held amongst us in loving and grateful remembrance. Professor Andreas Retzius was the son of Professor Retzius, of Lund. He was born in 1796, became a student in 1812, and took his merit degree in 1819; afterwards became a teacher at the Veterinary Institution in Stockholm, and founded an anatomical museum there; undertook a scientific voyage to Norway, and later to Lapland, Germany, England, Ireland, and France; was appointed lecturer on anatomy at the Caroline Institution, and inspector in 1830. In 1826 he became a member of the Academy of Sciences. In 1832 he founded, in connexion with other men of science, a medical gazette; and in 1839 was named professor of anatomy, in connexion with painting, at the Royal Academy of Arts. As an author, he was very productive. The titles alone of his scientific works fill three closely-printed pages in the "Biographical Dictionary."

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 14	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Dr. Brown-Séquard, "On Paralysis and Epilepsy." MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Mr. H. Haynes Walton, "On the Ophthalmoscope and its Application," with Practical Illustrations.
TUESDAY, MAY 15	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: Camelline Ruminants." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, MAY 16	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. LONDON INSTITUTION. — 7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia."
THURSDAY, MAY 17	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION. — 3 P.M. Professor Ansted, "On Physical Geography and Geology: The Origin of Volcanoes." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." HARVEIAN SOCIETY.—8 P.M. Clinical Meeting. Cases by Dr. Handfield Jones, Mr. Weeden Cooke, &c.
FRIDAY, MAY 18	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. W. Thomson, F.R.S., "On Atmospheric Electricity."
SATURDAY, MAY 19	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." SOUTH KENSINGTON MUSEUM. — 4 P.M. Dr. Lankester, "On Food: Starch and Sugar."

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To Correspondents.

THE DEODORIZATION OF THE THAMES.

Mr. Ellermann.—As we have not been able to find space for the publication of Dr. Letheby's able Report on the Use of the Perchloride of Iron as a Deodorizing Agent, we cannot publish Mr. Ellermann's reply to that Report. We may, however, state in reference to the subject that the Metropolitan Board of Works, shaken no doubt in their confidence in the value of this perchloride, have reduced the sum to be expended in its application during the summer from £20,000 to £10,000. If the agent be the wrong one, we may thus certainly save £10,000; but the Board might logically go further, and save us the other £10,000. If the agent be the right one, then will its efficacy be lost by only applying half the requisite dose; in this case, also, we fail to see the economy of the reduction. But possibly the Board will fall back on the chloride of lime, and will only sanction a limited trial of the perchloride of iron. We are afraid the Thames will stink after all.

J. J.—The subject has already been noticed. There is no remedy for such outrages on decency.

A Second-Year's Student.—Yes. By consulting the regulations, which may be obtained by writing to the Secretary, he will see that on and after the 1st of January next, candidates will be required to undergo the preliminary examination alluded to.

Dr. McVeagh.—The lists are furnished by the authorities, and are inserted without charge.

A. G. must send his address, when he shall receive a private note.

COMPULSORY GRATUITOUS MEDICAL SERVICE TO THE STATE UNDER PENALTY!

To the Editor of THE LANCET.

SIR,—I perfectly agree with the Glasgow Faculty in their opposition to the Scotch Registration Bill, and am sorry to see that you sympathize with this despotic and unjust enforcement of gratuitous service to the State. I think the opportunity now offered, by the Registration of Births Bill being before Parliament, should not be lost; but that English and Irish practitioners should help our professional brothers in Scotland to remove from the statute book the clause in the Act requiring medical practitioners, under penalty, to furnish gratuitous certificates of the cause of death. I object, *in toto*, to this clause. If the principle is once conceded that the State can with justice (and without injury to the indisputable right of every class to charge a reasonable sum for their time and service) exact any amount of labour, however small it may be, without remuneration, then I say, prepare for farther demands upon the ground of precedent.

Upon what principle of justice, fairness, or State necessity is it demanded that medical men should be singled out from every other class, and compelled, under a penalty, to furnish gratuitous certificates of death? I say the death certificate furnished to the registrar by the medical attendant is in the nature of a copyright; and if the registrar is paid (as he is and ought to be) for the mere entry of this in his book, by what reason is some moderate and fair acknowledgement refused to the authors of the certificate. The only reason I know is that medical men tacitly acquiesce in insult and wrong. I agree with Dr. Spence that it is not the "impetuous pursuit o' siller" which induces the claim for remuneration, but simply an assertion of the principle that "the labourer is worthy of his hire."

Let us then send short petitions to the Legislature, requesting that the penalty may be withdrawn, and a small fee awarded for each certificate, which would then be readily furnished. But if the offensive clause should be retained, I trust the profession will bear in mind the old proverb of the horse and the water, and know how to defeat it.

I am, Sir, your obedient servant,

Rochester, May, 1860. T. P. BRAYAN, L.R.C.P. Edin. (Exam.)

*** Our correspondent is quite in error in supposing that we sanction the exaction, under penalty, of this gratuitous service.—ED. L.

A Surgeon and a Member of the London Medical Registration Association.—We cannot answer the question at present. It is intended to make the Association much more comprehensive; but amongst many judicious alterations is a proposal which, if carried, would be fatal to the whole scheme—namely, the making a lawyer the Secretary, which has been seriously contemplated. Should this step be adopted, we shall give up the Association as virtually destroyed.

Consobrinus.—We have something more important to occupy our time than replying to such questions.

A Volunteer Artilleryman.—An answer next week.

WHOOPING-COUGH AND DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—By the Report of the Registrar-General for the week ending April 21st, it appears that whooping-cough was fatal during the previous week in 51 cases, whilst those from diphtheria numbered only 11. The decrease in the fatality of the latter disorder may, I think, be attributed in a great measure to the attention which has been given to its nature and treatment in consequence of the inquiry instituted and the report furnished in connexion with it through the columns of THE LANCET, thus supplying most valuable information to medical practitioners, who in their turn gave the results of their experience relating to this singular and at one time very destructive disorder.

The high death-rate which is still returned under "whooping-cough" suggests, in all humanity, the necessity of a similar inquiry and report regarding this not less remarkable disorder, which seems as yet but imperfectly understood; its visitations are the more distressing to the little patients and to sympathizing relatives from the lengthened period of its duration, also from the probability of complications taking place, the results of which may entail many years of ill health on those little sufferers who survive the primary attack.

Trusting you will allow your columns to be the medium of communications on this subject for the purpose indicated,

I remain, Sir, yours, &c.,

May, 1860. M. A. B.

F. W.—No one is absolutely compelled to register; but those who decline to do so must be prepared to encounter all the disabilities attaching to their position outside the pale of the law. The part of the kingdom referred to does not enjoy any exemption from the operation of the Medical Act.

A Sufferer.—The gentleman named is highly respectable. Avoid the advertising quacks.

Dr. Samuel C. Reed.—Yes, by courtesy and custom. The mere legal question has not been decided, and as that is the case, the questions remain in doubt.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I agree with "Medicus" that Clauses 37 and 38 of Mr. Griffin's Poor-law Bill must be opposed by the non-union medical practitioners, and that strongly too. It is unfair and unbrotherly of Mr. Griffin to endeavour to retain such objectionable clauses, when he finds they are likely to injure a portion of the profession. Within a month or so I have received seven or eight guineas from the Coroner, where, under Mr. Griffin's law, I should have had my trouble and no pay. I advise Mr. Griffin to be content, and not to grasp at too much.

I am, Sir, yours obediently,

May, 1860. FAIRFIELD.

Mr. W. Mason, (Ashby-de-la-Zouch.)—Nothing definite has yet been determined upon. When any decision has been arrived at we shall publish the fact. Our correspondent will undoubtedly be eligible.

THE report of the meeting of the Obstetrical Society is in type, but its publication is unavoidably postponed.

Dr. James Adams.—There is much force in the arguments employed, and at a proper time we shall probably discuss the question.

RETENTION OF URINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—I do not know whether the following case is extraordinary, but it is the only one of the kind I have met with:—

On the 5th of April, I was called to introduce the catheter for Mrs. W——, a farmer's wife, aged thirty-six, and pregnant for the seventh time. In five consecutive pregnancies I have had to introduce the catheter about the time of quickening, or about a fortnight before she first feels the child. The retention on every occasion has been complete. She is a healthy woman, well formed, and has easy accouchements. Your obedient servant,

Helston, Cornwall, May, 1860. J. WEARNE, M.R.C.S.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Eben Watson; Mr. T. C. S. Corry; Mr. W. C. Elliot; Dr. Evans; Dr. J. Housley; Mr. Nath. Ward; Mr. Morris, Tottenham; Dr. Mackinder; Mr. H. Osborn, Southampton; Dr. Fitz Patrick; Mr. H. C. Stewart; Dr. Walter Watson; Mr. Shaw, Scarborough, (with enclosure;) Mr. Lake, Torrington, (with enclosure;) Dr. Blennerhassett, (with enclosure;) Mr. Robinson, Glasgow, (with enclosure;) Dr. Tilt; Dr. Kavanagh, (with enclosure;) Mr. Hodgson, Kendal, (with enclosure;) Mr. Howard, Escrick, (with enclosure;) Mr. Ramsden, Royton, (with enclosure;) Mr. Lingford, (with enclosure;) Mr. Glencross, (with enclosure;) Mr. Worley, (with enclosure;) Dr. Hayman, (with enclosure;) Mr. Shipman, (with enclosure;) Mr. Workman, Liverpool, (with enclosure;) Dr. Gilmour, (with enclosure;) Mr. Smith, Manningtree; Dr. Renaud; Messrs. Argles and Co., Maidstone; Mr. Turner, Newcastle; Mr. Pegler, (with enclosure;) Dr. Watson, (with enclosure;) Mr. Bellyse, Nantwich; Mr. Harris, (with enclosure;) Mr. Linscott, (with enclosure;) Mr. Ballard, (with enclosure;) Mr. Walker, Hanley, (with enclosure;) Mr. Glover, Dorrington, (with enclosure;) Mr. Kerr, Crick, (with enclosure;) Dr. Somerville, (with enclosure;) Student of Medicine, Liverpool; Fairness; The Pharmaceutical Society; A Second-Year's Student; E. P. H.; A Sufferer; &c. &c.

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or Gentlemen will be waited on, and have the highest price given for Left-off Clothes, Boots, Books, Jewellery, Furniture, and all Miscellaneous Property, by addressing to Mr. or Mrs. E. HYAM, 19, Beak-street, Regent-street, W.; or parcels being sent, the utmost value in cash immediately remitted.—Established 1830.

To Gentlemen.—Notice of Removal.

Mr. MILES has found it absolutely necessary to remove his Business to more spacious premises, which will enable him more fully to carry out the plan originated by him of making

TROUSERS AT SIXTEEN SHILLINGS PER PAIR;

and every article connected with his business in accordance therewith. Mr. MILES'S New Address is 73, BROOK-STREET (four doors west of Hanover-square).—No connexion with any other house.

S. W. Silver and Co.'s Outfitting

WAREHOUSES, 66 and 67, Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Hyam and Co.'s Conjoint Garments,

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HYAM & CO.'S CAMBRIDGE, SAC, AND PAGET JACKETS.—The best possible garments for gentlemen's customary in-door or out-door wear. Price 12s. 6d., 16s. 6d., 21s., 25s., and 31s. 6d.

HYAM & CO.'S DRESS AND SURTOUT COATS, in West of England Wool-dyed Black Cloths, Invisibles, Saxony Broad Cloths, Woaded Fabrics, &c. Price 25s. to 63s.

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HYAM & CO.'S HARROW, ETON, AND RUGBY SUITS.—Three new styles, becoming in design, serviceable for school or dress wear, and admirably adapted for young gentlemen. Price 15s. 6d., 21s., 25s., and 31s. 6d.

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Flour, warranted free from adulteration,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 8s.; Seconds, 8s. 4d.; Me 1 for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bulford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

TRADE MARK.

Brown & Polson's Patent Corn Flour.

THE LANCET states, "This is superior to anything of the kind known." The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blanemange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

Gluten Bread, Semola, Chocolate,

BISCUITS, CAKES, and PATÉS, for Diabetes, Consumption, Dyspepsia, Asthma, Invalids and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

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Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

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"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of CROSSE and BLACKWELL, 21, Soho-square.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

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LIVERPOOL—Johnson & McGowan, Matthew-street; Robert Thin, Crown-chambers, Redcross-street.

MANCHESTER—Jewsbury & Brown, 113, Market-street.

DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.

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☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

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Claret, 24s. and 30s.; Sherry, Pale or Gold, 24s. and 30s.; Chablis, first quality, 36s.; Still Hock and Moselle, 36s., 42s.; Sauterne, 42s.; Burgundy, 36s., 42s.; Sparkling Champagne, 42s.; Sparkling Hock and Moselle, 48s.; Old Bottled Port, 42s., 48s. per dozen. Carriage paid by rail. Price-lists on application.—MARSHALL & SON, Importers of Foreign Wines, Purveyors to the Queen, 20, Strand, W.C.

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BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

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BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, Haymarket.—Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

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Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

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LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street.
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
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SOUTH WALES	At 13, King-street, Bristol.

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When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

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PREPARED CORN, for Puddings, Custards, Blanc-mange, Cakes, &c., is the Original Preparation of Indian Corn, manufactured at Oswego, State of New York, U.S.; was honourably mentioned at the Great Exhibition, Hyde-park; also received a Gold Medal at the New York State Fair, 1851.

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Robinson's Patent Barley, for making

quickly, and at small cost, superior Barley Water, recommended as a summer drink, cooling in Fevers, or for Mothers nursing, and eminently nutritious as Infants' Food.

ROBINSON'S PATENT GROATS, the most esteemed and best known preparation for making pure Gruel; persons of weak digestion or constipative habit would derive benefit from its use.

ROBINSON'S PURE SCOTCH OATMEAL, for Porridge and Oat Cake. The Analysis of Oatmeal proves it to be a strengthening food, and from its blood-and-bone-making principle is especially recommended for youth.

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First.—Is a saving of four shillings per week in the keep of a Horse, with better health, less grooming, and more work, worth fourteen feeds of THORLEY'S FOOD FOR CATTLE, costing only 1s. 3d.?

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The finest ever introduced to this country.
ROYAL VICTORIA SHERRY, soft, nutty, and dry, 27s. „
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ST. JULIAN CLARET, pure and without acidity... 24s. „

Bottles and packages included, and six dozen free to any railway station in England or Wales. Terms, Cash.—WILLIAM REID TIPPING, Manager.

RAIL PAID TO ANY STATION IN ENGLAND.

Very choice Marsala or Bronté Wine.

THOMAS NUNN & SONS have great pleasure in bringing this excellent yet economical Wine to the notice of their customers; the approvals of it continue numerous and most flattering; it is of the highest quality, well matured and full bodied, and so thoroughly clean tasted that it will go on improving for years to come; and has this advantage over Sherry, that it may be taken by the most delicate person without causing acidity in the stomach. Their selections have been made with so much care, that they have no hesitation in saying the most perfect satisfaction will accrue to every purchaser.

25s. per Doz. £7 4s. per 6 Doz. £12 15s. per ¼-Cask.

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Horniman's Pure Tea.

THE LANCET (p. 318) writes: "The Green, imported by Horniman & Co., not being coloured with prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. 3s. 8d., 4s., & 4s. 4d. per lb. in packets. Gould, 198, Oxford-st.; Purssell, 80, Cornhill; Smith & Sons, Norwich; Goodall, Backhouse, & Co., and Reinhardt & Sons, Leeds; Ferris, Townsend, Lamotte, & Boorne, Bristol. Agents (chiefly CHEMISTS) in every town.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 58,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

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Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

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A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

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NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto	ditto	7s. 6d. „
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

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MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto	ditto	7s. 6d. „
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. „
1 oz. ditto		5s. 6d. „
1½ oz. ditto		6s. 0d. „
2 oz. ditto		7s. 0d. „

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NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross, 6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser
2 oz. „ 7s.	
3 oz. „ 8s.	
4 oz. „ 10s.	
6 oz. „ 15s.	
8 oz. „ 18s.	
4½ oz. graduated in 3 doses 12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

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"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."—— Surgeons appointed to Ships to all parts of the world.

Surgical Instruments for Surgeons to Ships.

F. G. MOORE, M.R.C.S., 34, Terrace, Tower-hill, London, E.C.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 39, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

University of Edinburgh.

THE SUMMER SESSION OPENS IN MAY.

Botany—Dr. Balfour, at the Garden. Tues., May 1st. 8 o'clock A.M.
Botanical Demonstrations, in the Garden and Hothouses—Dr. Balfour. Mon., Wed., Frid. 9 A.M.
Botanical Examinations, in the College—Dr. Balfour. Wednesdays. 3 P.M.
Anatomical Demonstrations—Mr. Turner, Mon., Wed., and Frid., under the superintendence of Mr. Goodsir. Wed., May 2nd. 2 P.M.
Medical Jurisprudence—Dr. Traill. Tues., May 1st. 11 A.M.
Clinical Surgery—Mr. Syme. Thurs., May 3rd, 12 Noon.
Clinical Medicine—Dr. Laycock. Frid., May 4th. 12 to 2 P.M.
Comparative Anatomy—Tuesdays and Thursdays, Professor Goodsir. Tues., May 1st. 2 P.M.
Natural History—Dr. Allman. Wed., May 2nd. 1 P.M.
Practical Histology and the Use of the Microscope—Dr. Bennett. Tues., May 8th. 3 P.M.
Medical Psychology—Dr. Laycock, Mon. and Thurs. Mon., May 7th. 3 P.M.
Practical Instruction in Mental Diseases—Dr. Laycock, Saturdays. Sat., May 12th. 3 P.M.
Hindustani, &c.—Professor Liston. For particulars apply to the Librarian.
Royal Infirmary, daily at Noon.
Dissecting Rooms, open daily, under the superintendence of Mr. Goodsir, assisted by William Turner, M.B., London, and John Cleland, M.D. Edinburgh.
Chemical Laboratories.—The Upper Laboratory, for instruction in Analytical Chemistry, and for Chemical Investigation, under the immediate superintendence of the Professor, aided by Dr. Guthrie as Chief Assistant, is open from 10 to 4. The Lower Laboratory, for instruction in Practical Chemistry, is conducted by J. A. Wanklyn, M.R.C.S. London, under the inspection and supervision of the Professor.

April, 1860. PHILIP KELLAND, Secretary to the Senatus.

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LIST OF LICENTIATES

OF THE

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH,

ELECTED AT THE MEETING OF 20TH APRIL, 1860.

Richard Yates Ackerley, Liverpool.
Alexander Maxwell Adams, Lanark.
Henry Adams, London.
Richard Adams, Bodmin.
Jas. Walkinshaw Bell Alder, Hants Arty. Mil.
John Petty Aldridge, Dorchester.
James Alexander, Wooler.
Alfred Benjamin de Lisle Allen, London.
Michael Allen, Bridgend.
John Anderson, Blackhill.
Mark French Anderson, London.
Samuel Harris Armitage, Oldham.
Luke Armstrong, Newcastle.
George Arnison, Stanhope.
James Arnold, Liverpool.
John Arthur, London.
William Aspinall, Haslingden.
John Atcherley, Liverpool.
Benjamin Tillyer Blunt Baillie, London.
Thomas Baker, Cranbrook.
Thomas Bancks, Stourbridge.
George Banks, Wick.
James Handmarsh Barnes, Liverpool.
Henry Calvert Barnett, Liverpool.
Thomas Stevens Barringer, London.
Henry Bell, Cockermouth.
James Bell, Stoke-on-Trent.
William Henry Bellot, Stockport.
Andrew Bennie, Larkhall.
James Spowart Beveridge, London.
Thomas Birt, Leamington.
Edward Bishop, Headingly.
James Thomas Blackmore, London.
Edgar Shaw Blaker, London.
John Bolland, Dublin.
John Adams Bolton, Leicester.
William Thomas Bolton, Gateshead.
John Bond, London.
John Bourke, Cork.
William Elliot Bower, Nantwich.
Robert Harrison Bowness, Poulton le Fylde.
William Henry Brace, Bath.
Henry Edward Brameld, Hunslet.
William Brett, London.
Alexander Bridge, London.
Thomas Brodie, Ford.
Edward Adolphus Brown, Eastwood.
George Murray Brumwell, Newcastle.
John Buchanan, Campbeltown.
Henry John Buck, Cromer.
John Buckenham, Belfast.
John Leason Burgess Budgett, Paris.
Smith Burman, Wisbeach.
John Burrows, Liverpool.
Giles Richart Burt, Ilminster.
George Bury, Nottingham.
Robert Turner Bywater, Coniston.
Richard Callaghan, Cork.
William Cantrell, Wirksworth.
John Carruthers, Kirkby Lonsdale.
Charles Henry Carter, Pewsey.
Frederic Carter, H.M.I.M. Service.
William Henry Baldwin Castle, London.
Thomas Chambers, London.
William Edwin Chapman, Burnhope.
Donald Clark, Spenny Moor.
John Andrew Clark, London.
James Jenkinson Clarkson, Lancaster.
Joseph Clough, Sheepridge.
Richard Cockerton, Soham.
Benjamin Cocks, Tamworth.
James Davidson Mackay Coghill, Edinburgh.
Robert Barrington Cooke, Scarborough.
William Cooke, Pont y Pridd.
John Copeland, London.
William Tyeth Coster, London.
John Sims Cousins, Cwm Brae.
David Coutts, Cumbernauld.
Frederick Augustus Cramer, London.
William Curran, Staff Assist.-Surgeon.
William Dalziel, South Shields.
Charles Davenport, Bromsgrove.
Edward Myhill Davey, London.
Morris Davis, Carnarvon.
Henry Arundell Day, Hambrook.
Peter Thomas Dean, Manchester.
John Denny, London.
George Dixon, Helmsley.
Edward Doubleday, London.
William Harris Daw, Carnock.
Thomas Downie, Blantyre.
Clark Armstone Ducket, R.N.
James Dulvey, Brompton.
John Eardley, London.
William Eaton, Knowle.
James Edmunds, London.
Thomas Elkington, Kenny Compton.
Frederick Charles Grant, Ellerton, Tadcaster.
Stephen Paul Engleheart, Reigate.
Alfred Evans, Walthamstowe.
Benjamin Evans, London.
Thomas Evans, Llanelly.
William Evans, Llanerchymed.
George Frederick Farr, Southwark.
Charles Ferneley, Grantham.
John Finucane, Labasheeda.
Adam Fletcher, Bury.
Duncan Macdonald Forbes, Eastwood.
William Forsyth, London.
James Frobisher, Leeds.
Joseph Froysell, Willenhall.
William Galloway, Dundee.
John Mitchell Garbutt, Fareham.
John Gardner, London.
Richard Gardner, Painswick.
Edward Charles Garland, Yeovil.
William Hastings Garner, Dumfries.
George Gill, Liverpool.
Chas. Frederic Gillingham, Fulham.
Andrew Gilmour, Linlithgow.
William Gilmour, Aylesbury.
Charles Field Goldsbro, London.
Peter Gordon, Juniper Green.
Samuel Day Ditchett Goss, London.
Charles Grant, Heanor.
Albert Green, London.
William Green, Eaton.
James Riley Greenway, Coventry.
Thomas Griffith, Droylsden.
Thomas Frederic Grimsdale, Liverpool.
Bernard Haldan, Preston.
Egerton Francis Hall, London.
William Hall, Lancaster.
John Burnett Hamilton, Stratford.
Henry Hanks, London.
James Hanks, Snaith.
John Alfred Harding, London.
Henry George Hardy, Byers' Green.
John Harker, Lancaster.
Robert Harper, Holbeach.
Arthur Ben Harris, London.
John Pitt Harris, Dublin.
John Hatton, Coleford.
Frederick Hawthorn, Uttoxeter.
Patrick Joseph Hayes, Dublin.
William Alex. Hearndon, Portsmouth.
Charles Heaton, Leek.
Robert Henry, Pomeroy.
George Borlase Hicks, London.
Henry Higgins, Peel.
Charles Highett, Bristol.
Edward Chamberlin Hill, Cranborne.
Samuel Hill, London.
George Hindle, Over Darwen.
Charles Hitchcock, Market Lavington.
Jonathan Lord Hobbes, Belbroughton.
George Hodson, Egremont.
Francis Hamilton Homfray, Bridgenorth.
Clarence Hooper, Woburn.
Thomas Watkins Hooper, Peckham.
William Hopkins, Handsworth.
Robert Hopwood, Staley Bridge.
Henry Rowland Hoskins, London.
George Edkins Howes, Dunlavin.
Michael Patrick Howlett, New Ross.
David Hughes, Llangollen.
John Hughes, Frome.
Richard Hughes, Cliftonville.
Robert Charles Hunter, Merthyr Tydvil.
Henry Stone Hutcheon, Tredegar.
Francis Hutchinson, London.
Francis Blake Hutchinson, Banbury.
John Hutchinson, London.
Frederick Ilderton, Manchester.
James Pearson Irvine, Galgate.
Thomas Edmunds Jacobson, Sleaford.
John Bland Jameson, Heywood.
Josiah Robert Jenkins, Ruthin.
David Jones, Everton.
Price Jones, Rhyl.
George Cornelius Jonson, London.
Alexander Keith, Normanby.
John Kello, Biggar.
Patrick Manning Kelty, Newick.
Thomas George Kerin, Tramore.
David King, Eltham.
Richard King, Newcastle.
Thomas Eaton Lander, Shifnal.
Joseph Ruscombe Lansdown, Canton, Cardiff.
John Latham, Wigan.
James Lawrence, Cumnock.
Thomas Malborie Leak, Hemsworth.
John Le Gros, St. Heliers.
Henry Spry Leverton, Truro.
James Potter Lewis, Medstead.
Thomas Lewtas, Liverpool.
Edward Lister, Liverpool.
William Ponsonby Johns Llewellyn, London.
Henry James Lloyd, London.
John Lord, Bury.
James Johnstone Luce, Settle.
Benjamin Bell Lyel, London.
Robert Davidson Lynn, Darlington.
Richard St. John Lyon, Dalkey.
Robert Joseph M'Andrew, London.
Andrew M'Caul, Liverpool.
Peter M'Donald, Creetown.
O'Brien Mahony, Clonmel.
Richard Malcomson, Banbridge.
Newton Mant, Wirksworth.
James Marr, Wreckenton.
Henry Brunning Marsh, Upton-on-Severn.
George White Martin, London.
John Martin, Liverpool.
John Bridges Mason, London.
William Massey, Derby.
John Clarkson Martin Maynard, London.
Robert Furlong Mayne, London.
Charles James Barr Meadows, London.
James Irvine Menzies, London.
Robert Timothy Metterson, Halifax.
James Middleton, London.
Rees Miles, Aberdare.
Samuel Smith Millar, Enfield.
Joseph Millen, Glasgow.
George Thornton Mockett, London.
David Morgan, London.
William Evans Morgan, London.
William Henry Morris, Studley.
Barrington Richard Mudd, Storrington.
Samuel Edward Mulings, Bruton.
Charles Oscar Murphy, Manchester.
Charles Samuel Nash, London.
Thomas Henry Newsam, Tenby.
Arthur Oakes, Birmingham.
Charles O'Callaghan, Staff Assist.-Surg.
Maurice James O'Connor, Morpeth.
Samuel Oliver, London.
Lewis Oppenheim, London.
Harold Owen, Sandbach.
Roger Parker, Stanley.
John William Parry, Pwllheli.
Frederick James Parsons, Ilford.
Andrew Paterson, Ballytore.
Edwin Payne, London.
William George Payne, London.
Henry Penfold, Rainham.
Joseph Peplow, London.
Martin Perry, Evesham.
Thomas Philbrick, Stamford.
Arnot Wylie Pierce, Liverpool.
Edward Pinder, London.
William Maw Pinder, Horsforth.
Josiah Taylor Powell, London.
John Richard Price, Holyhead.
Arthur Prince, London.
Herbert Eady Proctor, Wednesbury.
Sidney Edmund Proctor, Wednesbury.
Roger Prosser, Bromsgrove.
Thomas Prytherch, Ruthen.
Thomas Purnell, Wells.
Horace Rainbird, Eagle.
Samuel Ralfs, Brentford.
George Hamilton Ramsay, Aldborough.
Walter Henry Fox Ramsden, Royton.
Henry Mortimer Rawdon, London.
Henry Armstrong Rawlins, London.
Samuel Cartwright Reed, Coleford.
Henry Reeve, London.
William Rice, Cathcart.
Samuel Atkinson Richards, Leeds.
Henry Rickard, London.
Thomas William Rimell, Teddington.
Thomas Ritchie, Otley.
Edward Robatham, Risca.
John Shearwood Roberts, Oughtibridge.
Edward Chas. Wightman Robertson, Otterburn.
George Robins, London.
Thomas Clarke Roden, Llandudno.
George Trevor Roper, Tranmere.
Frederick Dumaresq Ross, Guildford.
William Palmer Rowe, Liverpool.

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LIST OF LICENTIATES—*Continued.*

Peter Royle, Manchester.
John Crew Salisbury, London.
George Salter, Malmesbury.
Josiah Sarjant, London.
William Sedgwick Saunders, London.
Augustus John Pennington Schroeder, Fulham.
James Scott, Newcastle.
Richard Sephton, Culcheth.
Frederic Shepherd, London.
Veitch Sinclair, Edinburgh.
John Joseph Skegg, London.
Robert Skegg, London.
Henry Wright Slack, Liverpool.
Thomas Lant Smith, Alcester.
Robert Smythe, Abergavenny.
Charles Snape, Great Stanmore.
John Spence, Bedale.
Flaxman Spurrell, Bexley Heath.
William Stamer, Ennis.
William Stansfield, Hollinwood.
Peter Wood Stark, Lancaster.
Samuel Elmes Steel, Pontypool.
Alfred Stephens, Liverpool.
Thomas Stevenson, London.
Charles John Stewart, London.
Erasmus Stone, Masborough.
James Syme, Alloa.
Thomas Sympson, Lincoln.
John Tanner, Ledbury.
Benjamin Dutton Taplin, Lincoln.
Robert Tebbitt, Fishguard.
Benjamin Thomas, Llanelly.
John Thomas, Llanegwad.
Richard Roberts Gregory Thomas, Hartland.
John Thompson, London.
William Thomson, Wrenbury.
John Thornhill, Winterton.
John Todd, Rothbury.
Samuel John Tracy, London.
John William Tripe, London.
Thomas Trousdale, Owston.
William Fothergill Tuckett, Clydach.
Charles Turner, Shiffnall.
William Frederick John Turner, London.
John Harrison Walker, Pickering.
Robert Walker, Lerwick.
Charles Wesley Warburton, Betley.
James Pennington Warburton, Betley.
William Warke, Liverpool.
John Watkin, Aberdare.
John Watson, London.
Thomas Watson, Holbeach.
John Robinson Wells, London.
Samuel Westwood, Birmingham.
Charles Joseph White, P. and O. St. Co.
Samuel Whitlow, Manchester.
John Whitteron, Low Moor.
Thomas Lewis Wilkinson, Benburb.
Edward Williams, Tyn y Cae.
Hutchins Williams, P. and O. St. Co.
Robt. Hawkinson Williams, Great Eccleston.
Geo. Frederick Brutton Willing, Hampstead.
George Wilson, Lowick.
James Wilson, Gateshead.
Joseph Wilson, Whitehaven.
John Wilton, London.
Richard Hand Wood, Sligo.
William Peacock Wood, Rochdale.
Robert Woodman, Ormesby.
Francis Hollis Woods, Chichester.
George Robert Wyatt, Oxford.
James Wylie, Errol.
James Yearsley, London.
George Billing York, P. and O. St. Co.
Adam Young, Boston.

Royal College of Surgeons of England.

Notice is hereby given, that the Voluntary PRELIMINARY EXAMINATION for the Diploma of MEMBER will take place at this College on Tuesday and Wednesday, the 26th and 27th of June next. Candidates desirous of being then examined must signify their intention to the Secretary on or before the 15th instant, and at the same time give notice of the subject or subjects in which they propose to offer themselves. Further particulars relating to this examination may be obtained on application to the Secretary. The name of a candidate will not be received after the 15th instant.

May 7th, 1860. EDMUND BELFOUR, Secretary.

The Polytechnic Institution (limited),

309, Regent-street.

PUBLIC MEETING.

The Directors invite the Patrons and Promoters of Art, Science, and Industry, and the public generally, to a Meeting which will be held in the large Theatre of the above Institution, on Monday, May 14th, 1860.

The Right Hon. the Earl of SHAFTESBURY will take the chair precisely at 3 o'clock.

Samuel Gurney, Esq., M.P.; Robert Hanbury, Esq., M.P.; R. A. Slaney, Esq., M.P.; the Rev. J. B. Owen, and several other noblemen and gentlemen, are expected to attend and address the meeting.

JOHN WYNNE, Managing Secretary.

Dr. Lankester, M.D., F.R.S., will

deliver a Lecture on the MINERAL CONSTITUENTS of FOOD, in the Lecture Theatre of the South Kensington Museum, on Saturday Afternoon, May 12th, at 4 o'clock.

British Lying-in Hospital, Endell-

street, Long-acre.—PRACTICE of MIDWIFERY.—Gentlemen are admitted as RESIDENT PUPILS of the Hospital, for a period of Two, Four, or Six Months, on application to the Weekly Board. Further information to be obtained from the Secretary at the Hospital.

National Hospital for the Paralysed

and EPILEPTIC, 24, Queen-square, Bloomsbury, W.C.—Dr. BROWN-SEQUARD will deliver CLINICAL LECTURES on PARALYSIS and EPILEPSY at this Hospital every Monday at half-past Three P.M., commencing on Monday, 14th May. Medical Men and Medical Students alone will be admitted on production of their card or College ticket.

GEORGE REID, Secretary.

Operations.—Army, Navy, and India

EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or, with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.
Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.
Surgeon—Mr. Athol Johnson.
Assistant-Surgeon—Mr. Timothy Holmes.
Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for
Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

Islington Dispensary.—Election of

SURGEONS.—A Special General Meeting of the Governors will be held at the Dispensary-house, Upper-street, on Tuesday, the 29th of May instant, at 8 o'clock in the evening precisely, to Elect two SURGEONS in the place of N. H. Stevens, Esq., and J. Sharman, Esq., resigned. Candidates must be Members of the Royal College of Surgeons, and not Practitioners of Midwifery or Pharmacy; and they must attend at the Dispensary-house on Thursday, the 24th instant, at 7 o'clock in the evening, to exhibit their qualifications to the Medical Council.

May 5th, 1860. GEORGE LAMB, Hon. Secretary.

Liverpool Northern Hospital.—A

Junior HOUSE-SURGEON is Wanted for this Hospital. Salary, £60 per annum, with board, &c. He must be a Member of a Royal College of Surgeons, and a Licentiate of the Apothecaries' Hall, London. Applications, with testimonials, to be sent in to the Committee on or before Monday, June 4th, at 12 o'clock, at which time all candidates are required to attend.

May 7th, 1860. R. B. ANDERSON, Chairman.

Wanted, a Resident Medical Officer

for Haydock Lodge Lunatic Asylum. One versed in the treatment of lunatics preferred. Candidates must be Graduates in Medicine of one of the British Universities, or Members of the Royal College of Surgeons of England. Salary £120 per annum. Applications, with testimonials &c., to be addressed to Mr. Sutton, Haydock Lodge, Ashton, Warrington, Lancashire, on or before the 1st of June.

Clun Union.—Medical Officer

Wanted.—The Board of Guardians of the Clun Union will, at a Special Meeting to be held at the Board-room of the Union Workhouse, in Bishop's Castle, on Friday, the 18th day of May next, proceed to the Election of a Medical Officer and Public Vaccinator for the undermentioned districts of this Union:—

The District of Norbury, comprising the parishes of Hyssington, Lydham, More, Norbury, Ratlinghope, Shelve, Snead, and Wentnor; at the annual salary of £35.

The Bishop's Castle No. 2 District, comprising the out-liberties of Bishop's Castle and the parish of Myndtown, at the annual salary of £12 10s.

The Medical Officer of each district, in addition to the above salary, will be entitled to extra fees for Midwifery and Surgical Cases, and such other fees as are allowed by the General Orders of the Poor-law Board (cod-liver oil to be supplied at the cost of the Union).

Applications, accompanied by testimonials and such evidence of qualification as is required by the order of the Poor-law Commissioners, dated 5th of April, 1860, must be sent to the Board of Guardians at the Workhouse, in Bishop's Castle, before Eleven o'clock in the forenoon of the 18th of May next, at which time and place candidates are requested to attend.

By order of the Board,

Bishop's Castle, April 7th, 1860. FREDERICK PARDOE, Clerk.

Alnwick Infirmary.—House-Surgeon.

An unmarried HOUSE SURGEON is required for this Infirmary, whose character, abilities, and qualifications must have the approval of the Medical Committee, and who will be restricted from Private Practice. He will be required to reside in the Infirmary, and in addition to other duties to make up the Prescriptions. He will be allowed to take an Apprentice upon such terms as shall be approved of by the Committee of Management. The House-Surgeon will hold the appointment subject to three months' notice on either side, which shall terminate the engagement.

Salary, £105 per annum, with furnished apartments, coals, candles, and attendance. Out of the above sum, he will be required to pay annually £5 towards the wages of a servant.

Certificates and testimonials to be transmitted by candidates to the Secretary not later than the 14th day of May next, to be examined by the Committee of Management and the Medical Committee, who will meet at the Infirmary on Tuesday, the 15th day of May next, at noon, for that purpose.

And notice is hereby given, that a General Meeting of the Governors of the said Institution will be held at the Infirmary on Tuesday, the 22nd day of May next, at noon, for the purpose of appointing a House-Surgeon, at which no Governor will be qualified to Vote unless his or her Subscription for the current year be previously paid.

By order,

Alnwick, April 17th, 1860. J. A. WILSON, Hon. Secretary.

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Royal Medical Benevolent College, EPSOM.—Incorporated by Act of Parliament.—Notice is hereby given, that a GENERAL MEETING of the Governors of the College will be held at the Freemasons' Tavern, Great Queen-street, on Monday, the 21st of May, at 11 o'clock A.M., for the purpose of Electing ONE PENSIONER and FOUR FOUNDATION SCHOLARS. The Ballot will commence at 11 o'clock and close at 3 o'clock precisely.

Any Governor who may not have received the Balloting Paper to which he is entitled is requested to inform the Secretary, who will immediately rectify the omission.

By order of the Council,
ROBERT FREEMAN, Secretary.
HERBERT WILLIAMS, Assist.-Sec.

Office, 37, Soho-square, London, W., April, 1860.

Royal Medical Benevolent College, EPSOM.—MAY ELECTION, 1860.—FOUNDATION SCHOLARSHIP. Second Application of THEOPHILUS GLASCOTT VAWDREY. His father practised for twenty years at St. Austell, Cornwall, as a Surgeon, and died in July, 1858, after an illness of a few days. His mother was left with only a life annuity of £50, and with six helpless children. This case has within the year become the more distressing by the bankruptcy of the late Mr. Vawdrey's partner, whereby a provision of £500, to be paid in three yearly instalments to the widow, has been lost. The Votes of Subscribers are earnestly solicited in behalf of this Boy; and should he be unsuccessful this year, his friends beg that he may be supported at the Election in 1861.—Proxies will be thankfully received by Mrs. E. Carlyon, St. Austell.

John Harrison Osgarby.—The Friends of Mr. JOHN HARRISON OSGARBY, formerly an Apprentice to a Chemist at Boston, and afterwards, and when last heard of, Assistant to a Surgeon at Liverpool, will be glad to hear from him. The recent death of a relative entitles him to property, both real and personal.—Address, Mrs. Osgarby, Walcot, Sleaford, Lincolnshire.

Wanted immediately, a qualified ASSISTANT, to conduct a Branch Practice. Salary £85 per annum, with furnished house and garden.—Apply to A. B., Messrs. Gale and Oldfield, 15, Bouverie-street, Fleet-street.

Wanted, a few miles from London, a Gentleman, without qualification, competent to the duties of a Dispensing ASSISTANT, and capable of attending a case of Midwifery. Salary £30 per annum, with board and residence with the family.—Address, M. R., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street, E.C.

A General Practitioner in Kent wishes for a Visiting ASSISTANT (with the double qualification preferred). He will be required to take the chief part of the Dispensing and Bookkeeping, and to assist in the Visiting and Midwifery. Salary £50 a year, with board and lodging.—Address, free, W., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street, E.C.

An experienced Dispenser, aged 22, with a knowledge of Midwifery, wishes for an ENGAGEMENT.—Apply, A. Y. Z., 66, Lamb's Conduit-street, Brunswick-square.

A M.R.C.S. and L.S.A., well versed in general practice, is desirous of Assisting in or taking Charge of a Practice for the next two or three months.—Address, S. H., 10, Paddington-green, W.

Medical.—A qualified Assistant is required in a first-class Practice in the suburbs of town.—Apply, by letter only, to H. S., care of Messrs. Wright, Francis, and Co., 11, Old Fish-street, E.C.

Medical Assistant.—A married Gentleman, without family, aged thirty-one, active and energetic, will shortly be open to an Engagement, in town or country, as Visiting and Dispensing ASSISTANT, to take Charge of a Branch Practice, or to Conduct a Retail Establishment. Liberal terms expected.—Address, Spes, care of Mr. Dodd, Surgeon, 44, Waterloo-road, S.

A Medical Man, who can give satisfactory references, and who has seen considerable practice, is desirous of employment in London or neighbourhood, either to Assist in a Practice, or to take the Charge of, for from Three to Six Months. Board and lodging only required.—Apply to Vade Mecum, THE LANCET Office, 423, Strand, London, W.C.

To Surgeons.—A doubly-qualified Man, of mature age, quiet and moral habits, offers his services to a Gentleman requiring efficient Assistance, either for a short or lengthened period. Address by letter, M. R. C. S., Post-office, Wandsworth, S.W.

Medical.—A Gentleman, between fifty and sixty, (sine diplomâ,) of robust health, active and steady habits, wishes a Re-engagement as Dispensing and occasionally Visiting ASSISTANT, in town or country. He has attended a good deal of Midwifery practice, with Clubs, Unions, &c. Satisfactory testimonials will be given.—Please address, with particulars, salary, &c., J. H. W., care of Samuel Lovett, Esq., Surgeon, Clare-street, Lincoln's-inn-fields, London, W.C.

A young German who has served in the Priessnitz Institution at Graefenberg, and who is familiar with the treatment of patients therein, wants EMPLOYMENT.—Address, L., 163, Kingsland-road.

Wanted, by a Gentleman aged 36, a Situation in the country as Dispensing ASSISTANT, and occasionally to Visit and attend Midwifery.—Address, A. C., Post-office, Studley, Warwickshire.

Wanted, by a Surgeon in the country, a Dispensing ASSISTANT. Board and lodging will be provided, and a small salary given.—Apply (stating age and references) to Medicus, Post-office, Grantham, Lincolnshire.

Wanted, by a Surgeon in Staffordshire, an ASSISTANT, to Visit, Dispense, and attend Midwifery. One accustomed to Union practice preferred.—Address, stating salary and reference, A., Post-office, Newcastle, Staffordshire.

Wanted, by a young Gentleman who has served a three years' apprenticeship at an Infirmary, an ENGAGEMENT where he would Dispense and Visit occasionally. The engagement will be temporary.—Address, S. M., Mr. Pilter's, Bookseller, Huddersfield.

Wanted, a qualified Assistant, by a Surgeon in the country, accustomed to Visit, attend Midwifery, and occasionally to Dispense.—Address, stating full particulars, qualifications, salary required, references, &c., to Omega, Post-office, Hanley, Staffordshire.

Wanted, by a General Practitioner on the South Coast, a Qualified Man, of good address, as ASSISTANT, to Visit, attend Midwifery, and Dispense.—Apply, stating full particulars, salary, &c., to B. A., Post-office, Worthing.

Wanted, by a Surgeon in the Country, with extensive Club appointments, an ASSISTANT, to Visit, Dispense, and attend Midwifery.—Apply, stating age, salary required, and references, to Medicus, Post-office, Walker, Northumberland.

Wanted, a fully-qualified and experienced Gentleman to ASSIST in conducting an extensive Practice in the Country. First-class references required.—Apply to Messrs. Corbyn and Co., 300, Holborn, W.C.

A M.R.C.S. and L.S.A., aged 23, the son of a medical man, is desirous of meeting with a Situation as Visiting ASSISTANT to a Surgeon in the Country. Satisfactory references and testimonials if required.—Address, E. F., Messrs. Corbyn and Co., 300, Holborn, W.C.

Wanted, by the Advertiser, aged 22, an Engagement as Dispensing ASSISTANT to a Physician or Surgeon, in London or a Provincial Town. Can extract Teeth, and will undertake the management of the Posting, &c., if required.—Address, J. C. L., care of Mr. Morris, 15, St. Dunstan's-hill, City, E.C.

Wanted immediately, by a Medical Man in a town, a qualified ASSISTANT, accustomed to parochial duties, a good horseman, &c. He must be unmarried, and will have to reside in the house.—Apply to A. B., care of Messrs. Argles, Son, and Stonham, Wholesale Druggists, Maidstone, Kent.

Wanted, by a M.R.C.S.E., a Re-engagement as Visiting ASSISTANT, either out- or in-door (good Accoucheur), where a Dispenser is kept. The counties of Kent, Essex, or Sussex preferred. Used to riding, and a light weight; age, twenty-five.—Address, T. B. Pearson's Library, New Peckham, S.E.

Wanted, an unqualified Assistant, in a healthy provincial town in the North, to Visit, Dispense, and attend Midwifery. With privileges. From thirty to forty years preferred. A comfortable home where there is no family. Reference, 11, Church-terrace, Kentish-town, N.W.

Wanted, a Gentleman with the double qualification, and registered, as an ASSISTANT, to take the Charge of a Branch Practice, where he would have to reside. One accustomed to Union and other appointments preferred.—Address, M. R. C. S., Messrs. Pope and Plante, 4, Waterloo-place, Pall-mall, London.

Wanted, by a Country Practitioner, a qualified ASSISTANT, to Visit, Dispense, and attend Midwifery, and accustomed to the routine of country practice.—Address, stating age, qualifications, salary, and enclosing references, to Gamma, THE LANCET Office, 423, Strand, London, W.C.

Wanted, a Gentleman of good address as a Visiting ASSISTANT for Private, Club, and Union practice. He must be a good Accoucheur, and have unexceptionable references, and will find sufficient time for study and a comfortable home.—Address, A. B. C., care of Messrs. Hodge, Druggists, 101, Blackman-street, Borough, S.E.

A Gentleman aged 26, unqualified, accustomed to the routine of general practice, and competent to Dispense, Visit, and attend Midwifery, requires a Situation as In-door ASSISTANT. A mining or manufacturing district preferred.—Address, A. T., J. Hattons, M.D., Coleford, Gloucestershire.

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ESTABLISHED A.D. 1828.

Messrs. Lara and Walters,

(late LANE and LARA,)
MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
6, PUMP-COURT, TEMPLE, E.C.

PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

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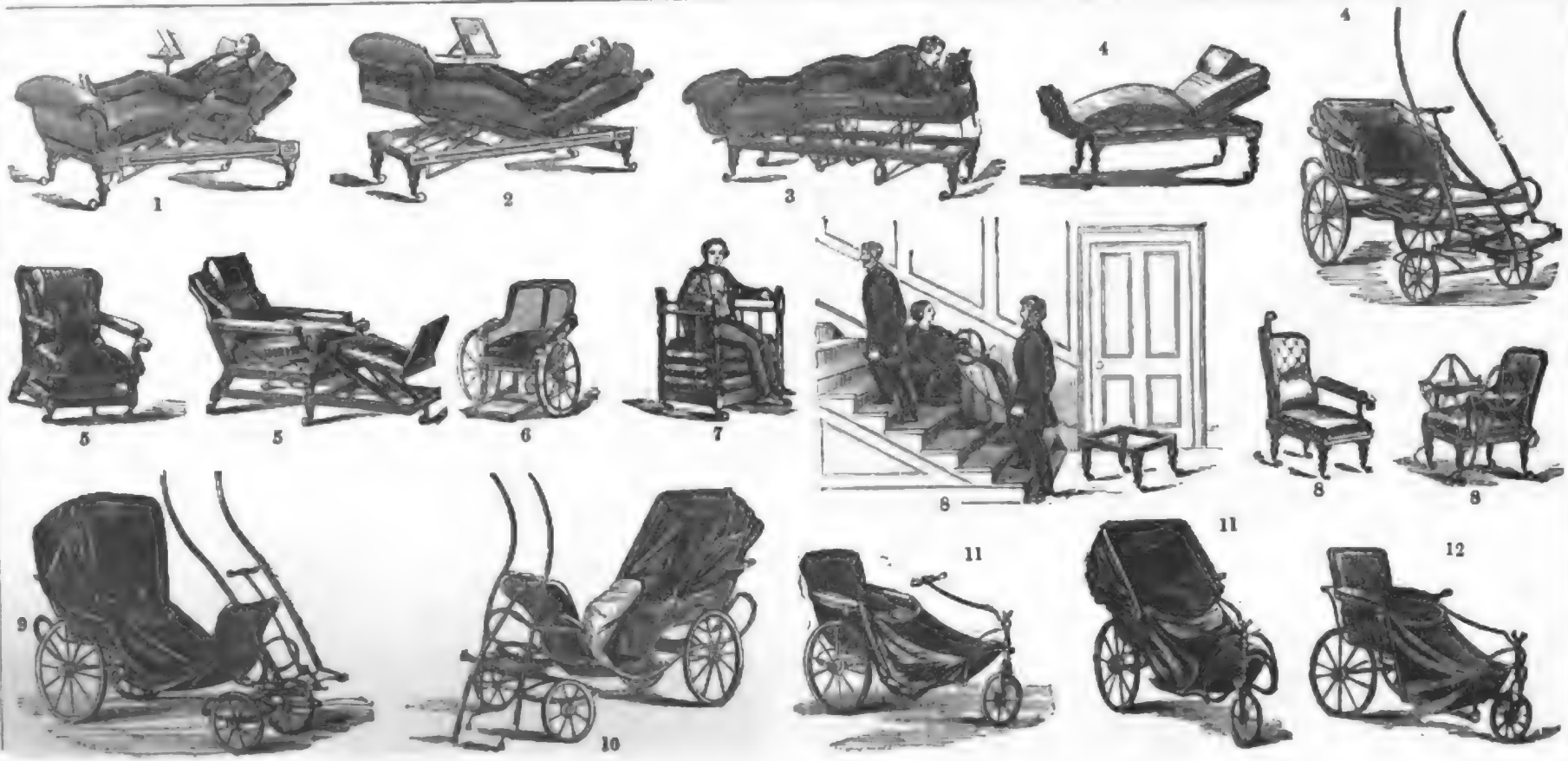

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Lecture X.—Mortality of Continued Fever ..... p. 485

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Treatment of Fractured Patella by Malgaigne's Hooks 493

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Report on the Condition of the Prostate in Old Age, founded on the Dissection of 100 Specimens in Individuals over Sixty Years of Age 494

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REVIEWS AND NOTICES OF BOOKS.

On Obscure Diseases of the Brain and Disorders of the Mind: their Pathology, Diagnosis, Treatment, and Prophylaxis. By Forbes Winslow, M.D., D.C.L. Oxon., &c. 498

LEADING ARTICLES.

University of London: Address of Earl Granville 501
The Assistant Medical Officers of King's College Hospital 502
Poor-Law Medical Relief in Ireland 503

MEDICAL ANNOTATIONS.

Lunacy and the Asylums.—Public Examinations at Pall-mall.—Medical Reform in Victoria.—Annuitants of the Naval Medical Fund.—Play and Prison 504

CORRESPONDENCE.

The Royal College of Surgeons and Uneducated Candidates: Letter from Dr. Robert H. Semple 505
The Coroners' Clause in the New Poor-law Medical Relief Bill: Letter from Mr. Griffin 505
Pirogoff's Operation: Letter from Dr. Eben Watson 505
The Case of Cæsarean Section at Preston 506
Iodide of Potassium in Large Doses 506

Parisian Medical Intelligence 506
House of Commons.—Nuisances Removal and Diseases Prevention Bill 507

MEDICAL NEWS.

New Clinical Wards at Guy's Hospital 491
Western Medical and Surgical Society 500
Pass-lists of the Royal College of Surgeons, Apothecaries' Hall, Royal Colleges of Physicians and Surgeons, Edinburgh, and University of St. Andrews.—Collegiate Election.—St. Thomas's Hospital.—Munificence.—Appointment.—British Association for the Advancement of Science.—Pimlico Literary and Scientific Association.—Drowning in a Water Bed.—Dissecting Wounds.—Royal Medical Benevolent College.—Re-Opening of the Medical Department of Queen's College, Birmingham.—Utilisation of the Sewage of London.—Poor-law Medical Relief Bill.—National Association for the Promotion of Social Science in Glasgow.—Polytechnic Institution.—Health of the Metropolis 507
Medical Diary of the Week 508
Notices to Correspondents 509

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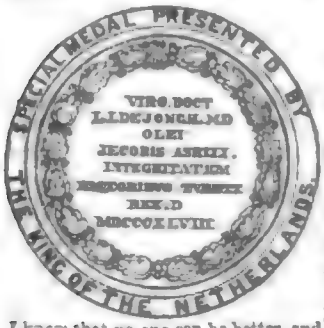

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* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

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demand for this water, originally made by Messrs. BLAKE, SANDFORD, and BLAKE at the request of Dr. GARROD, affords abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS. Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

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Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
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CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aëriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

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Most beneficent for producing a Clear, Soft, and Healthy Skin.

To be had at JONES'S old established Candle, Soap, and Italian Warehouse, near the Turnpike, Islington.—Established 1784.

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In 18-gallon casks, bottles, half-bottles, and imperial pints.

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Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

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When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

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Claret, 24s. and 30s.; Sherry, Pale or Gold, 24s. and 30s.; Chablis, first quality, 36s.; Still Hock and Moselle, 36s., 42s.; Sauterne, 42s.; Burgundy, 36s., 42s.; Sparkling Champagne, 42s.; Sparkling Hock and Moselle, 48s.; Old Bottled Port, 42s., 48s. per dozen. Carriage paid by rail. Price-lists on application.—MARSHALL & SON, Importers of Foreign Wines, Purveyors to the Queen, 20, Strand, W.C.

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BUTLER, having reduced the prices of their Wines in accordance with the new Tariff, are now selling Capital Dinner Sherry, 24s., 30s., and 36s. per dozen; high-class Pale, Golden, and Brown Sherry, 42s., 48s., 54s.; good Port, 30s. and 36s.; Fine Old Port, 42s., 48s., 54s., 60s.; Pure St. Julian Claret, 24s. and 30s.; very superior ditto, 36s.; La Rose, 36s., 42s.; finest growth Clarets, 60s., 72s., 84s.; Chablis, 36s., 48s.; Red and White Burgundy, 36s., 48s., to 84s.; Champagne, 42s., 54s., 60s., 72s.; Hock and Moselle, 36s., 48s., 60s., to 120s. East India Madeira, Imperial Tokay, Vermuth, Frontignac, Constantia, and every other description of Wine. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen. Schiedam Hollands, Maraschino, Curaçao, Cherry Brandy, &c.—On receipt of a Post-office order or reference, any quantity, with a price list of all other Wines, will be forwarded immediately by HEDGES and BUTLER, 155, Regent-street, London, W., and 30, King's-road, Brighton.

Originally established A.D. 1667.

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Liqueur Importers and Distillers, are now doing by far the largest Trade of any other house in the kingdom, their connexion exceeding at the present time 16,000 private Families and more than 60 of the most important Hospitals, Military Messes, and Public Institutions, beg to offer the following advantages to consumers at the reduced duties lately fixed by the Chancellor of the Exchequer.

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PORT, SHERRY, MADEIRA, MARSALA, all first growths, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £13 19s. per quarter cask of 28 gallons.

Also first growths with age 24s. per dozen, £4 0s. 6d. per 7-gallon cask, £7 19s. 3d. per 14-gallon cask, £15 15s. per 28-gallon cask.

They are pure, delicate, wholesome, and in every way suitable for either dinner or dessert.

The exclusive use of these Wines in most of the Important Institutions, of which a List can be had, is a sure proof of their restorative qualities.

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CLARETS, VIN ORDINAIRE, 18s. and 24s. per dozen; and White Wines, CHABLIS and SAUTERNE, 18s. and 24s. per dozen.

These our leading importations are superior to those generally drunk in this country, and together with our other high class French Wines, of which full particulars are detailed in our Prices Current, are all shipped to us under the superintendence of one of the leading Bordeaux Houses.

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CHAMPAGNE, 33s. per dozen quarts, and 18s. per dozen pints.

A most superior sparkling Wine. Since the reduction of the duties, we have made a large contract to have the above Wine shipped direct from the Epernay vineyards. We consider it as good as any Gentleman can wish to have on his table.

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MARSALA, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £10 3s. 6d. per quarter-cask of 22 gallons.

This is Ingham, Stephens, & Co.'s superior old Brouté Wine, and is considered by many superior to the finest Sherries.

WINES FROM SPAIN AT THE REDUCED DUTIES.

SHERRIES, Pale and Golden, at 20s. per dozen, £4 7s. 6d. per cask of 7 gallons, £8 13s. 3d. per cask of 14 gallons, and £17 3s. per cask of 28 gallons.

The almost total disappearance of the Vine Disease in Spain, combined with the reduction of the duties, enable us to import an extremely good Dinner wine at this price.

WINES FROM PORTUGAL AT THE REDUCED DUTIES.

Fine old PORT from the wood, 8 years old, 30s. per dozen, £5 1s. 6d. per cask of 7 gallons, £10 1s. 3d. per cask of 14 gallons, and £19 19s. per cask of 28 gallons.

This our leading article from Oporto is the old school of mature silky Port from the wood, with body and bouquet. This is more palatable and wholesome than those extremely high-priced old Bottled Wines, which have nothing left to recommend them but vegetable decay.

Other Ports of various ages, both duty paid and in the Docks.

FOREIGN AND BRITISH SPIRITS AT THE REDUCED DUTIES.

BRANDY, the finest Cognac	20s. per gallon.
Do. very old	24s. "
RUM, finest Jamaica	14s. "
WHISKEY, Pure Old Scotch	16s. "
Do. Pure Old Irish	16s. "
GIN, excellent Household	9s. "
HOLLANDS, Geneva or Schiedam, "the Silver Stream," as imported	12s. "
Do. do. in the original Green Cases and Square Bottles as imported	28s. per dozen.

In consequence of the universal consumption of Spirits, we have devoted especial care and attention to this branch of the Trade, in selecting those only of a pure and genuine high character, and are resolved to maintain the reputation we enjoy throughout the United Kingdom as purveyors of the finest old Spirits that can be had.

A dozen full-sized bottles of any of the above Wines at the quoted prices, or for 5s. in stamps a dozen samples of nearly all of the above can be had, or any two samples for 12 stamps, sent securely packed and labelled.

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Plumbe's Genuine Arrowroot, 1s. 6d.

per lb., should be used in preference to any other. It is greatly preferred by the most eminent Physicians in London for Invalids, and as the best food for Infants. It also forms a light, nutritious diet for general use.—Report on Plumbe's Arrowroot by Dr. HASSALL: "I have subjected Plumbe's Arrowroot to careful examination, microscopical and chemical. I find it to be perfectly genuine, and of superior quality, equal in all essential respects to the best Bermuda, for which so high a price is usually charged. Signed, ARTHUR HILL HASSALL, M.D."—Directions and testimonials with each packet, which bears the signature of A. S. PLUMBE, 3, ALIE-PLACE, ALIE-STREET, LONDON, E. Retailed in London by Snow, Paternoster-row; Ford, Islington; Morgan, Sloane-street; Williams and Lloyd, Moorgate-street; Medes, Camberwell; Fincham, 55, Charing-cross.—Agents Wanted.

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ROYAL VICTORIA SHERRY ... ... (The Standard of Excellence.)	27s. per dozen.
SPLENDID OLD PORT (ten years in the wood)	37s. "
SPARKLING EPERNAY CHAMPAGNE ...	34s. "
ST. JULIAN CLARET, pure and without acidity	24s. "
FINEST COGNAC BRANDY (Pale or Brown)	44s. and 53s.
SOUTH AFRICAN PORT, SHERRY, &c. ... The finest ever introduced into this country.	20s. and 24s.

Bottles and packages included, and six dozen cases free to any railway station in England or Wales. Price Lists free on application. Terms, Cash.

WILLIAM REID TIPPING, Manager.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to E. DAWKINS 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

Pure Country Milk and Cream,

MESSRS. EDMONDS & BAYNES, OXGATE FARM, WILLESDEN, have received the most flattering testimonials from several eminent Members of the Medical Profession in favour of the Purity and Freshness of their MILK and CREAM, which they undertake to supply Twice Daily to any part of the West-end. Orders received as above, or at the Office, 16, Marchmont-street, Russell-square; and at St. Petersburgh-place, Bayswater, W.

CREAM being now recommended as a substitute for COD-LIVER OIL, Messrs. E. and B. beg to inform the Profession that they can supply it in any quantity with punctuality.—A Prospectus free by post.

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LEA AND PERRINS'

"Worcestershire Sauce" is pro-

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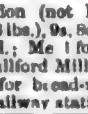
Sold by Messrs. CROSSE AND BLACKWELL, London; and by Dealers in Sauces generally.

Sole Manufacturers, LEA AND PERRINS, Worcester.

Flour, warranted free from adulterat-

ion, to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 9s. 8d.; Households, recommended for bread-making, 9s.; Seconds, 8s. 4d.; Meal for brown bread, 8s. 4d.—Address, HORSNAIL & CATCHPOOL, Bullford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

TRADE  MARK.

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THE LANCET states, "This is superior to anything of the kind known."

The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blancmange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

Gluten Bread, Semola, Chocolate,

BISCUITS, CAKES, and PATÉS, for Diabetes, Consumption, Dyspepsia, Asthma, Invalids and Infants. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

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Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett; I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," page 53,) and strongly recommended by many eminent physicians and surgeons, are prepared by T. SMITH, Biscuit Baker, Gower-street North, Euston-square, London, W.C. T. S. supplies the University, King's College, Guy's, St. Thomas's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—SMITH'S IMPROVED NURSERY BISCUITS, 8d. per lb.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 18th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 23, Conduit-street, London, W.

Spiced Breakfast Tongues, 7½d. each,

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OSBORNE'S CHEESE WAREHOUSE, OSBORNE HOUSE, 30, Ludgate-hill, near St. Paul's, E.C.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

JOHN GILLON & CO., LEITH.

Essence of Beef, or Meat Juice,

for instantly making Beef Tea for Invalids, and Soups and Gravies for Family use. Prepared by JOHN GILLON & CO., Preserved Provision Manufacturers, Leith. This valuable article is strongly recommended by Professor CHRISTISON of Edinburgh, and is largely prescribed by the Medical Profession. It is simply the Juice of the best Ox Beef, and it will, without trouble or loss of time, produce Beef Tea of the finest quality and flavour, such as the stomach will retain under sea-sickness. It is more economical than Beef Tea prepared in the family, and, as it will keep good for any length of time, no house should be without it.—For its Medical Properties, see Article by Professor Christison of Edinburgh, in the *Monthly Journal of Medicine*, Jan. 1855.

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MANCHESTER—Jewsbury & Brown, 113, Market-street.

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☞ The ESSENCE of BEEF may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4oz. to 6lb. each.

A Reprint of the Article by Professor Christison will be sent to Medical Gentlemen on application to the Manufacturers or Agents.

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First.—Is a saving of four shillings per week in the keep of a Horse, with better health, less grooming, and more work, worth fourteen feeds of THORLEY'S FOOD FOR CATTLE, costing only 1s. 3d.?

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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858–59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL,
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE X.

MORTALITY OF CONTINUED FEVER.

Mortality of continued fever of all forms—tables of mortality of each form—mortality in different years—mortality of enteric fever—of typhus fever—of relapsing fever—influence of age on the mortality of fever—general deductions—change-of-type theory—prophylaxis of fevers.

THE mortality of fevers is an exceedingly interesting subject of inquiry, and although we possess statistical data in abundance to enable us to form correct conclusions as to the mortality of continued fevers, *as a class*, the death-rate of the individual forms has not, till very recently, been satisfactorily deduced, in consequence of the several types having been considered one and the same disease. But as each form comes to be more generally recognised, we shall not only arrive at more certain conclusions as to its mortality, but obtain much valuable information on many points which are as yet involved in obscurity.

Continued fevers have caused at times an incredible sacrifice of human life. You may remember that I stated, in my first lecture, that according to reports of the famine fever which raged in Ireland in 1817–19 returned to the Government, at least 65,000 individuals were destroyed by it in less than two years. The mortality varies according to certain circumstances: for example, it differs not only according to the form or type of the disease, but the death-rate of the same form varies in different years and in different places. Age, or period of life, too, has an important influence on the mortality. These propositions will be illustrated as we proceed.

Perhaps the most reliable information on the death-rate of fevers is the experience of the different hospitals; and I shall not, I hope, be accused of predilection in stating that the experience afforded by the records of the London Fever Hospital is exceedingly valuable in a statistical point of view, not more from the extensive field of inquiry than from the accuracy with which the cases are recorded, and the care with which the several forms of fever have for the last fifteen years been distinguished.

The mortality tables subjoined have been constructed on the experience of the last ten years only, and from the data thus afforded are drawn the conclusions which I shall briefly lay before you. And I am bound to state, and I do so with much pleasure, that for the statistical data I am indebted to the recently published paper of my colleague, Dr. Murchison, who, at my suggestion, availed himself of the opportunities the Fever Hospital has afforded, and produced a most valuable monograph on the mortality of the different forms of fever, and on the causes which apparently influence their prevalence.* I strongly recommend this paper to your perusal, as it embodies a mass of facts of extreme interest and importance.

* Med.-Chir. Trans., vol. xli., 1858.

TABLE V.

Mortality of the Cases of Continued Fever of all forms admitted into the London Fever Hospital in ten years, 1848–57.

Years.	No. of Cases.	Deaths.	Mortality per Cent.
1848	707	148	20·93
1849	401	65	16·21
1850	361	50	13·85
1851	614	43	7·00
1852	561	50	8·91
1853	787	149	18·93
1854	714	112	15·68
1855	622	113	18·16
1856	1300	230	17·69
1857	561	99	17·64
Total ...	6628	1059	15·98
Deducting cases fatal within 24 hours after admission	6567	998	15·19
Deducting cases fatal within 48 hours	6482	913	14·07

From this table it appears, that of 6628 patients admitted, comprising all the forms of fever described, the total number of deaths was 1059, or in the ratio of nearly 16 per cent., or 1 in 6¼. If from this number, however, be subtracted 61 cases, which proved fatal within twenty-four hours, the admissions will be reduced to 6567, and the deaths to 998, or in the ratio of 15·19 per cent. Or if the cases which died within forty-eight hours be deducted, the admissions will stand 6482, and the deaths 913, or in the ratio of 14·07 per cent., or less than 1 in 7.

This rate of mortality, deduced from the experience of the Fever Hospital, including not only every form of fever, but every variety of complicated cases, is probably somewhat higher than the death-rate of a like number of cases treated under more favourable circumstances. But it must be taken into account, as stated in almost every annual report of the Hospital, that patients are received too often in the most hopeless condition, not only in very advanced periods of life, but under circumstances precluding all hope of recovery. This statement is proved by the very large proportion of patients who do not survive forty-eight hours after admission, as well as by the numbers received in a moribund state.

In regard to the mortality in different years, the table shows considerable variation. Thus, in one year (1851), the total death-rate was 7 per cent. only; in the following year it was nearly 9 per cent.; while in 1848 it exceeded 20 per cent.: and if the mortality of one form be taken, it appears that in two years—viz., in 1849 and 1857—the death-rate of typhus cases exceeded 25 per cent.

Dr. Murchison, in the paper alluded to, has made a valuable addition to our own statistics, by giving the mortality from fever of all forms, collated from the records of eleven other hospitals during the last eighteen years. Of these, one is in London, four in the provinces of England, three in different large towns in Scotland, two in Ireland, (Dublin and Cork,) and one in Stockholm.

From these data, we find that in St. George's Hospital, London, the average mortality from all forms of fever was 11·3 per cent., or 1 death in 8⅞; in Nottingham General Hospital, 12·78 per cent., or 1 in 7⅞; in Birmingham Queen's Hospital, 14·08 per cent., or 1 in 7 1/10; in Bristol Royal Infirmary, 9·47 per cent., or 1 in 10; in the Edinburgh Royal Infirmary, 11·61 per cent., or 1 in 8⅝; in the Aberdeen Royal Infirmary, 9·14 per cent., or 1 in 11; in the Glasgow Royal Infirmary, 11·28 per cent., or 1 in 8⅞; in Dublin Cork-street Fever Hospital, 7·46 per cent., or 1 in 13⅜; Cork Fever Hospital, 4·3 per cent., or 1 in 23¼; in the Stockholm Seraphim Hospital, 10·6 per cent., or 1 in 9⅜.

On this comparative table Dr. Murchison remarks, that the rate of mortality from fever during a series of years differs but little in the various hospitals of England and Scotland, being about 1 in 8; in some rather more; in others, rather less. In the Aberdeen Royal Infirmary, however, the mortality from

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8783 cases during eighteen years has been only 1 in 11. This was due to the small mortality of the four years, 1842–4.

Taking the cases only for the last ten years, the mortality in Aberdeen, as elsewhere, was 1 in 8½. Again, in every instance, it will be seen that the mortality has varied greatly from year to year. In Aberdeen, it was under 4 per cent. one year, and in another, nearly 18 per cent. At Nottingham one year it was 30 per cent.; in another less than 7 per cent. The mortality at Stockholm appears to be much the same as in England, perhaps rather less.

To these results, the Irish hospitals present a marked antithesis. Out of 150,939 cases of fever admitted into the Dublin Fever Hospital, since the year 1817, only 10,632, or less than 1 in 14 died, and during the last eighteen years, the mortality has been only 1 in 13². Again, in the Cork Fever Hospital, the mortality has been much less. Since the year 1817, out of 82,293 patients, only 3222, or 1 in 25½ have died; and during the eighteen years contained in the table, the mortality has only been 4½ per cent., or 1 in 23½. Moreover, the rate of mortality has varied much less in different years than in England and Scotland. Thus, in Dublin, in no year during the last forty, has it reached 10 per cent.; and in the Cork Hospital, in only one year of the last forty, has it slightly exceeded 6 per cent. In Barker and Cheyne's report of the Irish epidemic, 1817–19, it is stated, that out of 100,737 patients in the hospitals of all Ireland, 4349 died, making the mortality 4·3 per cent., or only 1 in 23½. No doubt, as Dr. Murchison says, this small mortality is partly accounted for by the greater facilities afforded to mild cases for entering the hospitals in Ireland; but whether this be the case or not, it plainly shows that there is a form of fever constantly prevailing in Ireland, which is much milder, and in which the mortality is consequently much less, as compared with the fevers that prevail in this country.

TABLE VI.

Mortality of the different Forms of Continued Fever admitted into the London Fever Hospital during ten successive years, 1848–57.

Years.	Typhus.			Enteric.			Relapsing.			Febricula.	
	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.
1848	526	106	20·15	152	41	26·97	13	1	7·69	16	0
1849	155	39	25·16	138	26	18·84	29	0	...	79	0
1850	130	24	17·69	137	24	17·57	32	2	12·5	62	0
1851	68	6	8·82	234	30	12·82	256	7	2·73	56	0
1852	204	24	11·76	140	25	17·85	88	1	1·13	129	0
1853	408	90	22·06	211	59	27·96	16	0	...	152	0
1854	337	67	19·88	228	44	19·3	5	0	...	144	0
1855	342	83	24·27	217	30	13·82	1	0	...	62	0
1856	1062	207	19·49	149	23	15·43	...	...	...	89	0
1857	274	69	25·18	214	27	12·61	1	0	...	72	0
Total ...	3506	715	20·36	1820	329	18·07	441	11	2·49	861	0

1. *Mortality of Typhus Fever.*—According to the table, the mortality of typhus, including all cases, is 20·39 per cent., or nearly 1 in 5; but if the cases that died within twenty-four hours be deducted, it is 19·3 per cent. only; or if those which died within forty-eight hours be subtracted, it falls to 17·7 per cent., or about 1 in 5⅔.

This appears to be the average death-rate in other places. For example, in the Edinburgh Infirmary in the years 1848 and 1849 it amounted to 22·3 per cent., and in the Glasgow Infirmary, for eleven years, it was 18 per cent.

2. *Mortality of Enteric Fever.*—The mortality of enteric fever turns out to be rather under that of typhus. Out of the 1829 cases treated in the London Fever Hospital, 333 died, being in the ratio of 18·29 per cent., or about 1 in 5½; and if the cases fatal within twenty-four hours be deducted, it falls to 17⅞ per cent.; or if those who died within forty-eight hours be subtracted, it is less than 17 per cent., or nearly 1 in 6. In one year, however, (1853,) the death-rate was greater than any year from typhus—viz., 28 per cent., or about 1 in 3½; and in another year (1848) nearly 27 per cent., or about 1 in 3 7/10. The smallest mortality in any year was about 13 per cent., so that in no year was it so low as it has been in some years from typhus; and, as Dr. Murchison has pointed out, the year in which the mortality was least was also that in which there was the greatest number of cases, whereas the mortality from typhus appeared to be lowest when it was least prevalent.

In the Glasgow Royal Infirmary, the mortality from this form (enteric fever) has exceeded even that in London, being 21·6 per cent., or nearly 1 in 4½.

3. The *mortality of Relapsing Fever* is very small. According to the table it is not more than 2½ per cent., or 1 in 40. In the Edinburgh epidemic of 1848–49, it was under 4 per cent., and in that of Glasgow, between the years 1843 and 1853, it was 5 per cent.

The comparatively small rate of mortality of relapsing fever has an important bearing on the question of the mortality of fever as a whole. In proportion as it prevails at any time, will the death-rate of fever, including all forms, be diminished; and this circumstance explains the small rate of mortality in the London Fever Hospital in 1851, as well as in the epidemics that prevailed in Edinburgh, Aberdeen, and Glasgow in 1843.

Dr. Murchison strongly, and with much truth, urges the importance, when comparing the mortality from fever at different times and places in order to judge of the merits of different plans of treatment, or for other purposes, of taking into account the form of fever which has prevailed. Thus, while the total mortality from fever in Glasgow was much below that of the London Fever Hospital, that in each of the individual forms was greater, the difference resulting from the much larger proportion of relapsing cases which occurred in Glasgow. The same remarks apply also to febricula, of which the greater the proportion of cases, the less will be the rate of mortality for all the cases of fever taken together.

It is very probable that the small death-rate constantly observed in the Irish fevers may admit of the same explanation.

Influence of Age on the Mortality of Fever.—According to the experience of the London Fever Hospital, the mortality of all forms from five to ten years of age was 7·65 per cent.; between ten and fifteen, it was less than at any other period of life; after this, it increases rapidly, until of those above fifty years of age, the mortality reaches 48½ per cent., or nearly one-half.

In regard to the mortality of individual forms, the subjoined table gives in one view the mortality of the different forms at each quinquennial period of life. (See Table VII.)

The death-rate from typhus between the ages of five and ten, appears to be only 7·65 per cent.; between ten and twenty, it is under 5 per cent. After the age of twenty, however, it increases rapidly, so that of those above thirty years of age the mortality is 36 per cent.; above forty it is 43·66 per cent.; above fifty it is 55·82 per cent.; and above sixty, it reaches as high as 62·34 per cent.

The mortality from enteric fever between the ages of ten and fifteen is about 13 per cent., showing a smaller death-rate in early life than in typhus. At the different periods of life, too, there is greater uniformity in the mortality than in typhus, though, as in typhus, the death-rate keeps pace with advancing years. For example, above thirty years of age, the ratio is 27·38 per cent.; above forty, it is 27·17; above fifty, it is 46·15; above sixty, it is 55·55 per cent.

It may be noticed as singular that in both typhus and enteric fever, the death-rate is lower between the ages of forty and

forty-five than in the period of life immediately preceding, nor should the fact of the greater mortality of typhus and relapsing fever in advanced life be overlooked.

Lastly, from the mortality table deduced from the records of the Fever Hospital, it comes out that the mortality from fever of all forms increases as life advances, the mean age of the fatal cases far exceeding that of those who recovered; for while the mean age of those who died (including all forms) was thirty-six, the mean age of those who recovered was only twenty-four.

As to the influence of *sex* and of *season* on the mortality of fever, neither the one nor the other seems to have any particular effect.

TABLE VII.

Mortality of the different Forms of Fever for each Quinquennial Period of Life, deduced from 6628 Cases admitted into the London Fever Hospital in Ten successive Years, 1848–57.

AGES.	TYPHUS.			ENTERIC.			RELAPSING.			FEBRICULA.	
	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.
Under 5 years ...	17	3	17·65	4	0	0	4	0	0	8	0
From 5 to 10	183	14	7·65	103	14	13·59	32	0	0	83	0
,, 10 to 15	363	18	4·95	250	32	12·8	63	1	1·58	133	0
,, 15 to 20	546	26	4·76	519	84	16·18	92	1	1·08	186	0
,, 20 to 25	495	48	9·69	404	81	20·05	76	0	0	163	0
,, 25 to 30	343	52	15·15	240	45	18·75	37	0	0	60	0
,, 30 to 35	323	55	17·02	100	30	30·	37	3	8·1	67	0
,, 35 to 40	270	89	32·96	60	14	23·33	19	2	10·52	45	0
,, 40 to 45	292	87	29·79	46	8	17·39	40	1	2·5	44	0
,, 45 to 50	212	82	38·68	20	5	25·	8	2	2·5	20	0
,, 50 to 55	150	77	51·33	8	2	25·	15	0	0	12	0
,, 55 to 60	100	51	51·	9	4	44·44	7	1	14·28	9	0
,, 60 to 65	88	49	55·68	7	4	57·14	5	0	0	6	0
,, 65 to 70	42	28	66·66	1	1	100·	1	0	0	5	0
,, 70 to 75	24	17	70·83	0	0	0	1	0	0	3	0
,, 75 to 80	6	5	83·33	1	0	0	0	0	0	1	0
Above 80 years ...	2	2	100·	0	0	0	0	0	0	0	0
Not ascertained ...	50	12	22·	48	5	10·41	4	0	0	16	0
Total	3506	715	20·36	1820	329	18·07	441	11	2·49	861	0

Change-of-Type Theory.—Before entering on the consideration of the treatment of the several forms of fever, it is necessary that I should advert to an important part of their pathology—the question of fevers, and indeed of acute diseases in general, having for a long series of years past undergone a change of type. This doctrine is now agitating in no small degree the medical and even the general community, and, as usual in such controversies, with no lack of combatants on either side. The one party contends that the changes that have recently taken place in the views of a considerable proportion of the profession as to the treatment of acute maladies, including fevers, are to be ascribed mainly to the circumstance that the whole range of pyrexial diseases have for more than a quarter of a century undergone a marked change in epidemic constitution (to adopt the term employed by Sydenham), or, according to modern phraseology, a change of type, the vital powers being supposed to be in a low or depressed state, and therefore unable to withstand the combined influence of the disease and the routine antiphlogistic treatment, more especially bloodletting. Others assert, and in my opinion upon philosophic grounds, that these recent therapeutic innovations are the result of improved views of pathology—of a more correct knowledge of the various processes that take place in the living body consequent on diseased action, as well as of a more just appreciation of the probable powers of remedies in controlling it. They entirely repudiate the idea that there has been such an alteration in the epidemic constitution or type of diseases as to warrant the almost total change of treatment recently advocated.

If we examine closely this theory as applicable to the acute diseases of the last thirty years—and this can only be undertaken by those who have witnessed and studied their type during the period referred to,—and weigh dispassionately the evidence adduced, more especially by Nature herself, I apprehend that the true explanation of the difference of treatment will be found to consist in the more cautious or restricted notions now entertained as to the necessity for the heroic remedies formerly so freely, and I may say indiscriminately adopted. Even those who are in favour of this doctrine cannot assert that the pathological phenomena of acute diseases have undergone a change, for the symptoms general and local, and all the essential morbid processes of the entire class of pyrexial diseases have not undergone the slightest alteration; and if the evidence as to the depressed or asthenic condition of the vital powers be scrutinized, I have a strong impression that the conclusions adopted, more especially in reference to fevers as a class, are not warranted by facts. And how important is it to form a correct judgment of this doctrine, since it determines the line of treatment to be pursued, and may even involve the safety of many valuable lives!

The subject has not escaped my attention, and I have come to the conclusion that though certain cyclical differences in acute diseases, of longer or shorter duration, may have been occasionally detected, the notion of change of type, as regards the various forms of fever, has been greatly exaggerated.

Let me state the grounds upon which I have come to this conclusion, which I admit is at variance with the ideas of many physicians whose knowledge and judgment entitle them to great consideration.

We find that Sydenham, who is considered to be the author of this change-of-type theory, cautioned the medical men of his day against too hastily determining the treatment of a new epidemic—until, in short, the practitioner and the disease were better acquainted—on the reasonable ground that epidemics assumed at one time a more acute or phlogistic, at another a less acute or asthenic character; but we do not find that he had observed a change in one direction only, and for so lengthened a period as considerably more than a quarter of a century. If the records of epidemics of other varieties of fever be examined—the eruptive, for example—it will be evident that, during the same period (in small-pox, measles, and scarlet fever) every variety or modification of type has been observed, the type being sometimes acute, sometimes more or less asthenic, and requiring, consequently, variation in treatment.

I apprehend that the true explanation will be found in the fact that, until very recently, little or no attention has been paid to the ever-varying differences in form which fever assumes—at one time typhus, at another enteric or typhoid, or it may be relapsing fever, constituting the features of the prevalent fever, though it should be kept in view, that whatever be the character or type of an epidemic, individual differences arise, according to the peculiar circumstances in which a single individual, or a number of persons, or a community, may be accidentally placed. The question of the identity or non-identity of the several forms of continued fevers thus becomes of the greatest importance in relation to the change-of-type theory. For example, the great argument adduced by those who support the doctrine is, the decided results in the Edinburgh epidemic of 1817–20—and which I had the opportunity of witnessing—of the large indiscriminate bleedings in diminishing the mortality. This argument how-

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ever, loses much of its intended effect when it is considered that by much the larger number of cases consisted of relapsing fever—a form the mortality from which has already been shown to be exceedingly small under any kind of treatment; and that the death-rate has been even less when no blood was abstracted at all. As in other epidemics, the mildness or severity of this fever has varied at different times. We are told, somewhat exultingly, that under the unnecessarily profuse phlebotomy practised in 1817–20 the mortality did not exceed 1 in 22 at any period of the disease, and was reduced so low as 1 in 30 as the epidemic spread; but in the argument it has been overlooked that the mortality of this fever is liable to much variation. For example, in the epidemic of 1843, the history of which has been given by Dr. Cormack, the deaths were 1 in 16; of the cases recorded by Dr. Wardell (1843–4), it was 1 in 20; and of 203 cases treated in the Edinburgh Infirmary in 1848–9, there were only 8 deaths; and if we extend our inquiries to other places, we find that of 7804 cases of relapsing fever admitted into the Glasgow Infirmary between the years 1843 and 1853, the deaths were 405, or about 5 per cent.; and in the London Fever Hospital, of 441 cases admitted during ten years (1848 to 1857), 11 died, or in the ratio of about 1 in 40.

This variation in the mortality could not be ascribed to the remedies employed; for Dr. Cormack states that, having been urged by medical friends to test the effects of bloodletting, he instituted trials of this remedy, but candidly admitted that, though the symptoms were sometimes evidently relieved, the beneficial changes were often not effects but sequences of the bleeding, as was satisfactorily proved by the very same changes frequently occurring as suddenly and unequivocally in patients in the same wards, and affected in the same way, *who were subjected to no treatment whatever*. And in regard to the treatment instituted at the London Fever Hospital, when the mortality of relapsing fever did not exceed one in forty, with scarcely an exception, no blood was abstracted at any period of the disease.

It is clear, therefore, that the change-of-type theory cannot rest on comparison of the treatment by indiscriminate phlebotomy formerly practised, when all acute diseases, including fevers, were supposed to be under the dominion of the lancet.

But though the grounds on which the question has been argued are, in my opinion, erroneous, one good result has followed in the death-blow which the practice of indiscriminate phlebotomy, formerly adopted in all acute maladies, has received; for too often little or no regard was paid to individual peculiarities, or even to the stage of the disease for which the bleeding was employed. The inquiry was simply as to the existence of fever or of inflammation; and, the question once settled, the lancet was unsheathed, and much blood unnecessarily shed, and from the effects of which the patient did not recover perhaps for months. But, on the other hand, there is great hazard of many important diseases being allowed to gain the ascendancy from the indecision that has resulted from the complete alteration of therapeutic principles which the discussion of this question has brought about. My own experience tells me that I have witnessed the same good effects from moderate abstraction of blood in some forms of acute disease—occasionally even in the early stage of enteric fever—as in bygone days. I have not observed that loose condition of the crassamentum of the blood, nor the absence of the buffy coat so characteristic of low vitality, but I have been careful in the selection of cases as well as of the period of the disease before resorting to bloodletting; and I am satisfied that, with this precaution, there will in general be little regret that this remedy, powerful for good or for evil, has been had recourse to. It is, however, consoling to observe, that in the present day there is a more just appreciation of the powers of curative agents, as well as of the principles on which they should be applied, not only in acute but in chronic diseases. This is the consequence of studying the effects of disease on individual structures, and of the efficacy or inefficacy of remedies to subdue the changes that take place when certain morbid actions have become established. We are now, or ought to be satisfied, that the most scientific as well as the most successful course in many acute diseases, after a certain period, is not to interfere too much, if at all, with the operations of Nature in her efforts to repair the injury parts or organs have sustained by disease.

Prophylaxis of Fevers.—If the modern view of the nature of fevers—the doctrine which teaches us to consider all forms as originating in certain changes in the blood—be accepted, it is a natural subject of inquiry if there be any means of counteracting or neutralizing the effects of the fever poison, and thus preventing the development of the disease?

By some, *bloodletting* has been proposed and practised, though were such a proceeding in the present day hinted at, few patients would be found inclined to submit to it. In former years, however, I have seen this practice pursued, and in one of my attacks, when certainly all the usual premonitory symptoms had apparently set in, I am satisfied that the disease was arrested by a single prompt bleeding; and I certainly have witnessed the same good effects from this remedy in others. But this practice was put in force in days when bloodletting was supposed to be the great remedy in all acute diseases, including fevers. The case would, however, be special indeed for which, in the present day, bleeding would be resorted to as a prophylactic or preventive remedy.

The exhibition of *emetics* has been proposed, on the supposition that, the virus or poison of fever acting primarily on the gastric system, the early administration of an emetic, by removing the offending agent, might probably intercept its absorption into the blood. According to others, by the act of vomiting, and the general commotion thus induced, the poison has been supposed to be got rid of, and its effects prevented. Some, again, have thought, that as there is an admitted sympathy between the stomach and the skin, the sickness and vomiting cause a determination to the surface, and in this way an exit for the disturbing material may be established.

But, unfortunately for this theory, the absorption of the poison is more probably effected through the pulmonary system, and with such rapidity does it often appear to act on the blood and solids, that even the early exhibition of an emetic may be too late for the anticipated results.

Equally insufficient grounds have been adduced for the employment of *diaphoretics*, which appear to have been suggested by observing the occasional termination of acute diseases by sweating. No one, however, I believe, ever witnessed a single instance in which there was the smallest ground for believing that the fever poison was dislodged by such means.

The *cold affusion*, first introduced and warmly advocated by the late Dr. Currie, has been put to the test of experiment; but notwithstanding the bold affirmation of its author, that if resorted to at the very commencement of the fever—at all events before the third day—it very generally, if not invariably, put an end to the symptoms, in fact, extinguished the disease—the experience of those who have given this method a fair and impartial trial is by no means favourable to its adoption. When I acted as clinical assistant to the late Professor Home in the Edinburgh Infirmary, the cold affusion was fairly tested, and the result was, that not in a single instance was the fever cut short, or its duration apparently abridged by it. It should, moreover, be kept in view that it is applicable only to the more acute forms of fever in vigorous subjects; for in the more delicate the shock may be too great, and death even result from the practice—an event which occurred many years ago in the family of a late eminent professor, and tended to throw the practice into discredit, and ultimately led to its final abandonment. The late Dr. Williams, in his work on "Morbid Poisons," p. 71, says—"If we turn from this empirical practice of cold affusion to the great and leading doctrine of fever, which attributes this disease to the action of a morbid poison, it will be plain, if that hypothesis be correct, that cold affusions could not interrupt the course, though it might modify the symptoms. A poison circulating with the blood cannot be removed from the system by ablution of its surface. No person expects to stay the course of small-pox, of scabies, or of syphilis by a similar application. We might, therefore, have predicated, *à priori*, that cold affusion could not remove from the body the poison of typhus fever, and consequently had no power to stop the course of the disease, though it might modify the symptoms."

The *cinchona bark* (or the salts of quinine) has by some been supposed to have a specific power in arresting the progress of fever. It has been exhibited with this view in large doses, repeated at short intervals until the peculiar effect of the remedy—cinchonism—has been induced, indicated by headache, vertigo, tinnitus aurium, and a sedative effect on the heart's action. This remedy, like others, after being much extolled, had fallen into disuse, until recently revived by Dr. Dundas, of Liverpool, both as a prophylactic and curative agent. The united testimony, however, of those physicians of whom I have made inquiry as to the results of trials made with this remedy lead to the inference, that its administration in any form of continued fever, as a preventive or prophylactic agent, cannot be relied on, and accords with my own experience in the few cases in which I have employed it for this purpose.

From these cursory remarks, therefore, it is apparent that fever, when once developed, can rarely be arrested; or, in other words, that the means of expelling the poison, or of de-

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priving it of its noxious effects, have yet to be discovered. The duty of the practitioner is to endeavour to guide the disease, and to prevent as much as possible injury to organs essential to life, bearing in mind that this requires a certain and probably definite time to accomplish, even under the most judicious treatment.

OBSERVATIONS
ON THE
TREATMENT OF ACUTE AND CHRONIC ALBUMINURIA.

BY GEORGE CORFE, M.D. LOND.

DURING the last outbreak of cholera in London—namely, in 1854—many of its victims who recovered from the direful scourge were left the subjects of more or less permanent uræmia. Some of these cases proved fatal, and the mode of death differed but little from uræmic poisoning in the ordinary forms of morbus Brightii or albuminuria. The progressive and fatal steps of the disease were, insidious coma, total and permanent suppression of urine, a small pupil and a hazy cornea, a peculiar flabbiness on handling the fleshy parts of the body, and well-marked fumes of muriate of ammonia were formed, as a mirror, moistened with hydrochloric acid, was made to receive the exhaled breath of the patient. This latter pathological feature is induced by the non-eliminated urea becoming converted in its elements to ammonia when it arrives at the pulmonary cells for exhalation, and is oftentimes a most valuable indication of the existence of uræmic poisoning. The frequent occurrence of albuminuria in hospital practice since 1854 has induced me to keep a record of many of the most interesting forms of this disease; and in watching the progress of the affection, I have been led to group certain distinct phenomena, which will enable us to form an accurate basis, and serve as a diagnostic mark between the acute and chronic stages of this intractable malady. Such a desideratum appears the more necessary when we reflect how different the treatment should necessarily be in each form, and that by a judicious management of the acute, the direful ravages of a chronic stage are thereby obviated.

It may be stated, then, as a pretty general rule, that where the urine is scanty, the specific gravity variable from 1010 to 1020, the morning secretion (urina sanguinis) lighter than that of the afternoon (urina chyli), the albumen copious both by nitric acid and by heat, the tube-casts abundant, the urine smoky and frothy, with or without oil-corpuscles, though the amount of dropsy be small, yet the disease is, under these circumstances, in its early and acute form.

On the other hand, a chronic stage may be readily diagnosed by the following physical signs:—The countenance has already become more or less cachectic; there is frequent nocturnal micturition; the albumen is scanty, perhaps altogether absent; the specific gravity rarely exceeds 1010, and is persistent in weight; its acidity is so faint that it can scarcely be exhibited, and there is a strong tendency in it to pass into an alkalescent state under the smallest doses of alkaline remedies; the colour is of the palest straw. The skin assumes a faint but distinct shining appearance, as though a thin layer of collodion or gum had been painted over its surface. There are frequent attacks of frontal headache; tinnitus aurium, lumbago, and general prostration of the system are also sequences of the acute form of the disease. It is by no means a rule that dropsy should supervene in such a change of structure as that which the kidneys undergo in the chronic form of albuminuria; indeed, this symptom is more frequently absent, but usually present in the majority of acute cases of the disease.

The pathological appearances of the two forms, the tendency to inflammation of the serous membranes, the frequent fatal attacks of renal epilepsy, and other cerebral disturbances from uræmic poisoning, have been pointed out by others, so that I need not dwell upon these phases of the disease. My special object is to give to the profession some of the results of a successful treatment of the acute and of the chronic form. Amongst several hundred cases which have passed under my notice in hospital practice, I cannot find from the notes on them that there was any connexion between this disease and scrofula. Dr. Bright considers the occurrence of tuberculosis with albuminuria to be "decidedly rare;" and on this account, perhaps, one may prefer the more frequent adoption of an antiphlogistic and powerful drastic treatment in the early stages, which would be inadmissible if experience and pathology led us to suspect a complication of tuberculosis with the disease.

In treating, therefore, of the acute stage, my experience justifies me in urging strongly the adoption of one of the two following lines of practice:—If the patient has had no previous attack, and has lived temperately, and was otherwise in good condition before the invasion of the disease, then I would recommend a small bleeding, so as to affect the pulse under the finger; and, after two hours, the exhibition of half an ounce of fresh-made infusion of digitalis every hour for three doses. Both the bleeding and the diuretic should be administered early in the day. After a pause of twenty-four or thirty-six hours, according to the condition of the vascular system, the same dose should be repeated, and even to a third and fourth repetition, followed on each occasion by copious draughts of "nitro-drink," the form for making which is simply to dissolve a drachm of the nitrate of potash in a quart of thin barley-water, and a little "foots" sugar may be added to remove the mawkish taste. I have witnessed the most extraordinary results from this line of treatment; one instance of which will be seen quoted in Case 8. If the disease does not yield—that is to say, if the invasion of dropsy increases, the albumen is yet copious, the specific gravity high, the tube-casts numerous, and the urine scanty, instead of resorting to that mischievous and unscientific mode of attacking the enemy by stimulating congested kidneys, already semi-inflamed, with saline diuretics, (the evils of which practice by-the-bye I have too frequently seen displayed in a few days in the pathological theatre,) then a most valuable agent is to be found in the determined exhibition of elaterium, accompanied with daily dry-cupping to the loins, and a sudatorium at night. The form for exhibiting this drastic is the following:—Fresh extract of elaterium, half a grain; powdered capsicum, two grains; gamboge, three grains; soft extract of jalap, four grains: make two pills. One of these pills should be taken at six o'clock in the morning; the second at eight; and if no powerful drastic effect follows by nine A.M., a third dose may be given. The intense vomiting and purgation which ensue, it must be acknowledged, are very trying to the patient; but he is amply rewarded for his suffering by a subsequent relief to all his distress, so that he has oftentimes begged for a repetition of the pills before it was thought advisable to put him to a second trial, even when such an heroic treatment has been met by heroic suffering. I am convinced that the value of this drug is only appreciated by a few physicians; and even where it has been employed, the exhaustion consequent upon its action has deterred many practitioners from persevering in its use. But it ought to be borne in mind, that under such treatment the patient should be allowed a liberal quantity of animal food in the form chiefly of strong broths, with chops and steaks, together with a pint, at least, of stout or good ale, and vegetables, &c., daily.

I remember one instance amongst many which Dr. Watson was in the habit of mentioning to his class when speaking of the use of this drug in albuminuria. He was summoned to attend in consultation a case of the above disease. "When I arrived there," he would observe, "I found the man overwhelmed with anasarcous swellings, his dyspnœa was most urgent, and there appeared to be no prospect of relief. However, I ascertained from the practitioner that he had tried everything but elaterium. I urged its use, and prescribed some to be given immediately. Four or five years after this occurrence I was again in consultation with the same practitioner, when he asked me if I recollected the case of albuminuria, and what I gave him, adding that it made a complete cure of the man. I referred to my private notes, feeling assured the chief drug was elaterium, and so it proved, and this was the form I administered it in:—One grain of extract of elaterium, dissolved in an ounce of spirit of nitric ether; a small spoonful to be taken every hour until the bowels have been well opened."

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TWENTY-EIGHT ACUTE CASES.

No.	Sex.	Age	Trade.	Ill.	Habits.		Urine.		Acid or Alkaline.	Appearance.	Hæmatine.	Red Corpuscles.	Albumen.		Cause Assigned.	Observations, Results, &c., and Treatment.
					Cleanly.	Temperate.	Sp. Gr.	Quantity.					NO_5.	Heat.		
1	M.	33	Smith	5 mths.	Dirty	Occasionally spirits	·18	Scanty	Acid	Smoky	Traces	None	Traces	Traces	Exposure to cold	Went out relieved. Elaterium in form of compound elaterium pill used.
2	M.	19	Pickler	2 mths.	Moderate	Temperate	·25 to ·40	Ditto	Ditto	Very smoky	Abundant	Traces	Copious	Copious	After an acute rheumatic attack	Went out convalescent, though traces of albumen were in urine.
3	M.	21	Driver	7 wks.	Ditto	Ditto	·12	Ditto	Ditto	Smoky	Traces	None	Ditto	Ditto	After gonorrhœa	Had rheumatic fever 3 years ago. Dropsy supervened soon after gonorrhœa was cured. Went out worse.
4	M.	42	Shopkeeper	3 wks.	Ditto	Ditto	·20	Natural	Ditto	Muddy	Much, $\frac{1}{10}$	Traces	Much	Traces	Exposure to cold	Whilst in search of a situation. Relieved.
5	M.	32	Carman	4 mths.	Cleanly	Occasionally spirits	·16	Ditto	Ditto	Opaque	None	Few	Cloudy	Flocculent	Rheumatic fever, 5 yrs.	Mitral valve murmur. Relieved.
6	M.	44	Painter	10 mths.	Moderate	Freely of spirits	·18	Ditto	Ditto	Smoky	About $\frac{1}{10}$	None	Copious	Copious	Exposure to cold	Free indulgence in drink. Returned in 2 months. Uræmia; coma; death.
7	M.	45	Cabdriver	6 wks.	Cleanly	Ditto	·20	Ordinary	Ditto	Smoky	Traces	Ditto	Traces	Traces	Ditto	Fatal in 18 days after admission.
8	M.	38	Cowman	4 wks.	Ditto	Never takes spirits	·12	Scanty	Ditto	Dark, like porter	Abundant	Many	Ditto	Ditto	Ditto	After a small bleeding and the use of infusion of digitalis. Diuresis set in abundantly. Urea in quantities in serum of blood.
9	M.	58	Musical Instrument Maker	6 wks.	Moderate	Freely of beer and spirits	·19	Much	Acid and alkaline	Darkish	Traces	None	Ditto	Ditto	Ditto	After walking from Manchester to London in search of work. Relieved.
10	M.	54	Ostler	6 wks.	Dirty	Freely of beer and occasionally spirits	·18	Scanty	Acid	Smoky	None	Ditto	Ditto	Ditto	Ditto	Fatal in 27 days after admission. Small kidneys. Uræmia.
11	F.	25	Married	1 mth.	Cleanly	Temperate	·28	Ditto	Ditto	Dark	Some	Trace	Ditto	Ditto	Hyperlactation and insufficient nourishment	Fatal in 14 days. Large flabby kidneys.
12	F.	41	Recently married	6 mths.	Ditto	Ditto	·25	Ditto	Ditto	Muddy	None	None	Ditto	Ditto	A few weeks after her marriage	Was in the hospital 15 years ago with the same, and went out well. Left the hospital worse.
13	F.	53	Widow	4 mths.	Ditto	Beer, and has had spirits	·3	Natural	Ditto	Amber coloured	Ditto	Ditto	Slight	Slight	Doubtful	Went out with only slight relief to her symptoms.
14	F.	62	Married	14 wks.	Ditto	Temperate	·20	Plentiful	Ditto	Smoky	Traces	Ditto	Ditto	Ditto	Mental depression	Somewhat benefited before discharge.
15	F.	29	Married	3 wks.	Ditto	Ditto	38	Scanty	Ditto	Ditto	Ditto	Ditto	Abundant	Abundant	Exposure to cold by wet feet	Abundance of sugar by liquor potassæ. Breasts full of milk and painful. Specific gravity rapidly sank as sugar diminished, and this ceased when the breasts were emptied. Dropsy simultaneously cured, and albumen disappeared.
16	M.	12	Schoolboy	1 wk.	Ditto	Ditto	·20	Ditto	Ditto	Ditto	None	Ditto	Ditto	Ditto	Not known	Improved under small doses of sesquichloride of iron.
17	M.	32	Drayman	1 wk.	Moderate	Beer-drinker	·38	Ditto	Ditto	Turbid and smoky	Ditto	Ditto	Ditto	Some	Exposure to cold	Abundance of tube-casts were found on a microscopical examination.
18	M.	45	Navvy	9 mths.	Ditto	Ditto	·30	Ditto	Ditto	Amber	Ditto	Ditto	Faintly	Copious	Ditto	The deposit of albumen by NO_5 is again dissolved by heat. Tube-casts numerous.
19	F.	59	Laundress	1 mth.	Ditto	Ditto	·20	Plentiful	Ditto	Porter-like	Abundant	Abundant	Both	Both	Ditto	Fatal in 3 weeks. Large, pale, and flabby kidneys. Tube-casts numerous.
20	M.	42	Ostler	1 mth.	Ditto	Gin and beer drinker	·12	Ditto	Ditto	Smoky	Slight	None	Ditto	Ditto	Ditto	One half is solid in albumen by NO_5 and by heat. Recovery partial.
21	M.	21	Porter	1 mth.	Cleanly	Ditto	·24	Ditto	Ditto	Rather so	None	Ditto	Ditto	Ditto	Ditto	Went out relieved.
22	M.	54	Farrier	1 mth.	Dirty	Occasionally beer drinker	·10	Ditto	Ditto	High coloured	Some	Abundant	Ditto	Ditto	Ditto	Ditto, ditto.
23	M.	38	Ostler	2 mths.	Ditto	Gin and beer drinker	·12	Scanty	Ditto	Pale and smoky	None	None	Ditto	Ditto	Ditto	Granular kidneys; pericarditis; hypertrophy of the heart; post-peritoneal hæmorrhage, escaping into the pleural cavity; gout in arms and feet; epileptic fit; loss of vision; contracted pupils; diarrhœa; uræmia; death.
24	M.	33	Shipwright	1 mth.	Ditto	Ditto	·22	Ditto	Ditto	Thick	Abundant	Slight	Ditto	Ditto	Ditto	Went out relieved; albumen still abundant in urine.
25	F.	41	Housemaid	5 wks.	Ditto	Ditto	·22	Ditto	Ditto	Smoky	A trace	None	Ditto	Ditto, $\frac{1}{4}$	Ditto	Fatal in 5 weeks; pale and mottled kidneys.
26	F.	33	Widow	1 wk.	Clean	Beer drinker	·28	Ditto	Ditto	Ditto	None	Ditto	Ditto	Ditto, $\frac{1}{4}$	... ...	Disease of the kidneys; dropsy and death in 3 mths.
27	M.	30	Baker	10 days	Ditto	Rum and beer drinker	·20	Ditto	Ditto	Like porter	Abundant	Some	Ditto	Ditto	... ...	Lately from Scotland; hours of labour at night in London, instead of by day as in Scotland. Ushered in with severe purpura. Much benefited by steel. Great anasarca.
28	F.	24	Servant	3 wks.	Cleanly	Occasionally spirits	·12	Very scanty	Ditto	Smoky	None	None	$\frac{1}{4}$ alb.	$\frac{1}{4}$ alb.	... ...	Amaurosis coming on suddenly a week ago; had a similar attack 2 years ago. Amaurosis continues (March 2, 1860).

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TWELVE CHRONIC CASES.

No.	Sex.	Age.	Trade.	Ill.	Habits.		Urine.			Acid or Alkaline.	Appearance.	Hæmatine.	Red Corpuscles.	Albumen.		Cause Assigned.	Observations, Results, &c., and Treatment.
					Cleanly.	Temperate.	Sp. Gr.	Quantity.						N O.	Heat.		
1	M.	50	Labourer	6 years	Very dirty	Freely of spirits	·7	Natural		Acid	Amber coloured	None	None	None	About ½	Exposure	Died 7 days after admission, from œdema of the lungs; granular kidney.
2	M.	40	Painter	12 or 14 months	Moderate	Very freely of spirits	·10	Ditto		Ditto	Ditto	Ditto	Ditto	Trace	½	Ditto	Anodorious sot; has had frequent attacks of colica pictonum; uræmia; epilepsy; coma, death from cerebral hæmorrhage; granular degeneration.
3	M.	5	Schoolboy	6 wks.	Clean	...	·5	Ditto		Ditto	Opaque	Ditto	Ditto	Ditto	Trace	...	In the progress of convalescence from scarlatina.
4	M.	42	Pianoforte-maker	8 mths.	Ditto	Very temperate	·7	Ditto		Ditto	Amber coloured	Ditto	Numerous	Some	None	Exposure	Originally attacked in hospital, 13 years ago; sallow surface; coma from uræmia; death; granular degeneration.
5	M.	62	Carpenter	4 mths.	Ditto	Doubtful	·12	Ditto		Alkaline	Ditto	Ditto	None	None	Ditto	Ditto	Went out relieved.
6	M.	45	Hammerman	4 mths.	Ditto	Ditto	·14	Ditto		Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto, ditto.
7	F.	19	Servant	5 mths.	Ditto	Ditto	·9	Ditto		Acid	Ditto	Ditto	Ditto	Traces	Traces	...	Combing on after the exhibition of mercury for syphilitic lichen.
8	M.	14	Schoolboy	6 wks.	Ditto	Ditto	·3	64 in 24 hours		Neutral	Pallish straw coloured	Ditto	Ditto	None	None	...	It was questionable whether this was not a simple case of diuresis, as no albumen was ever found.
9	M.	45	Caleman	6 wks.	Dirty	A quart a day	·13	Natural		Ditto	Dirty straw coloured	Trace	Ditto	Some	Trace	...	Promise old spirit-drinker; had been in hospital 2 years ago with the same; uræmia; coma; death; granular kidney.
10	M.	73	Servant	5 days	Very dirty	Both spirits and beer	·6	More than natural		Ditto	Amber coloured	None	Little	None	None	Exposure	Was in the hospital 4 years ago; got quite well in a fortnight under elaterium; now rapidly improving with tincture of sesquichlor. of iron.
11	M.	54	Coachman	6 or 8 months	Moderate	Both spirits and beer	·15	Natural		Acid	Brownish	Some	Some	Traces	Traces	...	Has been ailing more or less 6 mths.; legs alongh-ing from œdema; heart hypertrophied; improved by tinct. sesquichl. of iron; result fatal.
12	M.	53	Blacksmith	18 to 30 months	Dirty	Spirits only	·8 to ·12	Ditto		Neutral	Straw coloured	None	None	Ditto	Ditto	Not known	Fatal 10 days after admission, œdema pulmonum; hypertrophy of the heart; kidneys softened and mottled; tubular structure scarcely seen; great accumulation of fat around the infundibula.

I have frequently used the same form with excellent benefit in children affected with the disease after scarlatina. As soon as the system has been thoroughly brought under the influence of the above remedy, immediate recourse should be had to another equally valuable agent—namely, the tincture of the sesquichloride of iron in half-drachm doses, and the most elegant and efficacious mode of exhibiting it is in a glassful of seltzer water. Allusion has already been made to the injudicious practice of giving stimulating saline diuretics in this stage of the disease, and it has repeatedly happened that hæmatine and red corpuscles have been voided, and finally suppression of urine has followed the use of such drugs, whereas an early and a discreet use of the remedies alluded to has been attended by a complete alleviation of the worst form of the disease. As the attack becomes more chronic in its nature, I have seen marked benefit follow the use of the syrup of iodide of iron in half-drachm and drachm doses, together with a generous animal diet, and a moderate use of good beer or porter, to the exclusion of all spirits. Drachm doses of cod-liver oil after each meal has proved a valuable adjuvant in the treatment of many severe chronic cases.

In the accompanying tables, the 1st case to the 28th were all acute cases. In the second table of 12 cases, they were all chronic; the males, as might be anticipated, being in the proportion of 3½ to 1 in females. Case 8 is a sample of the value of digitalis after a small bleeding, as already mentioned; the Professor of Chemistry, Mr. Heisch, ascertained the amount of urea to be very considerable in the serum of the blood drawn. Case 15 was quite unique of its kind. The presence of sugar was repeatedly ascertained by the copper and the potash tests. The disappearance of the anasarca and the albumen when sugar was no longer met with in the urine was equally significant of the etiology of the disease in this young nursing mother. The amaurosis in Cases 23 and 28 came on suddenly; in the latter instance it was relieved to such an extent that the patient could creep about the wards alone, and I have since met him in the streets, but the amaurotic appearance of both eyes is more confirmed, and the sight is not at all improved. The pathological features in Case 23 were most valuable. Cardiac disease had evidently followed the onset of the attack, and the fatal pericarditis, accompanied with the extensive hæmorrhage into the two great serous cavities, were clearly the result of uræmia.

Amongst the chronic cases, the first on the list was the most speedy in its career I have ever witnessed. The large amount of urea in the serum of the blood and in the cerebral fluids; the marked white fumes over the mirror as he breathed on its surface, moistened with hydrochloric acid; the rapid engorgement of the whole pulmonary tissue with poisoned serum, were so many evidences of the excessive amount of uræmia in the system. No 2 was a case I had watched upwards of twelve years. Like many in the same trade, he had taken spirits at an early age, under a belief that it killed the poisonous effects of lead, and thus he became a confirmed dram-drinker. His epileptic fits were of a most violent kind, and assumed the form of acute mania during their secession. Case 8 was considered to be rather one of diuresis than chronic albuminuria. Mr. Heisch ascertained that every 1000 parts of urine yielded six grains of urea—in other words, that though the quantity of urine was so great, yet the amount of urea did not fall below the average standard of health.

May, 1860.

NEW CLINICAL WARDS AT GUY'S HOSPITAL. — The beneficent founder of this hospital, before his death, erected a lunatic asylum to accommodate thirty insane patients; and although at that time it partially supplied a great want, and has up to a recent period been well filled and well looked after, the governors of the institution a short time back wisely resolved to close it, and have therefore removed the inmates to other like institutions which are more pleasantly situated in the country. The vacated premises have been entirely remodeled; the cells have been removed, and two spacious wards have arisen in their stead, which are especially appropriated for the purposes of clinical teaching. A central room has been fitted up for the accommodation of the clinical clerks, and where their reporting books, chemical apparatus, microscopes, and electrifying machines are kept, to aid them in carrying out the investigations of the cases committed to their charge. Other smaller rooms are being fitted up for special cases requiring rooms for themselves. The clinical wards have been open from the first of this month, and are placed under the charge of the assistant-physicians during the summer months, when the usual clinical lectures will be given.

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A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum propriias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ROYAL FREE HOSPITAL.

EXTENSIVE FRACTURE THROUGH THE BASE OF THE SKULL, FOLLOWED BY OOZING OF SEROUS FLUID FROM THE EAR, AND SYMPTOMS OF COMPRESSION; FATAL RESULT.

(Under the care of Mr. THOMAS WAKLEY.)

THE cases which we record to-day are those in which the surgical maladies described were the result of the injuries received. The first two, implicating the head, present a strong contrast to each other; for in one (that which follows) they were of so severe a character that death ensued. This patient fell head foremost off a ladder, from a height of twelve or fourteen feet. In the second case, the sufferer fell from a height of nine feet, receiving in his descent a blow from a brick, which produced a slight scalp wound. In this case—one of common occurrence—in which a hopeful prognosis was pronounced, fatal encephalitis arose, and carried the patient off.

The symptoms in Mr. Wakley's patient—bleeding from the ear, followed by serous oozing—are pathognomonic of fracture through the base of the skull. Many examples of this we have placed before our readers on previous occasions, (THE LANCET, vol. i., 1856, p. 126, case under Mr. Hancock at the Charing-cross Hospital, ending fatally; idem, vol. ii., 1856, p. 276, case reported by Dr. Fussel, of actual recovery, in which serous fluid poured from the ear; case under Mr. Simon at St. Thomas's, with bleeding only from the ear, with other symptoms leading to the belief of fractured base, recovery, idem, vol. ii., 1857, p. 600; besides several other undoubted examples.) Very lately three cases of this kind occurred at the Westminster Hospital, with a recovery in two, one being a boy, eleven years of age, under the care of Mr. Holthouse. In him, however, there was bleeding without serous oozing, the hæmorrhage proceeding only from the ear. It is impossible to declare positively that there is fractured base, unless the general symptoms point to its occurrence.

As will be observed by the notes of the following case (for which we are indebted to Mr. John D. Hill, house-surgeon to the hospital), the fracture was most extensive, and had engaged a large portion of the skull; and the symptoms of compression of the brain were explained by finding a large clot of blood pressing upon one of the hemispheres.

William R——, aged sixty-three years, was admitted into the hospital on the 8th of December, 1859, at noon, with symptoms of compression of the brain and fracture through the base of the skull, the result of a fall (about twelve or fourteen feet) from a ladder upon the crown of the head. There was also bleeding from the right ear. About twenty minutes after admission, signs of returning animation were shown, with restoration of the pulse and breathing, &c. This reaction existed for the space of ten minutes, when the patient again sank into a state of collapse, in which he remained a quarter of an hour; after this he rallied for a few minutes, and during the day semi-consciousness kept alternating with collapse. He could be roused by strong impressions. Upon examination, there was found a large scalp wound at the point where the violence was received, exposing the parietal and occipital bones. A small scalp tumour was present over the right frontal eminence, and several abrasions were observed about the face. There was also fracture of the right clavicle and of two upper ribs, at a vertical line drawn through the centre of the clavicle, and several contusions about the body. The breathing was excessively irregular, sometimes being quite stertorous, and at others almost imperceptible; it was chiefly carried on by the abdominal muscles. The pulse was very variable, full, and labouring, 40 in a minute, sometimes imperceptible at the wrist and carotids. The right pupil was very much dilated and insensible to light; the left was quite contracted. The bleeding from the ear continued until half-past five P.M., when the clear fluid (known as cerebro-spinal) was observed to flow in small quantity after the cessation of the hæmorrhage. The patient was visited many times during the day, but no change of importance observed. At night he became very restless, frequently struggling to raise his hand to his head (as if pain were there present), moaning piteously, and uttering the exclamation "O God!" As the urine was retained, a No. 9 catheter was passed, but only two ounces removed.

He passed the night tolerably, and towards morning seemed if anything a little improved, the circulation having risen ten or twelve beats, and the respiration become more tranquil. At ten A.M. he relapsed into the comatose condition, in which state he continued till death, which took place at seven P.M.

Post-mortem examination.—Upon removing the scalp and pericranium, there was found at the point of injury a stellate fracture, without depression, extending forwards through the frontal suture (which in this case was well developed) into the right orbit, thence through the roof of the orbit across the sella turcica, the petrous portion of the temporal bone, the meatus auditorius internus, and curving slightly from the course of the superior petrosal sinus to the parietal bone of the same side, and meeting the point from which the fracture was traced at a right angle. After the removal of the calvaria a large clot of blood was found extravasated between the dura mater and bone, at the site corresponding to the external injury, from rupture of the superior longitudinal sinus. There was also a clot of blood compressing the optic and orbital nerves at their point of exit from the skull. There was no wound of the lung. The fracture of the ribs and clavicle corresponded to the external made.

GREAT NORTHERN HOSPITAL.

FATAL ENCEPHALITIS FOLLOWING A SLIGHT SCALP WOUND.

(Under the care of Mr. SAVORY.)

ONE of the commonest injuries to be met with amongst the out-patients of an hospital is a scalp wound; and usually, unless the violence of the blow has been such as to produce concussion of the brain, no bad symptoms ensue. A slight wound was received by the patient who was the subject of the present case, but still the blow producing it must have been severe, for it cut to the bone, tearing through the pericranium; he was not, however, even stunned. On the eleventh day rigors commenced, ushering in cerebral symptoms, which ended fatally. For the notes of the case we are indebted to Mr. Ponsonby Adair, house-surgeon to the hospital.

Thomas F——, aged twenty-eight, bricklayers' labourer, was thrown to the ground from a scaffold about nine feet high by the breaking of one of the supports; a brick fell upon his head, causing a wound on the vertex: he was not stunned, however, but got up and walked to the hospital. The wound was about an inch and a half long, and at one point the pericranium was torn through, and the bone laid bare, but not fractured. Water dressing was applied, and the man sent home.

The wound went on well, granulating rapidly, till the evening of the eleventh day after the accident (Dec. 31st, 1859), when the man had a severe rigor, and passed a very bad night.

On presenting himself on Jan. 1st, 1860, his appearance was seen to be much altered for the worse: he had a heavy, drowsy aspect; his pulse was full and very soft, beating 116 to the minute; the skin sweating, and the tongue much coated. He complained of pain over the right eye. The wound continued to secrete, being bathed in healthy pus; and there was no puffiness of the scalp. The house-surgeon ordered him to go home to bed, to have the hair cut short off, a small poultice applied to the wound, and wet cloths to the rest of the head. A smart purge was given. He was recommended to take nothing but beef-tea and milk.

Jan. 2nd.—This morning he was admitted as an in-patient under Mr. Savory. Pulse 110; respiration 25. He is much troubled with a short cough, unaccompanied by expectoration. Last night he had more rigors, and wandered much; and to-day has a much heavier aspect. The discharge from the wound has now almost entirely ceased, but the surface has still a very healthy aspect, and there is no puffiness of the

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scalp. His skin is moist, though not so covered with sweat as yesterday. He is quite rational, and has complete power over his limbs. The pupils are equal and active.

3rd.—Pulse 96; respiration 36. The heart's action is becoming gradually depressed, and the respiration quickened. Since the last note he has had two violent rigors, lasting for above an hour. The wound still retains its healthy appearance, though it is almost dry. There is no puffiness of the surrounding scalp. The healing process seems to have gone on satisfactorily around the portion of bone which was laid bare. Blister to nape of neck.

4th.—Pulse 90; respiration 36. Bowels frequently moved. Did not wander during the night, but complains much of disagreeable dreams, which cause him great uneasiness. No more rigors; the head is slightly hotter than yesterday; there are no signs of paralysis at present. The edges of the wound have assumed an ashen colour.

5th.—Three A.M.: All the evening he was very restless, attempting to get out of bed; but now the left leg and arm are completely paralysed, so far as motion is concerned, though some degree of sensation still remains, but from his state it is very difficult to determine the amount.—Eight P.M.: More inclined to become comatose, though he still talks much and strangely. He does not now move either leg, but reflex motion can be excited. The right arm is very rigid; he still moves it about, but not so much as he did. He passes his motions and urine involuntarily.

6th.—He is now quite unconscious, but his breathing is not stertorous.—Eight A.M.: He has just died.

Autopsy, twenty-seven hours after death.—A large quantity of fluid pus in the cavity of the arachnoid; the pus was not flaky, but tolerably healthy. Between the arachnoid and pia mater, in the sub-arachnoid spaces, and in the meshes of the pia mater, pus existed all over the upper part of the right hemisphere, the posterior and lower parts excepted; along the vertical plane, forming the right boundary of the longitudinal fissure, a quantity was found at one point just behind the surface corresponding to the seat of injury on the bone; some was also found on the left side. No pus existed in the ventricles or any other part of the brain. The dura mater adhered to the bone beneath the site of the external wound. On examining the part of the skull which was uncovered by the wound, no difference could be detected between it and the surrounding bone. With the exception of a few patches of congestion at the apex of the left lung, all the internal organs were healthy.

MIDDLESEX HOSPITAL.

TREATMENT OF FRACTURED PATELLA BY MALGAIGNE'S HOOKS.

(Under the care of Mr. MITCHELL HENRY.)

THERE are many surgeons who deny that fracture of the patella ever heals by bony union, and they assert that it is always ligamentous. An examination of specimens in our museums, as well as a reference to the record of many cases in our "Mirror," will prove that firm ossific union is not unfrequently brought about. Two cases of the kind have recently occurred at the above hospital, under the care of Mr. Mitchell Henry, wherein this desirable result was produced by the employment of Malgaigne's double inverted hooked instrument, a representation of which is given in Druitt's "Surgeons' Vade-Mecum." The first of the two cases has gone out with solid union. The second, still in hospital, is a female, aged forty-seven, admitted on March 18th for a transverse fracture of the patella, occurring the day before in her right leg. The clamps were kept on for upwards of three weeks, when the broken patella was found to be perfectly united in a solid manner, without any groove or intermission to mark the site of the fracture. No inconvenience was produced by the instrument beyond slight suppuration round one of the hooks on the twenty-third day. This is a result but seldom witnessed, for we have seen the hooks in use for many weeks in Malgaigne's wards in Paris without such an occurrence. The most perfect and close apposition can be obtained by these hooks or clamps, as they are called, and, if carefully applied, no inconvenience is complained of by the patients. The woman under treatment expressed herself as very comfortable in every way. The form of fracture most applicable for this instrument is the transverse, one that is not very amenable to the ordinary methods of treatment.

CLINICAL RECORDS.

SERIES OF OPERATIONS AT KING'S COLLEGE HOSPITAL.

ON the 21st ult., the following operations were performed by Mr. Fergusson, at King's College Hospital; and we learn that all of the patients are now doing well:—

1. A fistulous opening in the perinæum communicating with the urethra was closed, by paring the edges and bringing them together with silver sutures, incisions being made on either side to relieve traction. The patient was a young man, with stricture of the urethra, following upon a severe injury to the perinæum—a variety of stricture extremely difficult to cure. He had been already submitted to frequent operations.

2. Caries of the frontal bone over the frontal sinuses was present in a man, about thirty-five years of age. His history showed the disease to be syphilitic, there being loss of integument immediately over the affected part, producing great deformity. The subcutaneous attachments were freely divided, and the edges of the skin drawn towards the centre of the exposed space, and kept there by means of silver sutures. Lint compresses were then applied, and a light bandage over all.

3. This was a case of stone, in a man seventy-six years of age, who was submitted to the usual lateral operation of lithotomy, and a circular calculus, a little larger than a shilling, was extracted, having the peculiarity of being almost perfectly flat, its greatest thickness scarcely exceeding a line and a half. The operation occupied a little over a minute. A calculus of the form of that removed in the present instance is extremely rare. We recollect, however, seeing one extracted of an oval shape very much larger, but almost equally as flat. The middle lobe of the prostate was enlarged in this patient.

4. An old man, who had already undergone a previous operation for the removal of epithelial cancer, at the base of his left thumb, was now brought into the theatre to have a recurrence of the disease treated. It now seemed to involve the head of the metacarpal bone of the thumb, together with the structures between it and the forefinger. The entire thumb and metacarpal bone were detached, but in the progress of the operation it was discovered that the disease was more extensive than was at first imagined. Mr. Fergusson, therefore, took away the forefinger also, with its metacarpal bone, and carefully dissected out all the affected soft structures. The flaps of integument were then brought together by means of wire sutures, as in the other cases.

5. This was a case of disease of all the articulating surfaces entering into the formation of the right wrist-joint, with the formation of abscesses and sinuses. Some of the latter were run together, and portions of dead bone extracted. These included some of the metacarpal bones, and a part of the lower end of the ulna. Bad as the case appeared to be, it was hoped that as all the affected parts were removed, a healthy action might ensue, and the wrist yet be saved. The case, in most respects, strongly resembled some in which we have seen this important articulation excised. The patient was a man of about thirty, the subject of disease for some years.

6 and 7. These were cases of necrosis of the tibia, and hare-lip. The first was treated by the removal of the dead parts of the bone, and the latter by the usual operation for that deformity.

URINARY CALCULUS OF UNUSUAL CONFORMATION.

THE general precepts of surgery undergo daily modification in the endeavours to apply them to the ever-varying exigencies of practice. We saw lately a patient, under the care of Mr. Coulson, at St. Mary's Hospital, whose case presented all those features which are supposed to favour the cure of calculus in the bladder by lithotrity. He was a healthy man, of sound constitution, the middle age (forty), having a healthy bladder, with fair containing power, no enlargement of the prostate, and a urethra which, although it had been the subject of stricture, was fully dilated. These indications for lithotrity Mr. Coulson considered to be more than counterbalanced by a peculiarity in the case, which had not before been accounted as amongst the reasons for preferring lithotomy to lithotrity in certain instances, probably on account of the rarity of its occurrence. The stone could be detected with great facility—in fact, the sound struck against it immediately on entering the bladder, but it could not be dislodged from its position. It appeared to be impacted at the neck of the bladder, and in

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this position Mr. Coulson considered that manipulations necessary for crushing the calculus could not be safely performed. He therefore had recourse to lithotomy by the lateral operation. A large stone was removed rapidly, and with very little hæmorrhage; it was found to be fixed at the neck of the bladder, and displayed an unusual conformation. It was flattened and irregularly rhomboid in general shape, but possessed an anterior prolongation towards the centre, which passed forward to the urethra, while at its posterior edge were seen two processes, corresponding in position with the ureters. Thus it would seem that the stone, descending from the kidney, had been lodged at the mouth of the urethra, and remained fixed there; had increased in size by accretion, and moulded itself to the surrounding parts; had extended forward into the urethra, and backwards into the apertures of the ureters. The peculiar shape and position of the stone explained some of the symptoms. From its fixity there had been no increase of pain attendant on riding or active exercise. There had been no considerable irritation and no hæmaturia; but frequently the urine ceased to flow during micturition, and it always passed slowly and in an imperfect stream. The operation of lithotomy was followed by an unusually successful recovery. Urine passed by the urethra on the following day. The wound healed rapidly, and within fourteen days the man walked out of the hospital cured.

ANTERIOR HALF OF THE TONGUE NEARLY BITTEN OFF.

A CASE of somewhat unusual injury to the tongue was admitted into the Royal Free Hospital on the 3rd of March. The subject of it, a young man twenty years of age, was standing with his tongue out of his mouth near the end of a cart, when the vehicle, suddenly tilting, came in such violent contact with his chin as to cause the teeth to close upon the tongue, whereby the whole anterior half of it was nearly bitten off. When brought into the hospital, the bitten part was hanging, as it were, by a mere shred; and, hopeless as it seemed, an effort was made by Mr. Gant to save it. After arresting the hæmorrhage, which had been most profuse and very difficult to stop, three interrupted sutures were applied above and three below, the separated parts of the organ being adjusted as neatly as possible. Some little inflammation and swelling followed, as was anticipated; but when we were first shown the case on the 5th of March, union by the first intention seemed to be pretty general. Subsequently, a firm connexion appeared to be established, and the man was discharged well; but there was not the same perfect sensation on the right as on the left side of the organ. It was on the latter that complete separation had not ensued at the time of the accident. This case is a practical illustration of how much may be done to save parts in very bad and apparently almost hopeless cases.

BICARBONATE AND NITRATE OF POTASS IN RHEUMATISM.

THE good effects of the bicarbonate of potass in rheumatism have been proved to be of the most valuable character, and it is now constantly prescribed. The benefit is more apparent when the symptoms are acute, but is also observable in chronic instances of the complaint. In some of the latter, however, it is not well marked, and some other remedy must be relied upon, such as another salt of the potass, the nitrate for example, long celebrated for its curative powers in rheumatism. We examined a female, forty-one years of age, on the 8th of February, who had been admitted into University College Hospital, under Dr. Parkes' care, some three weeks previously, with a rather sharp attack of subacute rheumatism, affecting the joints of the body generally. For this she was carried into the ward and placed in bed. This was her seventh attack, and the disease had to some extent become chronic. There was a strong mitral regurgitant murmur, but no other indication of cardiac mischief. She was treated by the bicarbonate of potass for some days with benefit. This was then discontinued, and recourse was had to the nitrate of potass, with the effect of removing the general severity of the symptoms, and at the present time she is much improved in every way. Dr. Parkes observed that the bicarbonate was not, perhaps, so useful in the subacute or chronic forms of rheumatism as in the decidedly acute examples of the disease. It is quite probable that this patient may have been previously treated by this salt of potass, with good results, in some of her previous attacks, and this might account for its proving now of but partial benefit.

GOOD EFFECTS OF BLISTERS IN WRIST-DROP FROM SATURNINE DISEASE.

WE have frequently observed, at St. Bartholomew's Hospital, in patients under the care of Dr. Farre, the good effects, in chronic rheumatism, of blistering the joints, combined with other and constitutional treatment. In most of these cases the relief to the pain is very great, but it is necessary to repeat the blistering to render its results the more permanent. We might cite several examples in illustration; but our desire is to draw attention to the same plan of treatment in wrist-drop from lead poisoning, especially as its immediate benefits are very decided. A man was admitted into the hospital with complete loss of power in the extensors of both hands from the causes mentioned. Dr. Farre ordered (besides internal treatment) a blister to be applied to the back of one hand and arm, and iodine ointment to the other. The rising of the blister had the effect of immediately permitting the patient to use the fingers of that hand with considerable increase of power, whilst no effects were produced upon the hand which had the ointment applied to it. The latter was discontinued, and a blister substituted with an effect similar to that in the other hand. Notwithstanding this speedy result, however, Dr. Farre observes that sometimes the iodine is more successful than blisters. The value of blisters in such cases is undoubted.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

REPORT ON THE CONDITION OF THE PROSTATE IN OLD AGE, FOUNDED ON THE DISSECTION OF 100 SPECIMENS IN INDIVIDUALS OVER SIXTY YEARS OF AGE.

BY JOHN COCKBURN MESSER, M.D., R.N.,

ASSISTANT-SURGEON TO THE ROYAL HOSPITAL, GREENWICH.

IN order to facilitate the consideration of the details of one hundred dissections of the prostate after the age of sixty, the author had arranged them into three classes—namely,

First. Those under four drachms' weight.

Second. Those between four drachms and six drachms' weight.

Third. Those over six drachms' weight.

By so doing a broad division is at once made between those that are comparatively healthy—namely, the first and second classes; and those that are so altered as to be likely to affect the health of the patient, comprised in the third class.

In the first class there are 20 cases, giving—

	Minimum.	Maximum.	Medium.
Age	60 ...	94 ...	76·2
Weight	4 drs. ...	6 drs. ...	4 drs. 57 grs.

These cases, for the most part, differed from the normal state only in point of size, and offered no obstruction to the flow of urine. The presence of small black concretions was very general in these as well as in all the other cases. In 4 cases there were slight appearances of the formation of circumscribed tumours. In 1 case abscess was found associated with stricture of the urethra. In 1 the posterior lobe showed a tendency to enlargement; but it was difficult to say whether the enlargement was more intimately connected with the prostate or with a fasciculus of the muscular coat of the bladder.

In the second class are 45 cases, which may be considered normal in condition, and which give—

	Minimum.	Maximum.	Medium.
Age	60 ...	94 ...	76·2
Weight	4 drs. ...	6 drs. ...	4 drs. 55 grs.

None of these cases suffered from urinary obstruction connected with the prostate during life, although the bladder was often found fasciculated. In 12 of these, circumscribed tumours were observed, for the most part only slightly developed; in 3, the posterior lobe was slightly enlarged; in 1, abscess was present, the consequence of general paralysis.

In the third class are 35 cases, which give—

	Minimum.	Max'mum.	Medium.
Age	60 ...	87 ...	75·2
Weight ...	6 drs. 15 grs. ...	48 drs. ...	15 drs. 2 grs.

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In 17 of these, the enlargement affected both lateral and posterior lobes; in 14, the enlargement existed chiefly in both lateral lobes; in 1, the enlargement affected only the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral lobe; in 1, enlargement preponderated in the posterior lobe. Thus it appears that 35 per cent. of all prostates after the age of 60 are abnormally large, 20 per cent. are abnormally small, and 45 per cent. are within the limits of the normal weight. This enlargement is principally caused by increase of the fibrous element of the body; the glandular also being increased in amount, but not to the same degree. This new fibrous tissue is deposited in concentric layers, and so forms circumscribed tumours. The frequency of this fibrous deposit is shown by the fact that it was present in 34 out of 35 cases of enlargement, in 27 of which it was found in the form of tumours; in 7 there was no appearance of tumours. It also appears that those glands in which the tumours are marked are liable to the greatest enlargement, as some thus affected were found to weigh 30 drs. and even 48 drs., while those in which the tumours did not appear never weighed more than 17 drs.

A comparison of the relative frequency of enlargement of the different parts of the gland shows that the lateral lobes are much more liable to be affected than the posterior: 34 of 35 cases were affected in their lateral lobes, while only 19 of the same number were affected in the posterior lobe. It is rare to find the posterior lobe enlarged while the rest of the gland is normal; only 1 such case in 35 was found. Enlargement of the posterior lobe is the chief cause of obstruction to the flow of urine; but that may also be the consequence of hypertrophy of the lateral lobes, especially when it takes the form of tumours, and they project inwards upon the urethra.

It appears, from the nearly equal average age in all three classes, that the condition of the prostate does not materially affect the longevity of the individual. A slight difference does, however, exist in favour of those in whom the gland is most nearly normal, the average in these being 76·2, and in the enlarged 75·2.

The presence of abscess in the prostate produces enlargement to a greater or less extent, seldom, however, to the same extent as fibrous deposit. The most frequent cause of abscess in the prostate appears to be obstruction to the flow of urine, either from stricture of the urethra, enlargement of the prostate, or the consequence of paralysis of the bladder. The frequency of abscess in the enlarged gland is in the proportion of 5 in 35; in those between 4 drs. and 6 drs., 1 in 45; in those under 4 drs., 1 in 20. The causes in these cases were—stricture of urethra in 3 cases; frequent retention in 3 cases; paralysis of bladder in 1 case. Tubercle is the only other abnormal deposit giving rise to enlargement of the prostate noticed in these cases, and that only in 1 case, which weighed 24 drs. A similar deposit was observed in the lungs, right kidney, and mucous coat of the bladder in this subject.

It is worthy of remark that while retention of urine, more or less complete, is the most important symptom and consequence of enlarged prostate, it is not found in every case. The proportion of men in advanced years suffering from the consequences of enlarged prostate is indeed small. Thus amongst 1600 old men, with an average sick list of 200, not more than 10 are under treatment for this disease, and half of these only occasionally. A much larger number must be affected with enlargement, as shown by post-mortem examinations of the gland. In 35 cases of enlargement found after death, 13 suffered no urinary symptoms during life, and 2 others only after the occurrence of serious lesions to the nervous system shortly before death. Although many of these cases were not greatly enlarged, some of them plainly showed that the prostate may be greatly altered, and yet the patient be free from urinary obstruction, as in 1 case, where the prostate weighed 8 drs. 30 grs., with prominent enlargement of the posterior lobe; in another, which weighed 19 drs. 30 grs., with general hypertrophy, and great encroachment on the urethra; in another, which weighed 26 drs. 30 grs., with the enlargement principally seated in the lateral lobes.

On considering the favourable circumstances for the formation of phosphatic calculi in cases of enlarged prostate, it is surprising that these concretions are not more frequently found. Of the 35 cases of the third class, phosphatic calculi were found in two, the largest weighing 7 drs. 45 grs.; in another, two uric acid calculi, of about 20 grs. each were found.

Dr. MACLACHLAN exhibited three specimens of enlarged prostate. The first, which was that of a man aged eighty-six, was the largest which had been met with in Chelsea Hospital for the last twenty years. The man had not suffered much, but was occasionally troubled with retention of urine. On these occasions, it was generally easy to introduce an instrument, though sometimes there was difficulty, the catheter no doubt getting entangled in the transverse band, which was seen in the preparation uniting the two lateral lobes, and also finding its way into a cul-de-sac, terminating the urethra, in this specimen, immediately below where the so-called middle lobe usually exists. There was seldom impediment in micturition, notwithstanding the enormous size of the prostate, except when the man had been drinking, and then he invariably came into the infirmary almost in a dying state; it was on one of these occasions that death took place. The second specimen was chiefly interesting as it had been taken only a few days ago from a man seventy-three years of age, who underwent the operation of puncture of the bladder about four years previously. Then the obstruction arose from the enlargement of the middle lobe, which was of the size of an ordinary marble. The third specimen was taken from a case where it was also necessary to puncture the bladder, though the prostate was but of moderate dimensions. There was sometimes great difficulty in introducing a catheter even where afterwards there appeared little to account for it; the parts then seemed to be altered from their usual position by the distension of the bladder and the engorgement of the parts, and much surprise was evinced, on subsequent examination, that the instrument should not have passed easily. He (Dr. Machlachlan) thought Dr. Messer's paper valuable in confirming the opinion that, so far from enlargement of the prostate being common in old age, it was the reverse: atrophy of the gland was the rule, and hypertrophy the exception.

Mr. HENRY THOMPSON had learned with great interest the result of Dr. Messer's careful and extended investigations. Having himself produced at this Society, three years ago, fifty prostates dissected by himself, he was extremely anxious to compare his own results with the more recent ones of Dr. Messer. He would briefly draw a comparison between them in relation to three or four points. First, the question of numerical frequency with which the enlarged prostate occurs amongst elderly men. Mr. Busk had been, perhaps, the first to question the received opinion, that it was a natural result of old age. He (Mr. Thompson) had first applied the numerical method to the question. He found 32 per cent. enlarged above 50 years of age; Dr. Messer 35 per cent. above 60. Not above 12 per cent., however, showed symptoms during life. He did not consider that the 20 per cent. of prostates found by Dr. Messer, weighing less than four drachms, were abnormally small; true atrophy was much more rare than that. In reference to the seat of enlargement, he (Mr. Thompson) had published the result from an examination of 123 specimens: the conditions found in Dr. Messer's 35 cases corresponded very closely indeed. The frequency with which fibrous tumours occurred in the enlarged prostate was a subject to which he had drawn special attention. Dr. Messer had further investigated it, and had remarked the presence of these tumours in 27 out of his 35 cases. The question of real incontinence caused by enlarged prostate was one which had been also carefully studied. It was well known that the so-called incontinence connected with enlarged prostate was almost invariably the overflowing surplus of a distended bladder, and indicated retention, not incapacity of the bladder to retain. Dr. Mercier, of Paris, had, in 1841, pointed out the fact, that by a peculiar formation of the enlargement, it occasionally happened that the neck of the bladder was rendered patent, and the urine all ran off as fast as it was secreted. This was excessively rare, and he (Mr. Thompson) had not met it amongst the numerous cases he had personally examined; but there appeared to be two cases amongst Dr. Messer's, which corroborated the view referred to. He begged to thank the author for his valuable contributions to the subject under consideration. The confirmation of his own researches by this paper had been very remarkable.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 1ST, 1860.

MR. FERGUSSON, PRESIDENT.

PRIMARY CANCER OF THE HEART.

DR. FULLER related the case of a patient admitted under his care at St. George's Hospital, detailing the symptoms during life, which were somewhat obscure. After a short residence in the hospital, the patient died, and a large encephaloid tumour

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of the heart was found: it was primary; it penetrated the walls of the left ventricle, almost replacing the muscular tissue, and involved more or less the other cavities. There was no malignant disease in any other part of the body.

RUPTURE OF A HERNIAL SAC.

Mr. N. WARD showed a preparation from a patient above seventy years of age, who accidentally fell while walking, and received a blow on the tumour of an inguinal hernia. Collapse followed, and he died fifty-five hours after the accident. After death, an enormous hernia was found, containing a great part of the large intestine and of the small intestines. There was no peculiarity. There was much effusion of blood from the rent in the sac.

ABSCESS IN THE WALLS OF THE ABDOMEN.

Dr. COOTE exhibited a specimen which occurred in a case where it complicated cancer of the stomach. It was situated in the left hypochondrium. The pyloric end of the stomach was adherent to the abdominal walls at the spot in question, and abscess was produced, but there was no communication between the internal disease and the cavity of the abscess.

PERICARDITIS IN BIRDS.

Dr. CRISP showed several specimens, remarking that he believed the observation of such diseases in the lower animals would be found to throw much light upon human pathology. The disease in question was very common in birds, for which he believed there were obvious physiological reasons. The subjects of the disease exhibited were the Muscovy duck and the black swan. Dr. Crisp described the microscopical appearances seen in the lymph thrown out, and remarked on other particulars observed.

A conversation took place on the influence of domestication upon the production of disease amongst animals, in which Mr. Partridge, Dr. Schulhoff, Mr. Fergusson, and Dr. Crisp took part.

HÆMATOMA AURIS.

Mr. TOYNBEE exhibited a specimen of this disease, which is often connected with disease of the brain—more generally so, perhaps, than is usually believed. It is stated never to be found amongst the female patients in lunatic asylums, but only in the males.

CANCER OF THE LUNG.

Dr. BRISTOWE exhibited this specimen to illustrate a peculiar mode by which cancer sometimes affects the lung: that is, by a deposit along the course of the tubes mainly; other parts of the lung were but slightly affected; while all the tubes, large and small, were thickened and rendered opaque by the deposit in question.

DISEASE OF THE PULMONARY ARTERY.

Dr. BRISTOWE also showed an example of much more considerable disease of this artery than is rarely seen, from a man aged fifty-nine. The symptoms during life were chiefly those of bronchitis and some œdema of the extremities. The vessels had much atheromatous deposit, but it was not so in the systemic system of arteries.

FRACTURE OF THE ACETABULUM.

Mr. HOLMES showed a preparation of the os innominatum in which the acetabulum was largely fractured. The signs during life were somewhat obscure; those of fracture of the femur were absent, although the injury and the age of the patient (seventy) were such as indicated its probability. He gradually sank, after the formation of abscesses in the shoulder and elsewhere. The two extremities were of equal length. The capsule of the joint was full of pus, but was not lacerated.

Mr. PARTRIDGE related an interesting case of similar fracture in a young lady aged seventeen years, producing subsequently difficult parturition.

Mr. COULSON suggested that death was due to pyæmia in the case of Mr. Holmes.

IMPACTION OF A PIECE OF MEAT IN THE LARYNX, CAUSING DEATH.

Dr. ANDREW showed a larynx with a piece of meat impacted tightly in it, producing suffocation. It occurred in the case of an insane female patient; death was almost instantaneous, and took place before assistance could be obtained. In the same body, there was a calculus in the ureter, and several gall-stones in the ducts and gall-bladder.

HYDATID TUMOUR IN CONNEXION WITH THE URINARY BLADDER.

Dr. HABERSHON showed a preparation from a patient who suffered from chronic disease of the stomach. The patient had a large mass in the region just above the bladder, which was supposed to be distended bladder, but which was not diminished by the catheter. After death from cancer of the stomach, a large hydatid tumour containing three pints of hydatids was found connected with the upper part of the urinary bladder.

Mr. HENRY THOMPSON said that these cases were rare, although recognised as occasionally occurring. He had collected five cases, and had recently seen a sixth, in which puncture for retention by the rectum evacuated a large quantity of hydatids. The patient, who was a boy, made a good recovery. Usually, the hydatid sac was situated between the prostate or base of the bladder and the rectum.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 2ND, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

THE minutes of the last meeting having been read and confirmed, the following gentlemen were balloted for and elected Fellows of the Society—namely, Henry Martin Holman, M.D.; William Leishman, M.D.; Henry F. Marley, Esq.; and T. H. Waterworth, Esq. Four gentlemen were also proposed as candidates for the Fellowship.

A CASE OF RUPTURED PERINÆUM, AND BIRTH OF THE CHILD BETWEEN THE OS VAGINÆ AND ANUS.

BY I. B. BROWN, F.R.C.S.E., ETC.

In this case the child's head rested on the perinæum, but delivery was delayed, though the pains were very violent, owing to the non-dilatation of the os vaginæ. While a friend of the attending practitioner went to fetch the forceps, the perinæum gave way between the os vaginæ and anus, and the child was expelled completely through the opening. A fortnight afterwards, Mr. Brown pared the edges of the wound, which remained unhealed, and cut through the fourchette. Iron wire sutures were introduced, and the parts all healed completely.

Several old and curious pairs of Midwifery Forceps were exhibited to the meeting by Dr. F. CHARLES CORY. The manner in which these instruments were applied was explained by the President.

Dr. MEADOWS exhibited a specimen of

CONGENITAL HERNIA (?) OF THE LIVER.

The whole of this viscus was enclosed in a pouch, to which it was firmly adherent, and which had protruded through the umbilical opening, drawing forward with it the inferior vena cava, which entered the thorax just behind the sternum. The cæcum was situated in the right hypochondrium, the colon descending thence on the right side to the pelvis, where it ended in the rectum. Portions of the stomach and small intestine were also contained in the pouch with the liver, but there was no obstruction of the bowel. The child died one month after birth, dry gangrene having extended to the mass after the death of the umbilical cord.

ON THE MINUTE ANATOMY AND STRUCTURE OF A FIBROUS TUMOUR OF THE WOMB, EXHIBITED TO THE SOCIETY AT THE FEBRUARY MEETING.

BY HENRY G. TIMES, M.R.C.S.E., ETC.

The tumour is uterine in its origin; its form is kidney-shaped; it is of the size of a child's head at birth, and weighs 10lbs. The structure consists of uterine fibres and white fibrous tissue, arranged concentrically, with abundant calcareous deposit amongst the laminæ. The pedicle is formed of uterine tissue, spreading out and embracing the sides of the tumour. The length of the uterus is six inches, and the os is occluded an inch from its orifice. By the tumour's weight in growth, the body of the uterus is separated two inches from the cervix, and all the openings into it are occluded. The Fallopian tubes are six inches long, but both alike occluded. Both ovaries are present, but lengthened to three inches into round and cord-like ligaments; the usual ovarian structure, however, is recognisable in both.

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ON CERTAIN PHENOMENA, FACTS, AND CALCULATIONS INCIDENTAL TO, OR CONNECTED WITH, THE POWER AND ACT OF PROPAGATION IN FEMALES OF THE INDUSTRIAL CLASSES IN THE METROPOLIS;

DERIVED FROM AN EXPERIENCE EXTENDING TO UPWARDS OF 12,000 CASES CAREFULLY OBSERVED.

BY A. B. GRANVILLE, M.D., F.R.S., ETC.

After an appropriate introduction, in which reference was made to the establishment of the present Obstetrical Society, destined to carry out the much higher duties, which a former Obstetrical Society, through pitiful and miserable considerations, had disregarded, of promoting obstetrical knowledge in all its branches; and after contrasting the present more elevated condition of midwifery in this country with its humiliating state when he commenced his practice in the metropolis, Dr. Granville proceeded to give the result of his experience at two lying-in institutions—the Western General Dispensary and the Benevolent Institution,—extending over a period of several years, during which he had acted as obstetrical physician, and had carefully recorded upwards of 12,000 cases, out of nearly 22,000 admissions, in minutely subdivided registers, to which he had invited the personal inspection of the President.

The summary of the varied information thus collected Dr. Granville had arranged in thirteen tables, two appendices, and a coloured diagram, which were circulated amongst the auditors present at the meeting, whilst the memoir or report was being read by the Secretary, giving a running commentary, with facts and explanations, illustrative of the contents of the tables themselves. All these facts were preceded by the enumeration of the several means, adopted by the author during his public practice, through which a knowledge of those facts was obtained and registered. Dr. Granville dwelt with much force on the benefit which several branches of human polity would derive from tabulated and positive facts such as obstetrical reporters and obstetrical societies alone can supply; and observed that it is, indeed, difficult to conceive how questions concerning the laws which govern the reproduction and preservation of the human species, or which regard the natural duration of its existence, or the valuation of female and infant life, or the theory of population, can be discussed in the absence of such information as obstetricians alone daily and hourly witness and collect. According to M. Fourier, the eminent French mathematician, there is "in all statistical researches a general proposition to which too much attention cannot be paid,—namely, that the indefinite repetition of events, generally denominated fortuitous, does away with the degree of changeableness that may belong to them. In a series of an immense number of facts, there are none but constant and necessary relations, determined by the nature of things;" and such immense number of facts the published records of the Dublin Hospital, the Maternité of Paris, the reports of Carus, Siebold, Collins, Montgomery, Churchill, Scanzoni, &c., amply supply.

Dr. Granville then proceeded to add his own quota of such original facts, which he divided into four great sections:—1st, Ages of Pregnant Women; 2nd, Produce of Pregnancies; 3rd, Multiparous Births; 4th, Parturition. He stated at the conclusion that another great source of facts remained to be treated,—namely, abortion; without which, he maintained, all attempts at calculating and duly estimating the power of reproduction in the human species must necessarily be imperfect; but the great length to which the memoir had extended precluded the possibility of this all-important subject being treated on the present occasion, and would be reserved for another season, together with the consideration of some of the most striking cases of the diseases of females and children.

The subject of the *Ages of Pregnant Women* was very fully treated, and elicited some curious results, the principal of which is, that Englishwomen arrive at the culminating period of prolificacy at thirty years of age. The author had shown, on a former occasion, that the same culminating point in France was at twenty-eight and a half. This culminating point was strikingly shown in the coloured diagram, in which were also exhibited two other curious facts—that just before and immediately after the period of thirty years, reproduction comparatively stood still in the first, and sank to a very low scale in the second: as if, in the former, Nature prepared herself for an immense exertion, being no less than the duplication of births; and in the latter she showed tokens of exhaustion.

Under the head of the *Produce of Pregnancies* at both charities, we have a total of 12,478 children, or 6615 boys and 5863 girls, the proportion of males to females being as $1\frac{1}{9}$ to 1, which is a somewhat higher rate than the one cited by Quetelet as the general proportion of the sexes in Europe—viz., 106 males to 100 females. Of the above number of uniparous births, 277 were of still-born children, the male sex preponderating. This proportion of still-born is a more favourable rate than is recorded in all the principal and well-known obstetrical reports. Of multiparous births, Dr. Granville recorded 136 cases of twins, and 4 cases of triplets, being a case of twins in $62\frac{3}{4}$ labours, and 1 case of triplets in 3154 cases. The Dublin Report gives 1 triplet case in 4652 births. Bérard and Robin assign the produce of twins in Frenchwomen as 1 in 70 or 80 deliveries, and triplets 1 in 7088 cases, being half the English rates. In 1820, at the Western General Dispensary, there had been 16 twin cases in 669 deliveries, being 1 twin case in 42 labours.

Under the head of *Parturition*, the author brings forward afresh his proposal for a much simpler classification of labours into active and passive; the latter being subdivided into manual and instrumental. He thus does away with the use of such inapt denominations as are still retained in most of the modern treatises on midwifery—namely, "natural, premature, preternatural, tedious, laborious, instrumental, impracticable, complicated, difficult, lingering, complex, unnatural"—as if anything could be in Nature unnatural. After mentioning sixteen different positions in which the child presents, besides what he calls the primitive or normal one, under each of which Dr. Granville gives the proportion as compared to the total number of labours; and after having dwelt on the comparative frequency of certain positions to that of others, he proceeds in Tables XI. and XII. to show the number of passive labours that had taken place under his direction in 12,478 deliveries, distinguishing the manual from the instrumental, and giving the results as to the children born. In the 267 cases of abnormal presentation, the proportion of still-born children after passive labour was 1 in 304. And another fact is elicited from the two tables in question—viz., that the manual and instrumental labours were nearly equal. Under the head of mortality of the mother the proportion of 1 in 500 is recorded. Some important remarks were made on the use of the forceps, Dr. Granville advocating its early employment in labour to prevent craniotomy, the proportion of which operation by-the-bye, in his experience, amounted only to 9 in 267 cases of abnormal presentation, or 1 in 1380 labours. The proportion of forceps cases has been 1 in 621 of all the labours. Dr. Granville invariably used a somewhat larger form of Assalini's forceps. The general result of his practice gives a proportion of passive to active labours as 1 in $103\frac{9}{10}$, of hand labours as 1 in 218, and of instrumental labours as 1 in 270.

The subjects of placenta prævia, convulsions, hæmorrhage, syncope, deformities caused by the imagination of the mother, and a case of locked-jaw in parturition, were referred to, with their respective frequency, and the manner of their termination. The author concluded with the promise of a second communication for next season, should he be spared another year.

Dr. TYLER SMITH observed that when a gentleman of Dr. Granville's age and experience came before the Society with an elaborate paper, it was only due to him that he should be treated with great respect. But still a few critical remarks ought to be made to prevent errors being perpetuated. Now, although Dr. Granville's practice was doubtless good in its day, it was hardly up to the mark of the present time. For instance, the forceps had only been applied once in every 600 cases; but no one could now safely conduct a large midwifery practice without recourse to this instrument much more frequently than these figures indicated. With regard to children born with deficient limbs, it was now allowed by all physiologists that they could be explained without having recourse to a belief in the power of the mother's imagination. The case mentioned by Dr. Granville was not an example of arrested development, but simply an instance of intra-uterine amputation. Dr. Montgomery had admirably explained the mode in which this occurred. It is also well known that the fœtus in utero may imbibe from the mother the contagion of small-pox; but it could not be supposed that this disease was due to the mind of the mother acting upon the unborn child.

Dr. MURPHY asked for an explanation of one or two points, especially as to the earliest and latest periods of life at which the author had known pregnancy to occur. He also remarked that it seemed to him very difficult altogether to ignore the influence of the mother's imagination in producing certain deformities of the fœtus.

Dr. TANNER said that, owing to the time allowed for the meeting having elapsed, he would only make two observations on the paper which had been read. First, with regard to the

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influence of the mother's imagination or fears in producing deformity of the fœtus. On this head he would remind the fellows that Dr. William Hunter took some pains to investigate the subject at the Lying-in Hospital to which he was attached as physician, and with this result—namely, that in 2000 cases there did not occur a single instance in which there was any coincidence between the fright, or accident, or longings of the mother and the deformity of the child. Dr. Tanner had himself met with an instance where the evidence in favour of some connexion between a fright and the deformity appeared to be strong, until the case was examined into; when it was found that a normally developed gland had been mistaken for disease. The second point was as to the propriety, in breech presentations, of adopting Dr. Granville's practice in using the blunt hook to pull down the legs. Dr. Tanner considered such a proceeding would often be fatal to the infant. He always endeavoured, on the contrary, to keep the legs up rather than to pull them down, so that the umbilical cord might not be unduly compressed.

Dr. DRUITT wished to make only one remark. The question as to the influence of the maternal imagination in producing deformity of the child ought to be looked at from every point of view. Now, how did the advocates of this theory explain the malformations of chickens, &c.? Surely no fright to the hen while sitting could affect the chick in the egg.

Dr. GRANVILLE having replied, the meeting adjourned until the 6th June.

Reviews and Notices of Books.

On Obscure Diseases of the Brain and Disorders of the Mind: their Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M.D., D.C.L. Oxon., &c. pp. 721. London: Churchill.

FROM the list of works which in late years have marked the progress of investigation on almost every subject coming within the province of medicine, a book of authority on the disorders of the mind and diseases of the brain appears to have been omitted. Since the writings of Haslam, Prichard, Morrison, Conolly, Bucknill and Tuke, no volume specially devoted to the consideration of the whole subject of insanity has issued from the British press. Notwithstanding the sad fact that cerebral and mental diseases have of late years fearfully increased amongst all classes, no work on their diagnosis and treatment exists which, in the present advanced state of knowledge, can be properly considered as a text-book on the entire subject, for the use of students and medical practitioners. Abercrombie's admirable volume on the "Diseases of the Brain," published in 1829, is the last and best of the distinct treatises which have appeared. Mental and cerebral affections have found exposition in short discursive *brochures* from many writers. Sir Charles Bell's and Dr. Marshall Hall's brilliant writings, Dr. Carpenter's investigation of the "Correlations of Physiology and Psychology," Sir Henry Holland's "Chapters on Mental Philosophy," Mr. Solly's work on the "Anatomy and Physiology of the Brain," Dr. Brown-Séquard's "Lectures on the Physiology and Pathology of the Nervous System," Dr. Todd's "Clinical Observations," and Dr. Copland's work on "Apoplexy and Paralysis," with others of minor reputation, constitute so many detached and valuable essays in which mental and cerebral diseases, in their relations to nervous pathology, are partially treated, or incidentally alluded to, and which still leave an important void. Dr. Winslow's *Psychological Journal*, and the *Journal of Mental Science*, edited by Dr. Bucknill, have, in a great measure, diminished the inconvenience which the want of a standard work on the Principles, Pathology, and Practice of Mental and Cerebral Diseases admittedly occasions. This being the condition of English literature, it may be further observed that no author, in any language, has attempted to lay down principles for the recognition of symptoms which precede diseases of the mind or brain, while they yet admit of prevention or cure. Dr. Winslow, whose extensive learning and varied experience pre-eminently qualify him for so grave a responsibility, undertakes to supply a great desideratum in medical literature. His present volume purports to "offer a scientific analysis of those complex and subtle phenomena which mark the *incipient* stages of mental and encephalic diseases, as an *avant-courcur* to a distinct work on Softening of the Brain, and other specific and individual types of cerebral disease." Such an unassuming prefatory observation is scarcely calculated to prepare the profession for a most masterly exposition of every conceivable phase which cerebral disease, in its psychical and physical operations, has been known to assume. The extent of this hitherto untried field may be inferred from the order in which Dr. Winslow proposes to enter on its investigation. His method is as follows:—

1. Morbid Phenomena of Intelligence.
2. Morbid States of Motion.
3. Morbid Conditions of Sensation.
4. Morbid Phenomena of the Special Senses.
5. Morbid Phenomena of Sleep and Dreaming.
6. Morbid Phenomena of Organic or Nutritive Life.
7. General Principles of Pathology, Treatment, and Prophylaxis.

It is obvious that to traverse so comprehensive a range is beyond the scope of a necessarily limited review. The work is fairly susceptible of consideration in its psychical, juridical, and cerebro-pathological aspects, and under these heads we may with advantage investigate its merits.

The notion that cerebral affections are not subject to general pathological laws has long proved a shield for ignorance and incompetency. Dr. Winslow not only shows the utter fallacy of such a notion, but also forcibly demonstrates the danger which results from the neglect of the premonitory symptoms of cerebral affections present. Appealing from analogy to experience, he asserts, as a general postulate, that, the brain being the physical medium through which the mind manifests its varied powers, all structural lesions of the encephalon, its investing membranes, and bloodvessels, are associated with adequate and appreciable derangement, modification, or alteration of its several functions:—

"The affections of the brain have, I maintain, undoubtedly a premonitory and precursory stage.

"In every case of disease of the encephalon, particularly if the organic change or pressure be established in the vesicular matter, or in the membranes immediately investing the brain, a disordered, or abnormal state of cerebro-psychical phenomena may, in the incipient stage, on careful examination, be detected."

This assertion is tantamount to a declaration that the psychologist stands in the same relation to mental and cerebral diseases as the general physician does to cases ordinarily presenting themselves. The importance of this truth cannot be too highly estimated, and will be evidenced as we proceed.

In discussing the Morbid Phenomena of Intelligence, Dr. Winslow graphically sets forth the principles of diagnosis between an unnatural and often suddenly developed flow of animal spirits which merges into a state of unhealthy mental exaltation, as distinguished from a normally excited mental condition. The wide influence which depression exercises, ranging from mere listlessness to acute melancholia, leads to interesting investigations into the nature of *ennui*, which, from the conflict of thought and principles marking the struggles of natural instincts and impulses during its continuance, is argued to be not always a condition of mental inactivity. The morbid affections of mind denoted by certain marked deviations from ordinary phases of *thought*, and normal modes of action or *conduct*, are reviewed in their contrast with temporary and transient exaggerations of health. These various gradations of psychical disorder and weakness, observed to blend almost imperceptibly with each other, Dr. Winslow describes as

"Extending from the shadowy forms of false perception, erroneous judgment, paralysed volition, perversions of the moral sense, derangement and confusion of thought, to positive hallucinations and clearly manifested insane delusions; and from brain-fag, cerebral lassitude, loss of mental stamina, tone,

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weakened memory (*dysmnesia*), actual loss of memory (*amnesia*), and flagging powers of attention, to obvious states of imbecility and idiocy."

Passing from these phenomena as indicative of the earliest cerebral changes, their further progress when constituting Premonitory Symptoms of Insanity comes under review. Dr. Winslow believes there are four philosophical *points d'appui* which the psychological physician should analyze with metaphysical exactness and scientific precision, in order to obtain a right appreciation of the mind in its incipient as well as matured conditions of disorder. These are—

"1. The present limited knowledge of the physiology of the nervous system, and ignorance of the phenomena of mind and life.

"2. Analogy between insanity and dreaming.

"3. State of the mind when passing into a condition of alienation, as deduced from the written confessions of patients after recovery.

"4. Morbid phenomena of thought, as manifested during the states of transition, and convalescence from attacks of insanity."

The different questions which have at various times been propounded in reference to the nature of insanity, together with the several problems its intricate character suggests, are set forth with perspicuity, for the purpose of showing the extent of our ignorance of subtle abnormal mental phenomena, as well as our limited knowledge of the healthy constitution of the human mind. Inquiries thus induced are subordinated to the investigation of the mind in the incipient stage of disorder when passing into one of its numerous phases of disease, and to its state when emerging out of a *morbid* condition into one of *healthy* thought. Dr. Winslow urges the adoption of a rigid process of synthesis as well as of analysis for the just appreciation of the stages through which the mind passes when, deprived by disease of its power of healthy co-ordination, it lapses into an automatic condition.

The investigation of the laws governing the operation of thought leads to the consideration of the theories of Cousin and Sir Wm. Hamilton as to native mental cognitions and primary conditions of intelligence. Dr. Winslow believes the "regulative faculty" to rest in the cerebrum, in complete analogy to that subtle principle or force evolved in the cerebellum, which establishes a unity of action in, adjusts, harmonizes, and co-ordinates the varied muscular movements of the body. This view is strongly confirmed by the observation of certain forms of disease, in which the fine relations of the cerebral functions are disturbed, without any appreciable manifestation of physical derangement.

"There is," writes Dr. Winslow, "a *psychical* as well as a *physical* chorea, or St. Vitus' dance, in which the patient is not under the influence of any fixed or transient delusion. In these cases, the insanity appears to depend upon a *disordered state of the psychical co-ordinating power* (eliminated, in all probability, in the *cerebrum*), and paralysis of what may be designated the *executive*, or, to adopt the phraseology of Sir Wm. Hamilton, 'regulative' and 'legislative' faculties of the mind."

This highly original and most important view of psychical action is one capable of explaining many of those apparent anomalies which mental diseases present. The mind *disordered*, though not *deranged*, has often puzzled psychologists. This choreic type of insanity, Dr. Winslow shows, is often unassociated with any form of delusion, hallucination, or illusion. In women it has been observed to be connected with obscure irritation and disease of the uterine system; in men, we may add, similar phenomena have resulted from certain forms of prostatic disease.

The close resemblance between the mental impressions experienced in dreaming and the automatic operations of the intellect, observed in insanity, is suggestive of inquiries into the nature of volitional power, its influence over certain trains of healthy thought, and its capability of guiding certain admittedly morbid conditions of the intellect. Its abeyance in health whilst dreaming results in the similitude of disease; its exercise in disease in a waking state produces a resemblance to dreaming. Insanity and dreaming are thus shown to bear to volition a kind of correlation, which in prognosis is not without significance. Illustrative cases are detailed, in which, during sleep, the will, impulses, emotions, ideas, and passions appeared to undergo similar influences to those observable in cerebral affections.

The condition of the mind when in a state of aberration is portrayed with much force in the confessions of patients after recovery. Where *all* the powers of the mind are not alienated or overthrown, Dr. Winslow believes the sufferer may be so far conscious of his disorder as to be able to describe his sensations clearly. This admission we shall have occasion to refer to in estimating certain *pseudo* forms of mental disorder.

In recounting the circumstances which have led to the present great improvement in the condition of the insane, and to the progress made in the *pathology* as well as *therapeutics* of insanity, the labours of Dr. Conolly are deservedly eulogized.

Anomalous and masked affections of the mind obtain lengthened consideration. The absence of any psychical test to which, judicially and psychologically, appeal might with safety be made in difficult instances, is found to be owing to the variable nature of the disease, as well as to the difference which in health distinguishes individual minds. Dr. Winslow writes:—

"Each case must be examined by, and in relation to, itself, and not in reference to any preconceived definition or *à priori* hypothesis of insanity."

The obscurity surrounding certain unrecognised morbid states most frequently implicating the affections, propensities, appetites, and moral sense, is shown to result from their liability to be confounded with conditions beyond the legitimate domain of pathology, which "do not come within the province of the physician, unless they can be plainly demonstrated to be *morbid results*, and positive and clearly-established deviations from cerebral or mental health." The serious consequences which ensue on a non-recognition of these forms of disease Dr. Winslow believes cannot be too highly estimated. Alluding to those *pseudo* mental conditions which give undue prominence to a particular faculty, or seize hold of one passion or appetite, he writes:—

"Many of these sad afflictions are symptomatic of unobserved and, consequently, neglected cerebral conditions, either originating in the brain itself, or produced by sympathy with morbid affections existing in close organic relationship to the great nervous centre."

The stage of consciousness, a condition to which observation has not hitherto been directed, receives particular attention. The struggles between reason and insanity, the foreshadowings and morbid apprehensions of the latter, which not unfrequently lead to self-immolation, are patiently traced to their material or mental sources in order to gain the clue to their unravelling.

The stage of exaltation is considered in its psychical and somatic relations. The wit, ingenuity, and cunning of the insane, their self-control and shrewdness, receive explanations, metaphysical and psychical, according to the different physical influences the same disorder exercises on the instinctive appetites as contradistinguished from the intellectual faculties:—

"In its incipient stage," Dr. Winslow writes, "mental disease is characterized generally by acute morbid sensibility, physical and mental, accompanied by a difficulty in fixing the attention.

"Insanity often first shows itself in a morbid exaggeration—a diseased excess in the development of normal healthy mental conditions.

"These phases of mind, necessarily obscure, frequently manifest themselves in either an exalted, depressed, or vitiated state of the moral faculties."

Observations of this character are but the prelude to the enumeration of cases which stamp the volume under consideration as a practical clinical exposition of the vital manifestations of disease.

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Alterations of character and disposition, morbid views of religion, unaccountable acts of brutality and immorality, recklessness in expense, erotic excitement, and diseased imagination as distinguished from the operations of vice—each and all of these various moods, in their several manifestations, Dr. Winslow believes to constitute a type of morbid mental disorder which exists to a frightful extent in real life. Its detection, he affirms, is happily within the reach of the physician who, "to a practical knowledge of human nature adds an acquaintance with the higher departments of mental and moral philosophy, as well as of cerebral pathology."

The stages of mental depression and aberration in which the intellectual, perceptive, and moral faculties become involved, suggest inquiries as to what means exist of detecting the fatal boundary line separating the sane from the deranged mind. In the former of these conditions, the presence of latent and concealed delusions explains the act of self-destruction, in which cases of that class not unusually end. The steps by which such a condition is accomplished, the struggles between sane knowledge and insane apprehensions, the inward strivings and outward watchings, marking the ebb and flow of disease, are traced from their trivial and insignificant beginnings to the stage when

"The intellect at last yields to the pressure, and the general health becoming deranged, the idea which was originally only an extravagant conception, assumes the dimensions of a clearly manifested delusion: in other words, *a fixed and settled insane idea;* the insanity consisting not in a creation of the fancy *de novo*, but in a morbid *exaggeration* and insane *perversion* of actually existing circumstances."

Impairment of Mind as manifest in its general weakness, morbid phenomena of Attention, and morbid phenomena of Memory conclude the subjects discussed in the first section of the divisions adopted for the purposes of review.

The morbid phenomena of memory are reserved for future notice.

It will be apparent from the extent and nature of this imperfect analysis of its first section, that Dr. Winslow has produced no ordinary book. The plan on which it is carried out is altogether original. Complete in range, exact in description, copious in matter, and abounding with cases, its worth may be said to consist as much in its enumeration of sources of error as in its exposition of principles of truth.

THE ROYAL COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

[LETTER FROM DR. ROBERT H. SEMPLE.]

To the Editor of THE LANCET.

SIR,—I have just read a letter in your impression of last week, written by Sir B. Brodie, on the subject of the admission of uneducated candidates to the membership of the College of Surgeons, and I confess that this document has filled me with astonishment and dismay—feelings which I am sure that I share with the great body of medical practitioners in this country.

The facts of the case to which Sir B. Brodie's attention has been drawn are patent to the profession, and they simply disclose the circumstance that certain persons, who have passed through no course of professional study, have been admitted members of the College of Surgeons, to the great and just indignation of hundreds and thousands of gentlemen, who have worked hard to obtain the same honour. Now, Sir B. Brodie professes to have no knowledge of the particular cases which have occasioned so much scandal; but he proceeds to justify the whole proceeding on general grounds, which I cannot help thinking are utterly untenable, and upon these general grounds I beg leave to offer a few remarks.

I hope that I do not misrepresent Sir B. Brodie's opinion when I conceive it to mean that the College of Surgeons is perfectly justified in admitting to examination persons who have received no previous professional education, and that the College in so doing has acted in strict conformity with the spirit and the letter of the Medical Act of 1858.

Now, Sir, I fully admit that the different medical corporations have acted wisely and judiciously in facilitating the admission to licences and degrees of gentlemen who, from various circumstances, have failed to procure *all* the testimonials required for medical practitioners since the Act of 1858. I think, therefore, that a Surgical College granting on somewhat easy terms a diploma to a medical graduate, or a Medical College granting one to a surgeon, is a proceeding strictly within the meaning of the Medical Act, and is consistent with justice; but until the appearance of Sir B. Brodie's letter I had no idea that it was either legal, or fair, or just, or necessary to admit to examination persons who not only possessed *no legal qualification at all*, but who had *never received any education whatever* to entitle them to present themselves for examination. Yet such was precisely the case with the persons who have lately received the diploma of the College of Surgeons, and Sir B. Brodie casts the shield of his great name over this very disreputable proceeding.

I recollect very well that about this time last year a contributor to your journal, acting under a mistaken conviction, alleged, in a letter published in your columns, that two gentlemen had received licences from the Court of Examiners of the Society of Apothecaries under circumstances precisely similar to those under which certain diplomas have been granted lately by the College of Surgeons. The difference, however, turned out to be this, that both the gentlemen who had received the licence of the Society of Apothecaries were *members of the College of Surgeons of several years' standing*, and were subjected to the usual examination *after producing ample evidence of professional education and hospital practice.* These facts the Court of Examiners were prepared to prove upon oath, and by the production of documentary evidence; but your own liberal and honourable conduct in publishing the real facts in your columns obviated the necessity of legal proceedings.

For my own part, having been for many years connected with one of the Medical Examining Boards, I can truly state that I have never before contemplated the propriety of admitting to examination persons who have not been regularly educated; on the contrary, considering the abundant opportunities afforded to medical students in the present day of acquiring information, I should think it preposterous to entertain such an idea, and I feel truly grieved to differ from so high an authority as Sir B. Brodie upon this most important subject.

If Sir B. Brodie's opinion is to be acted upon, I really think that it will be unnecessary hereafter for any of the medical corporations to "make any minute inquiries" (as Sir Benjamin delicately expresses it) into the early professional studies of any candidates for examination; but they can merely take all the fish that come into the net, and thus swamp completely with half-fledged pretenders a profession already overcrowded with zealous and well-educated practitioners. But before such a result shall ensue, (and may Heaven avert it!) I hope that the profession will speak out, undeterred even by the authority of a gentleman so justly esteemed and so universally admired as Sir Benjamin Brodie. In your widely circulated columns the voice of the many thousand practitioners of the British empire can make itself heard, and I am sadly mistaken if the general opinion does not coincide with that of so humble an individual as myself—namely, that the present is an age of progress rather than of retrogression, and that it is the duty of those who possess any influence on medical education to advance, and not to retard, the acquisition of sound medical knowledge.

I remain, Sir, your obedient servant,

Torrington-square, May, 1860. ROBT. H. SEMPLE, M.D.

WESTERN MEDICAL AND SURGICAL SOCIETY. — The annual meeting of this Society took place on the evening of the 4th inst., when the following officers were elected for the ensuing session:—*President:* Dr. E. C. Seaton.—*Vice-Presidents:* Dr. Fincham; Messrs. Keen, Leggatt, and Cumberbatch.—*Council:* Drs. Cahill, Barclay, C. G. Brown, Marcet, Anstie, and Stacpoole; Messrs. J. R. Lane, H. Brown, Turner, Scannell, Pollock, and Mould.—*Treasurer:* Dr. E. C. Seaton.—*Hon. Secretaries:* Dr. Baines and Mr. Milner.—*Hon. Librarian:* Mr. Thomas Dickinson.—*Auditors:* Messrs. Stevens and C. Hunter.—The reports of the Auditors and Council were read and adopted. A vote of thanks to the officers for the past session was proposed, to which the President replied, making a few remarks upon the satisfactory condition of the Society. The meeting then terminated.

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THE LANCET.

LONDON: SATURDAY, MAY 19, 1860.

THE address of Earl GRANVILLE at the annual gathering of the University of London is justly regarded by the literary and scientific world as one of the most interesting events of the season. The Chancellor, on these occasions, not only passes in lucid review the history and progress of the University during the past year, but he also never fails to throw the warm light of a generous mind and cultivated intellect over the subjects of his discourse. The recipient of degrees and honours feels a prouder glow at his early success, and a firmer resolve for future exertion, when he hears those cheering and suggestive words with which the head of the University greets him on his admission into the academical body. That brilliant assembly, drawn together to grace the occasion; the imposing array of professors, examiners, and senators; the lively crowd of students, joyous at the present success of their fellows, and hopeful of their own; the pleased and eager visitors; the very walls, from which look down the portraits of the departed glories of literature and science, whom imagination may invest with an approving smile for that work which continues, fructifies, and diffuses the knowledge of olden times,—constitute a scene that even maturity and old age behold with gratification, and that will dwell as a happy memory in the minds of the youthful graduates, encouraging and sustaining them in their future career.

Admission into the University of London has now become a privilege to be coveted, not alone for the literary and scientific distinction obtained, but also for the important social and political advantages acquired. Graduates now form an integral and active part of the University. As members of Convocation, they nominate persons to be chosen for seats in the Senate, and enjoy other advantages which give them a considerable influence over the government of the University. And whenever a Reform Bill shall pass, a clause—the only one, perhaps, that has escaped animadversion—will confer on them the high privilege of sending a representative to the House of Commons. These powers invest the degree with far more than a scholastic or professional dignity; they impose a serious national duty. In adverting to this subject, Earl GRANVILLE rightly expressed a hope that the choice of his hearers would be uninfluenced by party spirit, and that they would send to the House of Commons a man who would not only represent local interests, but uphold the cause of literature and science.

The Metropolitan University includes men belonging to every party, and to the extremes of every party. This circumstance, if discretion and good feeling govern, is an element of strength. But if any section, disregarding the general interest, attempt to break through the one common bond of a literary and scientific community, then will discord prevail, and the *prestige* of the University suffer irreparable damage. In the contest for Parliamentary representation, one thing should ever be present to the mind. No one section has a right to seek to identify the University with itself; nothing but the blindest rancour of party can lead one set of men to strive to make the University of all lend its moral weight in the Legislature to prop up the political or religious views of the few. To repeat the warning words of Lord GRANVILLE, let us again say that the two things a University has to represent are literature and science.

To turn to other topics, we observe with satisfaction that that most wise and liberal provision in the new Charter which the Senate carried with the support of but a small band of graduates—the admission of candidates who are not connected with affiliated Colleges—is working well for the University, and well for the cause of free education. Of eighty-one persons who presented themselves for the degree of B.A., thirty were non-collegiate men; and a large proportion of these were admitted to the honours of the first class.

The spreading fame of the institution is further manifested by the call throughout the country for provincial examinations. Five examinations, conducted by sub-examiners deputed from London, have been held at various places; and there are applications for four examinations this year.

Perhaps the most striking compliment to the reputation of the University is the rumour cited by the Chancellor that a great desire prevails in Scotland to obtain London degrees. This is solid testimony, coming as it does from a highly-educated land, where Universities are not scarce, and sagacity not deficient.

Turning his attention to the Medical Faculty, the Chancellor dwelt with marked earnestness and feeling upon the high place which Medicine was entitled to assume amongst the learned professions. We do not think that the questions now agitated as to the general education to be required as a condition for entering the profession could be more strikingly illustrated or more fitly introduced. They all knew, he said, how noble was the medical profession; in hours of peace, how instructive and agreeable was the conversation of a medical man; and in hours of sorrow, how consoling the conversation of a cultivated mind. It was therefore of the utmost importance that the medical man should be a person of good general education. When he considered what industry, intelligence, perseverance, and logical power were necessary to qualify a man for this profession, he was disposed to place it above that of the Law. In accordance with this view, the Senate has prepared a more severe and perfect curriculum. All candidates now pass through the matriculation examination. The special practical tests have been improved by the extension of clinical examinations: the candidate is taken to the hospitals, and his powers of detecting disease and treating it are tried exactly in that manner in which he will be called on to exercise them when he enters upon the responsibilities of practice.

Another feature which has marked the progress of the University is the appointment of double Examiners. In every subject alike in Arts, Law, Science, and Medicine, two Examiners are appointed. This not only secures the candidate against the possible hobbyism of one Examiner, but it is certain to improve the standard of the examination. The concurrence of two minds, of diverse range and experience, will open a larger and more liberal field of subjects, and check more than anything else can the tendency to "cram." The Chancellor expressed his gratification, that by this arrangement no less than nine graduates had found places on the staff of Examiners.

No examination has yet been held for the new degrees in Sciences. But the scheme has been elaborated; Examiners

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have been appointed; and this new road to distinction, this new incentive to the cultivation of useful knowledge, is fairly open. We cannot doubt that men who propose to devote themselves to the practical pursuit of Chemistry, Physics, Architecture, Engineering, and Biology, will think it an object worthy of their ambition to enter a University, whose degrees in other professions hold so distinguished a rank in public esteem.

We hope to see the University speedily enlarged by a fair accession of men representing this new department in the commonwealth of knowledge; and in hopeful anticipation of this, and yet fresh marks of vigorous progress, extended usefulness, and increasing honour, we look forward to the next address of the noble and accomplished Chancellor.

SOME able communications appeared in THE LANCET at the beginning of this year, protesting strongly against the conduct pursued towards the gentlemen who have so ably filled the offices of assistant medical officers to King's College Hospital by those having authority over that institution. The statements were precise and authentic, the reasoning thereon clear and logical, and the conclusions very condemnatory of the proceedings of the Council—very monitory to practitioners seeking the best and most worthy school at which to enter fledgling pupils. For the gentlemen who wrote thus strongly and indignantly, did so more in sorrow than in anger, with keen regret that the wretched system, of which the proceedings alluded to are not the first nor the only fruits, should cause them to feel ashamed in acknowledging King's College as their *alma mater*. For the sake of the institution, their statements should have been refuted, if any plausible refutation could be urged, or the proceedings should have been rescinded. And any explanation or extenuation would have received the same publicity in these columns as it was our duty to give to the grave charges preferred against the Council—that, in fact, they had broken faith with their assistant medical officers, without any excuse for such procedure, for a partial and therefore unjust exercise of their power, and for an utter disregard of the interests of the patients of the Hospital.

It is not to be supposed that the medical press will allow a matter of such importance to be lightly set aside until the injustice complained of has been remedied, or the exact extent and significance of those acts of which the Council chooses to assume the responsibility have been precisely explained to the profession and the public.

We are assured that certain members of the Council of King's College express great indignation at the publicity already given to their proceedings, forgetting that they are only administrators of a public trust, are answerable to the public for its just fulfilment, and dependent on, as well as accountable to, the profession for the discharge of that part of the trust which relates to the Hospital. To be indignant at the public mention of their acts is to acknowledge the existence of something they desire to conceal from those to whom they are morally accountable for their stewardship. To persevere in wrong-doing, and at the same time to deprecate any mention of what they have already done, has a *soupçon* of worldly cunning about it scarcely in accordance with that punctilious orthodoxy so much affected at King's College, where it is an absolute rule, that only good sound Protestants, with certificates of proficiency in this respect, can hold any official position in the Hospital. "Quid leges sine moribus vanæ proficiunt?"

The history of the proceedings to which we desire to direct attention is, briefly, as follows:—It is the rule of the principal metropolitan Hospitals that medical officers shall be re-elected at certain periods, the understanding being, in all cases, that the gentlemen in office shall be reinstated. In practice this appears also to have been the accepted version as regards the physicians and surgeons at King's College Hospital, not professors in the school, since Dr. TODD and Mr. BOWMAN were thus re-elected without any mention of their office being terminable.

In appointing assistant medical officers, the same understanding held good; and one of the rules under which they accepted office was as follows:—

"These appointments will be made for three years, from May 1st, 1857; and will be renewable at the pleasure of the Council for a further period of three years, from May, 1860."

On the 24th of last December, the four gentlemen appointed on the above date were startled by the receipt of an official letter, the substance of which we reprint:—

"The Council have been considering the question of re-election of assistant-physicians, particularly in connexion with Dr. Todd's retirement. They have resolved to re-elect you for three years from the 30th of April. However much on personal grounds the Council may regret losing your valuable services at the close of that period, the arrangements they have made with respect to the appointment of assistant-physician will not admit of your offering yourself for re-election."

When we premise that the assistant medical officers believed, and with good reason, that their tenure of office would be the same as that accorded to their colleagues; that some of them had resigned valuable appointments to enable them to hold their posts (for exclusive service is the rule of King's College); and that they were all gentlemen of reputation, of talent, and of high professional promise,—it will be understood that their reply to this unexpected letter was a well-argued and temperate memorial to the Council. Therein they distinctly denied that they assumed office in belief that it would be determinable at any definite period; and declared that, if such had been stated as the meaning of the rule, they would not have sought the appointments.

Now about this time it appeared necessary that additional assistant medical officers should be elected for King's College Hospital, the coincidence being curiously well-timed for the elucidation of the meaning of the above letter. And one of the rules submitted to candidates for these posts in substance ran thus:—"These appointments will be made for two and "one years, and will be renewable, at the pleasure of the "Council, for a further period of four years, *and no more*."

After the lapse of two months, an answer was vouchsafed to the memorial. This reply was framed with that stumbling astuteness which we might expect from some great special pleader undertaking to defend a cause, of the intrinsic meaning and true bearings of which he was entirely ignorant. The intense privacy of the whole business was appealingly urged, and why an urgent appeal for secrecy should form a part of the letter is painfully evident from its contents. It is ill for the well-being of any great public institution when the administration of its important affairs has to be concealed from the public, which is most interested. We therefore un-

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hesitatingly break through the weak and unjustifiable sophism which suggests such concealment, as, by good chance, the contents of this letter became known to others than the medical officers to whom it was addressed. Its purport was to extend an act of pretended generosity to the gentlemen concerned, promising them that at the termination of their three years they shall have the privilege (after six years of gratuitous hard work) of competing with any young candidates who may choose to take the field against them; but that, if then successful, they shall be amenable to the same laws as their colleagues just elected—that is to say, they shall be ousted at the termination of the allotted time, and after nine years of faithful service, to make room for some youngsters who may find favour in the sight of the Council.

And so the matter rests at present, so far as official correspondence goes. But the proceedings at a recent election (to which we will allude anon) give significant meaning to these propositions, and may well add to the doubt with which the profession is inclined to look on the motives that guide the administration of the affairs of King's College Hospital and School—may well dispose them to listen to the strange stories of nepotism and of party-feeling alluded to by our correspondents. It is in great measure through causes like to these that the Queen's College at Birmingham has so recently come to such disastrous grief; and not even the *prestige* of King's College, will save that institution from a similar fate, if a suspicion of unfair dealing, which to-day strikes the official and to-morrow may affect the student, be allowed to spring up in men's minds. We believe that, in the matter now under consideration, the course adopted by the Council is neither right nor expedient, and will briefly point out some of the reasons for this belief.

Their first duty in the conduct of the Hospital is to consider the welfare of the patients, for whose relief the institution is kept up. It is evident that a series of youths holding office for three years as assistant medical officers, and then giving place to others of the same class, is not what the public bargains for in supporting an hospital where out-patients are sent to be treated with the ready skill that only matured judgment can supply; and assuredly men of standing and position in the profession will not become candidates for such appointments so restricted. This is not right to the public, and its influence on the contributions will soon prove that it is not expedient for the hospital.

The medical student has to learn much of the detail of ordinary treatment by observation in the out-patient rooms; yet the Council of King's College now propose to place as his Mentors a succession of young men, with their budding honours thick upon them, who must themselves make the best use of their short term of office to acquire, instead of imparting, that accurate and precise knowledge which no man, however gifted, can teach without experience. This is not right to the pupil; its recognition by the profession will soon prove that it is not expedient for the prosperity of the School.

But still worse is the actual case in point, so far as the question of right and wrong is concerned. The Council insist that the appointments made in 1857 were intended to be terminable at a certain period, like those recently granted. Yet the new rule issued for the acceptance of recent candidates is essentially different, as the words italicized in our quotation of them will prove. If, moreover, the old rules had such meaning, why were Dr. TODD and Mr. BOWMAN re-elected without a hint that their appointments were finite. To have decided that these gentlemen, if willing to retain office, should enter the field, at stated periods, against any young candidate confident in his influence with the Council, would have been a ludicrous impertinence which they would have contemptuously resented. Yet the assistant medical officers, who believed their appointments also permanent, and on no other grounds would have become candidates, are now requested to stultify themselves by accepting a terminable tenure of office, and invited to look on this as an act of special grace. It would be well if the Council, instead of adopting and defending such a partial and unjust dispensation, bestirred themselves to ascertain with whom, and under what circumstances, the proposition originated. The process would not be difficult, as we understand that three members only were present when this objectionable rule and dangerous precedent was passed. And, moreover, it might also be well for them to inquire into the procedures at the last election under the new and stringent rules. It may surprise them into better attendance on their duties, to learn that a gentleman was then elected, who has not, and cannot, by reason of his years, obtain one of the qualifications required. Yet, by an exercise of that influence which we have hinted at as tending to undermine the whole fabric of the institution, he was elected in preference to fully-qualified candidates.

We believe the whole system of this constant change of officials to fulfil duties of high responsibility is wrong in principle, and inexpedient in practice. It might be a bait to aspiring pupils; it might afford a little extra opportunity of patronage to those who love such a contemptible exercise of power. But when the requirements and the future of the mass of students are considered, when the just rights of the public are regarded, and when the proper duty and dignity of the Council of King's College as a body—what they owe to others as well as to themselves—are allowed to be the guide of their conduct, we do not doubt that the arbitrary retrospective decisions, against which we protest, will be withdrawn, and the assistant medical officers of King's College Hospital placed in a position similar to that which obtains at other hospitals.

IT appears that the administration of Poor-law medical relief is open to improvement in Ireland as well as in England. The workhouse medical officers have felt it necessary, in the interest of the poor and in that of their profession—two things, indeed, inseparably connected—to form an association for the purpose of representing the imperfections of the existing system. Dr. ROBERT MAYNE and Dr. HUMPHREY MINCHIN have, as chairman and secretary, embodied some of the most pressing grievances in a petition to the House of Commons. It is urged that the practice of permitting non-medical Poor-law inspectors to inquire into matters connected with the working of the medical departments of workhouses is objectionable in the highest degree, as in the course of such inquiries questions not unfrequently arise which none but medical men can be competent to understand. They also protest against a proposal to transfer from the workhouse infirmaries to other institutions surgical cases requiring operation. Such an arrangement would operate as a serious discouragement to the workhouse surgeons. It would deprive them of exactly those cases which are best calculated to stimulate their professional zeal, and thus tend

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to lower the execution of their duties to a mere perfunctory routine, from which the quickening life of scientific interest is absent.

That the remuneration is inadequate need hardly be said. But the political economists who rule these matters should be made to understand that when to inadequate pecuniary compensation is added the deprivation of the means of professional improvement, the sure result is inefficient and therefore costly services. The position of a workhouse surgeon is onerous enough; it opens but scanty sources of distinction or advancement. Every man worthy of his profession, and worthy of public trust, yearns for those opportunities of scientific observation and experience without which the best of us must quickly decline in knowledge and skill. Deprive the workhouse surgeon of these, and his office is a cheerless, thankless one indeed.

Medical Annotations.

"Ne quid nimis."

LUNACY AND THE ASYLUMS.

WHEN the incubus of finance shall have ceased to weigh upon the House of Commons, we may expect a brief period of attention to questions of health and personal safety. It is possible that some legislation may take place this year on the subject of the regulation of lunatics. The current of public opinion has been turned strongly in favour of a thorough and peremptory system of inspection for all asylums whatsoever, whether public or private. We are the constant advocates of actual and of figurative ventilation and daylight. We are prepared to support all those clauses of the Bill of which Mr. Walpole has charge which are calculated to ensure publicity and responsibility in relation to all the actions of the proprietors and managers of lunatic asylums; but we see great danger in substituting a despotic centralization in room of the system of personal responsibility, and under the plea of aiding in perfect inspection. The prospects of the Bill in this respect are not entirely reassuring to the true friends of the lunatic. The office or function of the Commissioners in Lunacy is to ascertain and prevent abuse, but we trust that it is not intended to invest them with any power to dictate the mode or course of treatment of patients. This is a matter of opinion and judgment. In this respect the Commissioners are already disposed to exceed their legitimate powers. Thus lately they attempted to enforce an opinion that a patient in a private asylum should not have exclusive apartments, but should be forced into the common room, under the plea of inducing social habits. Here they overstep their functions, and do injustice in two respects especially: they set aside the judgment of the practitioner, and they trample under foot the independent action of the relatives or trustees of the lunatic. It is very well understood that there are certain patients who have an utter aversion to mingling with others afflicted with the various forms of insanity; to these exceptional persons it would be absolute torture to force them into the "day rooms." The friends and practitioner, in the exercise of their friendly discretion and skill, think well to permit the patient the privilege of separate apartments. But the Commissioners interfere in this treatment, and wish to set aside the personal judgment of those concerned, and to force these patients into the common room. It is clear that if the Commissioners be permitted to exercise direct authority over the pecuniary affairs of lunatics, and power over the disposal of their persons, under any other circumstances than such as would constitute an abuse of trust on the part of those who have the care of them, the independence of the medical practitioner, and even the rights of the public at large as to the disposal of their afflicted relatives, would be jeopardized. The question is of public interest, and worthy the attention of those in charge of the Bill.

PUBLIC EXAMINATIONS AT PALL-MALL.

THE College of Physicians of London is busily employed in arranging the details of the new examination, which will be held for the admission of candidates for the licence with privilege to dispense medicines. Of course this examination will be modelled after the approved fashion adopted now by the Universities and Colleges, combining *vivâ voce* with written examination. There is an important question, however, connected with *vivâ voce* examinations by collegiate bodies, which may well be discussed at this moment. At the older Universities, and also in Paris, such examinations are held in the theatres of the schools, and in the presence of graduates and undergraduates. These public examinations have never been found to be alloyed with any inconvenience attributable to their publicity. That circumstance has always been an agreeable and harmless incident of the scene. It is free from objection. On the other hand, it offers many considerable advantages both to the College and to the candidates. The charges of unfairness, of incivility, of error, and of partiality, to which the Examiners of the College of Physicians have been subjected, would cease. Public attendance confers an authentic character on *vivâ voce* examinations, such as would well consort with the dignity of the College; and since it is recommended by the precedent custom of yet more venerable seats of learning, the proposition is not to be regarded as an academic innovation. The candidates would certainly find themselves benefited by a regulation which would admit a jury to the side of the judge—a jury, it is true, without vote, without power, but by no means without influence. They would then feel secure from insolence, from coarseness, from injustice, or impertinence. The individual peculiarities of the Examiners are softened by the consciousness of the public gaze. But there is no condition more favourable to the development of all the asperities of official character than the habitual enjoyment of the privilege of privately torturing victims whose destiny may be compromised by impatience, and who are bound to long-suffering, if not to servility, by the most pressing considerations of after consequences. Under such circumstances, private malice is secure in the exercise of its vengeance. Even if we suppose that the Examiners of the College remain always free from such influences, which we are very willing to assume, still we should seek to rob the torture chamber of its secrecy, and to deprive the overbearing, the pompous, or the impertinent of the opportunity of gratifying their favourite tendencies unchecked by public opinion. It is manifestly to the interest of the College of Physicians to render the new examination at once as efficient and as popular as possible. The measure of holding publicly the *vivâ voce* examinations would greatly conduce to both of these results.

MEDICAL REFORM IN VICTORIA.

THE experience of the mother country teaches discretion to the legislators of our colonies. The imperial Parliament is a school for colonial lawgivers; and in imitating our Acts they are enabled to correct the copy by striking out the defects which a little time and practical working have demonstrated. The New Brunswickers some time since followed the initiative in Medical Reform by introducing an excellent Registration Bill, free from the principal defects of our Medical Act; and a draft has been forwarded to us of an improved Bill brought into the Legislative Assembly of Victoria by Mr. J. L. Smith and Mr. Joyeant, to Regulate the Qualifications of Practitioners in Surgery and Medicine, so as to enable persons requiring medical aid to distinguish qualified from unqualified practitioners. This Act is to be entitled "The Medical Act

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of Victoria." It creates a Council of Medical Education and Registration, provides for registration, and prohibits unregistered persons from holding public offices, or signing certificates required by any public Act, in the same manner as the Medical Act of Great Britain. The offence of wilfully procuring registration by fraudulent representation is punishable by fine or imprisonment for a term not exceeding twelve months. The most important difference is in the 24th Clause, which provides a fine not exceeding £20, not only for falsely pretending to be a registered person, but for "practising medicine or surgery for lucre or gain without being registered under the Act." This puts an end to the rogueries of all the "non-registered surgeons," "Members of the Reformed College of Surgeons, America," and "Fellows of the Imperial African Medical Institute." It abolishes summarily free trade in medicine, and protects the registered diploma. In Victoria this may be more necessary than in Great Britain.

ANNUITANTS OF THE NAVAL MEDICAL FUND.

THE report which we lately published, recommending the abolition of the Naval Medical Supplemental Fund, now engages a considerable share of the attention of the medical officers of the Navy. It is particularly felt that this step strongly affects the interests of the two hundred widows—annuitants of the Society—whose incomes have been reduced by one-third during the last fifteen years, but who had the hope of a reversion to the annuity of £40 insured for them by their husbands. The reduction was effected by Act of Parliament, and would extend over nine years. Those personally interested felt that it would not be equitable to treat this as a reduction for a lifetime, and that their claims would not be satisfied by life annuities at the present rate of £26 13*s.* 4*d.*; but, rather, ask for annuities of this amount over the next ten years to increase to £40 for the survivors. In order to wind-up the Society, as the report suggests, an Act of Parliament will be necessary, and the opposition of the two hundred widows would not facilitate legislation. We recommend their case to the prior consideration of the committee of inquiry.

PLAY AND PRISON.

THE public has been naturally and grievously shocked by the statement that some scores of children are annually committed to prison for playing in the public streets. Hundreds are charged before the metropolitan magistrates with this offence. Imprisonment would seem to be an unnatural sentence, weighing cruelly upon an inborn necessity of childish development. Yet it may be admitted that the consequences of boyish games pursued in public thoroughfares are often so serious and always so inconvenient, that public repression is called for. It is impossible to ignore the mischief of prohibiting children from recreation in the open air; but it were wrong to encourage them in amusements dangerous to the life and limb of passers-by: such are "tip-cat, marbles, rounders," and the like childish games. It remains to use all possible exertion to provide them with places of public, open-air recreation. Above all, it is right that we should be jealous of any encroachment upon the few yards of open space which are still left here and there in the heart of the metropolis. We cordially echo the protest of Lord Ebury and Lord Shaftesbury uttered in the House of Lords recently against the compromise between the Government and the Corporation of the City by which it is proposed to build over a great part of Smithfield. Forty boys of tender age were committed to Westminster Bridewell last year for attempting to play in the streets; and the paternal Government which consigned these young culprits to the tender mercies of the jailer, at the same time proceed to close up the only piece of open ground available to a dense and unhealthy population of thousands. Near the site are St. Bartholomew's Hospital, Christ's Hospital (with its 1000 boys), and the two great prisons. It is surrounded by thousands of children of the poor, to whom no other exercising ground is contiguous. We hope that the indignant protest of Lords Ebury and Shaftesbury may be of some avail for its preservation.

Correspondence.

"Audi alteram partem."

THE CORONERS' CLAUSE IN THE NEW POOR-LAW MEDICAL RELIEF BILL.

[LETTER FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—I did not reply to the note you appended to my letter of the 5th instant, as I felt that we were under considerable obligation to you for assisting in the movement, and, therefore, I ought to allow you to have the last word in your own journal in reference to the Coroner's clause; but now that you have again taken up the subject in a leader of considerable length, I can no longer remain silent. You state that "a great opportunity has been lost through the injudicious attempt to make the Bill carry provisions totally foreign to its professed and only legitimate objects." Excuse me, the Bill was not lost for the cause you assign; indeed, Clauses 37 and 38 had nothing to do with the withdrawal of the Bill. The fact is, that advice was tendered, which I repeated to Mr. Pigott, and he immediately communicated with the party named, and a certain understanding being come to, the Bill was withdrawn. You may possibly not be aware that the Cambridge Board of Guardians, who took the lead in the opposition to the Bill, issued a report, which, I believe, they sent to every member of Parliament; certain it is, that Mr. Pigott had a copy sent to him, which he gave to me. Their grounds of opposition to the Bill were not founded on these sections; indeed they treat them as clauses almost beneath their notice, which undoubtedly display their utter ignorance of a subject on which they were endeavouring to enlighten the Legislature.*

I will not trespass further on your valuable columns than to state, that on the 9th inst. I had an interview with Mr. Pigott, who was confined to his house with a severe cold, and that I left in his hands an amended Bill, which he promised to forward immediately to —— —— for his opinion. A conference will, doubtless, ensue; and in a short time I hope to see a Bill in the House that will meet with the support of Government.

I am, Sir, yours, &c.,

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth,
May 12th, 1860.

PIROGOFF'S OPERATION.

[LETTER FROM DR. EBEN WATSON.]

To the Editor of THE LANCET.

SIR,—After some unavoidable delay, I have to-day obtained a copy of Prof. Pirrie's "Principles and Practice of Surgery," on which you say your remarks regarding the performance of Pirogoff's operation without disarticulating at the ankle were founded; and on referring to it, I find that *the name* of the Russian surgeon does *not once occur* in the whole of that work! Why, Sir, Prof. Pirrie's book was published more than a year prior to the date of the paper in which Pirogoff first described his operation. How, then, could Prof. Pirrie modify an operation which had never been proposed?

I have indeed to-day, *for the first time*, discovered that Prof. Pirrie has recommended *Syme's operation* to be performed without disarticulating the foot. I think this anything but an improvement of that operation. If, however, I had known of it before I wrote my paper for your journal, I should have referred to it then. But with his modification of Syme's operation I have nothing whatever to do at present; for surely his having suggested such a modification of *Syme's* operation does

* At this point Mr. Griffin has inserted two paragraphs explanatory of the views of the guardians; and then he has added an enormously long extract from a letter of a medical gentleman, who writes from London, showing the opinions the writer entertains relative to the operation of Clause 38. It is impossible to find space for the nonsense this extract contains.—ED. L.

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not give him any right to claim *my* modification of *Pirogoff's*. Besides, you surely have no right to say that his practice of not disarticulating "was understood by the profession to apply to *either* Syme's or Pirogoff's operation;" for you "founded your remarks on Prof. Pirrie's 'Principles and Practice of Surgery,'" and in that work, as I have already stated, the name of Pirogoff does not occur, and of course there is no mention of his operation. How, then, in the name of wonder, could the profession divine that Prof. Pirrie's modification of Syme's operation was applied by him also to Pirogoff's? Has Prof. Pirrie ever published one word about Pirogoff's operation? Not one that I can discover, or, I may add, that you yourself, with your greater erudition, can call to memory; for you confess that you have solely "founded your remarks on Prof. Pirrie's 'Principles and Practice of Surgery'"—a work which was published before perhaps Pirogoff had even conceived the idea of his operation.

As little ground had you for stating, in a former number, that Prof. Pirrie had "*set forth the advantages*" of Pirogoff's operation; for the fact turns out to be that he has never *written* at all on that operation; and if he has *performed* it, of which I have some doubt, he certainly has left it entirely to others to "set forth its advantages." Even if the doubt I have just expressed be unfounded, and if it be true that Prof. Pirrie has performed Pirogoff's operation in the precise manner which I have proposed in my Clinical Lecture published in June, 1859, still, as it is now quite clear that he did not make his practice public in any way whatever, he cannot *now*, or rather you cannot in his name, with the slightest show of reason or justice, rob me of whatever credit is due to the original proposal of the modification of Pirogoff's operation referred to in the above remarks.

Had you been able to prove that I had been anticipated by Prof. Pirrie in making this proposal, I should now have withdrawn my claim to being its author, and done justice to his; but as you have failed to do so, I rather feel that I am in a position to ask you to confess your error, and give me credit for the improvement, as others have already done.

I am, Sir, your obedient servant,

Glasgow, May 8th, 1860. EBEN WATSON, M.D.

*** So far as the evidence goes, Dr. Watson appears to be the first surgeon who has *written* upon Pirogoff's operation *without disarticulation*, and Professor Pirrie's remarks in his "Principles and Practice of Surgery" clearly apply to Syme's amputation. However, our desire at all times is to give credit to whom credit is due; and if we have unintentionally committed an error, we gladly rectify it. At the same time, it is possible, from Dr. Martin's letter (THE LANCET, vol. i. 1859, p. 638), that Professor Pirrie was the first to perform Pirogoff's operation after the manner of his modification of Syme's. There is one name that especially deserves to be mentioned in connexion with this subject, we mean the late M. Baudens, the eminent military surgeon. His labours in this respect have been too much overlooked.—ED. L.

THE CASE OF CÆSAREAN SECTION AT PRESTON.

To the Editor of THE LANCET.

SIR,—In connexion with this case, it may be useful to know what was done about thirty years ago in a case of malacosteon occurring in the practice of Dr. Dick, of this place.

The woman was about forty years of age, and the mother of a family. A considerable period had elapsed since her last parturition, and during this time she had fallen into bad health, with malacosteon as the result. I have no knowledge of the actual measurements of the pelvis, nor do I know the amount of deformity at the pelvic brim, but the distortion at the outlet was so great that the perforator could not be used. Two neighbouring practitioners were called in, one of whom (the late Dr. Liddell, of Carnwath,) simply separated the ischia asunder by sheer strength of arm, used the perforator, and effected delivery. The woman recovered well.

The bearing of this on the Preston case may not be very evident. But *had the inlet been eight lines wider, or a little more*, and the ischia torn asunder, there might have been propriety in attempting embryulcia, in lieu of the Cæsarean section.

I am, Sir, your obedient servant,

Broombank, Midcalder, May, 1860. WALTER WATSON, M.D.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—The remarks of Dr. Roods in your last number on the action of iodide of potassium are most valuable, and convey a caution which should be borne in mind by all who have not given so much attention to this subject as its importance deserves. Though without the experience of that gentleman, I have long been convinced, as I stated in a former letter, that, even if not injurious, large doses of this drug are unnecessary. Whether the physiological action of iodide of potassium is necessary in order to obtain its therapeutic effects, is still an unsettled question. In concluding my remarks, however, on this subject, I will state my opinion by the three following propositions:—

1. The therapeutic action of iodide of potassium is manifest where no physiological action is produced.
2. The therapeutic action of iodide of potassium is manifest where no physiological action *can be* produced.
3. The therapeutic action of iodide of potassium *may not* be produced where its physiological action is great.

I am, Sir, your obedient servant,

Cheltenham, May, 1860. R. S. SIMSON, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

MR. HANCOCK's operation for the relief of acute glaucoma (the details of which were given in THE LANCET a few weeks back) has been recently tried at Paris by M. Desmarres. The case selected for testing the value of Mr. Hancock's mode of treatment was one of extreme severity. The intra-ocular pressure seemed to have attained its maximum, the globe of the eye being as hard as a marble; the iris widely dilated, and the cornea nebulous and rough; the colour of the deep-seated structures very characteristic, and the neuralgic symptoms most distressing to the patient. Within twelve hours of the operation all the symptoms had improved, and at the present moment (it is now five weeks since the event) the patient is fully as much benefited as if the most successful iridectomy had been performed. M. Desmarres intends to continue his trial of this plan of treatment, and I hope on some future day to have the pleasure of announcing the results to your readers.

The anæsthetic properties of the bromide of potassium have been turned to good account by M. Guersant, surgeon to the Hôpital des Enfans Malades, in the performance of operations in the neighbourhood of the throat and pharynx, and more especially in that of staphyloraphy in the case of children. This practitioner has found that the administration of this salt in subdivided doses, to the amount of ten grains daily for a certain period, will produce a state of anæsthesia, more or less complete, in the parts concerned in the above-mentioned operation, rendering the employment of chloroform unnecessary, and still giving the surgeon the benefit of his patient's co-operation.

The annual fancy bazaar in aid of the British Charitable Fund has this week been held at the Embassy, under the auspices of Lady Cowley and a large staff of ladies of distinction. The receipts are considerable—about £1200; fully equaling the average of former years. This institution, wholly dependent on voluntary contributions, was founded in 1822, and has for its object the carrying out at Paris, on a more generous and sympathizing system, of the scheme of poor relief at present in operation in England. The poor class of British residents at Paris is very numerous; certain occupations are as much the *spécialité* of the "*Anglais*" here, as is water-carrying the exclusive privilege of the Auvergnat, or errand-running of the Savoyard. The services of the English are considered in this capital as indispensable to the well-being of the livery-stable, the stud, and in fact most of the details connected with horse-keeping; and many hundreds of them earn their bread as coachmen, jockeys, grooms, rough-riders, or helpers. Some also find employment as saddlers, gas-fitters, cotton-spinners, calico-printers, and shopmen, not to mention the scores of language-masters and governesses in private families and schools. For this considerable population no provision is made by the authorities in the way of poor relief, and this vacuum is filled up by the British Charitable Fund single-handed; of its merits and beneficial action, therefore, it is impossible to say too much. Its functions are naturally very varied. The sick and infirm, the aged, the widow and orphan,

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the mechanic out of work—all, in short, who from bodily infirmity or misfortune have fallen into poverty, receive the attention and aid (pecuniary or medical) appropriate to their especial circumstances. About 3000 persons are thus annually relieved; and in those cases in which the applicants are unable to gain a livelihood at Paris, free passages are granted to England, to the number of nearly 300 yearly. In addition to the above, pensions are allowed to widows, orphans, and deserted children, many of the latter being maintained and clothed at the expense of this Society. Moreover, no distinction of sect or creed is made, and the religious tenets of the applicant are never inquired into. The business of the Fund is transacted by a committee of gentlemen, the local clergy and most of the resident English medical practitioners taking the lead in the active administration.

Paris, May 12th, 1860.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MONDAY, MAY 14TH.

NUISANCES REMOVAL AND DISEASES PREVENTION BILL.

THE House went into Committee on this Bill.

Mr. LOWE said he would state shortly the object of the Bill, which was to establish a satisfactory local power for the present defective system in every place in the country. At present a great majority of the local boards neglected a primary duty, the appointment of a medical officer; and it was the object of the Bill to give power to the local boards of health, municipal corporations, and inspectors of nuisances to appoint a medical man and make provision for the public health. The Bill did not aim at centralization, but merely to establish a perfect organization, and substitute the guardians of the poor for those bodies who had imperfectly discharged their duty.

Mr. BRIGHT objected to the Bill as a retrograde measure. Several Bills had been introduced from time to time, each with more extended powers than the preceding; and in 1855 a Committee of the House had been appointed to consider the Board of Health and the Nuisances Removal Bill. He hoped the present Bill would not be pressed, and that they should be allowed a month to consider it. (Cries of "Progress.") He should move that the Bill be postponed for a month.

Lord FERMOY said they had a statement from the hon. gentleman which they should have had on the second reading. At this hour (twenty minutes to one o'clock) they could not go into the general question, and he should move that the Chairman report progress.

Mr. LOWE would not oppose the motion for reporting progress, but the admission made by the hon. gentleman who spoke last but one showed that in a majority of instances the present machinery was defective.

The CHAIRMAN reported progress, and the House resumed.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following members, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th inst.:—

The Right Rev. the Lord Bishop of Labuan (Francis Thomas McDougall); diploma of membership dated June 3, 1839.
Bennett, Henry, St. John's-hill, Shaftesbury; May 20, 1825.
Colgate, Robert, Eastbourne; September 6, 1805.
Dalton, William Ruffell, Royal Navy; April 24, 1835.
Greenwood, William, Huddersfield; September 2, 1825.
Hale, Frederic Howe, H.M. Consul at Whampoa, Canton; January 14, 1842.
Hall, William, Hackney; June 1, 1821.
Ness, John, Helmsley, Yorkshire; March 10, 1843.
Prosser, Thomas, Monmouth; April 28th, 1843.
Randall, John, Portman-street, Portman-square; May 8, 1840.
Shute, Gay, Greenwich; November 14, 1834.
Smyth, Spencer Thomas, Great Yarmouth; August 5, 1842.
Strover, Thomas Rogers, H.M. Bengal Army; April 10, 1838.
Woolcott, John, Brook-street; December 3, 1841.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 10th, 1860.

Baines, Charles William, Bradford-on-Avon, Wilts.
Hayward, Henry, Brighton.
Kitching, Thomas, Mount Stead, Yorkshire.
Laverick, John Valentine, Hinderwell, Yorkshire.
Pritchit, James Lechmere, Osbourne, near Folkingham.
Sequeira, James Scott, Jewry-street, Aldgate.
Thompson, Herbert, Westerham, Kent.
Whalley, William, Oxenhope, near Keighley.

The following gentlemen also on the same day passed their first examination:—

Clarke, Alfred Frederick Stafford, Manchester School of Medicine.
Hemstone, George, Broughton, Manchester.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—The following gentlemen, having completed the course of examinations, were admitted to the double qualification on the 10th inst.:—

Cahill, Mark, Kilkenny.
Connon, William, Aberdeenshire.
Donovan, Jeremiah, Skibbereen.
Jones, William Henry, Cork.
Lauder, Henry Scott, Rome.
Simpson, Pierce Adolphus, Dublin.

UNIVERSITY OF ST. ANDREWS.—The following is a list of the gentlemen on whom the degree of Doctor of Medicine was conferred on the 11th inst.:—

Appelbee, Edw., Cropthorne, Worcestershire.
Bannister, Alfred J., Chelsea.
Barlow, Wm. Henry, Manchester.
Bernard, John C., Trinidad.
Bower, Edmund, Weymouth.
Brown, Edward A., Eastwood, Notts.
Bubb, Horatio W., Wellyn, Herts.
Cann, Thomas, Seaton, Devon.
Cary, Tristram, Ireland.
Charlton, Egbert, Tonbridge.
Cheesman, John, Huntingdon.
Cook, John, London.
Cuthbert, Clarkson, Edinburgh.
Danson, Henry, London.
Dickson, John Steele, Belfast.
Drewry, George Overend, London.
Duckworth, Frederick, Madras.
Earle, Frederick John, Sydenham.
Fawkner, John, Manchester.
Gardiner, William, Cork.
Gibson, Thomas, Liverpool.
Gillespie, Franklin, Cork.
Goyder, David, Glasgow.
Hall, E. F., Thetford, Norfolk.
Holland, R. C. B., Clifton, Bristol.
Howard, J. F., Shaw, near Oldham.
Hudson, G., Newport, Yorkshire.
Lawrence, A. G., St. Mary's Hospital, London.
Leachman, Albert W., London.
Ledward, Ralph W., Manchester.
Monro, William, Arbroath.
Mott, C., Walton-on-Thames, Surrey.
Orton, George, Leicestershire.
Rea, Hugo Porter, Belfast.
Ringrose, Ernest, Barnet.
Snape, Charles, Great Stanmore.
Southwood, Joshua, London.
Stovin, C. F., Rotheram, Yorkshire.
Stutter, F. A., Upper Sydenham.
Thin, George, Penicuik.
Thompson, A., Sandford, Cumberland.
Tronson, J. M., Assist.-Surg. H.M.S. *Hogue*, Greenock.
Turner, Roger, Petworth.
Walker, George, Manchester.

COLLEGIATE ELECTION.—The annual election of Fellows into the Council of the Royal College of Surgeons of England will take place on Thursday, the 5th of July next.

ST. THOMAS'S HOSPITAL.—The following operations are expected to be performed on Saturday, the 19th inst. (this day), at one o'clock, by Mr. Solly: Excision of knee-joint and for disease of tarsus.

MUNIFICENCE.—The late Major-General Wm. Henry Law, of Pall-mall, who died on the 29th of March last, has bequeathed £2000 to be divided equally amongst the following medical charities:—St. George's, St. Mary's, the Westminster, and Cancer Hospitals.

APPOINTMENT. — Dr. M. Prosser James was elected Physician to the City Dispensary, at a meeting of the governors on the 7th inst.

DR. NOBLE, of Manchester, has had conferred upon him the honorary degree of Master of Arts by the University of St. Andrews.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The next meeting (the thirtieth) of this Association is fixed for Wednesday, the 27th of June.

PIMLICO LITERARY AND SCIENTIFIC ASSOCIATION.—Dr. Aldis, Medical Officer of Health, delivered a lecture at this Institution on Monday last, "On the Power of Individuals to Prevent Melancholy in Themselves." The room was full, and C. Moody, Esq., M.P., occupied the chair.

DROWNING IN A WATER BED. — On Monday last an inquest was held at the County Lunatic Asylum, Colney Hatch, on the body of Martha Draper, one of the patients, she having been accidentally drowned in consequence of the bursting of a water bed.

DISSECTING WOUNDS.—M. Ch. Phillips, a surgeon well known in Paris by very successful labours in urinary pathology and practice, has been in a very precarious state from a dissecting wound, but is now recovering.

ROYAL MEDICAL BENEVOLENT COLLEGE. — Since the festival of this institution on the 26th ultimo, when the treasurer announced the collection of the day, and the ladies' contribution to the Building Fund, amounting together to £3700, the following legacies and donation have been communicated — viz.: From the late Mr. Collison, Newport Pagnell, £200; from the late Mr. R. W. Brown, Honorary Local Secretary for Bath, £500; and the munificent sum of £105 from Mr. Henry Arthur Hoare, through his medical attendant, Mr. Veasey, of Woburn.

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RE-OPENING OF THE MEDICAL DEPARTMENT OF QUEEN'S COLLEGE, BIRMINGHAM.—At a Meeting of the Professors of Queen's College, held on the 9th inst., Mr. Sands Cox made the following statement:—"I did not receive, until late on Monday evening, the resolutions of the Council of Queen's College; and, unfortunately, I was compelled to visit a patient at Henley-in-Arden yesterday, or I should have requested you to have met earlier. In the first place, I beg to call your attention to the resolutions of the Council on the 17th of April: 'That seeing that the opening of the resident department in Paradise-street, during the ensuing term, would entail expenses which the funds of the College are unable to meet, that the resident department be forthwith closed, and that notice be sent accordingly to the resident students.' 'That in consequence of the determination of the medical professors to discontinue lecturing during summer term, and the prior resolution respecting the resident department, together with the financial difficulties of the College, it is not considered expedient to re-assemble the non-resident students after the close of the present vacation.' On the 21st and 22nd of April, I received letters from Mr. Syson, of Debach, Mr. Bath, Glastonbury, Mrs. Perks, Lichfield, Mrs. Carreg, Isle of Man, and others, complaining of breach of contract on the part of the College. Mr. Syson stated that he had paid nearly £100 fees in advance last October. As the professional guardian of the sons of these parties, I deemed that I was in honour bound to submit these communications to a legal friend, and was advised by him to apply through Sir H. Cairns, to the Court of Chancery for an injunction to restrain the College from closing its doors. Through the strenuous and unwearied exertions of Mr. John Suckling, the injunction was granted. At a meeting held on Monday last, it was resolved, 'That board be provided for the resident medical students, and that the professors be requested to deliver their lectures,' and that a copy of the resolution be forwarded to all the students, informing them that commons and instruction will be provided as usual. A scheme proposed by the warden, Mr. Chancellor Law, has been carried in Council, by which all the debts of the College will be paid, and I have undertaken to take charge of the resident students until the end of the term. A short time ago the Professor of Materia Medica and the Professor of Midwifery sent in their resignations, which were not accepted—the law providing 'that whenever any professor wishes to resign his office, he shall give *six months*' notice by letter, addressed to the Council, provided no such resignation take effect during the currency of a term.' Moreover, in the printed prospectus, issued from the College by the Dean of the Faculty, it has been publicly announced that the Lectures on Midwifery will be delivered during the summer session by Professor Berry, and the Lectures on Materia Medica by Professor Fleming. I feel confident that these professors are gentlemen of too high honour and integrity to refuse to redeem their pledge. The hatchet has been buried in the Council, and I trust unanimity, harmony, and good feeling will now be restored. With regard to myself, I shall be most willing, as I have before proposed, to divide my Chair with any gentleman the professors may select; and should Dr. Bond continue to belong to the professorial body, I shall be most happy to find him associated with myself as Vice-Dean, an office which has been instituted both in King's College, and in University College, London." Professor Knowles will deliver the Introductory Lecture on Friday, at one o'clock; Professor Berry will lecture on Monday, at eight o'clock; Professor Postgate, F.R.C.S., at three o'clock, on Monday; and Professor Jordan, at one o'clock, on Tuesday. The Rev. William Poulton, the Resident Chaplain, has returned into residence; and we are requested to state that a distinguished chemist is prepared to accept the only vacant chair.—*Aris's Birmingham Gazette*, May 14th.

UTILIZATION OF THE SEWAGE OF LONDON.—The Metropolitan Board of Works has determined to invite tenders from parties who may be willing to take the sewage of London to be conveyed by the main outfall sewers, either for the purpose of rendering it innocuous, or for removing and disposing of it, with a view to its application to agricultural or other purposes. The Board had previously received a proposal from Mr. Shepherd, C.E., to enter into a negotiation for the use of the whole of the sewage of London for one hundred years.

POOR-LAW MEDICAL RELIEF BILL.—Down to the present time there have been presented to the House of Commons, from medical officers, for redress of grievances, 246 petitions, bearing 2622 signatures; in favour of the Bill (lately withdrawn), 51 petitions, bearing 697 signatures; and against the Bill, 301 petitions, of which 265 are signed officially or under seal, together bearing 831 signatures.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE IN GLASGOW.—On the 8th inst., a meeting of the influential citizens of Glasgow, convened by the Lord Provost, was held in the Council Hall, to make arrangements for the proper reception of the body of philosophers and philanthropists who usually attend the meetings of the Association. Mr. Hastings, the London Secretary, was present to give information connected with the management of the forthcoming meeting. The meeting was presided over by the Lord Provost. Committees were named, and it was arranged that Monday, the 25th of Sept., should be the first day of meeting.

POLYTECHNIC INSTITUTION.—A public meeting was held on Monday last for the purpose of furthering the interests of the Company which has undertaken the management of that admirable Institution. The claims which it possesses to public support were ably set forth by the various speakers; and we are glad to find that the financial prospects of the undertaking are on the whole encouraging.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 12TH.—The return for the week that ended last Saturday exhibits a considerable reduction in the deaths in London, the number being 1111. Small-pox, scarlatina, and whooping-cough have decreased; but measles and typhus have increased. The deaths from small-pox were 16, from scarlatina 25, from whooping-cough 42, from measles 53, from typhus 34. Those from phthisis, bronchitis, and pneumonia were respectively 141, 88, and 62. The births were—boys, 786; girls, 812.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 21	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Dr. Brown-Séquard, "On Paralysis and Epilepsy." MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures (second and last): Mr. H. Haynes Walton, "On the Ophthalmoscope and its Application," with Practical Illustrations.
TUESDAY, MAY 22	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: The Zebra, &c." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. H. Kennedy, of Dublin, "On Typhus and Typhoid Fevers as seen in Dublin."—Dr. Jenner, "On Congestion of the Heart, and its Local Consequences."
WEDNESDAY, MAY 23	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. LONDON INSTITUTION.—7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia." HUNTERIAN SOCIETY.—8 P.M. Mr. Hutchinson, "On Diseases of the Skin, considered as Symptoms."
THURSDAY, MAY 24	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Professor Ansted, "On Decay and Preservation of Building Materials." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
FRIDAY, MAY 25	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Mr. Wm. Pengelly, "On the Devonian Fossils of Devon and Cornwall."
SATURDAY, MAY 26	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Gunpowder and Gun-cotton." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables." SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Food: Oil, Butter, and Fat."

To Correspondents.

THE REGULATION OF COW-HOUSES.

Taurus.—The Board of Works has inserted a clause in the Bill for Amending the Metropolis Local Management Act, now before Parliament, which is intended to have the effect of subjecting cow-houses to the same regulations as are now binding upon the keepers of slaughter-houses. Thus the cow-houses will be brought under the supervision and control of the Medical Officers of Health and the Inspectors of Nuisances. The cows will be more comfortable, the milk better, and the vicinity of these establishments more salubrious.

A Volunteer Artilleryman.—A full surgeon in the artillery ranks with a major, and *after* twenty years' service as lieutenant-colonel, so that he always ranks as a field officer.

A Young Practitioner.—We cannot recommend it.

Medicus.—It will not be necessary for students commencing medical studies after 1861 to graduate at a University for the purpose of admission to either of the English or Scotch Colleges; but they will have to undergo a preliminary examination in general attainments. The special regulations of each College must be consulted with reference to this subject.

Newcastle.—We know nothing of the proceeding beyond what is detailed in the paragraph sent to us.

The Guernsey Case.—We have received many communications concerning the appointment of Dr. Ozanne. We are compelled to postpone the consideration of them until our next publication.

A. B. C.—He cannot practise in England unless he be registered.

M.R.C.S., (Halifax.)—The qualification is accepted by the Poor-law Board.

THE POOR-LAW MEDICAL RELIEF BILL.

To the Editor of THE LANCET.

SIR,—Every Poor-law medical officer must concur in your remarks in last week's LANCET as to the cause of the withdrawal of the Poor-law Medical Relief Bill. The sole aim and object of such a Bill is to obtain really some more adequate remuneration for our hard services, granting at the same time sufficient security for due attention to the sick poor. If such clauses can be introduced, by which a portion could be paid out of the county rate, and, as the law stands at present, half out of the Consolidated Fund, the increase to ratepayers would be infinitesimal. If Mr. Griffin or the concoctors of a future Bill would confine themselves to these simple views, without all the unnecessary and extraneous clauses in the last programme, I feel confident that we shall receive the sympathy of Parliament, and meet with no such opposition either from the Poor-law Board or local boards of guardians. I speak from an experience of eighteen years in the Poor-law service, and subscribe myself,

A MEMBER OF THE COMMITTEE OF THE POOR-LAW MEDICAL REFORM ASSOCIATION.

May, 1860.

To the Editor of THE LANCET.

SIR,—I beg to inform those Poor-law medical officers who think they can forward the present movement in our favour by enlightening the public, either generally through the means of the newspaper press, or by putting into the hands of their friends and neighbours a short printed statement of the present state of the question, and a brief *résumé* of our case, that I have directed the printer of a local paper, in which I have inserted letters on the subject, to strike off a number of copies of them, and to keep the type standing for a short time. The quantity of printed matter is equal to that of between one and two columns of *The Times*, and consists mainly of extracts from official documents, evidence given before the Select Committee of the House of Commons, Mr. Griffin's letters and tables, &c. Those who consider it too long for insertion in the local papers can curtail it, or some parts may be omitted in favour of statements of facts of local interest.

It is hoped that gentlemen will find the whole suggestive; they will assuredly save much time and trouble necessary to collect and arrange the materials for themselves by procuring these printed slips. To pay for postage, printing, &c., they will be charged thus:—One or two copies, 4*d.*; four, 5*d.*; six and above, 1*d.* each. They will be sent on application by letter, enclosing the proper number of postage-stamps, to L., at Brown's Library, Canal-street, Salisbury.

I am, Sir, your obedient servant,

May, 1860. MEDICUS.

Dr. Hughes.—The case forwarded to us is one for a court-medical. It is impossible to arrive at any just conclusion upon the merits of the case from *ex-parte* statements. It is unwise to bring professional differences before a public tribunal, when they can be settled in a private way.

M.R.C.S.E. will find, on inquiry, that such an examination has been instituted. There is some difficulty in determining which is the best course to pursue.

W. A. R.—The Medical Register is published at the Office, 32, Soho-square. The name and qualifications should be inserted in that list.

Offensive Breath.—There is no "simple remedy" applicable to all cases. It depends upon various causes.

M.R.C.S.E.—The particulars of the case headed "More Quackery" should be forwarded to the Vigilance Committee of the London Medical Registration Association.

A Constant Reader, (Carlisle.)—No person can legally assume the title who is not registered according to the provisions of the Medical Act.

Forceps.—Not for medicines in medical cases. The Apothecaries Act is still in force.

P. P., (Flint.)—Such a certificate will be received by the College of Surgeons.

E. P. H. (Norfolk) is mistaken with regard to certain provisions of the Medical Act. Gentlemen holding foreign diplomas, which it can be shown were granted to them after proper examination, are entitled to register. The registration of those "qualifications" only is refused which have been obtained merely by a sum of money, and which consequently give no evidence of the fitness of the possessor to practise medicine.

A Student of Medicine (Liverpool) will find a full analysis of De Barry's Food in THE LANCET, June 14th, 1851.

Medicus.—1. Yes.—2. Ever since the establishment of the College of Physicians.—3. It depends on various circumstances.—4. It is a matter of choice.

W. W., (Norton.)—The remedy is useful in some cases of paralysis.

THE TITLE OF "DOCTOR" AND THE L.R.C.P.E OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—A correspondent in your journal of May 5th gives certain reasons why the licentiates of the Edinburgh College of Physicians should use the title of "doctor." Probably he is not aware that many have purchased the licence without any examination, and consequently without any practical test of their fitness to assume that title.

Several gentlemen have had the title of L.R.C.P. Edin. sent to them by payment of £10, without any examination, and one of them has never passed any *medical* examination; yet that the public may understand he can give superior advice in medical matters, and that he is practising the higher branches of his profession, he has dropped the word "surgeon," and placed "Dr." upon his door; at the same time that he is a "club doctor," attending persons by the year for something like 2*s.* 6*d.* Surely this is not in accordance with the reasons for using the title of "doctor." I believe all but one who have thus obtained the licence in my neighbourhood are club doctors.

I have nothing to say against any of these gentlemen either in their private or professional conduct, for I esteem them all for their usefulness, except that I consider no person is entitled to call himself "doctor" who has merely *purchased* the title without having passed any examination for it.

I remain, Sir, yours truly,

May, 1860. M.R.C.S.

Mr. G. E. Hyrne, (Newton Abbott, Devon.)—We cannot insert the particulars, nor can we prescribe for the case mentioned. We would recommend our correspondent to consult some neighbouring practitioner, and be guided by his advice.

Inquirer.—He is eligible for the appointment.

Mrs. Henry.—We do not give advice in this place. The "family doctor" will answer the question.

Mr. J. Crichton.—The communication shall appear in an early number.

THE BIRMINGHAM DENTAL DISPENSARY.

To the Editor of THE LANCET.

SIR,—In looking over your journal of last Saturday, I noticed a paragraph taken from the Report of the above-named institution, which is calculated to leave an impression upon the minds of some of your readers that the only operation performed at the dispensary is extraction. The following extract from the same Report I trust will remove any such impression:—

"Number of patients admitted, 1858—males, 327; females, 318; total, 645. Number of patients admitted, 1859—males, 551; females, 507; total, 1058.—Operations performed, 1858—stopping, 177; scaling, 50; extraction, 470; various, 49; total number performed, 755. Operations performed, 1859—stopping, 277; scaling, 105; extraction, 717; various, 98; total number performed, 1869, 1197.—Grand total of patients, 1858 and 1859, 1813; grand total of operations performed, 1858 and 1859, 1952. The Report for 1859 shows an increase in the attendance of patients over the previous year to the number of 413; the increase in the number of operations is 442."

I am, Sir, yours respectfully,

May, 1860. S. A. PARKER, Dentist to the Dispensary.

ERRATA.—In the list of gentlemen who passed their primary examination in Anatomy and Physiology at the Royal College of Surgeons, published in THE LANCET last week, *for* Richard Lloyd, *read* Richard Lord.—And in the advertised list of gentlemen who received the licence of the Royal College of Physicians of Edinburgh on April 20th, *for* John Martin, Liverpool, *read* John Martin, Welshpool.—These errors are continually occurring owing to carelessness in official quarters.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Brinton; Mr. Weedon Cooke; Dr. Brown-Séquard; Mr. J. Crichton, Dundee; Mr. Sands Cox, Birmingham; Dr. Semple; Dr. Sisson, Cheltenham; Dr. Noble; Dr. Ozanne, Guernsey; Mr. Summers; Dr. Aldis; Professor Tufnell; Dr. Devenish; Mr. Simpson; Dr. Chuckerbutty; Dr. Thomas, Stainthorpe; Mr. S. Spratt; Dr. Henry Bird; Mr. Blower, Bedford; Mr. Luxford, Newbury; Mr. Richards, Leeds; Mr. I. B. Brown; Mr. J. Godden, Birkenhead, (with enclosure;) Dr. Douglas, Royal College of Physicians, Edinburgh, (with enclosure;) Dr. Massy, (with enclosure;) Mr. Bowes, (with enclosure;) Mr. Stewart, Needham Market, (with enclosure;) Mr. Taylor, Kingsclere, (with enclosure;) Mr. T. B. Barnes, Thaxted; Mr. Martin, Welshpool; Mr. Eaton, Grantham, (with enclosure;) Mr. Bantock, Wolverhampton; Mr. Vigurs, Newlyn East; Mr. Newham; Mr. Kitching, Wakefield; Mr. E. Davis, Pentypridd, (with enclosure;) Dr. Kavanagh, (with enclosure;) Mr. Pickett, (with enclosure;) Mr. Creogh, (with enclosure;) Mr. Fitzpatrick, Bath, (with enclosure;) Mr. Kent, Walsham; Dr. Evans, Narberth, (with enclosure;) Mr. Combs, (with enclosure;) S. E.; St. Thomas's Hospital; A Medical Officer and Subscriber; M.R.C.S.E.; An Old Subscriber, Handsworth; A. C.; A. B., (with enclosure;) Medicus; Taurus; W. W., Norton; W. A. R.; A Constant Reader, Carlisle; A Young Practitioner; &c. &c.

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12 Dessert Spoons	1 4 0	1 12 0	1 18 0	1 17 0
12 Tea Spoons	0 16 0	1 2 0	1 6 0	1 7 0
6 Egg Spoons, Gilt Bowls ...	0 10 0	0 13 6	0 15 0	0 15 0
2 Sauce Ladles	0 6 0	0 8 0	0 9 0	0 9 6
1 Gravy Spoon	0 6 6	0 10 0	0 11 0	0 13 0
2 Salt Spoons, Gilt Bowls... ...	0 3 4	0 4 6	0 5 0	0 5 0
1 Mustard Spoon, Gilt Bowl ...	0 1 8	0 2 3	0 2 6	0 2 6
1 Pair of Sugar Tongs	0 2 6	0 3 6	0 4 0	0 4 6
1 Pair of Fish Carvers	1 4 0	1 7 6	1 10 0	1 12 0
1 Butter Knife	0 2 6	0 5 6	0 6 0	0 7 0
1 Soup Ladle	0 10 0	0 17 0	0 17 0	1 0 0
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Buyers of the above are requested, before finally deciding, to visit WILLIAM S. BURTON'S SHOW-ROOMS. They contain such an assortment of FENDERS, STOVES, RANGES, CHIMNEY-PIECES, FIRE-IRONS, and GENERAL IRONMONGERY as cannot be approached elsewhere, either for variety, novelty, beauty of design, or exquisiteness of workmanship. Bright Stoves, with ormolu ornaments and two sets of bars, £3 15s. to £33 10s.; Bronzed Fenders, with standards, 7s. to £5 12s.; Steel Fenders, £2 15s. to £11; Ditto, with rich ormolu ornaments, from £3 15s. to £18; Chimney-pieces, from £1 8s. to £80; Fire-irons from 2s. 3d. the set to £4 4s. The BURTON and all other PATENT STOVES, with radiating hearth-plates.

CUTLERY WARRANTED.

The most varied assortment of TABLE CUTLERY in the world, all warranted, is ON SALE at WILLIAM S. BURTON'S, at prices that are remunerative only because of the largeness of the sales. 3½-inch ivory-handled table-knives, with high shoulders, 12s. 6d. per dozen; desserts to match, 10s.; if to balance, 8d. per dozen extra; carvers, 4s. 3d. per pair; larger sizes, from 20s. to 27s. 6d. per dozen; extra fine, ivory, 33s.; if with silver ferrules, 40s. to 50s.; white bone table-knives, 6s. per dozen; desserts, 5s.; carvers, 2s. 3d. per pair; black horn table-knives, 7s. 4d. per dozen; desserts, 6s.; carvers, 2s. 6d.; black wood-handled table knives and forks, 6s. per dozen; table steels, from 1s. each. The largest stock in existence of plated dessert knives and forks in cases and otherwise, and of the new plated fish carvers.

WILLIAM S. BURTON'S GENERAL FURNISHING IRONMONGERY CATALOGUE may be had gratis, and free by post. It contains upwards of 400 Illustrations of his unlimited Stock of Sterling Silver and Electro Plate, Nickel Silver, and Britannia Metal Goods, Dish Covers and Hot-water Dishes, Stoves, Fenders, Marble Chimney-pieces, Kitchen Ranges, Lamps, Gaseliers, Tea Urns and Kettles, Tea Trays, Clocks, Table Cutlery, Baths and Toilet Ware, Turnery, Iron and Brass Bedsteads, Bedding, Bed-room Cabinet Furniture, &c., with Lists of Prices, and Plans of the Twenty large Show Rooms at 39, Oxford-street, W.; 1, 1A, 2, 3, and 4, Newman-street; 4, 5, and 6, Perry's-place, and 1, Newman-mews, London.—Established 1820.

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Child's Patent Galvanic Electro Hair

and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free

WATER BEDS AND CUSHIONS.—S. MATTHEWS & SON

Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS, having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as unless that be the case he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office Order or reference.

Entrance for Ladies at the private door, where a female attends.

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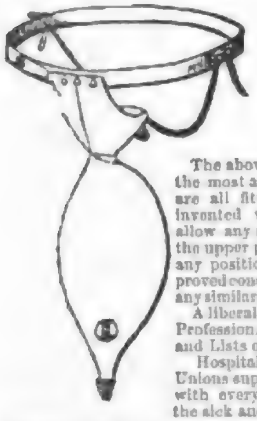
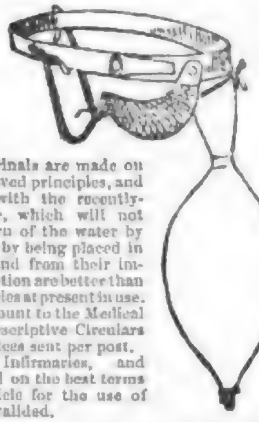
SPARKS & SON, INVENTORS OF THE

India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.





The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

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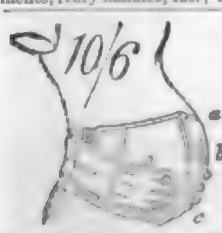
SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35 and 36, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d; Elastic Stocking Net Bandage, 4d. per yard. Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, ivory handles, 15s.; best Bleeding Lancets, per dozen, 18s.



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FULCRUM BELT.—Great advantage will be found from the diagonal arrangement of Huxley's Fulcrum Belt, securing in cases of pregnancy the chief support at the lower part of the abdomen. It is an extremely light and elegant article, and, weighing under 4 oz., is well adapted for India and warm climates. It is the only thoroughly efficacious Belt at a low price. Free by post for 11s. 2d.; to Medical Men, 9s. 2d.

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W. F. Durroch, Surgical Instrument

MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

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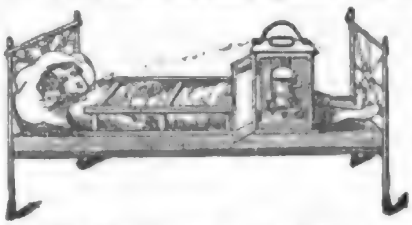
Noedl's Patent Vapour Bath—

a very simple and useful Apparatus for Private Use or for Public Institutions.



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A liberal allowance to the Medical Profession.

Detailed Prospectuses sent on application.

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ARTIFICIAL LEGS.

PARIS PRIZE MEDAL, 1855

GROSSMITH'S

NEW ARTIFICIAL LEG,

WITH PATENT ACTION, KNEE AND ANKLE JOINTS,

Enables the patient to walk, sit, or ride with ease and comfort, wherever amputated. It is much lighter and less expensive than the old style of cork leg, will last a lifetime, and is the only leg yet invented that Ladies and Children can wear with safety. It was awarded the highest Medal at the recent PARIS EXPOSITION, although more than twenty other makers from different nations exhibited. May be seen in use at the

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Powerful Batteries for Electro-

Chemical Baths; Batteries for Medical Electricity; Batteries for Electro-Plating and Gilding. Batteries and Coil Machines repaired, likewise all kinds of Optical and Philosophical Instruments manufactured, by

C. W. COLLINS, 52, Strand, W.C., and Polytechnic Institution.

To Students and others.—You will

do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

TO SURGEONS, DENTISTS, ETC.

The best House in London for

SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City.—Established upwards of a Century.

A large Stock of New Instruments always on Sale, all warranted.

Instruments Bought, Sold, or Exchanged.

N.B.—The largest Stock of Second-hand Dissecting Cases in London.

Microscopes.—J. Amadio's Botanical

MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

Smith, Beck, & Beck, late

SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

The Council Medal of the Great Exhibition of 1851, and
The First-Class Medal of the Paris Exhibition of 1855.

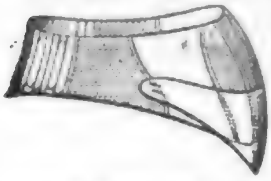
These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN STREET, beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.—N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.



Directions for measurement sent by post.

N.B. A liberal Discount to the Profession.

A female to attend on Ladies.

For Varicose Veins and Weak-

NESS.—SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and INEXPENSIVE, yielding a permanent, efficient, and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise a strong, low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS for both sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors,

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The Profession, Trade, and Hospitals supplied.

BY ROYAL LETTERS PATENT.

Lindsey's New Patent Truss, suit-

able for Right or Left, and Double Hernia, WITHOUT STEEL SPRING OF ANY KIND.

The Faculty are invited to inspect Lindsey's new Truss, highly recommended for its extreme simplicity, ease, and efficiency, especially in cases where a Steel Spring Truss cannot be worn.

It consists of a plate of a light material and convenient form, and a soft or an elastic waist-belt, by which pressure (regulateable) is applied to BOTH abdominal rings, by which any descent of Hernia is prevented on either side.

For all cases of RECENT and incipient Hernia, Lindsey's Patent Truss is the best form of support, being at once curative and preventive.

A full Descriptive Circular, post free, from the Manufacturer,

MARK JOHN LINDSEY,

5, Chiswell-street, Finsbury-square, London.

Wholesale Agents—S. Maw and Son, London; J. & W. Wood, Manchester; J. Wood, York; Fannin and Co., Dublin.

Ford's Select Mantles.—The Royal

BRUNSWICK, a new full-skirted mantle of rich French glacé, beautifully trimmed, having a handsome shoulder-piece of novel construction with ornaments pendant. A most lady-like and graceful pattern. Price Four Guineas; in Lyons velvet, Seven Guineas. Duty free. Also choice and elegant patterns with the new straw trimmings and other novel ornaments, announcing a total change of Fashion. Price Two Guineas. Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London.

Ford's Select Mantles are the most

elegant designs. Ladies are invited to inspect a beautiful assortment made in silk, velvet, cloth, &c., at moderate prices, commencing at One Guinea. Rich ribbed silk paletots, from One Guinea. Glacé silk mantles, with sleeves and full skirts, extremely handsome, Two Guineas. Waterproof cloth of all colours, for travelling or ordinary wear, price One Guinea. Young ladies' mantles, 10s. 6d. Last year's patterns at half the cost price. Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London, W.

Ford's Zouave Jackets, beautifully

fitting, and richly braided with black or gold braid.

Superfine Cloth	1 Guinea
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Muslin, trimmed	1 "
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Morning Jackets, mixed colours	1 "
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Illustrations free.—T. FORD, Mantle Rooms, 42, Oxford-street, London, W.

Ford's Zouave Jackets "still reign

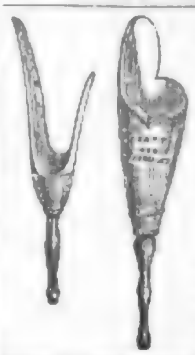
triumphant in the fashionable world," those of velvet giving place to materials of lighter texture—tafletas of black, blue, white, rose, and maize colours; cashmeres of China-blue, violet, and the new green. The new "Aiciine," a very pretty Zouave, half-fitting in front and tight at the back, terminating in a very stylish and coquettish little basque about two inches deep, with a lacework of braid at the hips, similar to that shown on the sleeve. Price, plain, 15s.; beautifully braided and ornamented, 21s. Illustrations free.—T. FORD, 42, Oxford-street, London, W.

Infants' New Feeding Bottles.—These

celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

Mr. Howard, Surgeon-Dentist,

52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication.—52, Fleet-street. At home from 10 till 5.



At Pratt's, Army, Navy

Surgeons, and others, can be supplied with the best

SURGICAL INSTRUMENTS.

Travelling Urinals ... ... from	12s.
Brass Enemia Syringe, in Case ...	7s. 6d.
Elastic Stockings...	5s.
Case of Amputating Instruments	£3 15s.
Pocket Case	30s. & 42s.
Tooth instruments ... ... from	25s.

Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a new Truss; all of which have been approved and ordered by the Army Medical Board.

PRATT, SURGICAL INSTRUMENT MAKER,

420, Oxford-street.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.

Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.

Surgeon—Mr. Athol Johnson.

Assistant-Surgeon—Mr. Timothy Holmes.

Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for

Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3 3 0
Perpetual	£5 5 0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

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MONDAYS, at 4 P.M.

Royal Free Hospital. — Twelve LECTURES, showing the GUIDANCE of SURGICAL PATHOLOGY in CLINICAL SURGERY and in OPERATIONS. By FREDERICK J. GANT, Surgeon to the Hospital.

*** Monday next—Excision of Joints (continued).

Members of the Profession are invited to attend.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

Royal College of Surgeons of England. Notice is hereby given, that the Voluntary PRELIMINARY EXAMINATION for the Diploma of MEMBER will take place at this College on Tuesday and Wednesday, the 26th and 27th of June next. Candidates desirous of being then examined must signify their intention to the Secretary on or before the 15th instant, and at the same time give notice of the subject or subjects in which they propose to offer themselves. Further particulars relating to this examination may be obtained on application to the Secretary. The name of a candidate will not be received after the 15th instant.

May 7th, 1860. EDMUND BELFOUR, Secretary.

Pupil Wanted.—There is a Vacancy for a PUPIL at the Doncaster Dispensary. For particulars apply to the House-Surgeon.

To the Profession. — A Medical Gentleman, registered, is anxious to obtain an Engagement in an Hospital or Dispensary as Resident SURGEON, PHYSICIAN, or APOTHECARY, or any appointment where experience, ability, and attention will be required in the discharge of the duties. References shall be given.—Address, Medicus, care of Registrar, Queen's College, Cork.

Wanted, a Resident Medical Officer for Haydock Lodge Lunatic Asylum. One versed in the treatment of lunatics preferred. Candidates must be Graduates in Medicine of one of the British Universities, or Members of the Royal College of Surgeons of England. Salary £120 per annum. Applications, with testimonials &c., to be addressed to Mr. Sutton, Haydock Lodge, Ashton, Warrington, Lancashire, on or before the 1st of June.

Wakefield General Dispensary and CLAYTON HOSPITAL.

Wanted, a HOUSE-SURGEON to the above Institution, who is a Surgeon and an Apothecary, duly registered under the Medical Act of 1858. Salary £100 per annum, with residence at the Dispensary, attendance, coals, and gas.

Testimonials to be addressed to the House Committee at the Dispensary, on or before the 1st of June next.

Applications by letter only will be entertained.

By order of the Committee,

Wakefield, May 14th, 1860. WILLIAM KITCHING.

Wanted, an Assistant to the House-SURGEON of the SHEFFIELD GENERAL INFIRMARY, who must be a Member of one of the Royal Colleges of Surgeons of the United Kingdom, and a Licentiate of the Society of Apothecaries.

Salary, 60 Guineas per annum, with board, lodging, and washing.

Applications for information, and testimonials, to be addressed to the Medical Staff of the Hospital, to the care of the Secretary, on or before June 8th next. JOSEPH KIRK, Secretary.

Sheffield General Infirmary, May 18th, 1860.

Surrey County Lunatic Asylum, near Tooting, S.—ASSISTANT MEDICAL OFFICER Wanted. He must be unmarried, a Member of one of the Royal Colleges of Surgeons, and a Licentiate of the Society of Apothecaries. Salary, with lodging, washing, and attendance, £170 per annum.

Applications and testimonials to be forwarded on or before Friday, the 15th of June, addressed to the Committee of Visitors as above, endorsed "Application for the Office of Assistant Medical Officer."—By order,

May 7th, 1860. S. BRIDGLAND, Clerk to the Committee of Visitors.

Practical Midwifery.—Birmingham LYING-IN HOSPITAL and DISPENSARY for the DISEASES of WOMEN and CHILDREN.—There is at the present time a Vacancy for One RESIDENT SURGEON in the above Institution. To gentlemen possessing Medical or Surgical qualifications, and who may be desirous of acquiring a thoroughly practical acquaintance with those important departments of the Profession, previous to engaging in the responsibilities of Private Practice, this opportunity affords unusual facilities. The Resident Surgeons are three in number, whose duties are to attend all cases, both in and out of the Hospital, under the superintendence of the Honorary Surgeons. The salary is £30 per annum, with board and lodgings. The gentleman appointed will be required to hold the situation twelve months. Applications, accompanied with testimonials and diplomas of qualifications, to be addressed to the Secretary, at the Hospital, on or before Wednesday, the 30th instant.—By order,

Board-room, Broad-street, May 14th, 1860. J. KENNELLY, Sec.

A Gentleman, fully qualified, is desirous of entering into PARTNERSHIP, or into Partnership with a view to Succession. Within thirty or forty miles of London preferred. Means at command.—Address, Z., Dispensary, Rochester, Kent.

Practice for Sale. — An efficient Introduction of three or four months will be given to a bonâ-fide PRACTICE, of £400 a year, situated in a populous Borough Town. Appointments realizing £200 per annum will be transferred to a duly-qualified purchaser. Rent of a commodious House, with good stabling, coachhouse, yard, &c., £50 a year. Premium 300 Guineas.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields, W.C.

To Chemists and Druggists. — A Gentleman is desirous of Purchasing a good RETAIL CHEMIST'S BUSINESS or small WHOLESALE in London; (if the former, the West-end preferred.) The purchaser is prepared with immediate cash.—Address, H. W., care of Mr. Brown, Stationer, 195, Strand, W.C.

Partnership.—A Share, with Suc-cession to the whole, in an old-established and extensive PRACTICE and RETAIL of the first respectability, may be obtained on equitable terms.—Apply to Mr. Jacobson, No. 38, Walbrook, London, E.C.

Medical.—The Succession to a good PRACTICE, carried on by the present incumbent for nearly thirty years, may be secured by a safe Introduction to a Gentleman duly qualified, who can command about £1000.—Particulars can be ascertained of Mr. Jacobson, No. 38, Walbrook, London, E.C.

Wanted immediately, an Assistant-SHIP, with a view to Partnership, near London (west-end preferred), by a gentleman fully qualified and registered. Unexceptionable references can be given.—Address, E. R., for M. D., No. 13, Blenheim-terrace, St. John's-wood, N.W.

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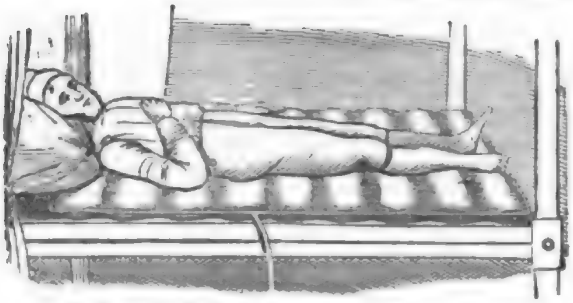

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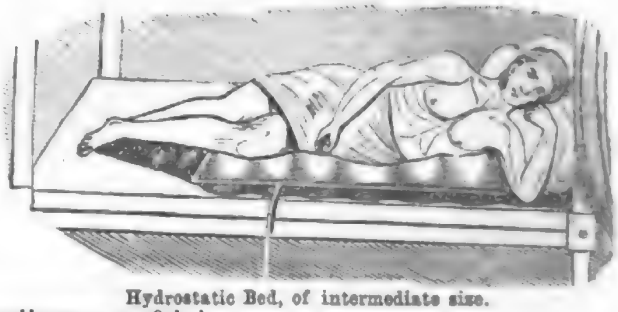

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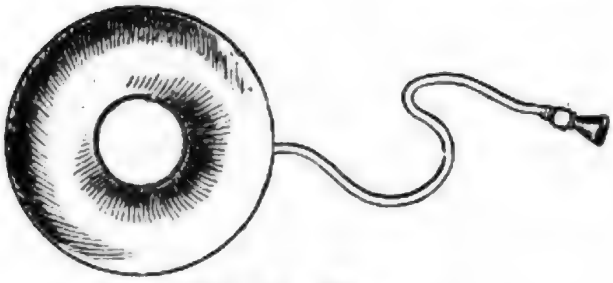

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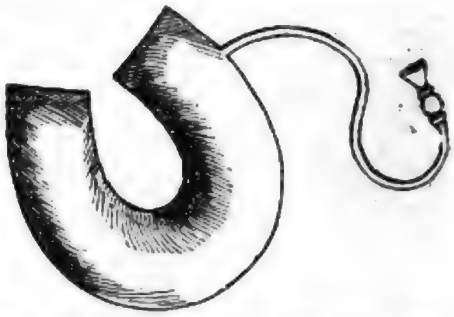

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Lecture II. Part I. — Diagnosis and Treatment of the Reflex Paraplegia ..... p. 511

GULSTONIAN LECTURES for 1860. On the Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy. Delivered at the Royal College of Physicians, London. By C. B. Radcliffe, M.D., Fellow of the College, Physician to the Westminster Hospital, &c.
Lecture II., (concluded.) 512

Clinical Remarks, by Dr. Brinton, at the Royal Free Hospital.
Fatal Peritonitis. (*With an Engraving.*) 515
On the Treatment of Aneurism from Anastomosis by Excision. By Oliver Pemberton, Esq., Birmingham. (*With Engravings.*) 516
On the Influence of Tropical Climates on the Rise, Progress, and Treatment of Uterine Inflammation. By Edw. John Tilt, M.D., M.R.C.P.L., (concluded.) 519
Acute Neuralgia Cured with the Aid of the Continuous Galvanic Current, with peculiar Sympathetic Effect upon the Uterus. By Harry Lobb, M.R.C.S..... 520

MEDICAL SOCIETIES.
Royal Medical and Chirurgical Society:
On the Condition of the Blood in Mania. — Cases of Cerebral Affection caused by Diseases in the Region of the Nose and Eye 521

REVIEWS AND NOTICES OF BOOKS.
On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment. By Henry W. Fuller, M.D. Cantab., F.R.C.P. Third Edition 523
Glycerin and Cod-Liver Oil; their History, Introduction, Therapeutics, Value, and Claims upon Professional and Public Attention. To which is added a Chapter on Physic-taking, or Counsels for the Sick. By W. B. Willmott 523
Transactions of the National Association for the Promotion of Social Science, 1859. Edited by George W. Hastings, LL.B..... 523
On the Nature of the Substance found in the Amyloid Degeneration of various Organs of the Human Body. By Francis Harris, M.D. Cantab..... 523
Series of Clinical Cases (with Observations) illustrating the Views recently put forward by Dr. Brown-Séquard, as regards certain points connected with the Physiology of the Nervous System. By John W. Ogle, M.D. Oxon., F.R.C.P.
Case of Paralysis as to Voluntary Motive Power on one Side of the Body, attended by Hyperæsthesia, &c. By the same Author ... 523
Ure's Dictionary of Arts, Manufactures, &c. New Edition. Edited by Robert Hunt, F.R.S., F.S.S.... 524
On the Radical Cure of Varicocele by Subcutaneous Incision. By Henry Lee 524
Archives of Medicine. No. V. Edited by Lionel S. Beale, M.B., F.R.S. 524

NEW INVENTIONS.
New Blow-Pipe. (*With an Engraving.*) 524

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Prosecution under the Medical Act at Cheltenham..... 525

LEADING ARTICLES.
The Gurnsey Militia and the Medical Staff 526
The National Medical Registration Association 526
Death of Professor Lizars..... 527

MEDICAL ANNOTATIONS.
The Birmingham Philanthropist. —Medical Reform at Oxford.—During her Majesty's Pleasure. —Science and Philanthropy..... 527

CORRESPONDENCE.
Treatment of Sewage 528
Transmission of Secondary Syphilis..... 529
The Registration of Births and Deaths Bill for Scotland 529
The Indian Medical Service..... 529
The Pathology and Treatment of Whooping-cough 530

Parisian Medical Intelligence 530
The London Medical Registration Association 531

MEDICAL NEWS.
Garibaldi's Expedition 530
The Academy of Medicine of Paris 532
Pass-lists of the Royal College of Surgeons, Apothecaries' Hall, and Royal College of Surgeons, Edinburgh. — Royal Medical Benevolent College.—The John Hunter Statue. — The College Lectures.—The Gresham Lectures. — Honorary Distinctions to Medical Men.—Caustic Applications on the Epigastrium in Obstinate Vomiting during Gestation.—The Volunteer Movement. — Grosvenor-place School of Medicine: Annual Distribution of Prizes.—Nuisances Removal Act Amendment Bill.—An Unhealthy April.—Casualties in London.—The London Medical Registration Association.—Her Majesty's Drawing-room.—A Case of Glanders in a Man: Fatal Issue.—Rasorian Doses of Tartar Emetic in Tetanus.—Birmingham and Midland Counties Medical Registration Association.—The Thames and the Weather. — Testimonial to a Physician. — National Vaccine Board.—Retirement of a Medical Officer.— Infanticide in Australia. —Health of the Metropolis 531
Obituary. — Albert Smith, Esq., M.R.C.S. 534
Births, Marriages, and Deaths ... 534
Books, &c., Received 535
Medical Diary of the Week 535
Notices to Correspondents 535

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MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

E. Huxley solicits those

Gentlemen who have hitherto paid the high charges made for SPIRAL STOCKINGS, BELTS, &c., to favour him with their orders for these goods, and effect a saving of 30 per cent. He can assure the Profession that, though so much cheaper, he never makes an article which can by any one be regarded as inferior to those made by others, however pretentious. Discount to the Profession, 20 per cent. Measures required: Circumference, at *a*, *b*, *c*, *d*, and *e*; length, from *a* to *d*, and *d* to *e*. Priced and Illustrated Catalogues on application to

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J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN-STREET,

beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new Description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE vulcanized on the newest principle.

Directions for measurement sent by post.

N.B. A liberal Discount to the Profession.

A female to attend on Ladies.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., EX-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

MEDICAL PROPERTIES:—ANODYNE, DIAPHORETIC, SEDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission:—

..... "And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 1 0 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—i.e., cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication—i.e., irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is, what is perhaps better, a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., Eng.;
Formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"*To the Editor of the* MEDICAL TIMES AND GAZETTE.

"SIR,—In reply to an inquiry made by your correspondent who subscribes himself 'Nota Bene,' whether any cases of benefit from Chlorodyne have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate opium, hyoscyamus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling sure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—I am, &c.,

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"SIR,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Surgeon, Egham, Surrey.

"SIR,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and as anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"SIR,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. B. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr. J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per Ounce, and in quantity of 10 Ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist,
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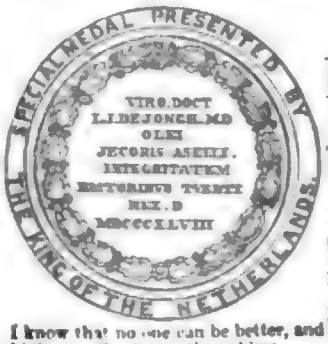

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Syrup of Iodide of Iron with

SARSAPARILLA, invaluable in Strumous Affections; 2 fluid drachms contain 5 grs. of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

Tannate of Glycerine, a powerful Astringent, miscible with water in any proportion.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

Carbonate of Bismuth, preferable to the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

Fluid Confection of Senna. The price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.
COD-LIVER OIL with IODIDE of IRON, &c. &c.

The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 2s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—OBRIAN DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 232, Regent-street, London.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) especially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

J. C. PART, 186, Drury-lane, London.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

Kent's Pharmaceutical Preparations

of BRITISH MEDICINAL HERBS.—These Preparations have received universal approbation, and gained first Prizes at the London Great Exhibition in 1851, the Paris Exhibition of 1855, and also the New York Exhibition. They may be obtained of Mr. W. Kent, Walsham-le-Willows, Suffolk; or of his Wholesale Agents, Mr. W. H. Pucklee, Chemist, 88, New Bond-street; or Mr. C. F. Buckle, 3, North-place, Gray's-inn-lane, London.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

Health, Pure Air, and Fresh Water.

CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aeriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER is also harmless and inodorous, depending on the same principle, and destroying all smells in the same manner, in lieu of disguising them. In bottles, 1s., 1s. 6d., & 3s.; and in casks, 1 cwt., 36s.

LIQUOR POTASS. PERMANGANATIS (CONDY). Gr. ij. ad ℥i.
LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥i.
LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥i.

Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

Wholesale and Retail Agents: J. Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Savory and Sons, Bond-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 36, George-street, Edinburgh; J. Mackay, 121, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea, S.W.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

LIQUOR SECALIS CORNUTI.

(*Recognised Preparation.*)

Exhibited at the "OBSTETRICAL SOCIETY OF LONDON," by the PRESIDENT, June 1st, 1859.

(*Vide* THE LANCET, *June 11th*, 1859.)

The following is one of the numerous instances in which this Liquor has given much satisfaction. Mr. HEMSTED, of the University College Hospital, writes thus:—

"October 29th, 1858.—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by Mr. Curtis, to *far exceed* all other preparations of the kind."

Orders received by the Manufacturers, CURTIS & CO., Pharmaceutists, 15, Crawford-street, Baker-street, London; and can be obtained through any Wholesale House in the Kingdom.

Bastick's more Certain Forms of REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. (*Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Superphosphate of Iron and Super-PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—20, New-street, Dorset-square.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

Compound Syrup of the Phosphates of IRON, LIME, POTASH, and SODA.—Mr. EDWARD PARRISH, of Philadelphia, U.S., begs to call the attention of the Profession to the above Preparation.* It has been most extensively used in America, under the name of Chemical Food, as a general invigorator in enfeebled condition of the system, and has now obtained a fair reputation in England and Scotland, being generally preferred to similar preparations of Iron. It is pleasant to the palate and agreeable to the eye.

Agents—P. Squire, her Majesty's Chemist, 277, Oxford-street, London; and John Mackay, 121, George-street, Edinburgh.

* A fluid drachm contains 1 grain of Phosphate of Iron, 2½ grains of Phosphate of Lime, &c. Vide formula published in the "American Journal of Pharmacy," vol. xxix., page 572.

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Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS

OF

PARALYSIS OF THE LOWER EXTREMITIES.

BY C. E. BROWN-SÉQUARD, M.D., M.R.C.P.,

HONORARY FELLOW OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW,
PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTIC, ETC.

LECTURE II.—(PART I.)

DIAGNOSIS AND TREATMENT OF THE REFLEX PARAPLEGIA.

Answer to objections against the existence of the urinary reflex paraplegia.—Affections of the urinary apparatus may cause paralysis either by a simple reflex influence, or in producing myelitis.—Condition of muscles in reflex paraplegia.—Diagnosis between the reflex paraplegia and paralysis of the lower limbs due to myelitis, meningitis, pressure upon the spinal cord, a tumour in the grey matter, hysteria, seminal losses, hæmorrhage in the spinal canal or in the spinal cord, congestion, serous effusion, non-inflammatory softening, &c.

GENTLEMEN,—There is an objection against the existence of the *reflex urinary paraplegia*, of which I must speak, as it has been put forward by a most able physician, Dr. W. W. Gull.* This distinguished observer has found the spinal cord apparently healthy, when examined with the naked eye, while the microscope proved that it was inflamed, in a case of paraplegia succeeding to a gonorrhœa; and he relates other cases of paraplegia due to myelitis, and preceded by a disease of the urinary apparatus. He is inclined to think that in the cases of urinary paraplegia published by Mr. Stanley there was a myelitis that would have been detected had the microscope been employed.

It is very remarkable that Dr. Gull himself has published a case more able than any other I know to prove that there is no alteration of the spinal cord or its membranes in the reflex urinary paraplegia. The symptoms in this case were those of this kind of paralysis, and not those of myelitis. "Hours were spent," says Dr. Gull, "in the examination of the cord, but with no other result than to show that there was no appreciable lesion of it besides a slight and doubtful softness of the tissue in two points."† Here the microscope was used by a man who knows full well how to employ it, and who was anxious to find some lesion to confirm his diagnosis, and this investigation gave a negative result. Certainly everyone will conclude with this most accurate observer "that the spinal cord may have its functions impaired and even lost, and that suddenly, as far as the power of motion is concerned, without any distinct amount of anatomical lesion." (*loco cit.*, p. 175.)

The facts brought forward by Dr. Gull against the views of Mr. Stanley are not at all in opposition to these views. They show that myelitis may be caused by an irritation originating from the urinary apparatus, but they do not show that such an irritation must produce a myelitis, in order to induce a paraplegia; or, in other words, that there is no other mode of production of a paraplegia by such an irritation than through a myelitis.

The cases recorded by Dr. Gull, and those of which we have given a summary in the preceding lecture, clearly prove—

1st. That when the symptoms of a myelitis have existed in a case of paraplegia, the autopsy may show no visible alteration of the spinal cord or its membranes, except when the microscope is employed. (It is probable that in one or two of the cases in Mr. Stanley's paper the alterations of myelitis would have been found had the microscope been used.)

2nd. That when the symptoms of a reflex paraplegia have existed, as in the above case of Dr. Gull, no distinct anatomical lesion is found in the spinal cord, even when the microscope is employed.

3rd. That urinary paraplegia may be simply a reflex paralysis or be connected with myelitis in three ways—*a*, the myelitis producing at the same time some alteration in the kidneys or the bladder and the paraplegia; *b*, the urinary affection acting upon the spinal cord by a nervous influence, to produce myelitis and consequently the paraplegia; *c*, the inflammation of a vein of the urinary organs being propagated to a vein of the spinal cord, and a myelitis and a paraplegia being the consequence of this propagation, (as in a case of Dr. Gull.)

I shall not say more about the objection raised by the learned physician of Guy's Hospital, as it will be easy for anyone to find out arguments against this objection in the preceding lecture, and also in the remarks I have now to offer to complete the history of reflex paraplegia.

The first thing to be noticed in a reflex paraplegia is the place from which has started the irritation that has caused the paralysis. It is, sometimes, difficult to find out clearly the relation between an outside irritation and the paraplegia. In the case of a patient of Dr. Spencer Thomson, of Burton-on-Trent, who consulted me some time ago, an affection of the prostate had existed, and had been cured, when one day the patient, having been subjected to great fatigue, was attacked with a pain in the lower part of the spine, his urine became alkaline, and he was seized with paraplegia. Very quickly the urine reacquired its normal reaction, but the paraplegia persisted. In this case certainly it would have seemed wrong to call the paralysis an urinary paraplegia, had not the symptoms and the ultimate history of the patient shown that it was really that kind of paralysis. The return of voluntary movements took place before the treatment (by mercury) had had time to act.

Usually in reflex paraplegia muscles do not become atrophied, and they remain almost as irritable as in healthy persons. Exceptions to this rule, however, are not very rare. I have seen two cases of reflex paraplegia,—one due to an inflammation of the knee-joint, and the other to a sciatica,—with considerable atrophy of the muscles of the legs, and of some muscles of the thighs. In one of these cases the normal size and irritability of muscles were quickly restored by an appropriate use of galvanism. The study of the condition of muscles in cases of reflex paraplegia, as well as in other cases of paralysis, shows, as I have tried to prove elsewhere, that a rapid atrophy and a rapid loss of irritability are not caused by the *cessation of action* of the nervous system, but by *a morbid action* of this system upon the nutrition of muscles.*

It is usually easy to detect a reflex paraplegia from the other kinds of paralysis of the lower limbs. A rapid review of the various kinds of paraplegia will show upon what principles this diagnosis is to be grounded.

1st. *Myelitis.*—I have already given the differential characteristics between paraplegia due to myelitis and the reflex urinary paraplegia. I will only add here, that the urine, in cases of myelitis, is almost always alkaline; while in cases of reflex paraplegia, not depending upon a disease of the urinary organs, it is usually acid, as in healthy people. We may add, that a paraplegia following an irritation in some peripheric part of the body, increasing, decreasing, or disappearing with that irritation, presenting the peculiar symptoms we have already mentioned, rendered worse by modes of treatment that are useful in myelitis, and being cured or alleviated by modes of treatment that are unsuccessful, if not hurtful, in myelitis, certainly cannot, and must not, be confounded with the paraplegia due to this inflammation.

2nd. *Meningitis.*—Paraplegia depending upon the inflammation of the membranes of the spinal cord will be chiefly distinguished from the reflex paraplegia by a rigid spasm of the muscles of the back, by an intense pain caused by any motion of the lower limbs or of the spine, or by the spontaneous acute pains that radiate from the spine to the lower extremities, and the frequency of cramps, &c.

3rd. *Pressure upon the spinal cord by a tumour, a diseased bone or fibro-cartilage, &c.*—We will show by-and-bye that the symptoms of a pressure upon the spinal cord are not those which are generally described in treatises on the diseases of the nervous system. We will now only say, that a meningitis or a myelitis is often produced by tumours, diseased bones or intervertebral cartilages, and that the symptoms of both these inflammations have been mistaken for symptoms of pressure upon the spinal cord. However, as regards diagnosis, when

* Medico-Chirurg. Transactions, 1858, vol. xxxix., pp. 195—204.
† Guy's Hospital Reports, Third Series, vol. iv., Case 17, p. 174.

* See Journal de la Physiol. de l'Homme, &c., vol. ii., 1859, pp. 114–14.

there is a pressure upon this nervous centre, there is usually a feeling of tightness, a pseudo-neuralgic pain, or a degree of formication, only in the parts of the body receiving their nerves from the portion of the cord which is pressed upon, unless there is a myelitis or a meningitis, in which case those symptoms may exist in all the parts of the body below the seat of the pressure. Usually there is pain or tenderness in the spine at the place where the cause of the paralysis exists. Those symptoms show how different this kind of paraplegia is from a reflex paraplegia.

4th. *Tumour in the grey matter of the spinal cord.*—A remarkable feature of paraplegia due to this cause is, that anæsthesia appears at the very beginning of the affection, and may reach a higher degree than that of the loss of the power of motion. It is not so in cases of reflex paraplegia. Another feature of paralysis due to a tumour in the centre of the spinal cord is, that the reflex power in the parts of the cord below the tumour becomes extremely exalted, so that very slight excitations can produce the most violent reflex movements.

5th. *Hysterical paraplegia.*—Here the only great differential characteristic is, that the paraplegia has followed hysteria. But the difficulties sometimes are very great, as the same cause (such as a disease of the ovaries or the womb) may produce both hysteria and a reflex paraplegia. There is no harm, however, in not coming to a decided diagnosis as regards these two forms of paraplegia, as the treatment ought to consist chiefly of the same means in both cases. We may add, that it is probable that in most cases, if not in all, hysterical paralysis is but a reflex paralysis.

6th. *Paraplegia depending upon seminal losses.*—A microscopical examination, showing or not the presence of spermatozoa in the urine or the prostatic mucus, will decide the question of the seminal losses; but the symptoms of paraplegia are usually alike in cases of loss of semen as in cases of simple urinary paraplegia, and it is probable that the production of paralysis is identical when sperma is lost, or when it is not, in cases of disease of the genito-urinary organs.

7th. *Hæmorrhage in the spinal canal.*—Paraplegia due to this cause differs from the reflex paraplegia by the existence of a vague pain along the spine some time before the paralysis appears, by the suddenness of its appearance, and by the very frequent occurrence of violent convulsions, or, at least, of spasmodic twitchings.

8th. *Hæmorrhage in the grey matter of the spinal cord.*—Paraplegia due to this cause appears suddenly, and is always accompanied by a notable diminution of sensibility, while in reflex paraplegia these two characteristics are rare. On the other hand, in this last kind of paralysis, the loss of movement is preceded by an affection of some viscus, of the skin, of the mucous membranes, &c.

9th. *Congestion of the spinal cord and its membranes.*—This cause of paraplegia, so well studied by Ollivier d'Angers, differs in many of its symptoms from the reflex paraplegia, but especially by the fact, that on rising after a night's rest, patients attacked with congestion in the spinal cord are much more paralysed than when they have been moving about, or in a sitting posture for some time; while usually the reverse is observed in reflex paraplegia. Besides, several of the symptoms of myelitis, though to a less degree, exist in cases of congestion of the cord or its membranes, and not in the reflex paraplegia.

10th. *Serous effusion in the spinal canal.*—The suddenness of the paralysis, pain in many parts of the spine, and, very frequently, convulsions, will serve to distinguish a paraplegia due to this cause from a reflex paraplegia.

11th. *Non-inflammatory softening of the spinal cord.*—This affection, which is due to the blocking up of bloodvessels, or to a notable diminution of their calibre, owing to a calcareous deposit or to fatty degeneration, may sometimes be very difficult to distinguish from a reflex paraplegia. However, the first of these affections will usually be recognised by the absence of an outside cause of irritation on the spinal cord, by the very slow development of the paralysis, and sometimes by the arcus senilis, and the presence of a calcareous deposit in superficial bloodvessels of the head or the limbs, &c.

Besides the various kinds of paralysis of the lower extremities of which we have spoken, there are many others of which we will say nothing more at present than to state, that on account of their known causes, it is usually very easy to distinguish them from the reflex paraplegia. Amongst these kinds of paraplegia, I will point out especially those resulting from poisoning by carbonic acid, lead, arsenic, mercury, opium, belladonna, tobacco, camphor, mushrooms, fish; and those resulting from loss of blood, from concussion, fracture, or luxation of the spine.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

FOR 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

BY CHARLES BLAND RADCLIFFE, M.D.,

FELLOW OF THE COLLEGE,
PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC.

LECTURE II.—(*Concluded.*)

WHAT, then, is the theoretical purport of the foregoing facts? To which view of muscular motion does it point? And first—for herein may be found the key to the whole matter—what is the theory of simple epilepsy to be deduced from the facts which concern the circulation and respiration of the epileptic?

1. No very certain conclusion is to be drawn from a consideration of the state of the circulation and respiration in the interparoxysmal period, except this—that plethora in the form so often exemplified in the butcher is never met with, and that feverish activity, even as an accident, is of rare occurrence. There are, indeed, cases of *epileptiform* disease, in which the circulation may exhibit at times some signs of activity; but these cases, as we shall see in the next lecture, present no objection to the conclusion which is forced upon us by the facts—that the pulse is rarely otherwise than weak and slow in the interparoxysmal period of simple epilepsy.

In the fit itself, the facts, when fairly read, admit of one conclusion, and one only. At the instant of the fall, a corpse-like pallor overspreads the countenance and the pulse dies out at the wrist—phenomena which seem to be only intelligible on the supposition that the arteries are nearly empty of red blood. A moment or two later, and the black and bloated face, the choking sounds, and the absolute suspension of all respiratory movements, show very plainly that the formation of red blood is arrested for the time. During the whole course of the convulsion, indeed, the state is one of suffocation. During the convulsion, that is to say, the supply of arterial blood is cut off at the fountain-head.

There is, however, one fact which, at first glance, might seem to show that there is an increased injection of arterial blood during the convulsion. Such injection is manifestly very imperfect at the onset of the fit, for upon no other supposition can we explain the corpse-like paleness of the countenance and the feeble and imperceptible pulse. But if the finger be kept upon the wrist during the convulsion, it will be found that the pulse will go on rising until it has acquired a force and fulness which it never had in the interparoxysmal period; and if the hand be placed on the breast, it will be found also that this rising of the pulse is accompanied by increased action of the heart. These facts are evident and unmistakable, but they do not show, as without reflection they might seem to do, and as they are often supposed to do, that *red blood* is being injected in greater quantity into the arteries during the convulsion.

When the process of respiration is arrested, the right side of the heart and the venous system generally are soon gorged and distended with black blood. Under these circumstances, indeed, the gorged and distended state of the right side of the heart may reach a point in which the folds of the tricuspid valve are forced widely apart, and an opening left through which the beatings of the ventricle are made to tell almost as much in driving the blood back through the auricle into the veins, as in sending it onward through the pulmonary artery into the lungs. But it is not right to suppose that the left

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side of the heart and the arterial trunks are empty of blood; and this may be readily verified by watching the changes which take place in the carotid and jugulars of a rabbit during the process of suffocation. On exposing the vessels, the artery is seen to be filled with red and the veins with black blood. On suffocating the animal by tying a ligature around its windpipe, the colour of the blood in the artery darkens rapidly, and in about two minutes and a half it is every whit as black as that of the blood moving in the neighbouring vein. Nor is the vein gorged and distended and the artery comparatively empty. On the contrary, the artery is felt to pulsate as strongly under the rush of black blood as it did previously under the rush of red blood. Nay, *the pulse of the black blood is actually stronger than the pulse of the red blood;* for, on testing with the hæmadynometer, the late Professor John Reid (who first directed attention to these facts, and who has investigated the condition of the circulation in asphyxia more carefully than any other observer) found the mercury highest at the moment when the blood in the artery had become thoroughly venous and black.

A full pulse and a throbbing heart, therefore, must be looked upon as natural accompaniments of asphyxia; and thus the full pulse and the throbbing heart of the epileptic paroxysm, instead of showing that a larger quantity of *red blood* is being injected into the arteries at the time, may show that these vessels are then labouring under a load of *black blood*, as they do in asphyxia. And that the full pulse and the throbbing heart of the epileptic paroxysm must have this latter significance is evident, for the livid, black, and bloated head and neck, and the complete suspension of all respiratory changes, show very clearly that black and not red blood is coursing through the vessels at this time.

When the convulsion is over there is little to notice in the state of the circulation and respiration. When the spasms cease, the respiration is speedily re-established, and the re admission of arterial blood into the system may be attended with some transient and inconsiderable febrile reaction; but this reaction has nothing to do with the convulsion, for when reaction is present convulsion is absent, and if convulsion returns, it is not until every trace of reaction has first taken its departure.

Regarding, therefore, these facts—the corpse-like paleness and the comparative pulselessness at the onset of the paroxysm, and the signs of positive and unequivocal suffocation by which this stage of paleness and pulselessness is succeeded—and remembering the previous arguments, (*ante*, pp. 238–39,) which show that the convulsion is not to be ascribed to the presence of the stimulus of venous blood, there appears to be only one conclusion, and this is, that the convulsion of epilepsy is connected with the want of a due supply of arterial blood in the vessels.

Nor is it an objection to this view that the convulsions cease when the blood has become thoroughly deprived of its arterial properties. In order to discharge their office of conductors, it is certain that the nerves must be supplied with a sufficient quantity of arterial blood. If, for example, the principal vessel of a limb be tied, the nerves of that limb, wanting their due supply of blood, are unable to carry messages to the mind, or to transmit mandates from the mind to the muscles, until the collateral circulation is sufficiently established; and hence it is a fair inference that there must be a point in the process of suffocation where, wanting a due supply of arterial blood, the nerves must cease to be conductors, and where, consequently, the convulsions will come to an end; for, upon any hypothesis, the convulsions will come to an end when the nervous centres cease to be in proper connexion with the muscles.

But, it may be asked, is there no change in the blood itself? Is there not some important truth in the "humoral theory of epilepsy," as recently advanced in this place by the late lamented Dr. Todd? "I hold," said this distinguished physician, "that the peculiar features of an epileptic seizure are due to the gradual accumulation of a morbid material in the blood, until it reaches such an amount that it operates upon the brain, in, as it were, an explosive manner; in other words, the influence of this morbid matter, when in sufficient quantity, excites a highly polarized state of the brain, or of certain parts of it, and these discharge their nervous power upon certain other parts of the cerebro-spinal centre, in such a way as to give rise to the phenomena of a fit. A very analogous effect is that which results from the administration of strychnia, which is best seen in a cold-blooded animal, like the frog. You may administer the drug in very minute quantities for some time without producing any sensible effect; but when the poison has accumulated in the system up to a certain point, then the smallest increase of dose will immediately give rise to the peculiar convulsive phenomena. This is the humoral theory of epilepsy. It assumes that the essential derangement of health consists in the generation of a morbid matter, which infects the blood; and it supposes that this morbid matter has a special affinity for the brain, or for certain parts of it, as the strychnia, in the case just cited, exercises a special affinity for the spinal cord. The source of this morbid matter is probably in the nervous system, it may be in the brain itself. It may owe its origin to a disturbed nutrition—an imperfect secondary assimilation of that organ—and in its turn will create additional disturbance in the functions and nutrition of the brain." And again: "According to the humoral theory, the variety in the nature and severity of the fits depends on the quantity of the poisonous or morbid material, and on the part of the brain which it chiefly or primarily affects. If it affect primarily the hemispheres, and spend itself, as it were, on them alone, you have only the epileptic vertigo. If it affect primarily the region of the quadrigeminal bodies, or if the affection of the hemispheres extend to that region, then you have the epileptic fit fully developed."

This theory is based upon the well-known connexion between the presence of urea in the blood, or carbonate of ammonia resulting from the decomposition of urea—the result of defective renal action—and one form of epileptiform convulsion; and it might also have been based upon the connexion between convulsion and blood overloaded with bile. But if there is any evidence in these facts in favour of the existence of this hypothetical morbid material, there is none in favour of the idea that the *modus operandi* of the material is in exciting a highly polarized state of the brain, if by this state is meant anything like a condition of excitement. On the contrary, it is certain (as will be shown in the next lecture) that the action of the brain and of the nervous system generally is reduced to the very lowest ebb at the time when convulsion is brought about by the accumulation of urea and bile in the blood; and it is not less certain that strychnia, instead of acting as Dr. Todd supposes it to act—that is, by exciting a highly polarized state of certain parts of the nervous centres, acts by reducing the stimulating powers of the blood, (*ante*, p. 239,) and by diminishing the electrical action of both nerve and muscle (p. 288).

There is little doubt, however, that retained excretions must play an important part in the production of epilepsy. A free discharge in the office of excretion, not only in the kidneys and liver, but in every excretory organ, is essential to the preservation of healthy blood; and it may well be believed that an imperfect discharge of the office of excretion, *in one or other of the excretory organs*, may lead to the accumulation of effete matter in the blood, and that this accumulation of effete matter may be a not unimportant cause in bringing about an attack of epilepsy. But there is no reason for supposing that the blood under these circumstances becomes more stimulating. On the contrary, the conclusion which arises out of the history of the cases where the urine or bile is suppressed, is the natural conclusion, and this is, that blood thus altered is less fit to discharge its several offices; in other words, less stimulating.

Nor does there appear to be any reason for supposing that venous congestion has a more important part to play in the production of epilepsy than that which has been assigned to arterial injection. No doubt the veins of the brain and head generally are congested from a very early moment, but there is a moment antecedent to this in which the death-like pallor of the face is a sufficient proof that the veins were emptier than usual before they became congested. At any rate, the acknowledged anatomical difficulty must be overcome before it can be supposed that Dr. Marshall Hall's hypothesis of *trachelismus*—or the prevention of the return of blood from the brain by the spasm of certain muscles in the neck—has anything to do with the causation of epilepsy.

It would seem, then, as if there was something utterly uncongenial between epilepsy and arterial excitement. It would seem, indeed, as if the spasms, as well as the loss of consciousness and sensibility, were connected with want of arterial blood—empty vessels in the first instance, vessels filled with black blood afterwards. It is not improbable, also, that the blood may have been previously rendered less stimulating by the retention of something which ought to have been eliminated by one or other of the organs of excretion. In a word, the phenomena are entirely in harmony with the previous considerations respecting muscular motion; for according to them, the action of arterial blood is to antagonize contraction, and not to cause it.

2. Interrogating the nervous system, the facts are found to have that theoretical significance which the state of the circulation and respiration would lead us to expect.

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These facts will scarcely warrant the idea that epilepsy is connected with anything approaching to over-action of the *brain proper*. On the contrary, everything seems to point to a state which is the very opposite of over-activity. Thus, the comparative want of memory, intelligence, fancy, and purpose, which marks the interparoxysmal condition; the utter annihilation of everything mental in the fit itself; and the gloom and prostration following the fit, are facts which can have no double meaning.

Nor is a contrary opinion to be drawn from the morbid appearances which are disclosed after death. If these chance to indicate previous inflammation, it does not follow that convulsion had any direct connexion with the inflammation as inflammation; on the contrary, the convulsion may have happened before or after the inflammation, when the energies of the brain were prostrate or exhausted—an alternative which we shall see to be the correct one when we come to speak of epileptiform disease connected with special disease of the brain. And surely it is not possible to draw any but one conclusion from the appearances which are common to epilepsy and dementia—pallor of the grey substance, atrophy, chronic softening and induration, dropsical effusion, and the rest?

But what of the state of the *medulla oblongata?* for, as Professor Schrœder Van der Kolk has well shown, the seat of the characteristic spasms, the bilateral character of the spasms, and the appearances presented after death, all point to this organ as one which is specially concerned in bringing about the epileptic paroxysm.

The spasms of epilepsy begin in muscles which receive nerves from the medulla oblongata—in muscles, that is to say, which are supplied by the facial, the accessory, the hypoglossal, and the portio minor trigemini; in slighter cases they are limited to these muscles. The spasms of the walls of the chest and abdomen, which are the most prominent and marked features in the complete attack of epilepsy, and which may be so fierce and unyielding as to cause fatal suffocation, also point to the same nervous centre; for a similar state of things is brought about by the action of a strong stimulus upon the great afferent nerve of this centre—the pneumogastric.

The bilateral character of the spasms is another argument that the medulla oblongata is especially affected in epilepsy. The lateral halves of this organ are connected in the most intimate manner by transverse fibres and commissures—much more intimately than the lateral halves of the brain and spinal cord; and hence it is that the corresponding nerves belonging to the two sides of the medulla oblongata are under a stronger physical necessity to act together than that which rules the corresponding nerves belonging to the two sides of the brain and spinal cord. In the case of the two latter centres, the nerves belonging to one side may be paralysed or otherwise affected, without any obvious injury to the nerves of the other side; but not so in the case of the latter centre. Indeed, it is evident that the actions which emanate from the latter centre—the play of the features, the motion of the tongue, the vocal adjustments of the larynx, the respiratory movements, &c.—must at once come to an end unless there be the strictest sympathy and concert in the action of the corresponding nerves of the two sides. Now in epilepsy the spasms are always more or less *bilateral*, and for this reason, therefore, it may be supposed that they have some special connexion with a nervous centre of which one lateral half cannot act without the other.

The appearances after death point also to the medulla oblongata as especially concerned in the production of epilepsy. In an early stage of the disorder, we may fail to find any characteristic changes; but, in confirmed cases, the texture is harder than natural, from the interstitial deposit of a minutely-granular albuminous matter, or else softened, swollen, and exhibiting signs of evident fatty degeneration. The posterior half of the medulla oblongata is redder and more hyperæmic than it ought to be; and, on examining the bloodvessels in this congested portion, they are found to be of thrice their natural dimensions, and with their walls much thickened and altered—this dilatation and alteration being chiefly in the corpus olivare and in the course of the hypoglossus in the case of epileptics who bite their tongue, and in the course of the roots of the vagus in the case of epileptics who do not bite their tongue.

It is evident, then, that the medulla oblongata is especially affected in epilepsy; but it does not follow, as Professor Van der Kolk supposes, that the essential cause of the convulsive affection is to be found in an exalted sensibility and activity of the ganglionic cells of this centre.

In favour of this view,—that epilepsy is dependent upon exalted sensibility and activity of the ganglionic cells,—appeal has been made to the fact of spasm, to the presence of a full, bounding pulse, and to the freedom from attack which is for some time the fruit of an attack, particularly if this has been violent; but the answer is not necessarily that which Professor Van der Kolk supposes it to be. After what has been said about muscular motion in the first lecture, it is not possible to allow that spasm in itself is an argument in favour of exalted sensibility and activity in ganglionic cells. After what has just been said about the phenomena of the circulation in epilepsy, it is impossible to allow that the condition of the circulation favours spasm by bringing about a more active state of the medulla oblongata, (the functional activity of this, as of every other organ, being in direct proportion to the activity of the circulation of *red* blood in the organ;) for it has been seen that the bounding pulse, to which reference is made, is filled with *black* blood, and not with red. Nor can the freedom from attack, which is for some time the fruit of an attack, be appealed to as a certain proof that the attack is the sign of the discharge of some overcharge of excitability previously present. On the contrary, it may be argued with some degree of plausibility, from certain facts which have to be mentioned in the next lecture, that the attack was preceded by depression of the circulation and innervation, that the convulsion supervened when this depression had reached a certain point, and that the recurrence of the attack was prevented for a time by the state of reaction in the circulation and innervation, which is a consequence of the convulsion. The case may be one, indeed, of which the history of the rigors of ague may serve as no inapt illustration; for here we have, first, the circulation failing more and more until the bathos of the cold stage is reached; and, secondly, a state of reaction which banishes the rigors most effectually so long as it continues.

It would even seem as if appeal might be made to the appearances after death, and to the actual condition of the circulation in the fit, for positive arguments against the idea of anything approaching to exalted action of the medulla oblongata.

The signs of fatty degeneration can have but one significance—under-action, not over-action. The interstitial deposit, also, implies an equivalent absence of healthy nerve structure, and so does the dilated condition of the bloodvessels; and this absence of nerve-structure must necessitate a corresponding absence of nervous action. The appearances after death, indeed, if they show anything, show that the medulla oblongata of the epileptic is *damaged in structure*, and because damaged in structure, *weaker in action*, than it ought to be.

The great argument against the idea of anything like over-action of the medulla oblongata in epilepsy, however, is to be found in the state of the circulation; for if, as may safely be assumed, the activity of any organ is in direct relation to the activity of the circulation of *red blood* in that organ, how far from anything like over-action must be the state of things in which, as is the case in the epileptic paroxysm, the vessels are at first comparatively empty of red, and afterwards completely filled with black, blood?

Nor can the curious discovery of Dr. Brown-Séquard, that certain injuries of the spinal cord are followed by an epileptiform affection, be construed into an argument that there is anything like a state of exalted action of the *spinal cord* in epilepsy. This curious result, which is brought about by puncturing or dividing more or less completely almost any part of the spinal cord, is developed, not immediately, but in the course of three or four weeks after the injury. The attacks, once developed, occur spontaneously at various intervals, often several times a day; they may also be brought on by pinching or otherwise irritating the portion of the skin which corresponds to the region of the whiskers in man. This excitable spot is supplied by twigs belonging to the sub-orbitary, the auriculo-temporalis, the second, and perhaps the third, cervical nerves; and it is a curious fact, that the irritation which brings on a fit when applied to the skin in which these twigs terminate has no such effect when applied to the twigs themselves. Any other part of the skin may be pinched or irritated with impunity, but this one spot can scarcely be touched without at once bringing on a fit.

These facts are very curious, and, in the main, very unintelligible; but this much at least is evident, that they do not countenance the idea of any over-action of the spinal cord in epilepsy. The fact that the epileptiform affection does not make its appearance until four or five weeks after the injury would appear to show very clearly that the fits have nothing to do with that local inflammation in the cord which may be supposed to have been set up in the first instance by the injury. After such a lapse of time, indeed, is it not the natural conclusion, that any over-action of the cord arising from the inflam-

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mation produced by the injury must have died out, and left the cord damaged, weakened, under-acting? Nor is a contrary conclusion to be drawn from the excitable condition of the nerves proceeding from the neighbourhood of the cheek or cheeks; for both sides of the face are thus affected, if both sides of the spinal cord have been injured. What the full significance of this curious fact may be we may have yet to learn, but at any rate there is no reason to suppose that this excitable condition of the skin implies an over-acting condition of the nerves or nervous centres concerned in the phenomenon. The excitable portion of skin is not over-sensitive, for the animal manifests no signs of uneasiness when it is handled immediately after a fit. Over-sensitiveness, moreover, would seem to have nothing to do with the matter. At any rate, pain, and not convulsion, is the consequence of handling those portions of the skin of the animal which may have been rendered highly hyperæsthetic by the injury to the cord which brought on the convulsions. It is certain, also, that a somewhat similar condition of excitability is brought on when, as in several experiments related in the first lecture (pp. 287 and 288), the skin is cut off from the full influence of the nervous centres; and hence the natural inference would be, that the action of the nervous centres in the epileptic guinea-pig is *minus* rather than *plus*.

As in the former instances, however, so here, we turn to the condition of the circulation and respiration in order to know what is the actual functional condition of the spinal cord in epilepsy; and so turning, we see that the action of the cord under these circumstances must be almost or altogether *nil*. For what action can there be when little or no arterial blood is injected into the vessels?

A similar argument will also dispose of the idea of over-activity of the *ganglia of the sympathetic system* as a cause of epilepsy. It is very possible that the contracted state of the arteries, which is implied by the death-like pallor of the countenance and the comparative pulselessness at the wrist, may show that the coats of the vessels are in a state of spasm; and it is also possible that the cause of this spasm may have to be sought in the sympathetic system; but it does not follow that over-action of this system is this cause. On the contrary, the experiments of Drs. Kussmaul and Tenner already referred to (p. 288) show most conclusively that strong epileptiform convulsion is possible when the action of the sympathetic ganglia is entirely suspended by arresting the supply of blood to these organs.

And certainly no opposite conclusion is to be drawn from the vague and undefinable sensations or movements, very varying in character, but all comprehended under the term *aura*—sensations of pain, numbness, tingling, or a feeling of cold vapour; movements of shuddering or spasm, beginning in a distant part and travelling towards the head; for the most probable interpretation of these symptoms is that of Dr. Watson—that they are in some degree analogous to the numb and tingling feelings which are the frequent precursors of paralysis and apoplexy, or to the globus of hysteria—phenomena which by the most perverse process of reasoning can scarcely be supposed to indicate other than a state of defective innervation somewhere.

But, it may be asked, is there nothing else? Is there no peculiar state of the nervous system in epilepsy? Is there no *morbid irritability?* In order to answer this question, it is necessary to ask another—What is morbid irritability? It is not inflammation; it is not fever; it is some indefinable and negative state which occurs frequently in teething, in worm disease, in uterine derangement, and in many other cases—a state in which the patient is unusually depressed by depressing influences, and unusually excited by exciting influences. But what is this state? Is it anything more than mere exhaustion? In difficult teething, the strength is worn away by pain and want of sleep; in worm disease, the parasites help to starve and exhaust the system; in uterine derangement, the health is undermined, in all probability, by pain and by sanguineous or other discharges. In each case there is unequivocal exhaustion of body and mind, and the signs of morbid irritability appear to be nothing more than the signs of such exhaustion. A weak person is more affected by the several agencies which act upon the body from within and from without, and he is so because he is without some of that innate strength which belongs to the strong person; and the person who is morbidly irritable is, in reality, one who, for want of this principle of strength, responds impatiently to the several stimuli, whose office it is to elicit his vital phenomena. In a word, this undue morbid irritability may be nothing else than the natural consequence of that general want of power, the signs of which are written so legibly upon the vascular and nervous systems of the epileptic. There is no necessity, then, to look upon this morbid state of irritability as an evidence of the existence of any peculiar condition in some part of the nervous system; for, thus interpreted, it only shows that the state of muscular contraction is ill antagonized by nervous influence. Thus interpreted, indeed, morbid irritability only becomes another name for inefficient innervation.

The *theory of simple epilepsy*, therefore, which may be deduced from a consideration of the facts relating to the nervous system is in harmony with that to which we have been led by a review of the state of the circulation and respiration in the epileptic; and this theory is one which tallies as completely with the view of muscular motion set forth in the first lecture, as it disagrees with that commonly received opinion according to which the muscles are supposed to contract convulsively because they are subjected to excessive stimulation.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

FATAL PERITONITIS.

THE patient, a poor girl of eighteen, who some months ago exchanged the calling of a servant for the life of a kept mistress, from which she has lately lapsed into a brothel, entered the hospital yesterday, after suffering during a whole week with symptoms of peritonitis.

Her father had died of delirium tremens. Her mother, at the age of twenty-eight, and a sister at the age of eighteen, had died of consumption. She herself had had slight cough during the whole winter; during the last month of which she had emaciated. Latterly, her bowels had been constipated.

She lies on the left side, her body and thighs somewhat bowed together. She breathes solely with the upper part of the thorax, and about 36 times in the minute. Her pulse, 120 per minute, is already somewhat collapsed. Her pain, still severe and uninterrupted, has been lessened by the opium judiciously ordered yesterday by Mr. Irvine, the resident physician's assistant.

The excessive tenderness of the whole belly to pressure will not prevent a thorough physical examination of the disease. It may seem a paradox to say so, but even percussion of the abdominal wall implies very much less displacement than the gentlest palpation. Giving a patient strict injunctions to complain of any painful manipulation, and taking care to raise, as it were, the finger struck, so as to meet half way the descending blow of the other finger which strikes it, you will find scarcely the worst cases of peritonitis forbid that careful physical inquiry which is sometimes necessary to diagnosis, and never countermanded, save by its adding to the danger and pain of the sufferer. Nor is this delicacy of touch to be looked upon as a rare (though desirable) accomplishment. A physician who is too dull, or too clumsy, to do, in his profession, what after all requires far less acute and practised senses than he would expect as a matter of course from a sailor, or a watchmaker, or a razor-grinder, as the by-play of their handicrafts, had better seek some other calling which, unlike Medicine, can be executed by half a man; by brains without eyes, ears, and fingers; or by intellect without compassion and sympathy.

Further on is the diagram so traced over our poor patient's inflamed viscera, without—to judge by her repeated answers to that effect—any increase whatever of her sufferings.

Now as regards the diagnosis of these cases. The symptoms, as ordinarily given in books and systematic lectures, I shall not allude to, save to point out their marked inferiority for all practical purposes to the physical signs we have just mapped out. The *decubitus*, for example, would often mislead you. And I have often seen a slow (50 to 60) pulse, a clean tongue, a moist skin, nay even such anomalies as dilated or irregular pupils, associated with peritoneal inflammation. Tenderness, again, depends on the details of the inflammation, especially the state of its exudation and the degree of its movement. Besides, it is sometimes diminished, or suspended, or removed, in a comparatively early stage of the disease, by conditions so opposite to each other as an intervening layer of liquid, or a close adhesion. And it may, perhaps, have fallen to the lot of many to witness how, even in hospital practice, an old-fashioned trust in these symptoms sometimes permits the necropsy of a

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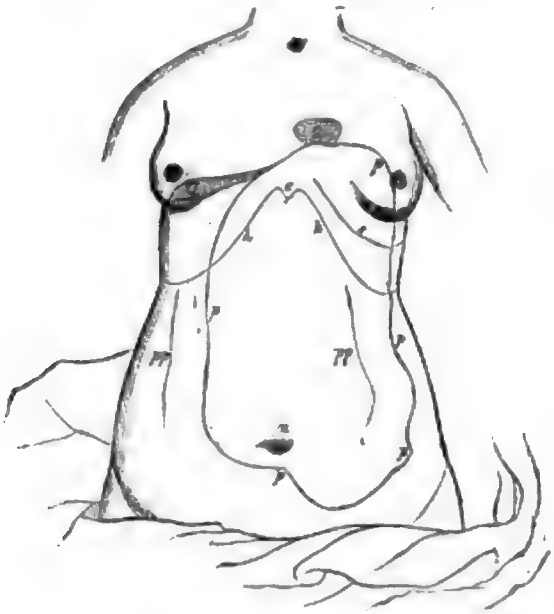
supposed peritonitis to show the serous membrane devoid of all roughness or congestion and everyway healthy.

Turning, then, to the physical signs of peritonitis, there are two which precede, and outlive, all others; which belong to all cases, however differing in intensity; and which therefore surpass all others as elements of the diagnosis. These are, dulness at the inflamed place, and immobility at and around it.

The first of these two is better seen in inflammations less diffuse than that now before us. The last, however, may be profitably noticed where, as in this instance, it reaches its maximum.



c, Cardiac dulness. *n*, Navel. *e*, Ensiform appendix. *l*, Hepatic dulness. *h h*, Edges of hypochondria. *p, p, p, p*. Outline limiting the tympanitic region of the belly, and enclosed in a region occupied by a thin layer of liquid. *pp, pp*. Portions of a similar outline formed by the displacement of the preceding. *s*, Curved line forming the lower border of that part of *p, p*, occupied by the stomach, as shown by its sound to percussion.

Looking, for example, to the abdomen of this patient, we find, not only a great general distension, but a perfectly motionless condition of the whole of its anterior wall; in which even the most careful scrutiny fails to detect any perceptible movement during breathing, though each act of inspiration lifts the very bed-clothes below the neck in a way that may be recognised some yards off.

Again, tracing the common boundary line of the chest and belly shows that the diaphragm, and the viscera attached to its upper and under surfaces, are so greatly pushed up as to usurp a considerable portion of the thoracic cavity; the liver being immediately below the right nipple, and the dulness produced by the apposition of the heart to the chest being far above (instead of below) the left nipple.

The dulness produced by the presence of liquid is here modified, by the thinness and wideness of the layer of lymph on the one hand, and by the tympanitic distension of the intestinal canal on the other. The canal, indeed, rises to the surface of the belly, at its middle, as shown by our diagram; stomach and bowel being plainly distinguishable from each other (at *s*) by the different characters of their sounds on percussion.

I am not at all sure that the physiology of these details has ever been accurately pointed out. If I recollect aright, it has been suggested that, abdominal movement being painful and dangerous, Nature circumvents it by a kind of breathing exclusively thoracic.

But this alleged "final cause" is defective as well as "barren" in the Baconian sense. The belly *does* move. Half the thorax does *not*. And I would even add, that the diaphragm does not so much avoid, as lose all capacity for, its ordinary movements. It is paralysed—somewhat to exaggerate its state—by a paralysis, too, which it usually shares with the lower part of the thorax, as well as with the adjacent anterior wall of the belly, and with the co-ordinate muscular walls of the digestive canal. And the paralysis thus caused by peritonitis of its lower aspect is often contrasted with phrenic pleurisy involving its upper serous aspect, in which the agony of breathing is usually deferred and diminished by a long, slow, deep breathing, such as brings the whole chest into play, until checked by an effort which looks very like a voluntary one of the poor patient.

This seems, therefore, the clue to the physical signs of peritonitis: paralysis, and hence distension, of the intestines and the belly; including in the latter all its movable walls, whether muscular, costal, or diaphragmatic. Paralysis, caused by a state which also produces pain, but often outlasting it; independent of all liquid effusion, compatible with scarce any exudation whatever. Paralysis, let me add, such as rarely or never annihilates all movement, even in the enormously tympanitic bowels which seem to demonstrate an utter stagnation.

For often, as in this case, the repetition of a careful physical inquiry, three or four minutes after the outline of the liquid has been unmistakably mapped by percussion, will show that the abdomen (to all appearance as motionless as the patient) has been the seat of a great change in the arrangement of the bowels and of their surrounding exudation. Our patient, for example, has not stirred in the few seconds that elapsed since we marked out the line *p p*; and yet its distinct curves are now as distinctly replaced by those of the parallel outline *pp, pp*, showing a considerable intestinal movement.

Another point we may notice is, the ease with which fluctuation is detected in these cases. Whenever a skilful manipulator is in doubt about the presence of this symptom, it would, I believe, be safe to say that it is really absent. At any rate, I suspect that errors are incomparably more frequent in the opposite direction; in the affirmation of fluctuation where none exists. The "fluctuation" of the surgeon, however, is not always the "*thrill*" which seems most easy and conclusive for the physician in these cases to detect. Here, as you may feel, this sign can not only be obtained without any pain to the patient; by one light tap of the finger, with half of the hand barely touching the belly a few inches off - but merely to place the hand gently on the belly gives you a perceptible thrill at each effort of breathing, limited as this act seems to be to the subclavian regions only.

The diagnosis not only affirms extensive (almost universal) peritonitis, but refers this peritonitis, conjecturally, to such an ulceration of the ileum as is itself a disproportionately large and early element of pulmonary tuberculosis. The scanty breathing sounds on the right side indicate the tubercle, probably deposited in both lungs, to predominate here.

The same history and symptoms which justify this opinion permit no hope of a cure. To assuage pain is almost all we can expect to do; and even in this, our success is likely to be but imperfect.

[The patient died in five days. The necropsy confirmed the above conjectures, save only as respected the quantity of liquid in the peritoneal cavity. Scanty as it had been at first, the exudation had been still further reduced by absorption before death.]

ON

THE TREATMENT OF ANEURISM FROM ANASTOMOSIS BY EXCISION.

BY OLIVER PEMBERTON, ESQ.,

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THE description which John Bell gave, in 1796, of the aneurismal tumour, which he ventured to call "Aneurism from the dilatation of anastomosing vessels," has never been surpassed in accuracy: the varicose tumour of Petit, the erectile tumour of Dupuytren, the telangiectasy of C. F. Graefe, and even the arterio-capillary tumour of Gerdy (Chirurgie Pratique, t. ii. p. 493), fail to convey a more correct notion of the features of this remarkable disease. To our knowledge, then, of the anatomical characters or the pathological condition of the parts entering into the structure of these tumours there can be little added that would not be found already recorded in the luminous pages of Bell, or in the writings of those other authorities to whom I have referred. It is otherwise, however, with the question of treatment.

For the most part the means of treatment selected in the hope of curing "aneurism by anastomosis" resolve themselves into three well-marked divisions. These are—

1. Endeavours to alter the intimate structure of the tumours, so as to render the further development of the arterial network

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well nigh impossible, and at the same time to promote its destruction and absorption.

2. The deligation of the principal arterial branches that are distributed within the tumour itself, or of those main trunks that immediately give off the branches that nourish it and pass about its locality.

3. The excision of the disease.

The first division comprehends pressure, the use of refrigerants, of caustic pastes, the injection of astringent fluids, and the introduction of setons and of needles with the view of exciting suppuration. Without, here, more particularly inquiring as to the value of compression, refrigerants, caustics, and the injection of astringent fluids, it may be affirmed that each one of these methods will prove of great utility in certain cases; these will, however, be found to be characterized generally by their comparative insignificance in size, and by their situation on the more solid textures of the frame. They appear to me altogether inadmissible in a case like that which I am about to relate, as their exhibition could only delay the attainment of the end in view. On the other hand, the introduction of setons, of numerous single threads, of needles, and ligatures, with the view of exciting suppuration, or other means of treatment having similar objects to attain—all these will be eminently useful, even should they fall short of effecting a complete cure of the disease. The excitement of suppuration in all parts of one of these vascular growths cannot fail in changing completely the nature of its structure; so that should absorption of the now altered tissue be, from its size, a matter of improbability, at least one great danger—that of hæmorrhage—is absent, and other steps to ensure its removal can now be adopted in safety.

Of all the methods of treatment devised for the relief of this formidable disease, perhaps none have resulted in so great disappointment as that in which the ligature of either the main arterial trunks, or their branches supplying the tumour, has been accomplished. The return of blood into the disease in many instances occurred as certainly as the flow through the main channel was cut off, and where the only branch yielding a supply was apparently arrested, a new one, ere long, was found to have arisen near the same place. An exception, however, to this result, as will be seen, must be made in favour of those tumours situated in or near the orbit.

Of forty-five cases in which the ligature was applied, either on the branches or the principal trunk, the following results were obtained:*—

In ten of these cases the branches were ligatured. Of the patients who were submitted to this treatment not one was cured!

In thirty-five the principal trunk was tied. Of this number, fourteen were cured, ten died, nine were unsuccessful, and in two the result was imperfectly given. Further, in reference to situation, of these thirty-five, six cases were tumours in the orbit; of these, five were cured, and the sixth was reported as being imperfectly so.

It would appear, then, from these observations, that the ligature on the branches has altogether failed, and that where the principal trunks were tied, success was only remarkable when the tumours were within the orbit.

With such evidence of the danger and uncertainty attending this practice in the treatment of these diseases, under what circumstances, let us inquire, are we justified in resorting to it? In the first place, the tumour must be sufficiently formidable as to endanger the life of the patient, should its further increase be unarrested. Secondly, to check hæmorrhage. Lastly, with the view of preparing the tumour to undergo, in comparative safety, that most certain of all remedies, (where its situation renders it practicable,) the excision of all the parts entering into its formation.

The excision of the structures constituting aneurism by anastomosis, seems to have impressed, in a very strong degree, the minds of those surgeons who first directed their attention to its relief. "You must not cut into it, but cut it out." This was the opinion held by John Bell, and he vigorously and successfully illustrated its value. J. L. Petit held the same doctrine, expressing it in the important caution that the incisions should be made in the sound tissues, where the bloodvessels were unaffected.†

George Freer, who published his "Observations on Aneurism," in 1807, and who added a lustre to his connexion with the General Hospital in this town that has never been surpassed, by being the first to successfully tie the external iliac artery for the cure of femoral aneurism, also was impressed with the importance of the total removal of these growths by the knife. He records two cases, in which the disease was situated in the cheek, wherein the treatment by excision was attended by complete success. (p. 34.)

More recently, surgeons have been content to regard the operation by extirpation as the means of treatment that should be adopted when all others have failed. There are no records of late years, that I am aware of, of cases where this mode has been resorted to in the first instance; and yet there are many instances where such a course would have induced far less suffering, and would have placed even life itself in smaller peril. Thus Nélaton (*op. cit.*) relates, that M. Mussey, for the relief of a fungus of the head, tied both common carotids, but was after all obliged to have recourse to excision, and cured his patient.

Dr. Warren's case also (*American Journal of Medical Science*, 1846) may be perused with advantage, as it shows that however necessary preliminary treatment may be ere excision can be ventured on in safety, it yet must come to it at last. The tumour, in this instance, was situated on the forehead, and was three inches in diameter: after repeated applications of needles and compressing ligatures to the arteries in the neighbourhood of the disease, together with the use of caustics, the cure had to be completed by excision.

This excision, or complete extirpation of the diseased structure, need not of necessity be carried out by the knife. Sir Benjamin (then Mr.) Brodie effectually accomplished it in the case of a tumour similarly situated, and which had resisted all previous efforts at cure, by means of ligatures so applied around steel needles, that complete strangulation was produced at its base. ("Medico-Chirurgical Transactions," vol. xv., p. 177.) The situation, however, of the disease, must be the main guide to the selection of the mode by which it shall be thus entirely removed.*

The following case will illustrate most of the points that have been referred to in the preceding observations:—

A. W——, aged fifteen, a tall, spare, sallow-complexioned girl, was placed under my care in the General Hospital, Birmingham, on the 19th of November, 1858, by Mr. William Higgins, surgeon, of Abbots-Bromley, in Staffordshire, for the relief of a vascular enlargement of the upper lip.

History.—Her parents are living, and healthy. She has had twelve brothers and sisters, of whom six are living. No member of her family, to her knowledge, has any mark or deformity, or any affection similar to her own. She has been always somewhat delicate in health, but has not had a serious illness. Menstruation commenced a year since, and has continued regular to the present time. The growth first made its appearance when she was three years old, in the form of a small red spot on the left half of the upper lip, and has gradually increased to its present dimensions. Both lobes of the thyroid gland are considerably enlarged.

Present condition.—The left half of the upper lip is entirely occupied by a large pulsating, compressible mass, of a dusky-red colour. The disease extends upwards as high as the malar bone; outwards, to within a short distance of where the facial artery crosses the lower jaw; inwards, for half an inch beyond the mesial groove; and downwards over the mouth, closing completely the view of its orifice, and concealing the lower lip. It implicates within these limits the entire thickness of the lip and cheek. At the free margin of the growth, where it is most depending, ulceration has taken place through the red line of the lip, a thick brown scab marking the arrest of recent bleeding. The dusky-red colour fades away very gradually in the white of the cheek and lip, its disappearance being shown by numerous veins displaying themselves for the first time, coursing downwards on all sides towards the tumour. There is visible pulsation. Grasped by the hand, its bulk somewhat diminishes, and a strong throbbing sensation is experienced as if conveyed throughout the entire swelling; whilst, in places, vehement pulsation, synchronous with the wrist pulse, is observed. The bridge of the nose, for rather more than an inch, is occupied by a similar structure, presenting the same dusky-red appearance, and of a similarly pulsating character. Compression of the facial arteries does not appear to perceptibly diminish either the bulk or the pulsation of the tumour. These vessels are large, tortuous, and unnaturally prominent; they roll under the finger like pieces of whipcord, but the left one is much larger than the right.

The tumour has always been more or less painful, but to a

* Nélaton, Eléments de Pathologie Chirurgicale, tom. i., p. 540.

† "J'ai traité, dit Petit, plusieurs de ces tumeurs, que j'ai emportées sans avoir la moindre hémorragie; mais je coupais les vaisseaux dans le lieu où ils n'avaient que leur diamètre naturel."

* See Mr. Hodgson's case, "Medico-Chirurgical Transactions," vol. ix., p. 216.

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greater degree since menstruation, the recurrence of a period being marked by increased energy in the pain experienced, as well as by turgidity and livid discoloration. About three months ago it bled for the first time. The blood was of a bright arterial colour. She was then menstruating, and the bleedings have been especially repeated at each monthly period since. The annexed woodcut accurately represents her appearance at this time:—

A sharp attack of arterial hæmorrhage having taken place a few weeks after her admission, on the 15th of December, under chloroform, I proceeded to place a ligature on the left facial artery as it crosses the lower jaw. On exposing the artery, it was seen to be as large as a goose-quill, varicose, with its walls thinned in the extremest degree. It was so closely adherent to the vein, similarly enlarged, that in separating it the vessel gave way, and bled furiously. I therefore at once tied both vessels, placing a ligature above and below the rent, so as to effectually control the hæmorrhage. After this was accomplished, the pulsation appeared to me diminished, but not materially so. The ligatures separated without bleeding on the twelfth day. The tumour was not altered in size, but the vehemence of the pulsation was considerably lessened.

Jan. 17th, 1859.—A portion of the under and inner part of the lip, measuring two inches in diameter, was included in a noose, after the method of that described by Mr. Fergusson, (*Edinburgh Monthly Journal of Medical Science*, 1847.) Free suppuration in the part strangled followed this proceeding, and once or twice active arterial hæmorrhage. The application of cold, however, and repeated dressings with the tincture of the sesquichloride of iron sufficed to restrain it.

Three weeks after this I passed a needle underneath the superior coronary artery on either side, as it ran, enlarged and tortuous, to the disease. All pulsation ceased in the intermediate portion of the lip on the tightening of the strings cast around the needles. At the end of a week these were withdrawn.

March 16th.—Pulsation has ceased altogether in the lip, mainly between the situation of the ligatures on the coronary vessels. It yet remains in the cheek and at the root of the nose. The tumour generally is harder to the feel, but unaffected as to size. Two needles were passed beneath the vascular parts on the bridge of the nose on either side close to the cheek, and ligatures firmly cast around them. These were removed on the 23rd, when the pulsation was found to be diminished, but not destroyed.

May 11th.—Three threads, doubled, were passed from above downwards, starting at regular intervals, from within outwards, on a level with the malar bone, and traversing the swelling in the following manner:—The needle was entered at its upper limit, and a single thread was passed subcutaneously so as to come out where the skin joined the red margin of the lip, and there left free. The upper end of the thread, left sufficiently long for this purpose, was next carried through the same aperture from which the first one started; but it was made to penetrate deeper, so as to run close above the mucous membrane of the mouth, having its point of exit opposite to the thread already placed, the thickness of the lip and of the disease intervening between the two strings. This process having been repeated in two other portions of the tumour in a precisely similar manner, the six threads were next tied firmly, the effect being that the mass shrank and contracted upwards to such an extent that the lower lip became visible.

31st.—These threads were removed. Their presence has excited general suppuration, and the tumour, though not smaller in size, is much harder and more circumscribed in its character.

June 15th.—Two portions, of the size of a half-crown each, situated in the front view of the mass, were transfixed by needles crossing each other; threads were passed around these, and the tissues strangled between them.

21st.—These needles were withdrawn, having excited further suppuration in the disease. There is now only very slight pulsation to be detected in the cheek, whilst it has altogether disappeared from the lip.

From this date, the parts inflamed and irritated by the repeated introduction of threads and needles were permitted to subside. All tendency to hæmorrhage ceased, the wounds healed, and the lip and cheek settled down in a permanent, solid tumour, scarred and disfigured by the treatment necessary to destroy its vascular character.

I could now only contemplate the excision of this, as promising to relieve my patient permanently and effectually of so dreadful a malady. In this view I was strengthened by the opinion of Professor Syme, who, visiting the hospital with me in August, and carefully examining the condition of the disease, recommended this mode of treatment as the one alone calculated to afford her relief.

With the view of recruiting her health, somewhat impaired after nine months' confinement within the hospital, I advised her going home for a time. Accordingly, she left on Sept. 2nd, and was re-admitted on Sept. 27th, looking well and strong. At this time, on examination, only a very faint pulsation in the upper part of the disease could be detected. There was no thrill, and no ulceration. The deformity, however, was even more striking than at first.

Oct. 5th.—Under chloroform I proceeded to extirpate the growth in the following manner:—A double-edged knife was passed at once through the cheek into the cavity of the mouth, at a point to the outside, and rather behind, the malar bone, all the tissues being then rapidly severed downwards to the angle of the mouth. From the commencement of this first cut a second was made to run obliquely across the cheek, close to the left ala of the nose, so as to extend beyond the mesial groove of the lip, thus including between the two incisions the entire disease, in a V-shaped flap. The hæmorrhage for a few moments was alarming. Ligatures were rapidly applied, which sufficed to control its more prominent sources, but it continued abundantly, until the parts were drawn closely together by hair-lip needles. After five of these had been inserted so as to have a good wide sweep from the cut edges, and the threads drawn around them, the bleeding ceased. Owing, however, to the great thickness of the cheek, the wound came together with some difficulty, and there was in places a good deal of irregularity and tension about the needles. The patient was faint from loss of blood, and required an abundant supply of stimulants ere it was prudent to remove her to bed. On examining

the excised part, scarcely any traces of the original structure were to be detected. The materials of which it was composed

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appeared of firm, unyielding texture, with numerous fibrous bands intersecting. The delicate cellular and vascular tissues had evidently entirely disappeared in the repeated suppurative processes to which they had been subjected. The broader portion measured upwards of three inches in length, whilst it was nearly two in thickness.

Oct. 9th.—Three needles were removed yesterday, to-day the remaining two. The parts are much swollen, but there is no gaping of the edges. After this, her progress was most favourable; the wound healed rapidly, and as the scars of the needles diminished in their prominence, it was wonderful to remark how little the cheek seemed to have lost, notwithstanding the great gap that had been made in its substance by the operation. Towards the lip and left angle of the mouth there was even yet too much material left, and could more have been taken away, having a due regard to the subsequent union of the parts, I felt that her appearance might have been still more improved. Notwithstanding this impression of my own, she seemed well pleased at her appearance, and expressed herself as contented to abide by the result, which is accurately portrayed in the second woodcut, taken just before her discharge from the hospital on December 9th, 1859.

The foregoing narrative warrants the conclusion that the ultimate treatment of aneurism by anastomosis must be by the complete excision of the parts which happen to be involved in the disease. It matters not what amount of time may be occupied in the preliminary treatment; this, by whatever means accomplished, will have reference to but one object—the diminution of the vascularity of the growth, so as to render extirpation as early as possible practicable.

Whilst, then, it is admitted that there will always be cases in which the surgeon will wisely resort to general means of treatment to alter the structure of the growth ere the knife is made use of, (in which category I would place the case of A. W——,) yet there may be others where in the first instance a contrary method may be desirable, and the deformity be removed without any delay.

In the selection of the early mode of treatment, much will depend on the circumscribed or diffused character of the disease. Where the latter feature prevails, the diminution of the vascularity should be sought by all possible means; whilst in the former, we may safely cut it out at once. The following circumstance will add value to this opinion:—

Within a few days of Professor Syme's examination of this patient with me, a case precisely similar was sent to him, for his opinion, by a surgeon at Carlisle; it was, however, in the pulsating stage. Mr. Syme advised its complete removal without delay; and as the patient desired him to perform the operation, it was at once done. In describing the proceeding to me in a letter ten days subsequently, he says: "There was not more than the ordinary bleeding from the same extent of excision, but the gap was fearful. It extended from beyond the angle of the mouth to the other side of the nose, and nearly up to the eye. Nevertheless, by cutting laterally through the cheek, I obtained sufficient freedom to bring the edges together. They have united perfectly, and I really do not think you could tell that any freedom of consequence had been taken with the face."

It will be noticed that the bleeding in this case was not more than ordinary. The disease was, I have no doubt, accurately defined, and admitted of the vessels being secured in that situation where they were of only common magnitude. On the other hand, after nine months of treatment of various kinds, I could only describe the hæmorrhage as of a most formidable character in the case I have adduced; and I can now only attribute this to the eminently diffused nature of the tumour, its structure shading off almost imperceptibly into surrounding parts.

We are justified, then, in arriving at the following conclusions which may regulate our surgical treatment of these cases:—

a. To cut out the parts containing the vascular structure as speedily as possible.

When the lips are the seat of disease, this proceeding may, in some instances, be adopted, to the exclusion of all other modes.

b. If this excision cannot with safety be accomplished in the first instance, when the disease is otherwise situated, owing to the dangers of hæmorrhage, or the prospect of too great disfigurement, the branches of arteries leading into the growth should be tied subcutaneously by needles and ligatures, whilst the intimate structure of the disease may be further altered by the introduction of numerous double threads, in the way I have described.

Should the situation be altogether unfavourable for the use of the knife, Sir Benjamin Brodie's plan of strangulation at the base should be adopted.

By whatever mode, however, the vascular character of the growth is modified, let this change only be desired in the hope that one or other of the means of extirpation I have mentioned may be carried out.

Temple-row, Birmingham, April, 1860.

ON THE

INFLUENCE OF TROPICAL CLIMATES ON THE RISE, PROGRESS, & TREATMENT OF UTERINE INFLAMMATION.

BY EDWARD JOHN TILT, M.D., M.R.C.P.L.,
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(*Concluded from page 419.*)

THE etiology of uterine inflammation in tropical climates, its rapid progress and unusually severe symptoms, have been considered in previous communications; but a still more important question must be briefly answered.

3rdly. *What modifications are required in the treatment of uterine inflammation in tropical climates and in tropical invalids?*

Considered in this point of view, the treatment of uterine inflammation divides itself into the treatment to be adopted during a residence in tropical climates, and that required after returning to a temperate region.

1. *Treatment of uterine disease in tropical climates.*

It is obvious, from what has been previously stated, that, on arriving in India or any other tropical region, young women should keep quiet, and learn to so adapt themselves to the climate as to obviate its inconveniences and ward off its dangers before their constitution be subjected to any fresh trial of strength. It would be wise to seek to re-establish the regularity of the menstrual flow, and not to allow marriage to take place until this be accomplished. European habits of activity should be kept up so far as experience teaches them to be consistent with health; riding and driving at dawn and sunset are evidently indicated; and it is for those who practise in hot climates to decide how far exercise under solar influence is or is not prejudicial to European women. It is evident that, so far as the male sex is concerned, this is not followed by the evil results which might have been anticipated. It has been remarked by the well known writer on military medicine, Dr. Robert Jackson, that in the East and West Indies, European troops were never so healthy as when actively engaged under solar influence, and never so sickly as when reposing in barracks. The healthiness of the European troops engaged in the late siege of Delhi, under tremendous heat, was a matter of wonder. For myself, I never felt stronger than during the ten days spent in crossing the desert from Gaza to Cairo, in saddle all day, at the end of May, the thermometer ranging from 100° to 120° Fahr.

The strengthening influence of the cold bath and cold shower-bath is well known; but even when European women are not suffering from uterine inflammation, it would be well if, during a residence in tropical regions, they were to impart to the womb a portion of that bracing influence so largely given to the skin, by the daily use of cold water injections, administered by means of one of those vulcanized india-rubber syphon syringes, which can be so easily and safely employed.

I have been told by medical men who have practised in the East and West Indies that, even when not inflamed, the womb is in an irritable condition, and that the uterine and the vaginal secretions are unusually abundant; and Dr. D. Stewart even admits a morbid condition in these secretions, which so react on the womb as to bring on inflammation. Under these circumstances, it is evident that the habitual use of cold water vaginal injections is the best preservative against uterine inflammation, and the best means of enabling European women to prolong their residence in a hot climate. A change to the hills or a sea voyage are good modes of preventing uterine inflammation when it is brought on by failure of constitutional strength.

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With regard to the treatment of uterine inflammation as it occurs in India, Dr. D. Stewart, Dr. Scott, and many other practitioners fully adopt the principles of treatment laid down in Dr. H. Bennet's writings and in my own. They do not believe that the womb escapes from the general rules of pathology, and maintain that its diseases require local or surgical measures as well as constitutional. Indeed, they consider constitutional remedies like quinine and steel as less useful in India than in England, and rather build their hopes of recovery upon the application of the nitrate of silver or stronger caustics to the inflamed or ulcerated surface of the womb, alike in the native women and in the female European residents. In the latter, however, it frequently happens that the constitution is so undermined by the enervating influences of climate, that, notwithstanding the best treatment, the ulcerated womb will not heal, or reopens soon after healing, so as to render imperative a return to a more bracing climate.

2. *Treatment of uterine inflammation in those who return from a tropical country.*

When patients of either sex return from India for some serious operation, they are very judiciously advised by the old Indian practitioners, who reflect so much honour on British medicine, not to have the operation performed until the blood has been renovated, and the constitution braced up by a year's residence at home; but I think it would be very injudicious to extend this injunction to the healing of uterine ulceration by surgical treatment. The constitution is much more liable to suffer from the continuance of an irritable sore than by the application of the lunar or even a more energetic caustic.

With regard to the principles of treatment which I consider best in the various forms of uterine inflammation, it would be out of place to discuss them in the present communication. My views and those of my friend, Dr. H. Bennet, have been long given to the profession; but those who adopt them must expect to find the treatment of uterine disease in tropical patients baffled by complications, so as to protract the cases much beyond the usual period of their duration.

This inability to recover health, notwithstanding the best treatment, constitutional as well as surgical, is in the anæmic to be referred to the deteriorated condition of the blood and to a thorough exhaustion of nerve force, and recovery will reward perseverance with a well-adapted succession of tonics. Travelling, a residence at the seaside, sea-bathing, and hydropathic appliances will often render great service in such cases. In others, the favourable progress which had at first followed a well-directed plan of treatment will be suddenly checked, without any assignable reason, until successive biliary accumulations and outpourings indicate chronic disease of the liver, which requires to be treated by mercurials, alkalines, tonics, and judicious regimen, or the uterine disease will not progress favourably. In a patient now under treatment, a large quantity of bile is vomited or passes from the bowels once or twice a month, often without known cause, sometimes from worry and fretfulness, and this has been the case for several years.*

Sometimes the check to the favourable progress of uterine inflammation will be explained by the patient getting wet through, or suffering some severe mental shock, which brings back a return of ague or of remittent fever; and the uterine disease will not yield until these complications are cut short by quinine. In such cases, when the local complaint is grafted on thoroughly broken-down constitutions, it would be injudicious to follow up the surgical treatment of the uterine inflammation until the complete removal of all uterine lesions. Whilst these are kept in abeyance by medicated injections, one should seek to improve the system by change of climate, mineral waters, and hydropathic appliances, with the view of inducing those constitutional changes which may cure the various elements of the case, should such changes not arise spontaneously in the course of time—the chief remover of chronic disease. At repeated intervals, varying from three to six months, it would be well to test the progress made towards the restoration of the constitutional powers by the effects of local treatment on the persistent uterine disease, continuing the treatment during three weeks.

During the last ten years I have known young women sent out to India in whom menstruation was so irregular as to afford little chance of the maintenance of health; I have attended patients who have been almost crippled for life by remaining in India long after the development of uterine inflammation; others I have seen who had come back to England on account of uterine inflammation, returning to India before the disease was quite cured, and speedily obliged again to abandon their Eastern homes by a relapse of the old complaint; and I have therefore been led to insist on the following practical rules:—

1. When menstruation has been habitually morbid in a temperate zone, women should not form permanent settlements in the tropics.

2. Those who have frequently suffered from uterine inflammation in a temperate region should not take up their abode in tropical countries.

3. When the European residents of tropical countries suffer severely from uterine disease, they should remove to a temperate climate.

4. Those who come back to Great Britain from tropical regions invalided by uterine disease should not return to their Eastern homes until some months after the cure of the uterine disease.

I feel convinced that a close adherence to these rules would prevent a large amount of disease, save a useless expenditure of money, and check the social misery which often follows the loosening of family ties by long continued absences.

Grosvenor-street, Grosvenor-square, 1860.

* Dr. Copland ascribes the prevalence of liver diseases amongst the European residents in tropical countries to the liver being larger and its secretions more copious in the European than in the Negro and in the Mongol races; but my friend, Mr. Robert Clarke, who has been colonial surgeon at Sierre Leone and at the Gold Coast for twenty-two years, and who had abundant opportunities of testing the value of this assertion in hospital practice, assures me that he has not observed any difference in the size of the liver in the Negro and in the European.

ACUTE NEURALGIA CURED WITH THE AID OF THE CONTINUOUS GALVANIC CURRENT,

WITH PECULIAR SYMPATHETIC EFFECT UPON THE UTERUS.

BY HARRY LOBB, M.R.C.S., &c.

THE following case will be interesting, not only to those who look upon galvanism as a valuable therapeutic agent, but to the physiologist, who may perceive a peculiar sympathetic or searching action of the galvanic current, whereby the real organ in fault is sought out by the fluid, and the reflex action of the nerves demonstrated.

I was sent for on the 29th ultimo to see a lady suffering from the most acute neuralgia of the nerves of the upper and lower jaws and temple of the right side. She could obtain no relief from the remedies she had tried. The week previously she had been attacked with neuralgic pain in the right knee; but this had departed since the appearance of the pain in the jaws. Her age was about forty-six, and she had not menstruated for seven months; otherwise she was in tolerable health. Her teeth had been examined by a dentist, and pronounced sound.

I applied the continuous galvanic current to the jaws and temple with the aid of a Pulvermacher battery—the positive pole beneath the ear, the negative to the various painful parts,—for half an hour. I left the battery, explaining its use, and desired it to be applied the moment there was any return of pain. This did not occur till the evening, when it was applied, and the lady had a good night, awaking free from pain. She passed the day well, but about one A.M. on Tuesday (the 1st instant) she had the most acute agony in the upper jaw it was possible to conceive, when the current was applied, and she fell asleep in the midst of it. She awoke in the morning free from pain, menstruation having come on during the night; this has progressed favourably, and she had no return of the neuralgia.

This might be considered by some to be an accidental coincidence, and not induced by the galvanism; and this plea I should allow if I had not already had several allied cases where the same effect had been produced in the same manner, and quite as unexpectedly; for I did not learn the condition of this lady until afterwards.

I have frequently observed that galvanism has this peculiar power of selection: that although, through pain or some other cause, the current may be applied to a part or organ, some distant and hitherto unsuspected organ is stimulated by it, and pain is removed, at the same time secretion is induced in a complementary gland.

Brook-street, May, 1860.

GARIBALDI'S EXPEDITION. — Three medical men are attached to the Alps Rifles forming the nucleus of Garibaldi's little army. Their names are Ripari, Boldrini, and Giulini.

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Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE CONDITION OF THE BLOOD IN MANIA.

BY W. CHARLES HOOD, M.D., L.R.C.P.,
PHYSICIAN TO BETHLEHEM HOSPITAL.

DURING the last few years, the attention of many scientific investigators has been directed to the condition of the blood in disease, and the discovery of some valuable facts has been the result. These have accumulated, and amongst them are instances which furnish support to the belief that there is some equivalent change in the blood in all diseases; and that the blood in *acute mania* forms no exception to the general rule may be gathered from the writings of Drs. Hittorf and Erlenmeyer. Much remains to be done before we can have any exact knowledge of the state of the blood in insanity, and the author, with the able assistance of his friend Dr. Marcet, has been induced to make careful analyses of the blood of six maniacal patients, during the paroxysm and in a state of convalescence, which induce him to think that the facts arrived at (not before indicated) show, that *there is a marked deficiency of fibrine during the period of maniacal excitement, and a correction of this deficiency during convalescence.* The blood was drawn by cupping at the nape of the neck to the same amount in each case, and immediately collected in earthenware pots containing about two ounces each; and it was in every instance within a few hours of extraction subjected to the same method of analysis. The six cases selected were three of "acute" and three of "recurrent mania."

CASE 1.—*Acute Mania.*—W. G——, aged twenty-one, admitted into Bethlehem Hospital in December, 1856, became maniacal one month before admission. Hereditary tendency traceable in both his father and paternal grandfather. There was no apparent bodily disease. The patient was of spare habit and an excitable temperament, and had not been subject to any medical treatment previous to his admission. Nourishing diet was prescribed, and the following sedative mixture: acetate of morphia, half a grain; tincture of hyoscyamus, one drachm; camphor mixture, eleven drachms,—three times a day. At the end of a fortnight, the morphia was increased to one grain, three times a day. In September, 1857, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	777·39	Water	784·93
Red particles	149·74	Red particles	110·07
Fibrine	1·74	*Fibrine*	2·20
Albumen, &c.	63·28	Albumen, &c.	90·63
Inorganic salts	7·85	Inorganic salts	8·00
Fatty matter	0·00	Fatty matter	4·17
	1000·00		1000·00

CASE 2.—*Acute Mania.*—W. T. G——, a drum major in the Guards, admitted into Bethlehem Hospital in March, 1857; was married, and had lived a temperate life. He was very excited, noisy, mischievous, and incessantly talking. Morphia and sedatives, with full diet, were prescribed. In March, 1858, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	791·64	Water	758·76
Red particles	125·48	Red particles	140·61
Fibrine	1·55	*Fibrine*	2·75
Albumen, &c.	69·84	Albumen, &c.	87·28
Inorganic salts	8·98	Inorganic salts	8·82
Fatty matter	2·51	Fatty matter	1·75
	1000·00		1000·00

CASE 3.—*Acute Mania.*—E. R——, married, and the mother of four children, was admitted into Bethlehem Hospital in June, 1857, and discharged cured in May, 1858.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	806·71	Water	800·90
Red particles	104·68	Red particles	109·32
Fibrine	1·67	*Fibrine*	1·75
Albumen, &c.	76·[illegible]3	Albumen, &c.	74·99
Inorganic salts	7·41	Inorganic salts	8·89
Fatty matter	3·00	Fatty matter	4·15
	1000·00		1000·00

CASE 1.—*Recurrent Mania.*—E. J. G——, a single woman, was received into Bethlehem Hospital in 1837; since which date she has been subject to repeated attacks of recurrent mania, the paroxysms lasting five weeks, and being followed by two weeks' tranquillity and apparent mental restoration.

Analysis of the Blood.

During maniacal excitement.		During the convalescent stage.	
Water	769·66	Water	811·68
Red particles	121·77	Red particles	126·01
Fibrine	1·58	*Fibrine*	2·88
Albumen, &c.	98·44	Albumen, &c.	47·54
Inorganic salts	8·55	Inorganic salts	9·31
Fatty matter	0·00	Fatty matter	2·58
	1000·00		1000·00

CASE 2.—*Recurrent Mania.*—F. B—— was admitted into Bethlehem Hospital in the year 1838. The mental disease was clearly traceable to hereditary tendency. She suffers from alternations of mental excitement and tranquillity. The blood was taken in each of these states:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	784·07	Water	765·73
Red particles	123·81	Red particles	139·05
Fibrine	0·06	*Fibrine*	2·46
Albumen, &c.	81·69	Albumen, &c.	81·75
Inorganic salts	8·62	Inorganic salts	8·09
Fatty matter	1·75	Fatty matter	2·92
	1000·00		1000·00

CASE 3.—*Recurrent Mania.*—W. D—— was admitted into Bethlehem Hospital in June, 1841, at the age of twenty-nine, since which time he has been subject to continued attacks of recurrent mania: for a month or six weeks he will be found rational and conversable; but during the succeeding five weeks or more his entire mental condition appears to have undergone a revolution; irritability succeeds the natural amiability of his conduct, and he assumes the habits and bearing of a congenital idiot. The analysis of the blood was made at such periods as would best represent a fair specimen of each particular state:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	773·86	Water	779·93
Red particles	135·56	Red particles	121·65
Fibrine	1·96	*Fibrine*	2·97
Albumen, &c.	79·22	Albumen, &c.	87·16
Inorganic salts	7·99	Inorganic salts	8·29
Fatty matter	1·41	Fatty matter	0·00
	1000·00		1000·00

On comparing these cases with those of an analogous character which have been put on record by Drs. Hittorf and Erlenmeyer, the lesson taught by them becomes more pointed and cogent.

M. Hittorf has recorded seven cases of acute mania in which he analyzed the blood during the stage of maniacal excitement, and he concludes from them that there is in such cases a *diminution* in the amount of the globules, and an *increase* in the amount of water; the cases, however, show more than this, for they prove *a distinct diminution in the amount of fibrine of the blood.*

M. Erlenmeyer states that he has made 304 analyses of the blood, principally in cases associated with other internal diseases. He only details three cases; in two of them mania was accompanied by epilepsy. The conclusion drawn by Dr. Erlenmeyer from these cases, and from others not quoted, is, that augmentation in the number of red particles or in the amount

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of fibrine is a very unusual occurrence in insanity, and that the opposite state is the most frequent condition.

In all these cases, therefore, that have been instanced, there is a material deficiency in the amount of fibrine in the blood. Of Dr. Hittorf's seven cases, in six the amount of fibrine stands 1·3, 1·4, 1·8, 1·9, 1·9, 2·0. In Dr. Erlenmeyer's three cases the amount of fibrine stands 1·7, 1·8, 2·3. While of our own six cases, the fibrine *in all* falls considerably below the normal standard, as follows: 1·9, 1·7, 1·6, 1·5, 0·06. Surely these results express something more than an accidental coincidence.

CASES OF CEREBRAL AFFECTION CAUSED BY DISEASES IN THE REGION OF THE NOSE AND EYE.

BY DR. HERMANN WEBER.

The first case was that of a man, aged twenty-five, who was attacked by erysipelas of the right cheek, eye, and right half of the nose on December 14th, 1850. Nine days later, when he was almost convalescent, he began to complain of a dull headache, which was followed by symptoms resembling those of acute hydrocephalus. On Dec. 28th, he was somnolent, and there was incomplete left-sided hemiplegia. On Dec. 31st, there was a marked improvement of all the symptoms; but already on the evening of the same day the patient became again comatose, and died on January 2nd.

Autopsy.—The right cavernous sinus and ophthalmic vein were distended and filled with a greyish red coagulum, which adhered firmly to the rather thickened walls. The exterior layer of this thrombus was more discoloured and crumbly than the centre, the latter being softer, and of cherry-red colour. There were, besides, sero-purulent effusion in the lateral ventricles, with softening of their walls, considerable swelling and redness of the choroid plexuses, and purulent meningitis on the lower surface of the anterior lobe of the right hemisphere.

CASE 2.—A man, aged twenty-four, had contracted primary syphilis in 1845, and had afterwards suffered from secondary and tertiary symptoms. He was first seen by the author at the German Hospital in Nov., 1851, when he was affected with syphilitic ozæna and necrosis of the vomer and other bones of the interior nose. By iodide of potassium and injections he was much improved; but discontinued the treatment before he was cured. On Jan. 29th, 1852, a few days after the discharge from the nose had ceased, and the nose had been "stopped up" by dried crusts, the patient was suddenly seized with headache and rigors, which were at first of a strikingly intermittent character, returning every night; but after a few days the headache became constant. On Feb. 7th, stupor, sluggishness of pupils, and pyæmic pleuritis came on. On Feb. 9th, there were, in addition, carphology, muscular twitching, ptosis of the left upper eyelid, and paralysis of the left rectus externus. On Feb. 10th, incomplete hemiplegia of the right side. The patient died on the following day.

Autopsy.—The left cavernous sinus and ophthalmic vein were filled with a greyish, crumbly substance, firmly adherent to the walls, which were considerably thickened; the centre of the thrombus of the cavernous sinus was of pulpy consistence and greyish-red colour. The areolar tissue round the carotid artery and round the nerves on either side of the walls of the cavernous sinus was thickened. The lower surface of the left anterior lobe of the brain bore the signs of purulent meningitis, and the larger veins in connexion with the cavernous sinus were distended, and their contents coagulated. The longitudinal, circular, right cavernous and left petrosal sinuses contained likewise coagula, which, however, were dark-red, and easily separable from the unaltered walls. The blood in the other sinuses was not coagulated; the ventricles contained only a moderate amount of fluid. Inspection of the interior of the nose was not permitted. No disease of bone in contact with dura mater. Secondary abscesses in lungs and liver; sero-purulent discharge in left pleural cavity.

The author remarked that these two cases, though different with regard to the original complaint, resembled each other in the manner of the propagation of the disease from the exo- to the endo cranial regions,—that is, the meninges and the brain. In either case he was inclined to think that the introduction of morbid matter through the ophthalmic vein caused, in the first instance, coagulation of blood (thrombosis) in the corresponding cavernous sinus; that the meningeal inflammation of the adjacent inferior surface of the hemisphere was in both cases, and in the first case also the erysipelatous inflammation of the choroid plexuses, consequent on the thrombosis of the sinus. The author was further inclined to consider as well the thickening of the walls of the sinus and of the ophthalmic vein, as also the thrombosis of the latter, as consecutive to the thrombosis of the cavernous sinus and the changes occurring in the thrombus; the coagulum in the ophthalmic vein having the appearance of being of junior date to that in the sinus. He alluded, however, to the possibility of explaining the propagation of the disease by phlebitis.

Respecting the diagnosis of such cases, Dr. Weber pointed to our, as yet, limited acquaintance with the phenomena produced by thrombosis of the various sinuses of the dura mater. In the first case there appeared to be no symptoms directly dependent on the condition of the sinus itself; but in the second, ptosis of the upper eyelid, and paralysis of the external rectus of the same side, were observed two days before death. These phenomena, easily explained by the relation of the third and sixth pair to the cavernous sinus, the author considered as of great diagnostic value. In cases of short duration, however, these phenomena would probably be absent, on account of the sheath of areolar tissue by which the nerves in their passage through the sinus are surrounded and protected. Attention was drawn also to the incomplete hemiplegia of the opposite side, and its changing character; but this symptom was not considered as due to the condition of the sinus itself, but to the consecutive affection of the brain adjacent to it.

CASE 3 was that of an infant affected with chronic discharge from the left nostril and left eye from birth, contracted probably from the mother during parturition. At the age of ten weeks, while the child appeared otherwise in good health, the discharge ceased, the left nostril becoming closed by crusts; two days after this cessation, on May 8th, 1859, the child was seized with epileptiform convulsions, succeeded by coma. The epileptiform fits became, during the following days, more frequent, the convulsions being more marked in the right side of the body, until, on the morning of the 11th, the child sneezed repeatedly, and the discharge became re-established. From this time the fits became steadily rarer and weaker, with the exception of two days, during which the discharge had again become very scanty. The principal part of the treatment consisted in the injection of warm water into the left nostril, and the frequent application of a warm moist sponge to the nose.

CASE 4.—A child, eighteen months old, was suffering from syphilitic coryza (ozæna), with much sanious discharge, more from the right than from the left nostril. On December 17th, 1859, two days after the discharge had suddenly ceased (under the influence of cold), and the nostrils had become blocked up by crusts, the child had an epileptiform fit, followed by a comatose condition and incomplete paralysis of the limbs of the left side. The fits returned several times on the same and following day. The coma was continuous; but after the removal of the crusts, the application of leeches to the nostrils, and copious injections of warm water, the discharge from the nose became re-established, the fits became rarer, and did not occur any more after December 21st.

Dr. Weber observed, that although the nature of the original complaint had not been the same in these two cases, yet there was great similarity in the phenomena of both; that in both there had been chronic inflammation of a portion of the Schneiderian membrane, with considerable discharge; that in both epileptiform fits and complete coma followed, within two days, the sudden cessation of the discharge; that one side of the nose being in both cases more affected than the other, the opposite side of the body had been in both more affected; that further, in both cases the symptoms of the endocranial affection, although very severe, disappeared almost immediately after the re-establishment of the discharge. The author remarked, that it appeared to him difficult to point out the exact nature of the endocranial affection. It might be supposed that in these cases, too, as in Cases 1 and 2, there had been absorption of morbid matter through branches of the ophthalmic vein; that this had led to stagnation of the blood in the corresponding cavernous sinus, and to further disturbance of the endocranial circulation, especially on the same side, which disturbance, in infants, more disposed to convulsive disorders than adults, had given rise to epileptiform fits; that the timely restoration of the normal passage for the discharge had prevented further absorption of morbid matter. The author felt, however, that other interpretations might be given. With regard to the immediate treatment, Dr. Weber attributed great value to the removal of the crusts, local depletion by leeches to the nostrils, and, above all, to the adequate use of the syringe.

THE ACADEMY OF MEDICINE OF PARIS.—The actual constitution of this institution includes 46 physicians, 18 surgeons, 6 accoucheurs, 20 pharmaceutists, chemists and botanists, and professors of physical philosophy, and 5 veterinary surgeons.

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Reviews and Notices of Books.

On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment. By HENRY WILLIAM FULLER, M.D. Cantab., F.R.C.P., Physician to St. George's Hospital. Third Edition. pp. 489. London: Churchill.

DR. FULLER's work appears to be accepted by the profession as the fullest and most satisfactory exposition extant of the subject of which it treats. A third edition has hence been called for, and which the author, as he informs us, has endeavoured to render as complete and useful as possible by bestowing more than ordinary care upon its revision, by adding many practical suggestions, and by carefully recording the results of his experience as to the action of remedies which have been recently introduced:—

"On the subject of chronic rheumatism much still remains to be ascertained; for I am satisfied that many maladies are included under that comprehensive title which have nothing more in common than have small-pox and chicken-pox. I have endeavoured, as far as possible, to separate the different varieties, and to point out the remedies to which each is most amenable.

"In the chapter on Sciatica and Neuralgic Rheumatism, I have given the result of my experience as to the effect of injecting morphia into the cellular tissue, and have also specified the conditions under which galvanism, electricity, and other remedies prove useful; I have also appended a few cases illustrative of the treatment recommended."

The author lets fall a hint that he may, on a future occasion, lay before us his views upon Gout. If so, we hope he may then be as successful in keeping the ear of the profession as he has been in addressing them upon so hackneyed a subject as rheumatism, upon the consideration of which in the work before us he expends very nearly 500 pages.

Glycerin and Cod-Liver Oil; their History, Introduction, Therapeutics, Value, and Claims upon Professional and Public Attention. To which is added a Chapter on Physic-taking, or Counsels for the Sick. By W. BURNHAM WILLMOTT, Associate of the Pharmaceutical Society, &c. 12mo, pp. 197. London: Baillière.

A VERY neat little volume, and apparently composed with great care. On glancing over it, not a word seems to be misplaced. Its contents are indicated by its title. Under the head of Glycerin (as our author chooses to spell it) are considered its uses in diseases of the ear, skin, and eye, as a substitute for other materials in ointments, also with iodide of iron, soap, jelly, tannin, aloes, &c.; and in the first of these sections Mr. Willmott notices the advantages, "confirmed by eminent members of the profession," which attended the introduction of this agent by Mr. T. Wakley as a remedial means in the treatment of deafness. The author does not, however, ride a hobby by recommending as a universal panacea the drug which he has treated of in all its combinations so extensively; he admits that its employment internally in cases of phthisis has signally failed, and that "as a remedial agent in consumption it will bear no comparison with cod-liver oil." To a consideration of the latter remedy he has devoted the second half of his work, including, after its history, preparation, action, tests, and other particulars, a section on the substitutes proposed for it, which consist of the oils of the dugong and pilchard, and a third material, the nature of which has not yet transpired, but which, he says, has apparently been used with success. From the appendix, termed the "Chapter on Physic-taking," we extract the following sensible remarks:—

"If you are more than slightly unwell, do not attempt to 'doctor' yourself. Rest assured, if you are your own physician, you will have a very foolish person for your patient. It is the province and the duty (a cheerful one at all times) of the medical adviser to relieve—to the extent of his ability—bodily suffering, and therefore in his hands you should unhesitatingly place yourself. 'If all progress not so favourably as you would wish, be patient and reasonable enough to remember that your medical man is but a man, and acts to the best of his judgment and ability. For his own reputation, for the love of humanity, and the delight of doing good, all that art and science can do, or that he can command, he will bring to his aid; this is all on the supposition that you are in the hands of a qualified, respectable, and experienced practitioner.'..... Be sure of one thing—do not apply for advice to the professional charlatan, who flourishes on a system of chicanery and extortion. As invalids, you will need to avoid quacks of all kinds, who prey upon the credulity of the public. Street doctors, herbalists, pill-vendors, and those, in short, who pretend to cure every ailment by specifics of their own invention, all rank with that class, which, if you have any regard for your health, you will especially ignore. It is far better to trust to nature herself for a cure, than to swallow the nostrums of the empiric. Permit me to urge that you should seek advice in the proper quarter, and that without delay."—p. 164.

This little work is really deserving of attention.

Transactions of the National Association for the Promotion of Social Science, 1859. Edited by GEORGE W. HASTINGS, LL.B. 8vo, pp. 739. London: John W. Parker.

THIS highly interesting volume records the transactions of the third annual meeting of the Association, held at Bradford in October, 1859. The meeting was eminently successful, having been attended by some thousands of persons. In a scientific sense it was also a great success. We recorded at the time some of the more important contributions to the medical and sanitary departments. This volume now presents summaries of the proceedings of each department, and a selection of papers. In this selection the editor has shown very sound discretion. The process of sifting and selecting contributions is by no means the most agreeable function of editorship, but it is a natural result of the success of the Association. In the section of Public Health is published a series of papers, arranged under the heads of the Condition of the Public Health, the Causes which Modify the Public Health, and the Improvement of the Public Health; with a summary of miscellaneous papers. The volume is a very noble monument of useful labours, ably and usefully digested; and few persons interested in the material progress of the people would willingly be without it.

On the Nature of the Substance found in the Amyloid Degeneration of various Organs of the Human Body. By FRANCIS HARRIS, M.D. Cantab., Demonstrator of Pathological Anatomy at St. Bartholomew's Hospital, Assistant Physician to the Hospital for Sick Children, &c. pp. 23, and a Plate. Westminster: Brettell.

THIS is "a thesis for a Medical Act in the University of Cambridge," the perusal of which we can well recommend to our readers. The conclusion arrived at by Dr. Harris relative to the *starchy* nature of the bodies found in the brain, and the *cellulose* nature of amyloid degeneration of different organs, is as follows:—

"All that we are justified in concluding is—that the reactions of these substances with iodine and sulphuric acid indicate their analogy, not their perfect identity, with the substances of the amylaceous group."—p. 23.

The pamphlet contains a good *résumé* of an interesting subject.

Series of Clinical Cases (with Observations) illustrating the Views recently put forward by Dr. Brown-Séquard, as regards certain points connected with the Physiology of the Nervous System. By JOHN W. OGLE, M.D. Oxon., F.R.C.P., Assistant Physician to St. George's Hospital. pp. 16.

Case of Paralysis as to Voluntary Motive Power on one Side of the Body, attended by Hyperæsthesia, &c. By the same Author. pp. 22. 1859.

THE cases narrated in these pamphlets are full of the deepest interest and value, and well worthy the attention of those who devote themselves to the study of the physiology and pathology

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of the nervous system. They fully corroborate the deductions of that eminent physiologist, Dr. Brown-Séquard; and the author's remarks thereon are clear and practical.

Ure's Dictionary of Arts, Manufactures, &c. New Edition, chiefly re-written and greatly enlarged. Edited by ROBERT HUNT, F.R.S., F.S.S., Keeper of Mining Records, &c. Illustrated with nearly 2000 Engravings on Wood. Part VII., May, 1860. London: Longmans.

WE may announce the appearance of this second portion of the second volume, and which includes subjects from "fermentation" to "gold." "Flax" and "glass" are topics minutely discussed and abundantly illustrated.

On the Radical Cure of Varicocele by Subcutaneous Incision. By HENRY LEE, Surgeon to King's College Hospital, &c. pp. 24. London: Churchill.

As the author's views have been before the profession for some years, it is unnecessary to recapitulate them. In the present essay, however, he has brought forward a number of cases successfully treated by his method, which are worthy the attention of the practical surgeon.

Archives of Medicine. No. 5. Edited by LIONEL S. BEALE, M.B., F.R.S. London: Churchill.

THE present number is not inferior to its predecessors, and contains much matter of interest and value, being at the same time well illustrated with plates and woodcuts.

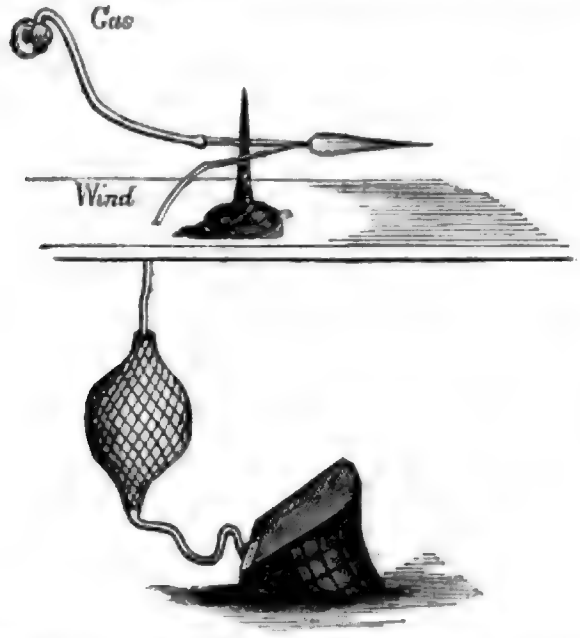
New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW BLOW-PIPE.

MR. LEWIS J. PAINE, of Great Russell-street, Bloomsbury, late exhibited to the members of the Medical Society of London a valuable improvement in the blow-pipe. It consists of a shifting nozzle, by which air and gas are brought into contact by means of an arrangement of india-rubber tubes in connexion with a diaphragm, as he terms it—a compressible bag, which is supplied with air by a pair of small bellows laid upon the floor, and worked by the foot.



This simple and ingenious instrument, although small, is capable of great exertion. In the laboratory of the chemist, or in the study of the mineralogist or geologist, it is invaluable, for by its instrumentality the most refractory minerals or metals may be accurately tested. Indeed, with some very slight modification of the blow-pipe portion of it, a very powerful miniature furnace may be formed, capable of reducing from four to eight ounces of metal, such as gold, silver, copper, &c.; so that this little wind instrument recommends itself alike to the chemist, mineralogist, dentist, or indeed anyone whose natural bellows is not sufficiently strong to assist him in carrying out those experiments in which concentration of heat is the active agent.

Foreign Department.

ACTION OF THE PERIOSTEUM WITH REGARD TO THE FORMATION OF THE CALLUS IN UNUNITED FRACTURE.

WHEN, in non-union of bone after fracture, a seton is used, and a callus forms in consequence of the inflammation excited by the foreign body, it is supposed that the ends of the bones suffer necrosis, and that the callus is generated by the surrounding tissues. It would, however, appear from a case lately brought before the Academy of Sciences of Paris by M. Jobert de Lamballe, that the action of the seton upon the periosteum is sufficient to conduce to the formation of callus.

M. Jobert had to treat a case of non-union of the tibia, of six months' standing, in a man aged forty-two. A seton was introduced and brought in contact with the periosteum, the seton not touching the extremities of the fragments. It was left ten days, and suppuration ceased six days after its removal. In five weeks union had taken place; neither exfoliation nor necrosis occurred, and consolidation, says M. Jobert, must have been the consequence of an effusion from the periosteum, which effusion seems to possess the power of generating bone. The author further remarks that union was obtained in much less time than happens when the seton is passed between the extremities of the fragments. In the present case the periosteum alone was concerned in the formation of the callus, whilst in those just alluded to, necrosis, followed by granulation in the ends of the bones, is the rule.

DISARTICULATION OF THE HIP ONE OR MORE YEARS AFTER FRACTURE OF THE FEMUR BY GUNSHOT WOUND.

M. JULES ROUX, head surgeon of the naval department at Toulon, has read an elaborate memoir before the Academy of Medicine of Paris, wherein he discusses the propriety of the disarticulation of the hip in gunshot wounds connected with fracture of the femur. The author holds that amputation at some point of the shaft of the bone should not be performed when the femur has been shattered, and cicatrization does not follow. In such cases disarticulation at the hip should be performed, because the bone is likely to have suffered osteomyelitis, and, under such circumstances, no good results can be obtained in amputating at the shaft. M. Roux quotes six cases of his own, wherein he performed disarticulation, out of which four patients recovered. He condemns primary disarticulation in cases of shattering about the superior third of the femur, these operations having seldom succeeded, whilst several cures, without operative interference, have been recorded.

BLACK PIGMENT OF THE EYELIDS (CHROMYDROSIS).

M. HARDY, physician to the St. Louis Hospital, lately brought before the Medical Society of the Hospitals of Paris a case of black pigment of the eyelids, which occurred at Brest, in the practice of M. Leroy de Méricourt.

It would appear that this peculiar complaint, although hardly known in other parts of France, has been observed seven or eight times at Brest, always upon women, belonging to various ranks of society.

The present case refers to a young lady of nineteen, who, on returning from church two years ago, and after having been rather painfully excited, noticed black stains on her eyelids. The blots persisted without any disturbance of general health or menstruation, the only apparent symptom during this period being a few spots of acne about the limbs. On the 17th of September, 1859, M. Hardy found her in the following state:—Cutaneous aspect of upper and lower lids on both sides covered with a greyish-black layer, which, examined closely, looked

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like coal-dust; mucous membrane a little vascular; eyes normal. By passing a piece of linen moistened with oil on the lids, a dark spot like lamp-black was left on the linen. After this cleansing process the eyelids looked normal, even when examined with the magnifying glass. Two hours afterwards the lids were black again. All kinds of applications used to prevent this secretion have successively failed. Some members of the Society thought there might have been some deception in these cases.

TUMOUR OF THE RIGHT INGUINAL REGION CONTAINING LUMBRICI; RECOVERY.

THE tumour was painless, and of small size; pus formed, the abscess broke and discharged thin purulent matter, with twelve lumbrici. No peritonitis occurred, the pus was not fœtid, and presented no traces of fæcal matter. M. Batata, the medical attendant, left the complaint to Nature, only covering the opening with a piece of lint spread with simple ointment. In a few days the abscess closed, and the patient did well. The *Gaz. Méd. de Paris*, of the 12th inst., in quoting this case from the *Revue Thérap. du Midi*, mentions neither the sex nor age of the patient.

ANCHYLOSIS OF THE KNEE; TENOTOMY AND RUPTURE OF INTRA-ARTICULAR ADHESIONS.

THIS case refers to a boy of eleven, whose leg was considerably flexed and fixed from inflammation and suppuration of the joint, consequent upon a punctured wound. Tenotomy of the flexor tendons and forcible stretching were resorted to. Six weeks afterwards the boy could walk without a stick. The *Gaz. Méd. de Paris* of the 12th inst., does not state whether the joint was eventually movable or not.

EXAMINATION OF THE SUPERFICIAL PORTIONS OF THE EYE BY MEANS OF NATURAL LIGHT LATERALLY REFLECTED FROM A DOUBLE CONVEX LENS.

M. LABORIE lately read a paper before a Medical Society of Paris, wherein he speaks of the advantages of the ophthalmoscope, and those of the lamplight reflected laterally. He, however, finds fault with the latter mode of illumination, and prefers the natural light, reflected from a double convex lens, held in the hand of the surgeon, an inch and a half from the patient's eye. In this manner he has been enabled to examine affections of the cornea, of the anterior chamber, the iris, the pupil, and the lens. The great comfort is, according to the author, that the examination may be made at once, without repairing to a darkened room, or having recourse to artificial light, &c.—*Union Médicale*, May 8th.

RUPTURE OF VARICOSE VEINS IN THE VAGINA DURING LABOUR; DEATH.

A STOUT woman, aged twenty-three, whilst in labour of her first child, was seized with very severe pain during the passage of the head, the presentation being quite normal. The perinæum was suddenly put on the stretch, and gave way in spite of the greatest care used by the accoucheur to prevent its rupture. Soon after the birth of the child, severe hæmorrhage occurred; syncope and convulsions rapidly followed, and in about ten minutes the patient expired. On a post-mortem examination, it was discovered that the varicose veins of the vagina had given way; the uterus was firmly contracted, and contained no blood.—*Berliner Zeitung.*

PROSECUTION UNDER THE MEDICAL ACT AT CHELTENHAM.

A CAUSE under the Medical Act of great importance came before the Police-court at Cheltenham last week. The complainant was Mr. Fred. Digby, M.R.C.S., medical officer of the workhouse, and the defendant, Mr. Dennis Turnbull, of the hydropathic establishment, Sherborne House. There were three informations laid, the offences charged being that defendant, by using the prefix "Dr." to his name, and also by appending to it the initials "M.D.," had held himself out to the world as a duly qualified medical practitioner—or in the words of the information, "did wilfully and falsely pretend to be, and did take and use the title of, a doctor of medicine"—and by so doing had incurred penalties in each case not exceeding £20. The court was much crowded during the hearing, several members of the medical profession, and many friends and patients of Mr. Turnbull, being present.

After a considerable discussion on certain legal and technical objections, the case for the prosecution was stated by Mr. Boodle. The charge was, that the defendant had held himself out to be a doctor of medicine; that the words "Dr. Turnbull" were upon his door-plate; that he had, besides, signed himself Dennis Turnbull, M.D.; that he had attended as a medical practitioner persons on the point of death, and under such circumstances as would render himself liable to other and more serious proceedings.

After some discussion between Mr. Boodle and Mr. Pruen, who appeared for the defendant, as to the specific charge to be brought against him, evidence was given in support of the statement made by Mr. Boodle. It was shown that Mr. Turnbull attended a case of strangulated hernia, and that he had given a certificate that death had resulted in consequence. It was stated by the witness in this affair that Mr. Turnbull had not held himself out as being possessed of any English degree in medicine.

For the defence it was urged that Mr. Turnbull was a medical herbalist; that he had never represented himself as a M.D., and that he held a diploma from the Medical Reform College at New York; that he had never falsely pretended to be registered; that he had made a claim to be placed upon the Register, which was still under consideration.

The magistrates eventually dismissed the charge, on the ground that the evidence was not satisfactory that it was a case of wilful false pretence under the Act.

Mr. Boodle applied to have the "diploma" of New York impounded, inasmuch as it was not a diploma at all in the meaning of the Act. The application of Mr. Boodle, however, was refused by the Bench.

Mr. Turnbull was again charged with a similar offence on the 20th of November last. The principal witness for the prosecution was Mr. Bennet, registrar of births and deaths for Cheltenham, who produced a certificate of the deaths of Francis Worel, which was signed by Dennis Turnbull, Member of the Medical Reform College, New York, U.S. Mrs. Melvin produced a receipt for money due for attendance on her late husband, signed Dennis Turnbull, M.D. In this case the magistrates eventually convicted the defendant, and inflicted a fine of 20s., with costs.

Mr. Pruen applied for a new trial, on the ground that the American diploma exempted Mr. Turnbull from the decision. The magistrates took time to consider the application.

The third information preferred against Mr. Turnbull was abandoned in consequence of the decision arrived at by the magistrates.

On the 17th inst. Mr. Pruen renewed his application for a case, which the Bench granted.

Mr. Turnbull then entered into recognizances, himself in £40, and a householder in £40, to prosecute the appeal to the Court of Queen's Bench without delay.

The proceedings excited considerable interest in the town, and there were the usual manifestations of feeling exhibited in such cases. As a matter of course, the prosecutor was subjected to the severe criticisms of the defendant's advocate. These criticisms, however, he is well able to bear as the protector of the just rights of the public and the profession to which he belongs. The Medical Act was passed mainly as a protection to the public, and any man who honestly and faithfully endeavours to carry out the provisions of that Statute is justly entitled to the thanks of the community. Talk, indeed, of the jealousy of the profession in this kind of proceeding!—why it is the public who are mainly interested in it. Justly stringent as the Medical Act is, it in reality affords less protection to legitimate medical practitioners than other Acts of Parliament do to the practitioners of the law. It seems strange that lawyers, in the defence of unregistered practitioners of medicine, should denounce with so much energy the wholesome Statute for the protection of the public, when they themselves visit with so much severity the sins of those who falsely pretend to be legal practitioners. There is no class of offences which lawyers regard as more heinous than those perpetrated by pretended lawyers. Medical practitioners have no desire to act vindictively or even severely towards those who infringe the Medical Act. They are naturally anxious to uphold the honour and dignity of their profession; but, above all, their desire is, in instituting proceedings against the pretenders to medical science, to shield the public from the multitudinous ills which result from the practice of medicine by totally unqualified persons. Fortified by these honourable motives, the gentlemen who assume the position of prosecutors may safely regard the attacks of those interested in defending a vicious system with perfect indifference.

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THE LANCET.

LONDON: SATURDAY, MAY 26, 1860.

UNWILLINGLY do we recur to the circumstances which have led to the resignation of the medical staff of the Guernsey Militia. That the elevation of Dr. OZANNE by General SLADE was an "inconsiderate act," we again repeat. It may be quite military; but we are not aware of any precedent established at the Horse Guards to authorize it, and certainly it is open to independent criticism by the common sense of civilians.

It is not disputed that Dr. OZANNE is a homœopathic practitioner. This gentleman, indeed, is rather boastful in his confession of faith in infinitesimals. Now, the whole framework and structure of our medical organization, as established by the law of the land, and carried out in our military and civil services, are based on the recognition of scientific medicine. Scientific medicine condemns the mystic jargon and dreamy nonsense of Hahnemannism. The institutions authorized by Government to examine and grant diplomas in Medicine and Surgery would think it as rational to diplomatize a homœopath as an Ojibbeway medicine-man, who cures by amulets and other charming devices, of which true remedial agents form a constituent part so minute that it would require a mind versed in the transcendental progressions of the German dreamer to determine their value. We need not say that no man is held competent to receive a medical appointment in the Poor-law service, or in the Army or Navy services, unless his fitness is attested by one or more of the institutions referred to. The logical inference is, that the spirit of the law holds all persons who do not satisfy the constituted examiners to be disqualified for the public services. Those who should display such ignorance of medicine as to profess their opinion that disease ought to be treated on what are called homœopathic principles, would undoubtedly be rejected. A believing homœopath can, therefore, only filch a diploma by an act of dishonesty—by a suppression of his convictions, unworthy of an apostle whose mission it is to propagate a new faith. Apart, then, from all consideration of medical doctrines or professional fitness, such a man would be unfit, on moral grounds, for an office of trust. But there is another case. A man may conscientiously give such answers as to satisfy the examiners. His knowledge and his judgment on medical questions may at the time of examination come up to the standard required. His lapse into error, his perversion from the Hippocratic and logical system of medicine, may be subsequent to the receipt of his diploma. We suppose this is the case of every one of those gentlemen who, now holding homœopathic opinions, have been enabled to place their names on the Medical Register, by producing a diploma recognised by the Medical Council. The diplomatizing institutions have no power to re-examine. A diploma, once given, cannot be withdrawn on the suspicion that the grantee has fallen off in the accuracy of his knowledge or in the correctness of his judgment in medicine. The matter is passed beyond the control of colleges and universities: it becomes a question of self-examination with the convert or pervert. If he discovers, after due inquiry into his moral obligations, that he can with propriety and consistency retain his place on the rolls of a medical institution, which he could not have acquired had he, at the time of examination, avowed the opinions which subsequently illuminated him, there is nothing for it but to leave him in the enjoyment of his diploma and his convictions. By-and-bye, perhaps, he may undergo another transition, and revert to the point whence he set out. Like the celebrated Vicar of Bray, he may think it very desirable to retain what he has whilst he is pursuing his experiences through the changing phases of faith. With all this we have nothing to do. It is alike beyond our power and our inclination to trace or to criticize the motives which actuate individuals in their personal conduct. Our duty, however, points out the propriety of discussing the conduct of the Lieutenant-Governor of Guernsey in his public capacity. All the considerations we have stated ought to have been present to his mind when contemplating the appointment of a homœopathic practitioner over the heads of all the regimental surgeons and assistant-surgeons. He must have known that such an appointment would be resented as an insult by a body of gentlemen who cultivate as high a sense of honour, and as noble an *esprit de corps*, as it is the pride of the military profession to uphold. It was his duty to reflect that the public service cannot be carried on when there is an enforced association of men holding diametrically opposite opinions as to theory and practice. He cannot, therefore, be surprised at the result of his experiment upon the medical staff. Independently of that part of the dispute which relates to medical doctrines—which is really not the point at issue,—public as well as professional opinion will censure this arbitrary act, in which the legitimate rights and the professional feeling of the surgeons of the Guernsey Militia have been wantonly disregarded.

IN our advertising columns of this week will be found the announcement of a Special General Meeting of the London Medical Registration Association, which is to be held at the Freemasons' Tavern, on Thursday, May 31st, at eight o'clock P.M. This Association will then have entered upon a new and important phase of its existence. It is about to develop and enlarge itself to an extent commensurate only with the natural boundaries of the land. It will be recollected that in THE LANCET of April 14th (p. 378), mention was made of the probability that out of it would originate a Parliament of the medical profession—such an institution, in fact, as might be fully capable of asserting and protecting the political and social rights of our body. This statement was not made unadvisedly. We were aware that a Committee of the Association, appointed for the purpose, was engaged in revising its present Rules and Bye-Laws, with the view, as now stated in their published Report, of "the enlargement of the Association, and the extension of its influence and usefulness to the whole profession throughout the United Kingdom."

The first of the new Rules to be proposed is, that henceforth this Association shall be called "THE NATIONAL MEDICAL REGISTRATION ASSOCIATION." Provision is to be made for representatives to be elected by all the Local Medical Registration Associations, to form part of the Executive Committee along with the Honorary Provincial Secretaries appointed by that body. Thus the basis will be already laid for such an organization, that if the Medical Council may properly be termed the "Upper House" of the profession, here are the means for forming a representative assembly which may not inaptly be called a "Medical House of Commons."

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But one part of the scheme we cannot approach without objection. It has been proposed that the future Secretary shall be a barrister or solicitor; and by some members of the Committee it has been projected to remove the offices of the Association to those of the lawyer, whomsoever he may be. If such a determination were to be persevered in, and finally adopted, we should see no hope for the permanent prosperity of the institution. The Secretary of a medical assemblage ought certainly to be a member of the medical profession; and if the Association wish to retain independence, it ought to retain its home in its own offices, uncontaminated by any foreign influence or dictation. It is to be hoped that the public meeting now announced will be numerously attended; that the various Rules to be laid before it will receive ample discussion and consideration before being finally adopted; and, in particular, that the new and monstrous proposal of having a paid Secretary, who shall be a solicitor or barrister, will be indignantly and for ever rejected.

WE regret to have to announce the death of Professor JOHN LIZARS, of Edinburgh, who died on Tuesday last, having been seized with an attack of apoplexy on Sunday, the 20th instant.

Medical Annotations.

"Ne quid nimis."

THE BIRMINGHAM PHILANTHROPIST.

THE prosecution of a very notorious quack, at Birmingham, has been successfully conducted by the Birmingham and Midland Counties Medical Registration Association. The defendant belonged to the gang of spermatorrhœa quacks, whose advertisements are headed "An Act of Charity," and assume to be the expression of the overflowing gratitude of "a gentleman cured of nervous debility and spermatorrhœa of long standing, the result of early errors," and who, "after much mental and bodily suffering, thinks it but charitable to render such information to others similarly situated." His real name appears to be John Marston, while, for purposes of philanthropic advertisement, he had assumed the title of Thomas Howard, Esq., and as a bait to his anatomical museum he styled himself Dr Hunter, and placarded the town with intimations that he desired to be consulted "in cases of secrecy." It was clearly shown that this worthy, in partnership with his son, carried on a business of which the main features were, to give advice to patients suffering from syphilitic disease, to supply medicines, and to make a certain charge for effecting a cure. This, Mr. Motteran, the counsel for the prosecution, contended, afforded distinct evidence of a pretence that he was a qualified man. This, indeed, was tolerably clear. An unfortunate dupe gave evidence of having consulted him as Dr. Hunter, waited while his urine was analyzed, and paid certain sums of money for the promised cure. Some precautions had been taken with the view of evading the law, but it was very plain that this man was shielding his name from the disgrace attendant upon such practices under the title of "Dr. Hunter," and that under this name and style he was driving a trade in syphilitic diseases, and resorting to all the vilest tricks of the infamous tribe who first create and then feed upon the fears of the victims of a usually imaginary spermatorrhœa. The case will afford an important precedent in respect to the grounds which were held to afford evidence of a pretence to qualification; and the Birmingham and Midland Counties Medical Registration Association must receive the congratulations and the thanks of the profession and of the public for the vigour and the success with which they are attacking the bad and ignorant men who trade upon disease without the hope or the power to alleviate the sufferings by which they profit.

MEDICAL REFORM AT OXFORD.

THE Medical Statute, of which we lately gave a sketch, has now undergone all the racking tortures of Council, Congregation, and Convocation; it has been initiated, promulgated, amended, discussed, and ratified. We are glad to find that it remains substantially the same in all the most important details, and that the opinion of the majority of the graduates, resident and non-resident, constituting Convocation, has confirmed the views which we expressed in relation to the Statute when first promulgated last session. It has been amended only in those particulars to which we expressed a strong objection—namely, the institution of a thesis test for the Doctorate of Medicine, and the appointment of one individual, the Regius Professor of Medicine, as sole judge of the merit of the dissertation. The "act" of writing a thesis for a degree has nothing to recommend it except its antiquity. It is obvious that the thesis may be the production of any one but the apparent author; and that, however great its merit, it might be rejected by a prejudiced or crotchety judge. Dr. Acland, the present Regius Professor, is incapable of forming any other than a just and able opinion on such a subject; but he is not immortal. In a very ably-argued letter by Dr. John Ogle, of London, distributed amongst the graduates prior to Convocation, the inconveniences of this part of the Statute, and absurdity of exposing to the risk of rejection and disqualification by such an "act" a man already qualified to practise by the University licence "per universum Angliæ regnum," are still more strongly indicated. Undoubtedly this letter had a great share in procuring the rejection of these clauses—a rejection mainly due to the graduate physicians resident in London, who have a vote in Convocation, but take no part in Congregation. As the Statute now stands, it will systematize the medical examinations at Oxford, and give them a high scientific value, equal to that of any examining body in Europe, and worthy of the reputation of the University. The M.B. diploma follows two examinations, modelled very much after the fashion of the College of Surgeons and the London University: clinical, anatomical, and microscopical tests are practically applied; and the licence of the Oxford University to practise medicine is henceforth the index of a justly severe training and satisfactory attainments.

DURING HER MAJESTY'S PLEASURE.

WHAT is her Majesty's pleasure as to criminal lunatics? This is a question which probably many people have asked themselves with that vague kind of wonder which melts into a general and indefinite belief that, no doubt, it is all right and reasonable enough. It is, however, a question for which we are particularly interested in obtaining a satisfactory solution now that legislation impends. An excellent little pamphlet, recently published by Dr. Hood, furnishes the materials for an answer. Some of those who are thus sentenced to indefinite detention are guilty of slight offences, while others have committed the gravest crimes—even murder. But the verdict of insanity carries with it the sentence of prolonged imprisonment, whatever be the offence of the defendant. Hence lately, in the case of a certain Thomas Johnson, charged before Baron Martin with an offence punishable by one month's imprisonment, but who pleaded insanity, only the humane interposition of the judge prevented a sentence which might probably have led to imprisonment for life, by suggesting the withdrawal of the plea of insanity.

In these cases not only is justice violated by a cruel and

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exaggerated punishment, but the State is charged unnecessarily with the support for life of one who should contribute his share to the resources rather than to the burthens of the country. Dr. Hood suggests as a remedy, that whenever insanity is set up as a defence, the trial of the prisoner for the offence of which he is charged should be postponed, at whatever stage it may have arrived, until the state of the patient's mind be ascertained before an ordinary jury, whose verdict of insanity shall be recorded by the Court as an answer to the previous indictment. These cases are at present tried hurriedly before juries assembled for trifling criminal causes, and often disposed of without any previous notice of the intended defence being given to the prosecutor. Even if such verdicts be correctly given, another evil often follows in the existing state of things. A villain of the worst character, being acquitted on the score of insanity, and ordered for confinement in a lunatic asylum, recovers from his mental aberration, and remains all his life a vicious and violent inmate of a medical institution, where none of the arrangements are calculated to punish his crime or to subdue his propensities, and is a constant source of anxiety to those who have charge of him. It is surely desirable that power should be given for duly trying after recovery prisoners found insane upon arraignment. These considerations should be urged in the subsequent settlement of the Law of Lunacy.

SCIENCE AND PHILANTHROPY.

EARLY in May, last year, the oft-mooted proposal for establishing a permanent fund for the aid of such scientific men or their families as may require and desire assistance was brought officially under the consideration of the Council of the Royal Society. Subsequent discussions resulted in the appointment of a Scientific Relief Committee, who have prepared a scheme for the administration of the proposed fund, of which the leading features have been finally adopted. The money subscribed will be invested in a special account, in the name of the Royal Society. The interest of the money invested will be administered by a Scientific Relief Committee, consisting of five Fellows of the Royal Society nominated by the Council, of whom the senior member will annually retire. The first members of the Committee appointed by the Council of the Royal Society are—Mr. Gassiot, Mr. Busk, Dr. W. A. Miller, Dr. Tyndall, and Mr. Wheatstone; and at their first meeting in March of this year, they resolved

"That no application for relief be entertained except on the recommendation of the President of one of the following Chartered Scientific Societies: the Astronomical, Chemical, Geographical, Geological, Linnæan, or Royal Society; it being understood that the several Presidents will consult their respective Councils as to the persons whom they intend to recommend for relief."

These resolutions have been communicated to the respective Societies, together with a list of preliminary subscriptions. No doubt some large contributions will be made prior to the publication of this list and the general appeal to the public. The scant and rare grants from the Civil list Fund have hitherto been the sole recognition of the distinguished services of many a *savan* whose labours have been barren in all but honour to himself. It may be hoped that the national subscriptions to this fund will be worthy of the high purpose to which they will be devoted. The paths of physiological and medical science are so often followed with no other than an intellectual reward, that we see with pleasure that already the names of some eminent members of our profession are inscribed for munificent donations. This judicious and well placed liberality will give any future applicants who may be connected with our art a claim to the consideration of the committee. Sir B. Brodie, Mr. Bowman, Dr. Bence Jones, and Mr. E. Wilson, have each contributed £100; Dr. Neil Arnott, Mr. G. Busk, Dr. W. A. Miller, Dr. Roget, Mr. Simon, Mr. Solly, and Mr. N. B. Ward have also liberally contributed. We commend this fund to the active sympathy of the prosperous members of the medical profession.

Correspondence.

"Audi alteram partem."

TREATMENT OF SEWAGE.

To the Editor of THE LANCET.

SIR,—In making experiments upon sewage, &c., I found that if it were mixed with sulphate of iron and alum, it lost its unpleasant smell. A solution, containing an ounce of each to a gallon of water, was found strong enough to answer the purpose.

Lime, mixed with five, ten, or even twenty parts of sand or earth, and well watered with a solution of alum and sulphate of iron, formed a deodorizing mortar well adapted for filling up vaults, pools, and drains, which expanded in drying, and completely stopped up the cavities, with a substance having an affinity for the products of decomposition.

If half a ton of alum and sulphate of iron, dissolved in water, were thrown into the Thames, once in twenty-four hours, above Vauxhall-bridge and below London-bridge, and if four or six machines for evolving chlorine gas, and conducting it into the water, when the tide flowed, were placed on each side of the river, such means would render the river sweet, and nothing poisonous or injurious to health would result from the proceeding. Urinals, closets, and privies become free from smell in a short time by pouring the solution over and down them.

A firm deodorizing bottom may be made in the Serpentine by levelling and covering it with a layer of gravel, sand, lime, and sulphate of iron and alum. Of course all sewage and dirty water should be prevented from entering it.

The floating and suspended impurities of sewage should be removed, and be converted into English guano, before the more fluid parts are allowed to enter into any stream or river, which may be accomplished by using large reservoirs and sluices. No deodorants can be effective for any length of time where sewage precipitates are allowed to collect, as in the river Thames.

Disinfectants may be divided into two classes: first, those that act through the medium of the atmosphere upon the gases and smells already given off, as chlorine, sulphurous acid, &c.; secondly, those that act upon the decomposing body, destroying its structure, and preventing any further fermentation or decomposition, as strong acids, sulphate of iron, chloride of protoxide of iron, zinc and alum, &c.

Sewage and organic matter, coming in contact with sulphate of iron, is decomposed; iron pyrites, carbonate of iron, protoxide of iron, and sulphate of ammonia, are formed. The precipitate is covered with protoxide of iron and pyrites, which excludes the oxygen of the air or water, and stops decomposition until all the iron oxide is converted into a peroxide.

Alum coagulates soluble animal matter, which falls to the bottom in the form of a white flocculent powder, and when decomposed covers the precipitate with another covering of clay, thus still more effectually excluding the influence of oxygen, heat, and moisture upon the putrid mass.

The principles of treating sewage are,—1st, Remove all the floating and suspended impurities. 2nd, Apply deodorants to act upon and precipitate the soluble animal matter, &c.; as sulphate of iron and alum. 3rd, Decompose the gases and smells with chlorine, &c., and lime.

Sewage is alkaline, and when acidulated with sulphuric acid decomposition and fermentation are stopped, effervescence takes place, and sulphuretted hydrogen and carbonic acid gas are given off, which greatly increases the smell for a time; but as soon as those gases have had time to escape, the smell is much lessened. Alum or burnt clay is then added to the fluid first poured off the precipitate, which coagulates the soluble compounds; and, lastly, the water is treated with lime before it is allowed to escape into the brooks and rivers; the carbonic acid of the atmosphere removes the lime from the water, and conferva appear, which complete the further purification by con-

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suming the remaining organic matter, and leaving nothing but pure water containing salts of potash, soda, &c.

I am, Sir, yours obediently,

Cheltenham, May, 1860. HENRY BIRD, F.R.C.S. &c.

P.S. The following is a list of common deodorants:—1, Burnett's chloride of zinc; 2, permanganate of potash; 3, protochloride of iron; 4, sulphate of protoxide of iron; 5, sulphate of alum; 6, sulphate of alum and sulphate of iron; 7, sulphate of iron and common salt. These all appeared to act in nearly the same manner upon sewage, and sulphate of iron and alum seemed to be the most efficient. When the smallest quantity of chlorine was added to either of these solutions the smell immediately disappeared. As no danger of poisoning can accrue from using even a strong solution of sulphate of iron and alum, and as it acts as well as, if not better than, the other deodorizers, it ought to be adopted in preference to lime, zinc, and all others; besides being the cheapest of all.

TRANSMISSION OF SECONDARY SYPHILIS.

To the Editor of THE LANCET.

SIR,—The reviewer of Mr. Harrison's book on Venereal Diseases (THE LANCET, vol. i. 1860, p. 471) mentions the author's opinions respecting the transmission of secondary syphilis. Mr. Harrison thinks that this disease, which is supposed to be directly conveyed from the male to the female, does, in reality, reach the latter very seldom otherwise than by the intermediate action of the fœtus contaminated by the father.

I am certainly extremely happy to be supported by Mr. Harrison's authority, but I must beg to observe that not only have I long ago expressed this opinion, but also based it upon the very arguments which Mr. Harrison brings forward. The author, for instance, says—

1st. That in most of the cases of ascertained secondary transmission the disease has been conveyed from the male to the female, and not from the female to the male.

2ndly. That in such cases the first symptoms which are observed upon the woman appear in regions which leave no room for suspecting infection by coitus or any other contact.

3rdly. That the female then presents neither primary chancre nor bubo.

I repeat that I am very glad to see my arguments sanctioned by the approbation of the learned author, who doubtless has clinically verified their value. But I must remind your readers that these arguments have been put forward by myself, pretty well in the same words as used by Mr. Harrison, in my work entitled "On the New Doctrines of Syphilis," (Paris, 1858.)

Lyons, May, 1860. P. DIDAY.

THE REGISTRATION OF BIRTHS AND DEATHS BILL FOR SCOTLAND.

To the Editor of THE LANCET.

SIR,—The annexed is a copy of a petition presented to the House of Commons. If space permit, you will oblige the petitioners by giving it publicity in your journal.

I am, Sir, your obedient servant,

Rochester, May, 1860. THOS. P. BEAVAN, L.R.C.P. Edin.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned medical practitioners of Rochester, Strood, Chatham, and Brompton,

Showeth,—That your petitioners have seen with regret that in a Bill now before your honourable House, intituled "Registration of Births, &c. (Scotland) Bill," it is proposed to render more stringent the clause in the present Acts relating to the registration of deaths in Scotland by the compulsory exaction of gratuitous medical certificates of death, within five days, under a penalty.

Your petitioners are respectfully of opinion that a medical certificate of the cause of death is in the nature of a copyright; and inasmuch as the registrar is paid a fee for the mere insertion of the certificate in the register, it is only equitable that the medical attendant, if required to furnish a certificate of the cause of death, should be remunerated for his time and professional opinion by a moderate fee.

Your petitioners respectfully submit that to impose upon the medical practitioners of Scotland a fine for the non-performance of a gratuitous service to the State is a great hardship, and humbly pray that your honourable House will expunge the penal portion of the 41st section of the present Act from the amended Bill, and consent to the payment of such moderate fee for each medical certificate as in your wisdom may be fair and reasonable, and for which, as in duty bound, your petitioners will ever pray.

ADAM MARTIN, M.D., Rochester.
J. B. JARDINE, M.D., Chatham.
HERMAN B. TRIBE, M.R.C.S. & L.S.A., ditto.
A. STEDDY, M.R.C.S. & L.S.A., ditto.
JOHN J. ELY, M.R.C.S. & L.S.A., ditto.
HENRY PEACOCK, M.R.C.P., F.R.C.S., ditto.
JAS. DULVEY, L.R.C.P. Edin., Brompton.
HENRY WEEKS, L.R.C.P. E., ditto.
W. BURTON, L.R.C.P. E., ditto.
JOHN D. BURNS, M.D., L.R.C.P. L., ditto.
JARMAN PATRICK, M.R.C.S., L.S.A., ditto.
J. H. FAYLE, M.R.C.S. E., Chatham.
FRED. JAS. BROWN, M.D., Rochester.
J. H. HUTCHINS, M.R.C.S., L.S.A., ditto.
WM. BELL, M.R.C.S., ditto.
J. S. KNIGHT, M.D., M.R.C.P., ditto.
WM. BROWN, M.D., M.R.C.S., Strood.
G. H. DRAWBRIDGE, M.B. Cantab., Rochester.
JOHN LANGSTON, M.R.C.S. &c., Strood.
THOS. PEARCE BEAVAN, L.R.C.P. Ed., M.R.C.S., Rochester.
STEPHEN STEELE, M.R.C.S., Strood.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—By the publication of the Order in the Government *Gazette*, purporting to give effect to the Royal Warrant for the medical service, the medical officers are left in as unfavourable a position with reference to pay as ever; for now, instead of the pay and allowances of their relative military rank, they will draw those of the grade below them. The assistant-surgeon of six years' service, who ranks with a captain, will receive no more than his junior under six years' service, who ranks with a lieutenant. This state of matters exists only in India, where, one would think,—excepting, perhaps, the coast of Africa,—a medical officer should be most valuable, and is hardest worked.

In all her Majesty's dominions, India excepted, the surgeons receive the pay and allowances of their corresponding military grade; indeed, they have more. In India they are to have less; and as to allowances, even less than those of the next step in military rank below them. The wording of the Order is specious, and at first sight may convey an idea of fairness to those who do not understand the items of the Indian officer's pay-bill; but a little investigation will show how unfairly the rule will operate, for while it leaves the assistant-surgeon of less than six years' service in the receipt of the pay and allowances of a lieutenant, it gives no more to an officer above six years' service, who ranks as a captain; and the pay and allowances of a captain only to a surgeon who ranks as a major. These officers, in any other part of the world in which they serve, receive not only as much, but considerably more than their corresponding military ranks (*vide* H.M. Warrant). The ordinary remuneration that every officer receives in India is made up of a series of items, the aggregate being the 256r. 10a. of a lieutenant, 415r. 6a. of a captain, and 789r. 3a. of a major; and this they draw in India whether employed or not, provided they are in full batta stations, the amount being a little less if on half batta. Gazetted to any appointment, regimental or staff, they become the recipients of some additional staff, company, or command allowance; and to pretend that the items which make up these totals are the extra allowances, and not part of the regular pay, is simply unfair; and one would ask, if they be necessary for the military, why not for the medical officer?

An illiberal construction of her Majesty's Warrant must excite much disappointment and discontent throughout the medical service in India; and it cannot but tend to increase the difficulty of obtaining candidates for the service. The medical officers have but recently been rated at a higher valuation, both as to rank and pay, by her Majesty's Government, at home and in the colonies; and why it should be otherwise in India it is difficult to understand.

The surgeons of the army seek only for a fair and just con-

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struction of her Majesty's Warrant. If their emoluments and rank have been increased everywhere else, in justice they should be so in India also.

I am, Sir, your obedient servant,

AN INDIAN OFFICER.

P.S.—However plausible the Order may appear to the ignorant of Indian pay-tables, the fact remains that the surgeon is only to draw captain's pay; the assistant surgeon above six years', as well as he below six years', service, lieutenant's pay, or rather emoluments.

Comparative Statement of Rank and Pay of Military and Medical Officers in India, according to the recent Government Order:—

Corresponding Military Rank.	Amount of Remuneration to each when unemployed or otherwise.			Items—the aggregate of which make up the fixed Pay and Allowances.								
				Pay and Indian Allowances.			Horse Allowance.	Tentage.	Extra Batta.		
	Rs.	As.	Ps.	Rs.	As.	Ps.	Rupees.	Rupees.	Rs.	As.	Ps.
Major	789	3	0	410	14	6	30	120	228	4	6
Surgeon	415	6	0	249	1	0	...	75	91	5	0
Captain	415	6	0	249	1	0	...	75	91	5	0
Assist.-Surg. above 6 yrs.' service ...	256	10	0	145	12	0	...	50	60	14	0
Lieutenant ...	256	10	0	145	12	0	...	50	60	14	0
Assist.-Surg. under 6 yrs.' service ...	256	10	0	145	12	0	...	50	60	14	0

The above are the sums paid to military officers, and are the *fixed salaries* of their rank. It will be seen that by this Order the medical officers, though they have received higher rank, are still to draw the old rate of emoluments—viz., that of the rank below them; but, to make it appear otherwise, part of the allowances have been subtracted, and the amount transferred to the column of pay. Thus, though the medical officer has had his emoluments increased with his rank in England and the colonies (in the latter the colonial allowances being in proportionate rates to his pay and rank), yet in India the pay is to be increased, but at the expense of the allowances, which really form part of the fixed salary, leaving him in the receipt of the same sum that he drew before his rank was raised by the Warrant, and in no way better off than he was before. For example: an assistant surgeon, above six years' service, with a regiment or in the staff, draws 256 r. 10 a., and 30 r. a month pulk allowance; a captain, the equivalent rank, receives 415 r. 6 a., and his company allowance with a regiment, making more than half as much again as the sum drawn by the assistant-surgeon. In any other part of her Majesty's dominions the assistant-surgeon above six years would be receiving more than the captain.

THE PATHOLOGY AND TREATMENT OF WHOOPING-COUGH.

To the Editor of THE LANCET.

SIR,—Having noticed the high rate of mortality from whooping-cough in the weekly report of the Registrar-General, and knowing Dr. Bateman's just remark, that "perhaps there is no disease for which so many specifics and infallible nostrums are promulgated with confidence, or so few actual remedies known,"—a remark which must remain in force whilst the present empirical treatment which is still so prevalent in reference to this disease is allowed to continue, but which I feel assured will become destitute of all its present truth if a more rational mode of investigating the disease be once instituted,—I have therefore ventured to trespass on your valuable space with a few useful and practical observations of my own. I am the more emboldened to do so from a perusal of the valuable treatise on Epilepsy by Van der Kolk, as well as from having lately most successfully treated some cases of whooping-cough of a very severe nature, and which treatment and success were the result, I imagine, of seeking or rather ascribing the seat of the disease to some morbid impression on the medulla than to any other locality.

I would suggest, therefore, the inquiry, Where is the immediate seat of the disease?—and think we cannot do better than refer to a short account of the post-mortem appearances given by Dr. Guy in his edition of Hooper's "Physicians' Vade-Mecum," in which he states they consist in inflammation of the bronchial tubes, with large collection of mucus in the air-passages, inflammation of the substance of the lungs, inflamed bronchial glands, inflammation of the mucous membrane of the stomach and of the intestines, with enlargement of Peyer's and Brunner's glands; in other words, an inflamed condition of the parts supplied by the pneumogastric or eighth pair of nerves. Again, what are its frequent terminations? Pneumonia, bronchitis, pleuritis, phrenitis, convulsions, apoplexy, and epilepsy. Whence, then, can such and so many formidable complications, as well as such different and varied post-mortem appearances, result? They cannot surely be the consequence of a specific contagion acting solely on the mucous lining of the air-passages, but must be sought for, I think, in some more delicate part of the organization; and where, I would ask, more likely than in that part whence proceed those nerves which play so important a part (if I may so express it) in the post-mortem history of the disease. Influenced by this suggestion, I have happily been the means of quickly relieving several little sufferers, even when their maladies threatened a serious if not fatal termination. The plan consisted in the use of active derivatives to the upper portion of the spine, with free use of tartar emetic to lower the heart's action, and relieve, I imagine, the congestion of the vessels of the medulla, with a brisk cathartic of calomel at night for a few successive days.

I am, Sir, your most obedient servant,

WM. G. CARTER, M.R.C.P. Lond.,
Honorary Medical Officer to the Bristol Free Institution for the Diseases of Women and Children.

Belle Vue, Clifton,
May, 1860.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

As the present season is the one most frequently selected by English medical men for a visit to Paris and its hospitals, I think that very possibly a few words of advice and guidance from an old hand may not be out of place. That a man well versed in our own system of practice has still much to learn at Paris is, I think, incontestable; and although he may turn away with horror from a case of pneumonia treated *à la* Bouillaud, nevertheless, when he shall have seen that, despite such barbarisms, patients *will* recover and live on, he will be enabled to gather for his own private consolation in his future career the great fact, so often overlooked now-a-days, that the human animal, like the cat, is very tenacious of life and monstrously hard to kill—in which great fact lies the solution and explanation of the riddle of many a quackery.

Before starting for Paris, get together as much French as you can, note-books both large and pocket, and some strong pairs of shoes, for you will really have to *walk* the hospitals here. On arriving, go to a good hotel, the best in the town—Maurice's, the Lawn, and such-like. I know, from ten years' experience, that there is no economy in singling out a second- or third-rate establishment, more especially when required to occupy a room there but for one night. As soon as you have rested from the fatigue of your journey, you must think of your lodgings. If you wish to be in a central situation equally near to all the great hospitals, cross the river and ask for the Quartier Latin, and an hour's walk in the Rue Jacob, Rue de Seine, Rue St. André des Arts, Rue de la Harpe, Rue de Tournon, or Rue de l'Odéon, will take you past the doors of some dozens of lodging houses (hôtels meublés or garnis), at which, for prices varying from thirty to eighty francs a month, can be obtained a very decently-furnished lodging, comprising one, two, or three rooms, according to price. Do not be afraid of mounting a few pairs of stairs; you are leaving behind you an atmospheric substratum the perfume of which in a warm spring night is anything but grateful or reviving. There are several English families in the neighbourhood of the Rue de Rivoli and Tour St. Jacques who receive boarders; addresses of such persons can be obtained at any of the house-agents' offices; and

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the terms are very moderate, not exceeding 140 fr. per month, which includes everything except firing, I believe.

So much for lodging; and now concerning hospitals. If you have plenty of time on hand, do as you please—see everything, make the round of all, beginning at Beaujon and sweeping round the town to Lariboisière, St. Louis, Ste. Eugénie, &c., until you end at the Invalides, after a glorious campaign; but if in a month, or even six weeks, you hope to carry back with you a sack of grist—to get, in fact, your money's worth out of Paris, such a plan will never answer. In coming to Paris for a month, as you cannot see all, you naturally wish to study what can be acquired nowhere else; and that one thing is, without doubt, *perfection in the art of diagnosis*. This alone constitutes the strength of the French medical schools; of their weak points I shall say nothing.

In the annexed table will be found a list of those hospitals which it is indispensable for the student to visit if he wishes to obtain a just idea of what the relative value of French and English practice really is at the present time. As all the hospital practice is over by ten o'clock, there is ample time left during the day for dissection, lectures, or attendance on the ophthalmic dispensaries, the latter forming a very important item in the list of advantages afforded by a residence in this capital. The Salles d'Anatomie of Clamart are open at all seasons; and for the sum of 100 francs (or £4 sterling) as much surgery and anatomy can be prosecuted under the direction of a professor as will more than satisfy the most zealous.

A Week's Work at Paris.

Monday.—At 7½ A.M., Hôtel Dieu: Trousseau and Jobert de Lamballe. At 8 A.M.: Nélaton at clinique. At 8 A.M.: Lariboisière; Chassaignac, operations with écraseur. At 12 P.M.: Desmarres, Eye Dispensary. At 2 P.M.: Sichel's Eye Dispensary. Lectures at Faculty, all day and every day.

Tuesday.—At 8 A.M., La Charité: MM. Velpeau and Beau. At 9 A.M., Hôpital des Enfans Malades: MM. Rogier and Guersant. Discussions at Académie de Médecine, at 3 P.M.

Wednesday.—At 8 A.M., Hôpital Ste. Eugénie: MM. Bouchut and Barthez. At 12 P.M.: M. Desmarres, Eye Hospital.

Thursday.—At 8 A.M., St. Louis: M. Hardy, skin diseases. At 1 P.M.: M. Desmarres, ophthalmoscope. At 2 P.M.: M. Sichel, operations.

Friday.—At 9 A.M., Hôpital du Midi: M. Ricord. Very far off, but on the same day, at 7 A.M., the Hôpital du Val de Grâce may also be seen, being on the way to the former.

Saturday.—At 7½ A.M., La Pitié: MM. Becquerel and Maisonneuve. Hôpital Lourcine (Female Venereal Hospital), with special permit from the central bureau. At 9 A.M., Hôpital Necker: M. Civiale, lithotrity.

The discussions of the Academy of Medicine on Tuesday last opened with a somewhat angry remonstrance on the part of M. Michel-Levy regarding certain expressions which fell from M. Piorry during the debate on the previous Tuesday. The Professor of the Charité had made use of some terms, in criticizing a diagnosis made by a member of the army medical staff in a case of intermittent fever, which were held by the speaker to be "ironical, contemptuous, and offensive" towards that body. A noisy skirmish ensued, in which Professor Malgaigne took part, and some temper was shown on both sides. The latter gentleman, whilst deprecating any invidious feeling on the part of M. Piorry towards the army surgeons generally, suggested that although an error of diagnosis was highly improbable amongst such a learned and estimable body of men, still that such a contingency was just within the bounds of possibility, and that consequently the exasperation of feeling expressed was hardly justifiable. At this stage of the proceedings a note from M. Piorry, disclaiming any sentiments other than those of the greatest respect and esteem for the parties who considered themselves aggrieved, was put in and read, and so ended the Academical white squall.

A report of the committee named to test the value of the administration of the perchloride of iron in cases of purpura hæmorrhagica was next read by M. Devergie. The original communication to which this had reference was a paper from M. Bize of Montélimart, in which details of several cases of the above malady were given, where this drug had been administered with marked success, the best results having been obtained by the use of the preparations in subdivided doses to the amount of one gramme (sixteen grains) per diem. The author moreover insisted upon the remarkable sedative effect produced by the remedy upon the heart's action; and this statement certainly seemed to be borne out and verified by the cases appended to the paper.

A series of experiments had been instituted at St. Louis, and the action of perchloride of iron, in cases of purpura hæmorrhagica, closely studied by several medical men, and M. Devergie amongst them. The report tended to confirm the views of M. Bize in regard to the rapidity of cure by this agent; but the speedy diminution of pulse had not been observed—"indeed," remarked M. Devergie, "in such cases the pulse is rarely accelerated, and consequently our opportunities of observation were on this point very limited; but it does not seem probable that any preparation of iron should possess this sedative action noticed by M. Bize in a degree even more marked and more decided than digitalis itself."

It is very probable that on Tuesday next the subject will be again discussed, as M. Trousseau gave notice of his intention of reopening the debate on a future occasion, and the *vexata quæstio* of the mode of action of ferruginous compounds on the human economy has long been a hobby with the talented Professor of the Hôtel Dieu, who astonished the medical public here a few months back by some very novel views on this head during his course of clinical lectures at the above-named hospital.

The proceedings terminated with the reading of a paper, or rather part of a paper, by Dr. Depaul, on three very interesting cases of complete occlusion of the os uteri during pregnancy, in which delivery had been effected by the help of the bistoury; and, in one case, the cephalotribe, as in consequence of the narrowing of the pelvic brim, the head could not be conveniently reached by the forceps. In this particular patient the closure of the womb and disappearance of the cervix were such as even to render the discovery of the former site of the os impossible, although the speculum was used for that purpose.

May 24th, 1860.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Committee was held on Friday evening, May 18th, at the offices, 5, Charing-cross,—Mr. Fergusson, President, in the chair. A Report of the Sub-Committee, which had been appointed to amend the Rules of the Association, and the amended rules themselves were presented and received. By Rule 1 it is intended that the Association shall hereafter be entitled "The National Medical Registration Association." In several succeeding rules the provisions laid down do not materially differ from those which have governed the Association hitherto. But by Rule 10 it is provided that Honorary Provincial Secretaries shall be appointed by the Executive Committee, whose duty it will be to call together the members of their several Associations for the appointment of two of the number of each to represent them on the Executive Committee, the Local Honorary Secretaries being, *ex officio*, as well as the representatives, members of the Executive Committee. Rules 14 to 17 provide for the election and duties of the Vigilance Committee; Rules 19 to 25 for the distribution of the finances of the Association in prosecution, and otherwise. Rule 26 lays it down that the Committee shall annually print, and cause to be published, a complete list of the names and abodes of all unregistered persons practising medicine in the United Kingdom; and the remaining Rules have relation to the calling of Special General Meetings, and the making or repealing of Bye-Laws by the Executive Committee.

A Special General Meeting of the members is arranged to take place on Thursday, May 31st, at the Freemasons' Tavern, at eight o'clock P.M.,—Mr. Fergusson, President, in the chair,—for the purpose of taking into consideration the amended Rules and for re-organizing the Association under its new and extended designation.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 18th inst.:—

Cleary, Peter, Wood Quay, Galway.
Jackson, John, Usworth, Gateshead.
Lumsden, William, Hull.
Newbold, Robert, Claremont-square, Pentonville.
O'Keefe, Matthias, Cork.
Pim, Frederick, Dublin.
Rigg, Charles Merst, Rochester, Kent.
Smith, Gordon Sidney Richard Wells, Kilburn, Middlesex.
Williams, William, Talgarth, Brecknshire.

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NEW FELLOWS.—The following Members of the College having undergone the necessary examinations on the 15th, 16th, and 17th inst., were admitted Fellows of the College:—

Aldersey, William Hugh, Buntingford, Herts; diploma of membership dated March 2, 1855.
Cardell, John Major, Salisbury; Nov. 3, 1854.
Crosse, Thomas William, St. Giles-street, Norwich; Aug. 23, 1847.
Coulson, Walter John, Frederick-place, Old Jewry; Nov. 6, 1857.
Cousins, John Ward, City of London Hospital for Diseases of the Chest, Victoria-park; March 7, 1856.
Durham, Arthur Edward, Trinity-square; May 14, 1858.
Earle, Edward Septimus, Emerson-terrace, Forest-hill; April 21, 1856.
Graves, Ryves William, Barton-street, Gloucester; Oct. 12, 1838.
Gray, Henry, Wilson-street; Feb. 11, 1848.
Heath, Christopher, Sackville-street, Piccadilly; March 14, 1856.
Heslop, Lukes Costes, Haverfordwest, Pembrokeshire; Jan. 3, 1846.
O'Connor, Thomas, March, Cambridgeshire; Feb. 23, 1844.
Shillitoe, Buxton, Finsbury-circus; July 4, 1851.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 17th, 1860.

Collings, Francis, Bridgewater.
Hall, Marriott, Sheffield.
Jones, Robert, Hulme, Manchester.
Sprague, Charles Gordon, Kimbolton, Hants.

The following gentleman also on the same day passed his first examination:—

Griffiths, Richard, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen having finished the Course of Examinations, were admitted to the diploma of Licentiate of the College, during the last sittings of the Examiners:—

Ashford, Edwin Charles, Devonshire.
Ballantyne, Alexander, Dalkeith.
Bradley, James, Co. Down.
Brown, Colville, Yetholm.
Burke, Martin, Co. Limerick.
Crawford, Samuel Ker Ker, Co. Monaghan.
Fisher, Robert Elliot, Co. Leitrim.
Gillespie, Franklin, Cork.
Jenkison, James, Pennycuick.
M'Intosh, William Carmichael, St. Andrews.
Middleton, James, Edinburgh.
Nicoll, John Black, Fifeshire.
O'Connell, John, Cork.
Redmond, William, Dublin.
Telford, Thomas, King's County.
Thomson, Ebenezer, Stirling.
West, Robert Uvedale, Lincolnshire.
White, Samuel Gamble, Donegal.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The following candidates were elected at the annual meeting on the 21st instant:—*Pensioner:* Eliza Rickard. *Foundation Scholars:* Charles Edward Winter, Jacob Hawker Dinham, William S. B. George, Horace Pritchett.

THE JOHN HUNTER STATUE.—A large attendance of the Committee for erecting a statue to the founder of the Hunterian Museum met on Monday last in the Council Chamber of the Royal College of Surgeons, the President (Mr. Arnott) in the chair. The minutes of the previous meetings having been read and confirmed, the Committee proceeded to the election of an artist, and selected for future consideration the names of three sculptors from amongst the gentlemen proposed by various members of the Committee.

THE COLLEGE LECTURES.—Professor Hilton will commence his course of six lectures on the Influence of Rest in the Treatment of Disease, in the Theatre of the College of Surgeons, on Tuesday, the 5th of June next; and will continue the same on each Tuesday, Thursday, and Saturday, at four o'clock.

THE GRESHAM LECTURES.—The lectures on Physic founded by Sir Thomas Gresham will be read in the Theatre of Gresham College, Basinghall-street, by Dr. Southey, F.R.S., on Friday and Saturday, the 25th and 26th inst.—in Latin at twelve o'clock, and in English at one o'clock, each day. These lectures and others at the same institution, on Divinity, Law, Astronomy, Rhetoric, Geometry, and Music, are free to the public, who, however, only appear interested in the latter subject.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION will probably meet on the 14th of June, for the consideration of the many important matters likely to be brought before them.

HONORARY DISTINCTIONS TO MEDICAL MEN.—M. Duméril and M. Lordat, both very far advanced in years, and professors at the Faculty of Paris and Montpelier respectively, have just been raised to the rank of Commander of the Legion of Honour. M. Lordat, upon his own request, has been allowed to retire.

CAUSTIC APPLICATIONS ON THE EPIGASTRIUM IN OBSTINATE VOMITING DURING GESTATION.—M. Ferrand has published in *L'Union Médicale* two cases, in one of which he used moxas over the epigastrium, and in the other an issue in the same region, made with Vienna paste. The uncontrollable vomiting ceased in both cases; but it should be noted that in the latter, chloroform and iodine were administered after the use of the issue; whilst in the former, all remedies were given up after the application of the moxas. These cases should be recollected, when opium, prussic acid, chloroform, &c., have been fairly tried without affording relief.

THE VOLUNTEER MOVEMENT.—Apart from the political motives which lend the chief character to the volunteer movement, there is one feature which cannot be regarded without interest by the medical profession. As a means of physical education and of promoting health, both directly by the provision of wholesome exercise, and indirectly by withdrawing our young men from idle and enervating pursuits, the benefits are great and immediate. Looking at the matter from this point of view, we feel it a duty to recognise the great merit that is due to that distinguished writer, Mr. Alfred B. Richards, to whom the country is indebted for the origination of the volunteer corps.

GROSVENOR-PLACE SCHOOL OF MEDICINE.—ANNUAL DISTRIBUTION OF PRIZES.—The lecturers, students, and friends of the above School dined together at the Freemasons' Tavern on Tuesday, May 1st, according to annual custom. Dr. Storrar occupied the chair. The usual loyal toasts having been given, the prizes of the year were distributed as follows:—Prize for *General Proficiency*, Mr. F. Schofield; certificate, Mr. J. C. Roll.—*Anatomy:* Senior prize, Mr. Schofield; certificates of honour, Mr. Thomas and Mr. Risdon; junior prize, Mr. L. Davies.—*Physiology:* Senior prize, Messrs. Schofield and Thomas (equal); junior prize, Mr. Davies; certificate, Mr. Barrow.—*Medicine:* Certificates, Messrs. Roll and Schofield.—*Surgery:* Prize, Schofield; certificate, Roll.—*Midwifery:* Prize, Schofield.—*Forensic Medicine:* Prize, Roll.—*Botany:* Prize, Roll; certificate, Thomas.—*Materia Medica:* Prize, Roll; certificates, Schofield and Thomas.—*Public Hygiene:* Certificate, Roll.—After the distribution, the Chairman delivered a very eloquent address, bearing mostly on the question of medical education and the new prospects of qualification. He spoke in favour of letting the education of medical men be free, and unembarrassed as much as possible by the dictation of examining bodies, and of trusting for qualification to a proper examinational test. He then passed under review the changes which were being made in the universities, describing the ordinance of the Royal Commissioners of Scotland in relation to Edinburgh University. Dr. Storrar suggested that it was probable similar changes would be extended to all the universities, and that these institutions would ultimately give all the required qualifications for practice in medicine, surgery, and midwifery. After showing the advantages which would arise from this course, and the lesson that would be given by it to the corporations, the Chairman ended his address by proposing "Prosperity to the Grosvenor-place School of Medicine." The meeting broke up at eleven o'clock, after having spent a most agreeable and friendly evening.

NUISANCES REMOVAL ACT AMENDMENT BILL.—A deputation from the Association of Medical Officers of Health had an interview on the 21st inst. with the Home Secretary, for the purpose of urging the introduction into the Nuisances Removal Amendment Bill provisions to enable the Medical Officer of Health to order the removal of dead bodies from confined dwellings to a suitable dead-house, when likely to be injurious to health; to enforce removal of refuse of certain offensive trades; to define minimum space per head that shall be held to avoid the charge of overcrowding; to place under some responsible authority the control of cabs used for conveyance of sick persons; and other matters.

AN UNHEALTHY APRIL.—The Registrar-General for Scotland, in his monthly report, announces the deaths of 2537 persons out of a population estimated at 908,146, the largest number of deaths he ever registered in April, and 612 more than in April, 18 9. He attributes this to the low mean temperature (42·1°), the very high daily range, amounting on the mean to 16°; the dryness of the air, the prevalence of the keen arid east wind, and the small fall of rain, which was only about a third of the usual amount. It was his lot in the month to record in his death-book the name of a person whom, with characteristic caution or national pride, he only designates as "perhaps" the oldest inhabitant of Scotland, an old soldier, for some years receiving parochial aid, who was born at Lairg, Sutherland, and died at Perth, at the extreme age of 107.

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CASUALTIES IN LONDON.—A return has been issued, by order of the House of Lords, of the casualties in London. It sets forth the number of persons killed or injured by carriages within the metropolitan police district from Jan. 1st, 1858, to March 1st, 1860. In 1858, the number run over and killed was 45; of maimed or otherwise injured, 66 . In 1859, 51 were killed, and 682 injured. In the two months of 1860, 8 have been killed, and 110 injured. In a great number of cases of those maimed &c., the injuries were slight.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.—We regret to state that Dr. Ladd has recently resigned the post of Honorary Secretary to this Association, necessitated to do so by increased professional duties, he having been appointed a district medical officer in Lambeth.

HER MAJESTY'S DRAWING-ROOM.—The following members of the medical profession attended her Majesty's Drawing-room on the 18th instant:—Sir James Clark, Sir John Forbes, Sir B. Brodie, Sir John Fisher, Mr. Fergusson; Drs. Thomas King Chambers, Jones Williams (of Gilliwig), Field, Baly, Frederick G. Reed, Bryson, R.N., Edwin Howard, Fraser, Ashley, Granville, and Hinxman.

A CASE OF GLANDERS IN A MAN; FATAL ISSUE.—M. Reynier has given an account of the above case, which relates to a man aged thirty-one, who had taken care of a glandered horse. The principal symptoms were abscesses about each hand alternately, a large pustule with livid areola over the right eye, profuse suppuration, typhoid symptoms, and death on the twenty-fifth day after the attack. No autopsy was allowed.

RASORIAN DOSES OF TARTAR EMETIC IN TETANUS.—Dr. Cornaz relates, in *L'Echo Médical Suisse* of the 1st inst., two cases of tetanus in which repeated doses of tartar emetic were given. One of the patients, aged sixty-three, whose primary lesion was mortification of a finger, recovered; the other, aged forty-one, who had had two fingers crushed, sank under the tetanic attacks. The doses of tartar emetic were, in both cases, half a grain every half-hour; these produced rather abundant alvine evacuations, but not very severe vomiting. Both patients had, however, large doses of morphine and chlorate of potash, with warm baths. When the emetic acted too powerfully on the intestinal canal, the administration of the salt was suspended for several hours.

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.—A Special Meeting of the Committee of this Association was held on the 3rd instant,—Dr. Anthony in the chair,—in consequence of a communication from Dr. Ladd, of the London Medical Registration Association, requesting that the opinion of the Society might be obtained in reference to those "alterations in the Medical Act which increasing experience proves to be necessary; and that those opinions might be embodied in the form of resolutions, and transmitted to the Sub-Committee in London now engaged in considering the subject."

A Sub-Committee had been formed, and had carefully gone over the Sections of the Act, and prepared the following resolutions, which, after some little discussion, were adopted by the meeting:—

1. Preamble.—In place of the present one: "Whereas it is expedient that anyone seeking medical aid should be enabled to distinguish qualified practitioners in medicine and surgery from unqualified persons."

2. Sect. IV.—That after the words "General Council" should be added, "the representative members of the medical corporations to be elected by the fellows or members of each college or corporation respectively, such election to be determined by ballot."

3. Sect. XXVII.—That the part of this Section relating to the registration of the doctorate of the Archbishop of Canterbury be repealed.

4. Sect. XXXVI.—That the words "not wholly supported by voluntary contributions," be omitted.

5. Sect. XL.—That this Section be altogether repealed, and the following substituted:—"Any person whose name shall not be found on the Medical Register, and who shall pretend to be, or take or use the name or title, or part of a title, of a physician, doctor of medicine, licentiate in medicine or surgery, bachelor of medicine, general practitioner, or apothecary, or any name, title, or part of a title, addition, or description, implying that he is recognised by law as physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

6. Sect. XLVIII.—That this Section be repealed.

THE THAMES AND THE WEATHER.—This week the temperature of the water of the Thames has risen above 60°, but as yet there has been no perceptible decomposition or odour in the water. The sewage, as it is disgorged into the stream from the cloacæ, however, is already offensive. Last year the river resented the bad treatment to which it is subjected as early as the beginning of May.

TESTIMONIAL TO A PHYSICIAN.—A testimonial has lately been presented to Dr. R. D. J. Evans, the senior medical officer of the Hertford General Infirmary. A great number of the governors of the institution were present on the occasion. Mr. Chauncey, the chairman of the institution, presided. The testimonial was placed on a side table. It consisted of a silver inkstand of very beautiful workmanship, a tea and coffee service, including tea-pot, coffee-pot, cream-jug, and sugar-basin, and a large and massive salver, which bore the following inscription:—"Presented with a Tea and Coffee Service, inkstand, and other plate, by public subscription, to Dr. R. D. J. Evans, as a token of respect and gratitude for his invaluable services, during a period of a quarter of a century, as an Honorary Medical Officer to the General Infirmary at Hertford. May, 1860." Mr. Chauncey presented the testimonial in a brief but impressive speech, in which he spoke of the great services rendered to the institution by Dr. Evans, to which he could bear personal testimony. Dr. Evans acknowledged the compliment in a very effective address, which was listened to with great attention, and at its termination was much cheered.

NATIONAL VACCINE BOARD.—The report of the National Vaccine Board for the past year, which has been presented to the Privy Council, states that 205,366 charges of lymph were supplied during the year. The Privy Council having determined that no future medical practitioners shall be appointed public vaccinators unless they shall have received special instruction in vaccination and the distinctive marks of its success, the Vaccine Board have made arrangements for placing a station where there will be a competent instructor and a sufficient number of vaccinators within a moderate distance of every large metropolitan medical school; and stations for instruction have also been brought into connexion with the Board in Birmingham, Bristol, Hull, Liverpool, Manchester, Newcastle, Oxford, and Sheffield, in all which places there are provincial medical schools.

RETIREMENT OF A MEDICAL OFFICER.—Mr. W. Blower, of Bedford, who has been medical officer to the poor for about a quarter of a century, has retired from his office in consequence of an attack of paraplegia. In answer to his letter of resignation the following was returned:—

"At the weekly meeting of the Board of Guardians of the Bedford Union, in the county of Bedford, held on Saturday, the 5th day of May, 1860,—Ordered, that in conveying to Mr. Blower the acceptance by the Board of his resignation as medical officer and public vaccinator of the Bedford and Kempston district of this Union, the Clerk be instructed to express to that gentleman the high sense they entertain of the faithful manner in which he has discharged the duties of medical officer of this Union for nearly twenty-five years, and their sincere regret at the cause which has led to such resignation.

"By order of the Board,

"S. WING, Clerk to the Guardians."

We are quite sure that this expression of sympathy will find an echo in the breasts of many, and that the poor have in this instance spoken their feelings through their guardians.

INFANTICIDE IN AUSTRALIA.—The details of a case of infanticide tried at Wollongory, South Australia, have been forwarded to us, from which it appears that juries are as unwilling to convict for this crime in that colony as here. The case was remarkable, inasmuch as a newly-born child, exposed for upwards of twenty-four hours in a bush, and subjected to the violence of a prolonged thunderstorm, had survived that treatment. The evidence of Mr. Lambert, the surgeon who examined the mother, clearly established the medical part of the case, but the jury acquitted the prisoner. The judge stated that infanticide was very prevalent in the locality, and he trusted this decision might not make it more so.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 19TH.—In the week that ended last Saturday the total number of deaths registered in London was 1090, exhibiting a decrease in the rate of mortality as compared with that of the earlier portion of the present month. The mortality from small pox continues to decline. In the winter months the weekly deaths from this disease rose in some instances above 40; last week they were only 14. Measles was fatal in 41 cases, scarlatina in 30, and diphtheria in 11. Phthisis car-

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ried off 174 persons, the corrected average being 152. Of four children whose deaths were caused by suffocation, three were suffocated by the bedclothes, one by food. Five children received fatal burns or scalds; the son of a bricklayer's labourer, aged seventeen months, was scalded by the upsetting of a basin of hot broth; the daughter of a tin-plate worker, aged two years, by the overturning of a saucepan of water; and the son of a shoemaker, aged two years, from the upsetting of a kettle of boiling water; a boy and a girl died from burns received by means not stated. A woman died at the age of ninety-five years, and a man at ninety-seven.

Last week, the births of 867 boys and 835 girls, in all 1702 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1601.

Obituary.

ALBERT SMITH, Esq., M.R.C.S.

IT is with feelings of deep regret that we announce the death of Mr. Albert Smith. He was identified with our profession, not only as being one of its members, but from various writings illustrative of the career of the alumni of medicine. He was born at Chertsey on the 24th of May, 1816, and accordingly at the time of his death (which occurred on Wednesday morning) had just completed his forty-fourth year. The son of a surgeon, he was early destined for the same profession, and at a suitable age was sent to the Merchant Tailors' School, at which he stopped until his education was completed. Upon leaving that seminary he became a student at the Middlesex Hospital, and gained several prizes, which testified to his talent and application. He then went to Paris, and studied at the Hôtel Dieu, acquiring during his residence in the French capital not only a more extended knowledge of his profession, but much of that experience of the world which afterwards stood him in such good stead when medicine was cast aside in favour of literature. It was at this time that he made his first visit to Mont Blanc. When he returned to England, he took up his abode at Chertsey, and joined his father in the dull and laborious life of a country surgeon. But this was not to his taste. The young medical student had entertained from his earliest years a strong passion for a more alluring avocation. Accordingly we find him employing his leisure hours in writing the "Confessions of Jasper Buddle, a Dissecting-room Porter," and sundry tales and sketches in the *Mirror*, then conducted by Mr. John Timbs. The success he met with in the last-named periodical was of the most encouraging kind to the young writer. He tells us somewhere that when his contributions were accepted by the *Mirror*, and paid for at the rate of half-a-crown a column, he "thought his fortune made;" and no wonder, therefore, that, with such a prospect before him, he should desert the paternal home, and come up to London on his own account. He was very modest, however, at first. When he established himself in the metropolis in 1841, he determined to use his pen only as a supplementary adjunct to the profession in which he had been educated. The brass plate upon his door in Percy-street for many years bore evidence to this resolve, long after, indeed, the necessity for adhering to it had passed away. Albert Smith, in fact, found literary employment almost immediately, and almost immediately was in harness. An adventure with Italian brigands he had met with made its way into the papers, and attracted some little notice. The editor of *Bentley* asked him for a fuller account of the occurrence. He wrote one. It was published in the popular magazine, and more contributions from the same hand were at once asked for. Mr. Albert Smith's literary career commences at this point. He wrote for *Bentley* a tale which was to be completed in a few chapters, but which found so much favour as it proceeded, that, at the request of the editor, it was expanded to the dimensions of three volumes. This was "The Adventures of Mr. Ledbury," the first and best of Mr. Albert Smith's works. Besides contributing to *Bentley*, the new novelist became engaged upon *Punch*, and wrote in that periodical, then in its infancy, "The Physiology of Evening Parties," "The Medical Student," and other amusing papers. He very speedily, too, obtained a footing upon the stage, writing a clever domestic drama entitled "Blanche Heriot, or the Chertsey Curfew," for the Surrey, and after some time taking the lead at the Lyceum, as dramatic adapter of Charles Dickens's Christmas books, and as a writer of burlesques, such as "Valentine and Orson," "Whittington and his Cat," "Aladdin," &c., which displayed to the fullest advantage the talents of Mr. and Mrs. Keeley, Mr. Wigan, and Mr. and Mrs. Frank Mathews. Ere this, however, Mr. Albert Smith had written two other novels in *Bentley*, the "Scattergood Family" and the "Marchioness of Brinvilliers," and had become one of the most popular and most entertaining contributors to the light literature of the day. In 1849 he visited Constantinople, and gave to the world his impressions of that strange capital in a sober but well-written little book, which aimed a fatal blow at the romance that had so long hung over the great Oriental city. Mr. Albert Smith was married about a year since to the eldest daughter of Mr. Keeley, the comedian, who in the great loss she has sustained will have the deepest sympathy and condolence of the many ardent friends and admirers of the deceased.

On Friday week Mr. Albert Smith dined at his club, the Garrick, in King-street, Covent-garden. The day was extremely wet and dirty, and, contrary to the most urgent advice of his friends, he walked from Fulham into town, thinking, no doubt, that the exercise would be beneficial to him. He dined with some friends, and afterwards, contrary to what has been stated in some of the evening journals, went through his performance at the Egyptian Hall. Mr. Arthur Smith knew he was not well, and strongly advised a lengthened rest from professional labours. On Sunday there was nothing to call for particular remark; and on Monday morning he showed evident symptoms of being very unwell, which continued during the whole of the day. Towards evening, Mrs. Smith saw that he was quite unable to appear before the public, and issued a notice at the Egyptian Hall to that effect. When he learned what she had done, he expressed great dissatisfaction, telling her she was needlessly alarmed. Towards Tuesday evening, the unfavourable symptoms had become so manifest, that Dr. Russell Reynolds, of Upper Grosvenor-street, and Mr. Ree, of Fulham, were in attendance upon him. There was a slight rally, and it was thought he would conquer the bronchial attack. During the day he became insensible at times, and his dangerous condition could no longer be doubted. When he recovered, he expressed to his brother Arthur his intention of not appearing before the public any more in London, that he should close the Egyptian Hall, and finally retire from public life after a series of farewell performances in the provinces, for which arrangements had already been commenced. In the course of the night it became but too painfully evident that a melancholy crisis was approaching, of which he himself seemed to be perfectly aware, and the sinking continued until half-past eight on Wednesday morning, when he expired in the presence of his wife, his brother, and his medical attendants. It deserves to be remembered, to the honour of Albert Smith, that although he had quitted his original profession, he lost no opportunity of asserting its dignity by his pen.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th inst., at the Old Vicarage, North Petherton, Somerset, the wife of W. A. Summers, Esq., M.R.C.S., &c., of a son.

On the 17th inst., at Kegworth, Leicestershire, the wife of Alfred Horatio Daniell, Esq., M.R.C.S., of a son.

On the 20th inst., at Belle Vue Villas, Upper Holloway, the wife of Alfred Jas. Barker, M.D., of a son.

MARRIAGE.

On the 19th inst., at Brighton, Edward Langdon Bryan, M.D., of Fulbourn, Cambridge, to Eliza Isabella, youngest daughter of the late Edward Tilberry, Esq., of Patriot-place, Brighton.

DEATHS.

On the 18th inst., Mary Heath, the wife of W. J. Lunn, M.D., of Hull, aged 45.

On the 22nd inst., at Norland-square, Notting-hill, of whooping cough, Edith Caroline, fifth daughter of T. Spencer Cobbold, M.D., F.L.S., aged two months.

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BOOKS, ETC., RECEIVED.

Dr. Laycock on Mind and Brain, 2 vols.
Dr. Bucknill on Shakspeare's Medical Knowledge.
Professor Faraday's Lectures on the Physical Forces.
Dr. Combe on Infant Management; edited and revised by Sir James Clark.
Dr. Copeman on Puerperal Fever.
Dr. Lawson on the Treatment of Inflammation.
Mr. Hayward on Dental Practice.
Dr. Wetzlar on Syphilitic Affections.
Dr. Salter on Asthma.
Dr. Balfour's Manual of Botany.
Mr. Elwell on Medical Evidence.
Dr. Churchill's Midwifery.
Mr. Hilles—The Anatomist.
The Future.
Dublin Quarterly Journal.
Photographic Journal.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 28
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Dr. Brown-Séquard, "On Paralysis and Epilepsy."
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.

TUESDAY, MAY 29
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: The Elephant and Rhinoceros."

WEDNESDAY, MAY 30
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

THURSDAY, MAY 31
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION. — 3 P.M. Professor Ansted, "On the Action of Water in its Circulation through the Earth."

FRIDAY, JUNE 1
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL INSTITUTION. — 8 P.M. Lecture by Prof. Tyndall.

SATURDAY, JUNE 2
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force."
- SOUTH KENSINGTON MUSEUM. — 4 P.M. Dr. Lankester, "On Food: Flesh-forming Foods."

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

THE NEW LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

Misapotheke.—There is no foundation for the doubts which have been cast upon the sincerity of the College of Physicians as to its intention to give speedy effect to the recent resolution to admit general practitioners to the licence. Some time must necessarily be occupied in the framing of a curriculum of education and a scheme of examination. This work, we believe, is in hand. No doubt some facilities will be given for the admission to the licence of gentlemen already in practice, and of students who have already begun their studies.

PIROGOFF'S OPERATION.

To the Editor of THE LANCET.

SIR,—I think the following statement will show how far Dr. E. Watson is entitled to be regarded as the original discoverer of the method of performing Pirogoff's amputation at the ankle-joint without disarticulation:—

1st. I attended Professor Pirrie's surgical course, delivered during the winter sessions 1855–6 and 1856–7, and again and again saw him perform on the dead subject Pirogoff's amputation without disarticulation. The operation was known familiarly amongst the students by the alliterative title of "Pirrie's modification of Pirogoff's amputation." On one occasion previous to performing the operation on both lower extremities of a subject, the Professor requested the class to time him, and the whole of the steps were gone through with great neatness in less than half a minute for each foot, thus proving how expeditiously it might be accomplished *by omitting the process of disarticulation.* I now speak of 1856; but I understood that he had performed the operation during a previous session or sessions, so that Dr. Watson *was anticipated by years*, he having adopted the modification January 4th, 1859, or thereabouts; for he appears to have disarticulated in the case of the boy M'G., August, 1858.

2nd. At a certain point Pirogoff's operation is identical, or all but identical, with Syme's. Each proposes disarticulation previous to sawing off the malleoli. Professor Pirrie, as stated, has shown the great advantage of performing these operations without disarticulation. Here are their respective directions:—

PIROGOFF, after describing the mode of disarticulating, says—"I separate the short anterior flap from the two malleoli, and saw through them at the same time close to their base. I turn this flap forwards, and bring the cut surface of the os calcis in apposition with the articular surface of the tibia. If the latter be diseased, it is sometimes necessary also to saw off from it a thin slice with the malleoli."—(Mr. S. Wells' translation.)

SYME.—"The foot should be disarticulated before the malleolar projections are removed, which it is always proper to do, and which may be most easily effected by passing a knife around the exposed extremities of the bones, and then sawing off a slice of the tibia connecting the two processes."

PIRRIE.—"*Instead of disarticulating* the foot, and then sawing off the malleolar processes and a thin slice of the tibia connecting them with each other, I have, after making a clearance for the saw by sending the knife round the bones, sawn off the malleolar processes and a very thin slice of the tibia, *without effecting disarticulation.*"—(Pirrie's Principles and Practice of Surgery, p. 754. Churchill, 1862.)

I am astonished that Dr. Watson has so lately become acquainted with Professor Pirrie's book, since it is well known in England and Scotland, as well as in America, where it has been ably edited and republished. Hundreds of pupils have passed through Professor Pirrie's classes during the last eight years, and become well acquainted with his modes of operating; hence the great justice of the remark to which Dr. Watson so especially objects—namely, "His practice in this respect has been known to the profession for many years, and understood to apply to either operation."

Dr. Watson attempts to depreciate Professor Pirrie's modification as applied to Syme's operation; he regards it as "anything but an improvement." This is rather ungenerous. It has the same merits in the two operations. It saves time; it enables the surgeon to escape what sometimes proves a serious difficulty.

In the letter you did me the favour to insert in THE LANCET, vol. i., 1860, p. 638, I mentioned having been witness to the painful position in which an hospital surgeon was placed, in trying for nearly twenty minutes to effect disarticulation of the tibio-tarsal joint, and just saved the patient's life by throwing down the knife, and using the saw.

I am, Sir, yours respectfully,

Warrington, May, 1860. ROBT. MARTIN, M.D.

C. B.—If the contract can be proved, he can recover; but it is unwise, as a rule, to sue for payment under such circumstances.

J. W.—It will not be compulsory.

Alpha, (Bedworth.)—He would not be prosecuted for practising as an accoucheur simply. There is some doubt whether he could recover.

MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—I trust the case hereafter briefly stated will be thought of interest sufficient to elicit from yourself or correspondents an opinion as to the law on the subject:—

A labouring man broke his leg, and seven days after was granted out-door relief, which he continued to receive until able to return to work. The guardians refuse to pay the fee of £3, awarded for the treatment of such cases under article 177 of the Consolidated Order, alleging that as the man was not in actual receipt of out-door relief at the time of the accident, he could not be considered a pauper. I find, on referring to Lumley's "Medical Officers' Manual," that the fee is directed to be paid for the whole *treatment* of the case until recovery, the mere *setting* of a broken bone not constituting sufficient service. In this case the man's destitution was acknowledged on the seventh day from the occurrence of the injury, consequently, with the exception of the *setting*, which is *not* treatment, the whole of the treatment was pursued while the patient was in actual receipt of out-door relief. Medical relief was applied for at the same time with ordinary relief, but was refused, with the avowed object of avoiding payment of the regular fee.

I remain, Sir, your obedient servant,

May, 1860. A MEDICAL OFFICER AND SUBSCRIBER.

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A Dentist.—The diploma of Dental Surgery granted by the College of Surgeons cannot be registered under the Medical Act. It, however, proves that the holder of it has undergone an examination in, and possesses a knowledge of, Dental Surgery, and is, therefore, qualified to practise the art.

Mancuniensis.—For medical attendance, not for medicines.

Mr. John Wood shall receive a private note if he will forward his address.

CERTIFICATES OF UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I beg to forward you a copy of a letter addressed by me to the Registrar-General, and also a copy of the reply which I received. I would suggest to my medical brethren the necessity of informing the registrars of the districts in which they reside of the name and address of any unqualified practitioner; and should the registrar continue to receive certificates from such a person, it would be advisable to bring his conduct under the notice of the Registrar-General, who would, no doubt, at once interfere in the matter.

I am, Sir, yours faithfully,

May, 1860. J. M.

"May 4th, 1860.

"SIR,—I shall feel obliged by your informing me whether the district registrars are instructed to refuse certificates of deaths signed by unqualified and non-registered practitioners? Also, whether it is the duty of the registrar to ascertain that the person who has signed the certificate of death is a registered and duly qualified practitioner? Also, whether each registrar is furnished with a copy of the Medical Register, published by authority of the Medical Council appointed under the Medical Act?

"I am, Sir, yours faithfully,

"To the Registrar-General, Somerset House." "J. M.

"General Register Office, May 7th, 1860.

"SIR,—In reply to your letter of the 4th inst., received this morning, I beg to inform you that district registrars generally have been instructed to refuse certificates of the cause of death when signed by unqualified practitioners; but the Registrar-General has not imposed upon registrars the duty (not always an easy one) of ascertaining whether a medical practitioner is duly qualified or not; nor has any registrar been furnished from this Office with a copy of the Medical Register, published by authority of the Medical Council.

"I am, Sir, your obedient servant,

"To J. M., Esq., M.R.C.S., &c." "THOS. MANN, Chief Clerk.

A Patient.—Such an accusation could not be sustained without positive evidence being adduced. Our correspondent should forward the particulars.

THE continuation of *Mr. Canton's* paper, "On Atrophy and Degeneration of the Arteries," shall be inserted in an early number.

A Sufferer, (Dresden.)—We are not acquainted with any surgeon in that city who is noted for the specialty alluded to.

"EXTRAS" OF POOR-LAW SURGEONS.

To the Editor of THE LANCET.

SIR,—Union advertisements often read well, especially to the uninitiated. I would, however, draw attention to two points in particular—namely, fees for midwifery cases, and for permanent paupers; the first ordinarily set down at 1*l.* per case, but never granted while there is a possibility of the applicant paying 10*s.* 6*d.* I have been but a short time connected with a union appointment, and my parish midwifery has been but a single case, and on looking through the book I find the total in my predecessor's year to be seven; the population is over 3000. The usual proportion, then, of labours requiring instrumental aid must render the "extra fees" a myth. But the worst part of this system is the payment allotted for permanent paupers—2*s.* 6*d.* per case per annum: rare munificence! Can they expect physic, much less justice, for such remuneration? This class of patients requires more care, more medicine, and more attention than any other, provided the parish doctor has a conscience, which he can hardly afford to keep on such a pittance.

I have been a naval assistant-surgeon, and thought the service hard when I had a loyal retainer of 8*s.* 1*d.* per diem; but now I am worse off than my rector's gardener, though I serve the same cause as when I wore her Majesty's cloth.

Let the schools of medicine combine to remove such an iniquitous plague-spot; let students pause before they spend their best energies in a union practice. If once a want is felt in filling up the ranks of those mowed down by hard work, bad pay, and bitter disappointment, then reform must begin, and a better footing be established. Often has a medical officer to ride miles to see one of these pauper patients—aye, and find him in a state from which neither art nor science can lift him, unless the surgeon first draw on the resources of his slender purse, or commit him to the tender care of a board of guardians. As a crying evil, it is monstrous enough to crush the energy, self-devotion, and education of the bravest heart.

I remain, Sir, yours obediently,

May, 1860. A POOR-LAW MEDICAL OFFICER.

A Subscriber.—Under the circumstances, the person could not retain the appointment.

Mr. C. Williams.—The request shall be attended to.

A Surgeon.—No. Mr. Liston performed the operation twice.

THE FORTHCOMING ELECTION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Perceiving by the paragraph in your impression of last week that the election into the Council of the College of Surgeons will take place shortly, I am sure that many Fellows, with myself, would be glad to know who are the retiring members of the Council, and to see a list of the next twenty or thirty eligible candidates published in your journal, as I think the present a good opportunity to evince the feeling of the profession on the recent disgraceful admissions into the membership of uneducated persons.

I remain, Sir, your obedient servant,

May, 1860. A FELLOW.

Anxious Inquirer will *not* come under the new regulations, inasmuch as his indentures bear date February, 1859.

A Sufferer.—Mrs. Seymour Hill, of York-gate, Regent's-park, the celebrated female chiropodist, died about six weeks since.

L.F.P.S.G.—Yes, he will be admitted to examination.

RELATIVE VALUE OF DIPLOMAS.

To the Editor of THE LANCET.

SIR,—Perhaps you can answer the following questions:—

1. Is the legal and moral value of the diploma of the Royal College of Surgeons of Edinburgh equal to that of the diploma of the Royal College of Surgeons of England?

Considering the recent shameful laxity of the latter College, which, I can answer for it, has not been imitated by the former, I think I can anticipate your answer.

2. Is the legal and moral value of the licence of the Royal College of Physicians of Edinburgh equal to that of the Royal College of Physicians of London?

You will probably answer—as to the legal value, Yes; as to the moral value, No, because some of the licentiates of the Edinburgh College elected last year were admitted without examination—a proceeding adopted by the London College, only in the case of graduates of a University of the United Kingdom, by virtue of the bye-laws of their year of grace. But even on this point of laxity the Edinburgh College of Physicians stands in a more favourable light than the English College of Surgeons, the latter body having admitted some men to the membership without any evidence of the usual professional education and training, which the former has not, I believe, done in any instance; the vast majority of the recent licentiates of the Edinburgh College of Physicians being, in fact, already registered as legally qualified in either medicine or surgery, or in both, while some few were, as in my own case, elected, in terms of the Charter, as graduates of a University of the United Kingdom.

I am, Sir, your obedient servant,

May, 1860. M.D., L.R.C.C.P. & S. Edin.

F.R.C.S., L.R.C.S. & P. Ed.—The whole question of titles must eventually be settled by some competent tribunal.

Medicus.—It does not act as a perfect preventive.

A Country Subscriber.—The question relating to some foreign degrees has not yet been decided by the Medical Council.

M. A. must commence his studies *before* January, 1861.

THE communication of *Dr. J. Mill Prodsham* shall be inserted.

NOTES OF A READER.

IN marshy districts consumption is very rare, and it has been noticed that when ague disappears, consumption becomes prevalent. Consumptive patients, in the first stage of the disease, are said to derive great benefit from a residence in Essex and Lincolnshire.

Iced Drinks.—It is an old-established opinion of the Italians that iced drinks are salutary in debility of the stomach, and that they tend to prevent the action of pestilential diseases and emanations. *La neve non può ricevere contagio!* Sanelli affirmed that at Messina the deaths were 1000 less annually since the introduction of iced drinks. (During the months of June and July they should be used before breakfast every morning.)

New Remedies.—Lord Bacon remarked: "Certain every medicine is an innovation, and he that will not apply new remedies must expect new evils, for time is the greatest innovator; and if time of course alters all things for the worse, and wisdom and counsel shall not labour to alter them for the better, where shall be the end?"

Muscular Training.—Lord Bacon recommended that "*six* out of the fifty-two weeks should be devoted every year for muscular training and for renovating the system." This hint may be of some service to our Volunteers; for courage is a quality that seems to be congenital to the English nation. Boys, before they can speak, discover they know the proper guards in boxing with their fists—a quality that is perhaps peculiar to the English, and is seconded by a strength of arm that few other persons can exert. This gives the English soldier an infinite superiority in all battles that are to be decided by the bayonet!

J. R.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

ERRATA.—In the abstract of Dr. Granville's paper, read before the Obstetrical Society on the 2nd inst., and published in THE LANCET last week, on p. 497, line 12 from top of second column, *for* "Western General Dispensary," *read* "Westminster General Dispensary;" and in line 34 of the same column, *for* "1 in 304," *read* "1 in 3·04."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Martin; Dr. H. Osborn; Dr. McWilliam; Mr. C. Williams; Dr. W. G. Carter; Dr. Bishop; Dr. Aldis; Mr. Hargitt, (with enclosure;) Dr. Walker; Mr. Greenwood, Liverpool; Mr. Ravenscroft; Mr. Morley, Blackburn; Mr. H. Bird; Mr. Hesslegrave, Marsden, (with enclosure;) Mr. Downie, (with enclosure;) Mr. Kent, Walsham, (with enclosure;) Mr. Saunders, Exminster; Mr. Lounds; Mr. Bantock, (with enclosure;) Mr. Smith, Stroud, (with enclosure;) Dr. Sandwith; Mr. Blanchard; Mr. Howell, (with enclosure;) Mr. Wright, Innislyre, (with enclosure;) Mr. Condon, (with enclosure;) Mr. White, Carmarthen, (with enclosure;) Mr. Wilson, Egremont, (with enclosure;) Mr. Richards, Leeds, (with enclosure;) Mr. Carter, (with enclosure;) Mr. Hawkins, (with enclosure;) Mr. Whittington, (with enclosure;) Mr. Chamberlain, (with enclosure;) Mr. Ulterson, (with enclosure;) Mr. J. C. C.; Dr. Sprigg, (with enclosure;) Mr. Summers, (with enclosure;) Mr. Turner, (with enclosure;) Mr. Herbert, (with enclosure;) Medicus; Alpha; J. M.; M. A.; J. W.; A Patient; C. B.; A Subscriber; &c. &c.

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12 Tea Spoons	0	16	0	1	2	0	1	5	0	1	7	0
6 Egg Spoons, Gilt Bowls ...	0	10	0	0	13	6	0	15	0	0	15	0
2 Sauce Ladles	0	6	0	0	8	0	0	9	0	0	9	6
1 Gravy Spoon	0	6	6	0	10	0	0	11	0	0	12	0
2 Salt Spoons, Gilt Bowls ...	0	3	4	0	4	6	0	5	0	0	5	0
1 Mustard Spoon, Gilt Bowl ...	0	1	8	0	2	3	0	2	6	0	2	6
1 Pair of Sugar Tongs	0	2	6	0	3	6	0	4	0	0	4	6
1 Pair of Fish Carvers	1	4	0	1	7	6	1	10	0	1	12	0
1 Butter Knife	0	3	6	0	5	6	0	6	0	0	7	0
1 Soup Ladle	0	10	0	0	17	0	0	17	0	1	0	0
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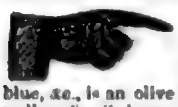

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DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON ...	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

When in bottle, the genuineness of the label can be ascertained by its having "ALLSOPP and SONS" written across it, upon red and white ground striped.

Asses' Milk.—For Invalids and

INFANTS.—To the many Invalids suffering from Debility, Diseases of the Chest, Asthma, Consumption, and other tedious complaints, the ASSES' MILK has long been recommended by the highest of the Faculty as a means of prolonging life, and if taken in the earlier stages of the complaint, will in most cases effect a permanent cure. For Infants deprived of their natural nourishment, it is a never-failing substitute.—Orders sent to R. DAWKINS 66, Bolsover-street (late Upper Norton-street), W., promptly attended to.

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REDUCTION OF THE WINE DUTIES.

European & Colonial Wine Company,

123, PALL-MALL, S.W.

The Promoters of the above Company beg to announce that they have reduced their Tariff of Prices, and now offer their patrons the full benefit of the new enactment.

ROYAL VICTORIA SHERRY ... ... (The Standard of Excellence.)	27s. per dozen.
SPLENDID OLD PORT (ten years in the wood)	37s. ,,
SPARKLING EPERNAY CHAMPAGNE ...	34s. ,,
ST. JULIAN CLARET, pure and without acidity	24s. ,,
FINEST COGNAC BRANDY (Pale or Brown)	44s. and 52s.
SOUTH AFRICAN PORT, SHERRY, &c. ... The finest ever introduced into this country.	20s. and 24s.

Bottles and packages included, and six dozen cases free to any railway station in England or Wales. Price Lists free on application. Terms, Cash.

WILLIAM REID TIPPING, Manager.

Flour, warranted free from adulteration,

to any part of London (not less than 14 lbs.) carriage free. Whites, for pastry, at per bushel (56 lbs.), 10s. 4d.; Households, recommended for bread-making, 9s. 8d.; Seconds, 9s.; Meal for brown bread, 9s.—Address, HORSNAIL & CATCHPOOL, Bulford Mill, Witham, Essex; or 97, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

Digestive Unfermented Bread, &c.—

J. M. INNES, the original Manufacturer of the Improved DIGESTIVE UNFERMENTED WHITE and BROWN BREAD, BISCUITS, &c., prepared by the instructions of an eminent Physician, and highly recommended by the Faculty for Indigestion.—J. M. I. also begs to call attention to his CELEBRATED COFFEE AND WINE RUSKS, Used most extensively by the Nobility, Gentry, Hotel Keepers, and the Public, in Town and Country. Also his far-famed QUEEN and ALBERT BISCUITS, which have given universal satisfaction. Families waited on daily.

3, Southampton-row, Russell-square. Established 1842.

TRADE MARK.

Brown & Polson's Patent Corn Flour.

THE LANCET states, "This is superior to anything of the kind known." The most wholesome part of the best Indian Corn, prepared by a process patented for the three kingdoms and France, and wherever it becomes known obtains great favour for puddings, custards, blancmange; all the uses of the finest arrowroot, and especially suited to the delicacy of children and invalids.

FOOD FOR INFANTS AND INVALIDS.

Bullock's Semola: a highly-nutritious

and very agreeable Food for Infants, Ladies who are Nursing, and Invalids suffering from any form of debility.

This Preparation recommends itself to the Profession by its uniform and known composition, and its accordance with established physiological principles. It consists of the staminal principle of Wheat (Gluten), denuded of starch as far as possible to leave an agreeable food, adapted to cooking. The following is one of many testimonials:—

"35, Brook-street, Bath, May 15th, 1857.

Ever since the introduction of Semola, I have observed its beneficial effects as an article of diet for infants and invalids, and I sincerely hope that it will be appreciated by the profession and public generally.

(Signed) JAMES TUNSTALL, M.D."

In Tins, 1s. 6d., 3s., 10s., and 21s. each. Sole Proprietors and Manufacturers, PERRINS AND BARNITT, (late Bullock and Palmer,) Operative Chemists, 72, Conduit-street, London, W.

Russian Isinglass.—To obtain this

delicate and nutritious article in its really pure state, be particular in asking for GEO. SMITH & Co.'s RUSSIAN ISINGLASS, imported by them direct from St. Petersburg, in 1 oz., 2 oz., ½ lb., ¾ lb., and 1 lb. Boxes, fine cut, hand picked, or leaf.

EXTRACT OF CALVES' FEET, for Jellies, Blanc-Mange, Soups, &c., is the purest article of the kind known, obviating the usual tedious method of preparing the feet.—Sold in Packets only, at 6d., 1s., 2s., and 4s., by Messrs. Fortnum, Mason, & Co., and all Grocers, Oil and Italian Warehousemen, Chemists, &c.—Wholesale, of GEO. SMITH & Co., 23, Little Portland-street, Regent-street, London, W.

Lichen Islandicus; or, Iceland Moss

COCOA;

Manufactured by DUNN & HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen, or flesh-producing substance; and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland Moss and Cocoa made by Messrs. Dunn and Hewett: I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses, moreover, tonic properties." (Signed) A. H. HASSALL, M.D.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Jones's Flesh Soap for the Toilet

or NURSERY.—One Shilling the Packet.

Most beneficent for producing a Clear, Soft, and Healthy Skin.

To be had at JONES'S old established Candle, Soap, and Italian Warehouse, near the Turnpike, Islington.—Established 1794.

Glycerine Soap, natural colour, un-

scented, contains "Price's Glycerine," stirred in after the soap is made; recommended as good for the Skin, and most agreeable in use both in hot and cold weather. Sold in packets, 1s. each.

Price's Non-guttering Bed-room Candles, in boxes, 1s. and 3s.; Candlesticks for them, 1s. and 2s. 6d. Retail by all Chemists and Grocers; Wholesale by PRICE'S PATENT CANDLE COMPANY (Limited).

Williams and Son's Pure Glycerine

SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

Moore's Portable Surgery.

From THE LANCET:

"All who are about commencing practice, or who contemplate emigrating for the same purpose, would do well to inspect a Portable Surgery introduced by Mr. Moore, of Tower-hill, which, for convenience, comprehensiveness, portability, and economy, is worthy of commendation. It is complete in itself, saves the expense of fitting up a Surgery, and is easily moved from one room to another. The Drugs are matters of arrangement with the purchaser; but all requisites for dispensing are contained in this novel and very useful invention."—Surgeons appointed to Ships to all parts of the world.

Surgical Instruments for Surgeons to Ships.

F. G. MOORE, M.R.C.S., 34, Terrace, Tower-hill, London, E.C.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment,

in the PURCHASE of

NEW WHITE MOULDED VIALS, OF THE BEST QUALITY.

PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross, 6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser
2 oz. ,, 7s.	
3 oz. ,, 8s.	
4 oz. ,, 10s.	
6 oz. ,, 15s.	
8 oz. ,, 18s.	
4½ oz. graduated in 3 doses 12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

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Society for Relief of Widows and

ORPHANS of MEDICAL MEN in LONDON and its Vicinity, Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 6th day of June next, at which Candidates for Admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

53, Berners-street, W. S. W. J. MERRIMAN, M.D., Secretary.

Royal College of Surgeons of England.

Professor HILTON will commence a COURSE of SIX LECTURES on the INFLUENCE of REST in the TREATMENT of DISEASE, in the Theatre of this College, on Tuesday, the 15th of June next, at 4 o'clock, and will continue the same on each Tuesday, Thursday, and Saturday, at the same hour.

EDMUND BELFOUR, Secretary.

Engineering, Surveying, Architec-

TURE, &c. — PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c. — For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

M.D. Aberdeen, &c. — A limited

number of Candidates can be Prepared for the August Examination for the M.D. Degree. Gentlemen can also receive Assistance in their Studies for other Professional Examinations.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

Operations.—Army, Navy, and India

EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or, with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

National Hospital for the Paralysed

and EPILEPTIC, 24, Queen-square, Bloomsbury, W.C.—Dr. BROWN-SEQUARD delivers CLINICAL LECTURES on PARALYSIS and EPILEPSY at this Hospital every Monday, at half-past 3 P.M. These Lectures commenced on Monday, May 14th. Medical Men and Medical Students alone will be admitted on production of their card or College ticket.

GEORGE REID, Secretary.

Lectures on Insanity.—Dr. Arlidge

will commence a COURSE of LECTURES on the PATHOLOGY and TREATMENT of INSANITY, at the Grosvenor-place School of Medicine, on Tuesday, May 29th, at 4 P.M., and will continue to Lecture on every subsequent Tuesday and Thursday, at the same hour.

Tickets to be had of the Porter, at the School, or of the Lecturer, at his residence, Kensington. Fee for the Course, One Guinea.

St. Mary's Hospital, Paddington, W.

The Office of SURGICAL REGISTRAR having become Vacant, candidates for the Appointment are requested to forward their testimonials, addressed to the Secretary, and endorsed "Surgical Registrar," on or before Saturday, the 2nd proximo. Particulars of the duties, which are honorary, can be learned on application at the Hospital.

May 23rd, 1860. JOS. G. WILKINSON, Secretary.

St. Mary's Hospital Medical School, W.

CHAIRS of CHEMISTRY and PRACTICAL CHEMISTRY.—These Lectureships having become Vacant, it is requested that gentlemen proposing to be candidates will send in their applications, accompanied by testimonials, on or before the 11th proximo, under cover to the Secretary, from whom any further information may be obtained.

May 23rd, 1860. JOS. G. WILKINSON, Secretary.

Hospital for Sick Children,

49, Great Ormond-street.

Physicians—Dr. West and Dr. Jenner.

Assistant-Physicians—Dr. C. M. Babington, Dr. Hillier, and Dr. Harris.

Surgeon—Mr. Athol Johnson.

Assistant-Surgeon—Mr. Timothy Holmes.

Surgeon-Dentist—Mr. Samuel Cartwright, jun.

The Hospital, which contains 44 Beds, and relieves 10,000 Out-patients annually, is open for

Out-patients at 9 o'clock A.M.
In-patients at 2 o'clock P.M.

The Fee for attendance at the practice is—

Six months	£3	3	0
Perpetual	£5	5	0

Clinical Lectures will be given every Thursday during the Summer Session, at 9 A.M.: open to Practitioners on presenting their card; and to Students who have completed their first year, on payment of a registration fee of 10s. for the course, which will be appropriated towards the increase of the Samaritan Fund of the Hospital.

The first Lecture will be given by Dr. WEST, at 9 A.M. on Thursday, May 10.

H. A. BATHURST, Hon. Sec.

Royal Medical Benevolent College.

Patron—Her Most Gracious Majesty the Queen.
President—The Right Hon. the Earl Manvers.
Visitor—The Right Rev. the Lord Bishop of Winchester.
Treasurer—John Propert, Esq.

The Council beg to inform the Governors and other friends of the Institution of the result of the Election of One Pensioner and Four Foundation Scholars, as verified by the Report of the Scrutineers appointed at the Meeting held at the Freemasons' Tavern on Monday, the 21st inst.:—

PENSIONERS.

Successful Candidate:—	Votes.
Rickard, Eliza	5731

FOUNDATION SCHOLARS.

Successful Candidates:—

Winter, Charles Edward	6015
Dinham, Jacob Hawker	5947
George, William S. B.	4686
Pritchett, Horace	4541

FREDERICK LATERILLE, WILLIAM T. ILLIF, } Scrutineers.

By order of the Council,

Office, 37, Soho-square, May 22nd, 1860. ROBERT FREEMAN, Secretary. HERBERT WILLIAMS, Assist.-Secretary.

Royal Medical Benevolent College.

MAY ELECTION, 1860.

Dr. M'CANN takes the earliest opportunity of thus returning his grateful thanks to his Friends, the Ladies Subscribers, and Governors, on the part of himself and Mrs. WINTER, for the liberal support of 6015 votes, given to the boy Charles Edward Winter, which placed him at the head of the poll, and gained his Election as Foundation Scholar of this valuable Institution.

50, Parliament-street, S.W., May 22nd.

Royal Medical Benevolent College.

Epsom.—The Relatives and Connexions of W. S. B. GEORGE, who obtained a Foundation Scholarship at this valuable Institution on the 21st instant, beg to return their sincere and heartfelt thanks to those Governors whose votes secured his Election, and to all those Friends also whose support and influence contributed to his success.

May 22nd, 1860.

The London Medical Registration

ASSOCIATION.—A SPECIAL GENERAL MEETING of this Association will be held at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, on Thursday, May 31st, at 8 o'clock in the evening, for the purpose of considering the amended Rules of the Association, as adopted by the Committee. WILLIAM FERGUSSON, Esq., F.R.S., President of the Association, will take the chair. Copies of the amended Rules may be had on application at the Office, No. 5, Charing-cross. GEO. S. BARNY, Secretary.

Parish of Clerkenwell. — Medical

OFFICER.—Notice is hereby given, that the Guardians of the Poor will meet at the Workhouse, in Coppice-row, on Tuesday, the 29th instant, at half-past 6 o'clock in the evening, to receive applications, testimonials, and certificates of qualification from gentlemen desirous of appointment as MEDICAL OFFICER for the Southern District of this Parish, at a salary of £50 per annum. The applicants must be qualified to Practise by diploma and certificate, or their equivalents, and be resident within the Parish. The Election will take place on the Tuesday following, by ballot, from 7 to 9 o'clock in the evening.

Applications and testimonials, superscribed "Medical District," addressed to the Clerk (from whom further particulars may be obtained), must be delivered at the Workhouse before 6 o'clock in the evening of the day of Meeting.

By order, EDWARD SCARGILL,
May 19th, 1860. Clerk to the Guardians

CIRENCESTER UNION.

MEDICAL CONTRACT.

The Guardians will, at their Meeting

to be held on Monday, the 18th of June next, proceed to Elect a PERMANENT MEDICAL OFFICER, (qualified agreeably to the Orders of the Poor-law Commissioners and the Poor-law Board,) whose duties will commence on the 25th day of June next, for the following District—viz., the "South District," comprising the following Parishes:—

Coates
Kemble
Poole Keynes
Rodmarton
Shorncote
Siddington
Somerford Keynes
South Cerney
(Population 3523)
And the Union Workhouse in Cirencester

} Salary £100 per annum

Which Salary will include all necessary Medicines and Appliances whatever except Trusses, Fees for Surgical Cases as prescribed by the said Orders of the Poor-law Commissioners, and 10s. 6d. for ordinary cases of Midwifery, when attendance is given under competent authority. Successful cases of Vaccination will be paid for at and after the rates prescribed by 16 and 17 Vic., c. 100.

The Medical Officers will be required to observe the Rules and Orders of the Poor-law Board, to make a Weekly Return to the said Board of Guardians of Sickness and Mortality, to attend Board Meetings when required, and to make out such Returns as may be required by the Poor-law Board and the said Board of Guardians.

Medical Gentlemen desirous of the appointment are requested to forward written applications, under seal, addressed to me, on or before the 2nd of June next accompanied with their credentials and testimonials.

Cirencester, May 14th, 1860. W. L. COOKE, Clerk.

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Leicester General Dispensary.—Wanted, a HOUSE-SURGEON to the above Institution. He must be a Member of the Royal College of Surgeons of London, Dublin, or Edinburgh, and a Licentiate of the Society of Apothecaries. Salary £100 per annum, with residence at the Dispensary, attendance, coals, and gas. Testimonials to be addressed to the Secretary, Horsefair-street, Leicester, on or before the 12th day of June next.
Leicester, May 23rd, 1860. EDWD. P. BANKART, Secretary.

Carmarthenshire Infirmary.—Wanted, a HOUSE-SURGEON for the above Institution, who must be a Member of the Royal College of Surgeons and a Licentiate of the Apothecaries' Company. Salary, £100, with lodgings, coals, and candles. He will have the privilege of taking two Apprentices. It is also desirable that he should have a knowledge of the Welsh language, and produce testimonials as to ability and character.—Apply to the Secretary, Mr. JOHN W. WHITE, Chemist, Guildhall-square, Carmarthen.

Surrey County Lunatic Asylum, near Tooting, S.—ASSISTANT MEDICAL OFFICER Wanted. He must be unmarried, a Member of one of the Royal Colleges of Surgeons, and a Licentiate of the Society of Apothecaries. Salary, with lodging, washing, and attendance, £170 per annum.
Applications and testimonials to be forwarded on or before Friday, the 15th of June, addressed to the Committee of Visitors as above, endorsed "Application for the Office of Assistant Medical Officer."—By order,
May 7th, 1860. S. BRIDGLAND, Clerk to the Committee of Visitors.

St. Pancras Royal General DISPENSARY, 26, Burton-crescent.
Patroness—Her most gracious Majesty the Queen.
President—His Royal Highness the Duke of Cambridge.
Treasurer—E. W. Wadeson, Esq.
A Vacancy having occurred in the office of PHYSICIAN or SURGEON-ACCOUCHEUR to this Charity, by the resignation of George D. Gibb, M.D., notice is hereby given, that a Special General Meeting of the Governors will be held at the Dispensary-house on Thursday, the 7th day of June, at 10 o'clock in the forenoon precisely, to Elect a Successor. Should there be a contest, the ballot will commence at 10 o'clock, and close at noon precisely.
The Committee will meet on Thursday, the 31st instant, for the purpose of admitting candidates, who must be Members of the Royal College of Physicians, or of one of the Universities of Great Britain or Ireland, or a Member of the Royal College of Surgeons.
Gentlemen wishing to become candidates are requested to send in their applications to the Secretary on or before the 30th instant, and to attend with their testimonials at the Dispensary-house on Thursday, the 31st instant, at 10 o'clock in the morning precisely. T. E. BAKER,
51, Burton-crescent, W.C., May 17th, 1860. Hon. Secretary.

Sale of the Furniture and Fittings of the Private LUNATIC ASYLUM, WALTON LODGE, Walton-lane, LIVERPOOL.

To be Sold by Auction, by Mr. Branch, on Monday, June 4th, and three following days, at 11 o'clock each day, on the premises,—the whole of the valuable HOUSEHOLD FURNITURE, FITTINGS, and EFFECTS, of the above-mentioned extensive and well known Establishment. Catalogues may be had, a few days prior, at Mr. Branch's Offices in Liverpool, or they will be forwarded per post on application to him.

Pupil Wanted.—There is a Vacancy for a PUPIL at the Doncaster Dispensary. For particulars apply to the House-Surgeon.

Pupil.—A Medical Man is desirous of Transferring a PUPIL to a Surgeon who has a Union Appointment and possesses the Double Qualification.—For particulars address, M.R.C.S., Post-office, Maidstone.

John Harrison Osgarby.—The Friends of Mr. JOHN HARRISON OSGARBY, formerly an Apprentice to a Chemist at Boston, and afterwards, and when last heard of, Assistant to a Surgeon at Liverpool, will be glad to hear from him. The recent death of a relative entitles him to property, both real and personal.—Address, Mrs. Osgarby, Walcot, Sleaford, Lincolnshire.

A Young Man, aged 25 years, requires an Out-door SITUATION as Dispenser and Bookkeeper. Good references.—Address, J. B., 20, Friar's-lane, Great Yarmouth.

Medical.—A doubly-qualified Gentleman, who has just had Charge of an extensive Practice, wishes for a RE-ENGAGEMENT, or as Visiting or Visiting and Dispensing ASSISTANT. Can give reference to the gentleman for whom he has been acting. Advertiser is thirty-two years of age, single.—Address, stating terms, &c., to E. A. B., THE LANCET Office, 423, Strand, London, W.C.

To Surgeons.—A Medical Student wishes to meet with a SITUATION (within a mile and a half of the British Museum), where his services would be an equivalent to his board and lodging; time being allowed to attend Lectures, &c. He would remain in London through the autumnal vacation. Retail objected to.—Address, R. F., Mr. Machin's, 113, York-road, Lambeth.

To Surgeons.—A Member of the College and Hall, London, aged fifty, of gentlemanly manners and appearance, sober, active, and moral habits, offers his Services for a few days, or three months, to Medical Gentlemen requiring temporary Assistance, either from absence or indisposition, for £2 per week. He can take Charge of any Practice.—Address, Delta, Post-office, New Brentford.

Wanted, by a young Gentleman, who has served a three years' apprenticeship at an Infirmary, a Temporary ENGAGEMENT, to Dispense and Visit occasionally.—Address, S. M., Mr. Pilter's, Bookseller, Huddersfield.

Wanted, by a doubly qualified and registered Practitioner (married), an Engagement to Conduct a Branch Practice; or as Locum Tenens for any gentleman who, from ill-health or otherwise, may need such service. References unexceptionable.—Address, stating terms, &c., E. S., 14, Bishop-street, Bristol.

Wanted, by a Surgeon, in a mining and manufacturing town in Lancashire, a Visiting and Dispensing ASSISTANT, and to keep the Books. A qualification not essential, but a gentleman of experience.—Address, stating age, salary required, &c., to J. S., Post-office, St. Helens, Lancashire.

Wanted immediately, an efficient in- or out-door Visiting and Dispensing ASSISTANT, about twenty-five years of age or upwards, in a Country Practice. No Union. A liberal salary will be given to a gentleman competent to fill the situation. Satisfactory references will be required.—Address, W. H., Post-office, Chesterfield.

Wanted, by a middle-aged Gentleman (sine diplomâ), of active and steady habits, a Re-engagement as Dispensing and occasionally Visiting ASSISTANT, in town or country. Has had considerable experience in Midwifery, and Club and Union practice. Satisfactory testimonials.—Address, J. D. W., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street, E.C.

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Lecture XI. — Treatment of Enteric Fever ..... p. 537

A Clinical Examination of the Value of the Operation of Turning in Labour Obstructed through Coarctation of the Pelvic Brim. By Robert Barnes, M.D., F.R.C.P., &c. 541

Notes on Atrophy and Degeneration of the Arteries, &c. By Edwin Canton, Esq., F.R.C.S. Part V. 543

On the Treatment of Goitre by the External Application of the Biniodide of Mercury. By J. Mill Prodsham, M.D. Edin. 543

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

St. Bartholomew's Hospital: Chronic Pyelitis of the Right Kidney, free from Complication; Persistence of Pus in the Urine 544

University College Hospital: Glucosuria induced by the Pressure of a Clot on the Fourth Ventricle and Medulla Oblongata; Fatal Result 546

Cancer Hospital: Variety and Number of Cases of Cancer affecting the Female Breast 546

MEDICAL SOCIETIES.

Royal Medical and Chirurgical Society: On Typhus and Typhoid Fevers as seen in Dublin 546

Pathological Society of London: Exhibition of Calculi, Tumour from the Mamma, Atrophied Bone, and Exostosis.—Calcification of the Arteries, with Abnormal Distribution of their Trunks 547

REVIEWS AND NOTICES OF BOOKS.

On Obscure Diseases of the Brain and Disorders of the Mind: their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By Forbes Winslow, M.D., D.C.L. Oxon., &c. (Second Notice) 548

LEADING ARTICLES.

The Sale of the Sites of Superfluous Churches 551

The State of the Blind in Ireland 552

Retirement of Dr. Watson from the Medical Council 553

MEDICAL ANNOTATIONS.

A Military Precedent.—The Surprises of Death.—The Cancellor Flogging Case. — The Literary Phantom. — Feeding the Negro White 553

The Last Hours of Mr. Albert Smith 555

CORRESPONDENCE.

Failure of another Prosecution under the Medical Act 556
The New Pharmacopœia 556
Pirogoff's Operation: Letter from Prof. Pirrie 556
University and King's College, Aberdeen, and Homœopathy ... 557
Pepsine in Pregnancy 557
Staff-Surgeons, R.N. 558
Parisian Medical Intelligence 558
Medical Trials.—Court of Common Pleas, Westminster: Pedgrift (Appellant) v. Chevallier (Respondent) 558

MEDICAL NEWS.

Cholera in Bombay 559
University of London 559
Pass-lists of the Royal College of Surgeons and Apothecaries' Hall.—Oxford Medical Intelligence.—Examination for Medical Degrees at Cambridge.—Honours to Physicians.—Royal Free Hospital.—Appointment. — Gastrotomy for Extra-Uterine Gestation.—Daily Increase of Population in England.—Medical Comforts for the Sick in the Navy. — Military Hospitals.—The Queen's College, Birmingham. — Relation of the Medical Profession to the Public.—Trial for Abortion: the Queen *versus* White and Others.—Man-eating Tigers.—A Bribe.—Longevity: Beauty *v.* Roseneath. — Influence of Slow Lead-Poisoning on the Product of Conception.—Small-pox propagated by Gipsies. — Health of the Metropolis 559

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Notices to Correspondents 561

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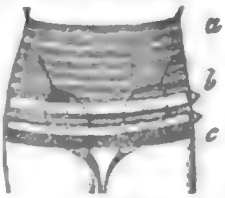

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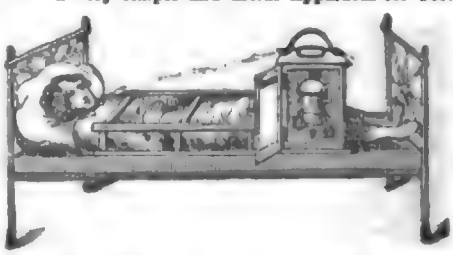

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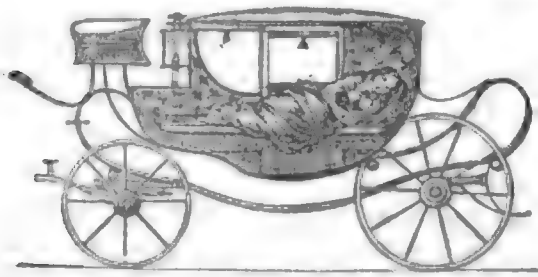

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12 Tea Spoons	0 16 0	1 2 0	1 5 0	1 7 0
6 Egg Spoons, Gilt Bowls ...	0 10 0	0 13 6	0 15 0	0 15 0
2 Sauce Ladles	0 6 0	0 8 0	0 9 0	0 9 6
1 Gravy Spoon	0 6 6	0 10 0	0 11 0	0 12 0
2 Salt Spoons, Gilt Bowls... ...	0 3 4	0 4 6	0 5 0	0 5 0
1 Mustard Spoon, Gilt Bowl ...	0 1 8	0 2 3	0 2 6	0 2 6
1 Pair of Sugar Tongs	0 2 6	0 3 6	0 4 0	0 4 6
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LECTURES ON FEVERS:

BEING

The Lumleian Lectures,

DELIVERED BEFORE THE

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 1858-59;

COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

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PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL
EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON,
ETC. ETC.

LECTURE XI.

TREATMENT OF ENTERIC FEVER.

Special treatment required—management of the sick chamber in fevers—treatment of the milder forms of enteric fever—of the more severe—the question of bloodletting considered—treatment of the intestinal affection—diarrhœa—hæmorrhage from the bowels—tympanitis—dietetic management—treatment of the advanced period—wine and stimulants—treatment of secondary affections—of the brain—of laryngeal angina—of the pulmonary organs—of peritonitis and intestinal perforation.

THOUGH the pathology of this disease has been minutely investigated, its therapeutics, or the principles on which its treatment should be conducted, have not received corresponding attention. This is to be ascribed, in some measure, to the circumstance that many, especially of the Cullenian school, still hesitate to accept, if they do not altogether deny, the distinctions between the different forms of continued fever, and consequently apply indiscriminately the same therapeutic indications to all. It must be obvious, however, that the treatment of each form differs in essential particulars.

Before deciding on the measures to be adopted in a given case,—of whatever type,—several circumstances should be kept in view: for example, its stage or duration, its mildness or gravity; the existence of secondary lesions; the prevailing or epidemic constitution—that is, the varying but unknown circumstances which influence acute diseases in general—and, lastly, the *individuality* of the patient, if I may use the expression, to include the age, habits, occupation and condition of life, previous state of health, with such collateral information as can be obtained.

And before I proceed to discuss the principles of treatment, let me say a few words on the management of the sick chamber—a point of the greatest importance, though often overlooked, and closely connected, not only with the comfort of the invalid, but with the issue of the case.

The first consideration should be the selection of a properly qualified nurse. The value of the services of one accustomed to fever cases can scarcely be over-estimated, as there are numerous details that must be left to her discretion, and which can only be satisfactorily undertaken by a person of judgment and experience, and who has been trained for such duties. In severe cases, a nurse for day and another for night duty are indispensable.

We shall presume that the apartment is as large as is necessary for the requirements of the patient. The ventilation as well as the temperature of the room should be attended to. The former may be effected, not by keeping the window constantly open, often regardless of season or weather, but by allowing a current of fresh air to pass through the room occasionally, and then closing it, while the temperature should be kept as near 60° as may be, and ought never to exceed 65°, though sometimes in the summer and autumn months it may be difficult to obtain this limited range.

The bed on which the patient is placed should be of moderate size, and furnished with a soft hair mattress; and if the room be of sufficient dimensions to contain two small beds, the comfort of the invalid will be promoted by occupying one during the day and the other in the night. This plan is indispensable in the more severe cases, and more especially so when the evacuations are passed unconsciously. The room should be kept perfectly quiet, and only the attending nurse and an occasional visitor, when sanctioned by the medical attendant, allowed to have access, and the visits of such persons should be short.

For the first week of the fever, nothing but the lightest farinaceous food should be given, unless by the direction of the medical attendant. Fruits should be avoided altogether, or used very sparingly, and thirst may be allayed by any agreeable drinks—whey, Seltzer water, rice water, lemonade, or apple tea, which in summer may be iced.

Presuming, then, that provision has been made for the due administration of our remedies, and that the form and stage of the fever, with the individual circumstances of the patient, have been ascertained, we shall suppose that we have to deal with enteric fever of a mild character and in the early stage. I need scarcely observe that the patient should be confined to bed, since this part of the management is generally consonant with the feelings, though sometimes, under the impression that the disease is of a trifling nature, an effort is made to keep about until the increasing prostration compels the patient to remain at rest.

Emetics are occasionally employed, but this class of remedies should be given only at the very beginning of the disease, and when there is evidence of the presence of acrid matters in the stomach. Under such circumstances the exhibition of an emetic is often followed by much relief, though it may not cut short the fever. But the opportunities of prescribing emetics are comparatively rare, as medical aid is seldom sought at the very beginning of the disease, to which period their administration should be restricted. As to the supposed benefit from the shock given to the system, or the determination to the skin or other organs induced by the act of vomiting, I must confess my doubts, and I should hesitate to adopt or sanction their use on such grounds.

In regard to aperients, I may observe that they, too, should not be prescribed indiscriminately in enteric fever. The bowels generally act spontaneously, and if they do not, the mildest aperients should be selected, merely with the view of relieving the system of any accidental accumulation. But let me caution the inexperienced in the management of this fever against the calomel and black draught system, which may do incalculable injury by irritating the bowels and increasing the local intestinal disease.

No dependence should be placed on salines, as they are called; but, if something must be done to amuse the patient, a julep of the citrate of potash or ammonia is very grateful, and may tend to allay thirst and promote determination to the skin. The German Seltzer water is also a very grateful, harmless saline. The dietetic management should be restricted to farinaceous matters, with the addition of beef-tea or chicken broth.

It may be inquired, what is the condition of Peyer's glands in these mild cases of enteric fever? They are probably simply enlarged from the deposit of typhous matter, but the subsequent changes are arrested, and they probably return to their natural state as the general febrile movement subsides and convalescence takes place.

In mild cases, therefore, medical interference should be restricted to the management of the sick chamber, enjoining mental and bodily repose, regulating, if necessary, the alvine excretions, and restricting the diet to simple farinaceous matters and weak animal broth. If it be deemed necessary to prescribe salines, an occasional dose of an alkaline citrate may be interposed.

In by far the larger proportion of cases, however, enteric fever assumes a much more severe character. There is more violent febrile disturbance from the beginning, indicated by the more frequent and severe rigors, and the more pungent and enduring heat of skin; while the condition of the vascular, nervous, and gastric systems shows that the poison has acted

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with considerable intensity. The fever, in short, is of a more serious character, and consequently requires more decided measures, modified, of course, according to the circumstances each individual case presents. If there be much general excitement, more especially throbbing headache, flushing, restlessness, and perhaps delirium, the vascular fulness must be reduced. This may be accomplished by small doses of antimony, repeated every three or four hours, shaving the head, and applying a spirit lotion to the scalp. Should this plan not succeed in combating the cerebral excitement, or should symptoms in other organs arise to indicate that the struggle is to be severe, the question of bloodletting is forced on our consideration. It would be unprofitable to discuss the various grounds on which bloodletting has been employed in the treatment of fevers. I would rather consider the subject as one to be determined by experience and observation; and it is to be regretted that in our own country the effect of bloodletting as regards enteric fever has scarcely been put to the test, from this remedy having been employed indiscriminately, without reference to the type or form an epidemic may have assumed. On the European continent and in the United States, where enteric fever is endemic, we have the recorded opinions of practical physicians; and, as might be anticipated, there is much difference in their views as to its utility, the remedy being extolled by some, condemned by others, and in the present day, if not entirely abandoned, adopted under very special circumstances only.

If we refer to Louis, we find that he abstracted blood in nearly all his cases, but restricted the practice to the early stage of the disease, and repeated the bloodletting according to the severity of the symptoms and the powers of the patient. In his opinion it was useful, within those limits, in shortening the duration and mitigating the severity of the fever; but in mild cases, even in the early stage, as well as in the more severe, after the second week, he was satisfied that the abstraction of blood was of doubtful efficacy, if not positively hurtful.

Andral does not mention the practice with favour. He prescribed it in seventy-four cases, of whom thirty-five—nearly one half—died; and of this number, in sixteen only was there evident amendment in the symptoms; while in sixty-four, the disease appeared to be even somewhat aggravated by the loss of blood: but it would have been more satisfactory had the description of the symptoms for which the bleedings were employed, and especially the stage of the fever, been detailed.

Chomel, who was a thoroughly practical physician, thought, on the other hand, even in mild cases, a single moderate bleeding at the commencement beneficial in relieving the more urgent symptoms, shortening the duration of the fever, and preventing local affections. In the more severe, in which there was unusual general excitement, and especially if there were serious affection of some organ, he advised the venesection to be repeated; but he enjoined caution even under such circumstances, and warned the practitioner that a smaller amount of blood should be abstracted than in primary inflammation.

The great advocate of bloodletting in this disease, however, is Bouillaud. This distinguished Parisian professor, in his "Philosophie Médicale," announced that he had discovered an infallible mode of treating all acute diseases, including fevers, by copious bloodletting. He prescribed five or six bleedings in succession, to the extent of twelve or sixteen ounces at a time, as much being often abstracted by cupping or leeching in the intervals; nor were these heroic measures limited to the early stage, but adopted even in the second week of the fever. This bold treatment gave rise soon afterwards to much discussion in the Parisian medical circles, which was carried on with no little warmth, and led to a rigid examination of the grounds on which its boasted success was founded. The investigation was instituted by Louis, whose treatment had been placed in unfavourable contrast, and he had little difficulty in exposing the fallacy of the statistics of Bouillaud, as well as the diagnostic errors into which he had fallen.

In the United States, where, in consequence of enteric fever being endemic, ample scope is afforded for observing its pathology and treatment, it would appear that the practice of indiscriminate bleeding does not find favour, its employment being restricted to special circumstances; as, for example, when the febrile symptoms run high in young and vigorous subjects, but more especially if there be severe headache, flushing, throbbing in the cerebral vessels, or acute delirium. For such symptoms the physicians of the United States do not hesitate to prescribe either general or local bloodletting, according to the emergency.

I have not brought these opinions before you with the object of recommending bloodletting in the treatment of enteric fever as *a general rule*. On comparing carefully the results of cases treated by others with my own experience, I am satisfied that in mild cases, loss of blood is uncalled for, and, if practised, tends only to lower the powers, and retard convalescence; that in cases of severity, and especially when the symptoms pursue a rapid downward course, indicated by marked prostration, compressible pulse, low delirium, or exhausting diarrhœa, every ounce of blood abstracted diminishes the chance of recovery. When the fever assumes this grave aspect, there are influences at work, the nature and agency of which are unascertained, but they produce a depressed state of the vital powers, which renders evacuations of any kind, and especially bloodletting, hazardous in the extreme.

But intermediate cases are of not unfrequent occurrence, in which, in addition to the intestinal affection, there is unusual general excitement, or it may be that some organ important to life is implicated. Under such circumstances, I have observed marked relief after the loss of a few ounces of blood, (rarely exceeding ten,) if taken in the early stage of the fever; and in the comparatively few instances in which of late years I have ventured on this remedy, it has been apparent that, besides the improved feeling admitted by the patient, the duration of the fever was shortened. In doubtful cases, in which the propriety of bloodletting may be questionable, antimonial preparations are of great service in subduing the excitement without the hazard of lowering unduly the powers of the patient.

We have seen that the poison which induces enteric fever has a specific action on the intestinal glands (Peyer's patches), which undergo the changes explained in a former lecture. This intestinal affection is one of the earliest phenomena, and accounts for the diarrhœa which is so commonly present from the commencement of this fever.

I must, however, protest against the practice occasionally adopted of treating the intestinal affection by local abstractions of blood, as if it were a local phlegmasia—a practice which, without improving the intestinal disease, tends only to impair the patient's strength. The typhous deposit in the intestinal glands, not strictly secondary, bears the same relation to the fever as the variolous eruption does to small-pox, or the morbillous rash to measles. Should, however, the follicular disease produce great irritation, or, perhaps, inflammation of the mucous membrane, or should the morbid action spread deeper and implicate the peritoneum, no time should be lost in applying leeches over the region of the cæcum, followed by warm poulticing, and a combination of mercury with chalk and Dover's powder, at short intervals.

In the management of the diarrhœa, let me offer you a caution against the exhibition of aperients, which some French physicians—even Louis himself—have recommended.

In the very commencement, and particularly if there be uncertainty as to the state of the bowels, it may be well to exhibit a mild laxative, such as castor oil, magnesia, phosphate of soda, or rhubarb; and should the selected aperient act unduly, an aromatic draught, with a few drops of laudanum, may be given to check the irritation.

If the diarrhœa be moderate, it should not be interfered with, but treated simply by bland fluids, such as thin barley-water (made by infusion), rice-water, arrowroot, weak animal broth being at the same time allowed.

If it be necessary for effect to prescribe, the almond mixture, or a mixture containing spermaceti, with or without a few drops of laudanum, or compound tincture of camphor, may be given.

When the evacuations are frequent (more than three or four in twenty-four hours), the powers of the patient become enfeebled, not only by the drain on the system, but the very exertion in getting out of bed tells on the patient's strength. It becomes, therefore, necessary to check this symptom. Sometimes a few drops (five to ten) of laudanum, or fifteen to twenty of the compound tincture of camphor, in any agreeable vehicle, answers very well, and may be repeated according to circumstances. The local exhibition of opium by an enema, containing ten to fifteen drops of laudanum in three or four ounces of barley-water, or thin starch-gruel, and repeated according to circumstances, is often preferable, if the patient will submit to it.

But if, notwithstanding the use of opiates in the way mentioned, the diarrhœa persist, we must have recourse to other remedies of the astringent kind, either alone, or combined with opium. We may select from the mineral or vegetable kingdom, the former affording, however, the best and most suitable.

The mineral acids—the diluted sulphuric, nitric, or phos-

is always grateful and soothing. If the tympanitic distension be considerable,—and there is more or less in every case,—oil of turpentine may be added to the warm poultice or moistened lint, and kept on as long as it can be borne, the tolerance of this stinging application varying with the sensibility of the skin. I am in the habit of keeping the right iliac region tender by the turpentine, when its more extended application over the abdomen is either unnecessary or objected to by the patient. If it produce much pain and irritation of the skin, it should be used occasionally only—indeed, few patients can bear it long at a time. If the odour of the turpentine be an objection, the compound camphor liniment may be substituted.

The tympanitic distension of the belly is often distressing. The mucous membrane of the stomach and bowels has the property of secreting air in abundance during health, and when it takes on a congestive or inflammatory action, this secretion is increased, and hence we find tympanitis an almost invariable accompaniment of enteric fever, more particularly in the middle and latter stages. It is sometimes so great as seriously to embarrass the breathing by impeding the descent of the diaphragm; and though the secreted air is accumulated in great abundance in the colon, it is seldom passed per anum. This symptom, if it occur early in the fever, and the powers of the patient are not much impaired, is best treated by the application of leeches to the abdomen, followed by emollient applications and the internal exhibition of the diacetate of lead. But should local bloodletting be inadmissible, turpentine stupes may be substituted, while the lead is given in suitable doses internally. But it is often necessary, from the amount of distension, to adopt some mechanical expedients to get rid of the accumulated air, such as the introduction into the rectum of a flexible tube, or catheter of the largest size, or the common œsophagus tube of the stomach pump, properly secured, so as to prevent it slipping into the bowel. But before having recourse to mechanical means, I am in the habit of prescribing a fetid enema, consisting of half an ounce or more of the tincture of assafetida in a pint of common gruel, or half an ounce of the confection of rue in a pint of camphor mixture. I have seen either of these remedies, carefully administered, followed by the expulsion of an enormous quantity of confined air, to the patient's great relief. If they fail, I have applied in some cases with happy effects the stomach pump per rectum, and withdrawn by the syringe the accumulated air, which may be passed through the lower tube of the stomach-pump into a basin containing water. But this should only be had recourse to when the introduction of the catheter or œsophagus tube fails.

In protracted cases, accompanied with gradual emaciation and irregular hectic paroxysms, there is little question that the intestinal ulceration is in a state of slow activity; under such circumstances I know no remedy equal to the sulphate of copper with opium, or the nitrate of silver, as already recommended, perseveringly administered, supporting at the same time the patient's strength by light broths, eggs, farinaceous preparations, and perhaps the more delicate kinds of white fish.

If there be not speedy amendment, the case is apt to be given up as hopeless; but the duty of the practitioner is to persevere even under discouraging circumstances. Many a time have I witnessed patients, emaciated almost to a skeleton, gradually recover, and reward many weeks' anxious care, and even when it was thought scarcely possible that the intestinal ulceration would ultimately cicatrize.

Let me draw your attention to the bladder, which is liable to become distended in the advanced stages of this fever. There may be complete retention of urine, or it may partially escape unconsciously, and thus the nurse, or even the medical attendant, fancy all is right so far as the bladder is concerned. There can be no difficulty, however, in determining the point, if the region of the bladder be carefully examined, a single percussion stroke being sufficient to the practised finger to indicate the presence of accumulated urine, unless there be such an amount of tympanitic distension as to render it impossible to come to a decided conclusion as to the state of this organ. If there be doubt, introduction of the catheter should not be delayed. In all cases, therefore, where there is great prostration, more especially if there be secondary brain affection, the state of the bladder should be daily inquired into, and not left to a report of the nurse, however experienced and attentive.

A point of much importance in the treatment of enteric fever is the due regulation of nourishment; indeed it requires equal discrimination as the administration of remedies strictly so called. The practice formerly adopted of almost entirely prohibiting nutriment in the management of fever originated in the erroneous views entertained by the solidists of the great

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similarity between, if not the perfect identity of, inflammation and fever; and with such ideas of its nature we cannot wonder at the dietetic restrictions inculcated. But whatever difference may still exist, as to the indiscriminate exhibition of stimulants, few dispute the advantage of giving suitable support even in the early stage of enteric fever.

For the first few days, the most simple articles only—rice or groat gruel, thin barley-water, rennet whey, or weak black tea—should be allowed. The appetite is usually so much impaired that there is little difficulty in imposing restriction, but as the fever progresses it is better to allow a little more nourishment in the shape of thin panada, with a small quantity of beef-tea or any of the animal broths. I generally allow from half a pint to a pint of moderately good beef-tea in the twenty-four hours, almost from the commencement of the fever, unless the symptoms indicate a more than ordinarily acute disease, and consequently a more restricted regimen. The beef-tea should be given in small portions at a time, and if it produce uncomfortable feelings or feverishness, it should be put aside for a few days, and gruel and panada substituted.

In enteric fever, fruits and subacid drinks should be almost entirely forbidden, from the risk of increasing the irritability of the bowels; and while speaking of drinks, I may mention that the large amount of fluids taken with the object of checking thirst, often produces much uneasiness and feeling of oppression from the mere mechanical distension of the stomach, and very often without quenching thirst. It is better that small quantities of fluid, or a little piece of ice, be taken now and then, than copious draughts gulped down without reference to the uneasy sensations that are likely to follow; and for the same reason soda-water and such-like drinks containing fixed air should be avoided.

Towards the middle or end of the second week, sometimes earlier, sometimes later, symptoms indicative of exhaustion appear. The pulse becomes soft and compressible; the skin cool, and often covered with clammy moisture; the patient feels weaker, less able to exert himself, or perhaps even to turn in bed, and the tongue assumes a brown appearance. The necessity of a change of measures now becomes apparent. When the fever has been mild, it is generally sufficient to allow a more sustaining diet, stronger soups, or a small quantity of fish, or any of the tender meats, such as chicken or game, bearing in mind the irritable state of the bowels. At the same time a light tonic may be prescribed, those from the vegetable kingdom being by many preferred, though the mineral acids appear to me better suited; for example, a combination of the diluted nitric and muriatic acids in infusion or tincture of orange-peel. I have lately, on the suggestion of Professor Huss, given the diluted phosphoric acid; but I am not sensible of its having any superior advantages over the others. The barks of cinchona and cascarilla, the roots of gentian, chyretta, senega, calumba, serpentary, either in the form of infusion or tincture, may be selected at discretion, though the salts of quinine have superseded them in a great measure. Many even in the present day adhere to the old decoction of bark, under the belief that this preparation contains more of the real principles of the drug than the modern alkaloid. Battley's liquor cinchonæ, in fifteen to twenty minim doses, is an agreeable and elegant preparation.

In regard to the administration of wine and alcoholic fluids in the treatment of this stage of enteric fever, I would simply observe that they are too frequently prescribed on the mere dogma of routine; and even when the symptoms warrant their employment, a much smaller quantity is required in this than in typhus fever. Many patients pass through enteric fever without a single dose of wine, even when the disease is protracted, showing that its indiscriminate use is by no means warranted; and it should be kept in mind that in its progress there are, besides exhaustion, other processes at work in the system—local affections—which possibly may be ultimately the destroying cause, and these may be aggravated by the injudicious use of stimulants. On the other hand, it is often imperative to support the failing powers, disregarding the injury particular organs may have sustained—in short, to obviate the tendency to death,—and to hope that as the constitutional powers are invigorated, the secondary lesions will partake of the general improvement.

But special circumstances sometimes arise, requiring the administration of stimulants, without regard to the period of the fever. The powers may suddenly give way, rendering an immediate and powerful stimulus necessary, and none is more suitable, under such emergency, than brandy in half-ounce doses, and repeated at such intervals as may be necessary. Again, sometimes a few ounces of wine, or a proportional amount of brandy, are sufficient to resuscitate the failing powers, when it should either be withdrawn, or given occasionally only.

To sum up the question of the administration of wine in enteric fever, I would observe—1st, that it should not be prescribed indiscriminately, but as an occasional remedy in special cases; and 2nd, when there is a doubt as to the propriety of giving or withholding wine, if the case be one of well-marked enteric fever, especially in the early stage, it will be safer to withhold it, at all events for a time; and 3rd, in every case, but especially when wine is not clearly indicated, the effect of the first few doses should be closely watched, and if the general complexion of the symptoms be improved, go on steadily, and watch again; if, however, it excite the patient, if restlessness and delirium be induced, if the tongue become more and more dry, the pulse more rapid and wiry, you may infer that wine is not suited to the case—at all events at its present stage—and should, therefore, be withdrawn.

Let me also allude to the importance of giving the wine at stated intervals, and only when the excitement is moderate. It is especially necessary to give it during the night, when there is often great exhaustion. A dose of wine judiciously given at this diurnal period is often followed by calm refreshing sleep; and hence the incalculable advantage of an intelligent experienced nurse, on whom so much responsibility—indeed the life of the patient—often rests.

We have seen that in the progress of enteric fever, the poison acts with special intensity on individual organs, inducing the so called secondary affections or complications, and requiring special local treatment. It should, however, be kept in view, that these lesions, which are due rather to congestion than to inflammation, neither require nor bear the measures that are usually employed in primary or idiopathic inflammation.

The nervous system, on the whole, suffers more severely than any other organ, and this is what might be anticipated from its seldom escaping in the general febrile commotion, except, perhaps, in the very mildest cases. When, therefore, the cerebral affection becomes unduly prominent, indicated by constant pain in the head, especially if accompanied by flushing, delirium, intolerance of light, and sleeplessness, the loss of a few ounces of blood by cupping the temples, or the application of leeches behind the ears, should not be omitted, while the hair should be removed from the head so as to allow a spirit lotion, or iced water, to be applied. The topical bleeding, however, is advisable only at the onset, or first appearance of the brain symptoms, and when the powers of the patient are able to sustain the loss of blood. When the brain affection assumes a form closely resembling delirium tremens—the patient being sleepless; the pulse rapid, soft, and compressible; the skin cool; the face pale; the delirium of the low, muttering character, with tremors and starting of the tendons,—loss of blood would speedily annihilate the chance of recovery. The treatment for this condition of the brain consists of fomentations of warm vinegar-and-water to the head; the application of blisters to the temples and forehead, and sinapisms to the extremities, supporting the strength at the same time by wine and nourishment, while the nervous system is tranquilized by a combination of antimony and opium in small doses, repeated at short intervals, according to the effect produced. For the introduction of this combination in the condition of the brain referred to, the profession is indebted to the late Dr. Graves, who appears to have employed it with the most happy results, and I am enabled to confirm his statements from my own experience. The best mode of prescribing it is, to add to eight ounces of a julep of the citrate of ammonia, four grains of tartar emetic, and one drachm of the solution of the acetate of morphia, of which half an ounce is to be administered every two hours, until sleep is procured. The scalp should at the same time be enveloped in a spirit lotion, and care taken that during sleep nourishment is administered at regular intervals, and not postponed until the patient awakes spontaneously. The repetition of the opiate in the way recommended must, of course, be left to the judgment of the medical attendant, and the exigency of the case.

Some practitioners prefer the local administration of opium by enema in these cases, and no doubt this mode is a good one, as it tends not only to calm the nervous system, but at the same time to check the diarrhœa when present.

Of the throat affections, the most formidable is the laryngeal angina formerly alluded to. This dangerous disease, which those who adopt the views of Rokitansky ascribe to the typhous deposit in the delicate structure of the glottis, is, happily, not frequently met with, for it is seldom arrested by even the most prompt treatment. The first approach of hoarseness, with painful deglutition and tenderness on pressing the region of the larynx externally, should excite suspicion, and no time ought to be lost in instituting such remedies as the local symptoms require, having always in view the powers of the patient and

from the gradual process of ulcerative absorption. When it arises under the circumstances first mentioned, the management differs little from that of peritonitis arising under ordinary circumstances, and therefore recourse must be had to the application of leeches to the abdomen, and warm fomentations, after which a pill containing mercury and chalk with Dover's powder is to be given at intervals of three or four hours, supporting the strength at the same time by suitable nourishment. The treatment of peritonitis resulting from intestinal perforation is palliative only; for though I have witnessed the recovery of two cases in which the distinctive signs of intestinal perforation were unequivocal, the termination is almost invariably fatal. Beware in this formidable lesion of the abstraction of blood by leeches, which, while it is inefficacious in controlling the inflammation, tends to exhaust the patient. The only remedy is opium, by which the excruciating pain and accompanying nervous irritation are calmed, while the peristaltic motion of the intestines is at the same time diminished. Two grains of solid opium in a pill should be given at once, and afterwards a single grain every hour or every second hour until an impression is made on the symptoms. If it accomplish nothing more, this remedy alleviates suffering and soothes the agonies of death.

A CLINICAL EXAMINATION
OF THE
VALUE OF THE OPERATION OF TURNING IN LABOUR OBSTRUCTED THROUGH COARCTATION OF THE PELVIC BRIM.

BY ROBERT BARNES, M.D.,
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Primipara; labour at term; conjugate diameter contracted to three inches; delivery by feet. Recovery of mother.

CASE 3.—On the 29th November, 1859, I was called to a patient of the Royal Maternity Charity who was in labour for the first time at term. The midwife, on examining at eleven P.M. the day before, found a foot presenting, no pains, os slightly dilated. The os dilated more, but as the midwife found the labour had made no further progress, she sent for me at half-past four A.M. The left foot was in the vagina, and the other was just within the os, which had expanded to the size of the rim of a wineglass, but was somewhat rigid. The promontory projected very much, narrowing the conjugate diameter. There being no expulsive action, and artificial delivery being unavoidable, I began extraction by the left foot. There was some obstruction by the doubling-up of the right leg just within the cervix, the projecting knee forming the apex of a wedge the base of which lay internally. The os was too rigid to admit the hand to pass and seize the foot, so I slipped a noose of tape over it; by pulling upon this in the axis of the cervix the leg was easily extricated. The extraction of the body and shoulders was effected by use of moderate force, expulsive pains aiding a little. The head lay above the brim in the right oblique diameter, and entered in transverse diameter. For an hour, allowing intermissions, I was obliged to pull upon a towel passed over the neck and crossed in front of the chest, with nearly all the force I could exert, the midwife making counter-pressure on the pelvis, before the head could be brought through the outlet. It was a girl, of full size and development. The parietal and frontal bones of the right side, which had been in contact with the promontory of the sacrum, presented a deep depression, forming a mould of the promontory. The bones were partly broken and partly bent, so that measuring from the deepest part of the furrow to the opposite side of the head gave 3". This was the measure of the antero-posterior diameter. Possibly, from slight resiliency of the bones after release, the head had even a little recovered. The child was dead. After the birth of the child I introduced the whole hand into the pelvis to make an accurate exploration of its form and dimensions. The promontory projected, forming a sharp ridge, narrowing the brim to the extent described. The placenta was extracted in about ten minutes; the uterus contracted fairly. The mother took a sedative draught containing thirty minims of laudanum and an equal quantity of Hoffmann's elixir. She recovered without a bad symptom.

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Commentary.—This case is an instance of a direct experiment presented by nature. Similar cases are not uncommon. Examples may be found in most of the older as well as more recent obstetric records. They could hardly fail to impress the observer with the greater facility of delivery when the head was the last part to enter a contracted brim. They would also suggest the expediency of imitating what appeared to be an example set by Nature herself, by deliberately resorting to podalic version as a means of delivery in obstructed labour where the head was the presenting part. This idea would be powerfully reinforced by the observation of women whose first child, presenting by the head, had been destroyed by perforation, and who had, owing to the happy interposition of nature in reversing the presentation, been safely delivered in subsequent labours, occurring prematurely or at term, of living children. Professor Simpson has collected several interesting cases of this kind from Smellie.

The particular case before us, although illustrative of several important points, does not, perhaps, very strikingly encourage us to adopt the practice we are discussing. Nothing was gained in the interest of fœtal life. There was reason to conclude that the child was alive before the engagement of its head in the brim. It probably perished from the compression and injury to which the brain was exposed, although examples are known of children being born alive and recovering after injury apparently as great. I should, however, undoubtedly have lessened the head had this part presented. In subsequent pregnancies, the obvious course to adopt with this woman is, to bring on labour at the end of seven or eight months, and to deliver by turning, should the natural powers be inadequate to the task of driving the presenting head through the pelvis. By this course, we may look for a result as happy as in Case 1. (See THE LANCET, April 7th.) What we have to consider, when in the presence of a greatly contracted pelvis and a full-sized head, is not alone how much force and contusion the mother will bear and recover from, but rather what is the prospect of delivering a living child. But from this and similar cases we may learn that women make excellent recoveries after pressure so severe that the child is killed in the process. We may hence deduce as a reasonable conclusion, that the mother will safely bear that minor amount of pressure which attends the extraction of a living child. Now, the operation is not proposed with the object of delivering dead children. The problem to be solved, then, is—What are the conditions as to relative proportion between the brim and the head, as to expulsive forces and other circumstances, which shall justify the expectation of saving the child by turning, the forceps being excluded? I still postpone the attempt to answer this question. At present, I will only state, that here, as in most other questions in physiology, we are not to expect demonstrations of rigorous mathematical precision. I do not feel justified in affirming that a conjugate diameter of 3" is the extreme limit of the application of turning. If rules of treatment could be drawn from the elaboration of averages and the doctrine of probabilities, then would the dogma of the closet statistician be of more clinical value than that of the skilled physician. We must be content to study patiently the lessons taught by individual cases, and, in the end, to leave much to the judgment of the practitioner.

NOTES ON

ATROPHY AND DEGENERATION OF THE ARTERIES, ETC.

BY EDWIN CANTON, ESQ., F.R.C.S.,

SURGEON TO THE CHARING-CROSS HOSPITAL, AND LECTURER ON SURGICAL ANATOMY.

PART V.

AMONGST the various causes leading to impairment of nutrition in the coats of arteries, with the supervention of degenerative changes in them, none, perhaps, is more rife in producing these states than intemperance; and, however vigorous the constitution may have been originally, persistence in this pernicious habit, sooner or later, undermines its strength, and is often the insidious, but unerring guide to a premature grave.* Nevertheless, we may occasionally meet with those, the chief part of whose lives has been passed in unswerving adherence to the habit of drinking, and who, notwithstanding, have attained to great length of years. Such cases, however, must be regarded as quite of an exceptional character, and I doubt not that in most of them, were due inquiry made, some associated circumstances would be found which tended materially to modify, or to a great extent counteract, the noxious effects of these deadly potations. In some instances which have fallen under my own notice, this I ascertained to be the case:—A stout, elderly gentleman, whom I was called upon to attend, and who for many years had been accustomed to drink several glasses of spirit-and-water daily—not unfrequently increasing the amount at night in the company of friends, without ever having been known to become intoxicated—used invariably to suffer from relaxation of the bowels as a sequel to these orgies, and voided always copious bilious motions, with blood occasionally admixed. To this circumstance he attributed the preservation of, what he was pleased to term, his *health*, and was wont, facetiously, to style his intestinal canal his *safety-valve*.

Another example fell under my notice where the draughts of whiskey-and-water indulged in were large, frequent, and potent, and had been persevered with for many years; yet this *habitué* was old, and apparently healthy. I found, moreover, that he never laboured under headache, thirst, dry skin, nausea, loss of appetite, impaired digestion, &c.; but in experiencing always great freedom of perspiration, the balance of the circulation, through this eliminative effort, became readjusted, and the other functions of the body were proportionately maintained in due order and activity. A gentleman who arrived at a great age, and who was as well known for his regular attention to business as for his deep devotion to the bottle, might be seen, at an early hour every morning, in the Park, taking, as he termed it, his constitutional walk, and distilling off, as it were, by the skin, the superabundance by which his system would have been otherwise oppressed. I have known, also, of another instance, where a person, for a long succession of years, steadily pursued a course of daily and nightly drinking, and who, nevertheless, died aged. I understood that he had originally been a spare man, but towards the latter period of his life he became corpulent, and suffered from occasional attacks of gout. His especial beverage was Irish whiskey, to which, he used to say, he had become perfectly *acclimatized*. He was never known to be intoxicated; but, in my attendance on him, I learnt that whenever he had consumed a certain amount of his favourite punch, he always experienced uneasiness of stomach, and retired from company to find relief by freeing this organ from its contents; only to return, however, and renew his debasing debauchery to a similar disgusting termination of it.

Happily, for the credit of human nature, the above present us only with illustrations of rare peculiarities of constitution in which excesses are tolerated, and, in the midst of such degrading indulgence, the attainment of length of life allowed. "People who have any regard for their health and lives," observes Dr. Cheyne,* "ought to tremble at the first cravings for these poisonous liquors. (Strong waters should never be taken but by the direction of a physician, or in the agonies of death.) For when persons arrive at that state that they become necessary for their ease and freedom of spirits, they may justly be reckoned amongst the dead, both as to the short time they have to live and the little use they can be to themselves or mankind."

It must be borne in mind, that the attainment of longevity in the few who have lived the life of intemperance is no argument in favour of man's constitution being so framed as to be capable of submitting with impunity to habits of inebriety; rather should we regard them as instances of original organization of such strength that, had proper prudence been exercised, life might not improbably have been prolonged far beyond the average period of existence. Moreover, it will be

* "It would be, frequently, a source of error in medicine, if we did not admit, in at least a wide circle of cases, the possibility of a parity of effect from a diversity of cause, in form if not in essence. Whatever lowers or vitiates the action of the vital forces must tend to the promotion of a diseased nutrition; and thus intemperance may provoke, on the one hand, what hereditary disposition, or peculiar tendencies of constitution, or some other chain of causation, may excite on the other."—C. Wilson, M.D., "The Pathology of Drunkenness," p. 81. Edin., 1855.

"The continued but irregular excitement of the contractile action of the heart and arteries, and which is the result of the habitual use of stimulants, must, of itself, predispose their tissues to disease; and this predisposition will, of course, be increased by the contact of blood charged with alcohol with their lining membrane, as well as by the general disordered condition of the nutritive operations. Now, attacks of acute arteritis seem, not unfrequently, traceable to alcoholic intoxication, and it cannot, therefore, be regarded as improbable that those more chronic disorders of their walls which give rise to aneurism, softening, fatty degeneration, and other structural changes, and which, therefore, predispose to hæmorrhage, should be favoured, if not absolutely produced, by the habitual presence of alcohol in the circulating current. Accordingly we find the intemperate use of alcoholic liquors specified by authors on Diseases of Arteries as amongst the most important of their predisposing causes."—W. B. Carpenter, M.D., "On the Use and Abuse of Alcoholic Liquors," Second Edition, p. 78. Lond., 1851.

* An Essay on Health and Long Life. 8th edit., p. 50. London, 1734.

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jects, I have never been made aware of the presence of urate of soda in these deposits, and the weight of authority which the latest writer on the subject of gout gives to this opinion is the most valuable which could be adduced in corroboration of the statement of the very general absence of this salt in such deposits. Dr. Garrod* observes—"I have carefully examined those found on the valves of the heart, and the atheroma from the aorta of several gouty patients having extensive chalk-stones, but have always failed to discover the least trace of uric acid; but the tabular crystals of cholesterine were often present in such matter." Again it is remarked (p. 510)—"To consider the calcareous deposits as a proof of gouty inflammation is altogether an error; for I have shown that in gouty subjects with concretions of urate of soda in nearly all the joints, the deposits upon the aorta were of a different character, consisting either of phosphate or carbonate of lime, or of cholesterine and fatty matter."

So usual is it to find calcareous degeneration of the arteries in those who have been gouty, that many authors have not failed to notice this appearance in the accounts they have furnished of post-mortem examinations:—*e. g.*, Mr. H. Watson,† in relating the appearances found in the body of an extremely gouty subject, states that the thoracic aorta was healthy, but this vessel in the abdomen was ossified from the diaphragm to the iliacs. Morgagni‡ mentions the case of Cardinal Cornelli, who died in his sixty-fourth year from metastasis of gout to the heart. He was exceedingly corpulent. After death, the gall-bladder was found to contain a calculus; the right kidney contained eleven calculi, most of them of considerable magnitude. The cartilages of the trachea were hard; the aorta was somewhat dilated in the thorax, and in its course through the thorax and abdomen some ossification had taken place. Dr. Saunders§ describes the case of an honourable baronet who died in his sixty-fifth year, and who had been "the subject of severe paroxysms of gout and politics for many years." The coronary arteries of the heart were completely ossified, and the inner surface of the aorta also exhibited ossific formations in different stages. In the instance of a gouty subject, aged sixty, Dr. Cheyne ‖ states that "the aorta was studded with steatomatous and earthy concretions." The last case I shall, for the present, refer to is that of King George the Fourth, whose habits of life, frequent attacks of gout, great corpulence¶ during the latter part of his reign, &c., are circumstances too well known to require more than this passing allusion to them.** It was found at the autopsy that "the three semilunar valves at the beginning of the aorta were ossified throughout their substance, and the inner coat of that blood-vessel presented an irregular surface, and was in many parts ossified. *Signed*, Henry Halford, Matthew John Tierney, Astley Paston Cooper, B. C. Brodie."††

(To be continued.)

ON THE TREATMENT OF GOITRE BY THE EXTERNAL APPLICATION OF THE BINIODIDE OF MERCURY.

By J. MILL FRODSHAM, M.D. EDIN.,
PHYSICIAN TO THE PADDINGTON GENERAL DISPENSARY AND LYING-IN CHARITY.

UPWARDS of two years have now elapsed since Dr. Moreal, Inspector of Gaols, Bengal, brought before the notice of the profession the successful treatment, adopted by Captain Cunningham, of the 11th Irregular Cavalry, for the cure of goitre

* The Nature and Treatment of Gout and Rheumatic Gout, p. 246. Lond., 1859.
† Medical Commentaries, vol. i., 1782.
‡ Cooke's translation, vol. ii., p. 619. Case 4.
§ "Obs. on Gout," Edin. Med. and Surg. Journal, vol. xxx., p. 267. 1828.
‖ Dublin Hospital Reports, vol. ii., p. 217. 1818.
¶ "Corpulence is often such an excess of health that it is really the beginning of disease."—Sir C. Scudamore, "A Treatise on the Nature and Cure of Gout and Gravel." Lond., 1823.
** "Health and long life are usually blessings of the poor, not of the rich, and the fruits of temperance rather than of luxury and excess. And, indeed, if a rich man does not, in many things, live like a poor, he will certainly be the worse for his riches; if he does not use exercise, which is only voluntary labour; if he does not restrain appetite by choice, as the other does by necessity; if he does not practise, sometimes, even abstinence and fasting, which is the last extreme of want and poverty; if his cares and his troubles increase with his riches, or his passions with his pleasures, he will certainly impair in health whilst he improves his fortunes, and lose more than he gains by the bargain; since health is the best of all human possessions, and without which the rest are not relished or kindly enjoyed."—Sir W. Temple's Works: "On Health and Long Life," vol. iii., p. 278. Lond., 1770.
†† The Times, Friday, July 2nd, 1830.

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by the external application of the biniodide of mercury. Since then, so little notice has been taken of this remedy, that I am induced to recall attention to it as a most valuable agent in these otherwise tedious and too often intractable affections. I have myself had considerable opportunity of testing its efficacy, and always with a most fortunate result. A certain amount of difficulty is, however, experienced in its application, as the influence of the solar rays appears to be absolutely essential to its curative action, and therefore in this country it can only be adopted with perfect success during a few of the summer months. The following is the plan I have invariably pursued with the patients under my care:—

An ointment of the biniodide (biniodide of mercury, 16 grs.; lard, 1 oz.) has been first rubbed into the swelling for several days. Then seizing the opportunity of a powerful mid-day sun, the patient has been exposed to its influence, the throat being thoroughly smeared with the same application, and the head well elevated. It is generally borne for upwards of an hour, when a severe *sensation* only of blistering is produced. The patient should then be allowed to return home, and cautioned *not to rub off* the ointment.

Dr. Moreal suggested the application of artificial heat; and thinking it possibly might have a similar influence, though in a modified degree, I made several experiments, though, I regret to say, with but little success. In one case I caused the patient to sit before a large fire; in another, I held a hot flat-iron a short distance off the swelling. In the latter case the pain was so great as to demand immediate discontinuance.

Some of the cases in which this treatment was most eminently successful had been of long standing, and all the usual remedies, both internal and external, had been tried in vain. One woman had suffered from the swelling for four years, and for upwards of one year had been taking the iodide of potassium internally, and applying the iodide-of-potassium ointment externally, but without deriving the slightest apparent benefit. The biniodide was only applied *once;* and before the expiration of a month a diminution of two inches by measurement in the size of the tumour had taken place. At the end of six months no sign of the former disease was perceptible.

The superiority of this mode of treatment consists in its great cleanliness, its not discolouring the skin, and causing no external breach of surface, together with its speedy remedial action (one application generally sufficing). As to the *modus operandi*, whether it is due to rapid absorption, or to chemical changes, is, I believe, as yet undecided.

Upper Bedford-place, May, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

CHRONIC PYELITIS OF THE RIGHT KIDNEY, FREE FROM COMPLICATION; PERSISTENCE OF PUS IN THE URINE.

(Under the care of Dr. FARRE.)

THE presence of pus in the urine is always a sign of some significance, more particularly when its source is determined to be the mucous membrane of the pelvis and calyces of the kidney. This affection, under the name of pyelitis, has been familiar to the profession for many years through the labours of M. Rayer. Its causes are numerous; it occurs at various periods of life, and may be confined to the whole or a part of the pelvis, or, indeed, to a single calyx; occasionally it affects both kidneys.

It is important, if possible, to determine the cause of this disease, as a guide to treatment. In the following example it was not clearly made out. The patient was not scrofulous, he had received no injury to his back, there was no history of his ever having lain in wet, no evidence of stone in the kidney or gravel, and neither numbness of the thigh nor retraction of the testicle. Dr. Farre believed that the probable cause was a chill when heated; and, from the general symptoms, diagnosed its seat to be the right kidney. In the *pyelitis* of Rayer, the testicle is asserted to be more frequently retracted than in actual nephritis.

The case is recorded as an illustration of the extreme difficulty experienced in relieving the urinary symptoms when the disease has become chronic, although the patient's general health was much improved by the treatment pursued. He then became an out-patient, the urine still containing a small quantity of pus, mixed with a little mucus. Of the various remedies employed, it is difficult to say which afforded the most benefit; but so long as the urine was strongly acid, the pus remained very persistent, and yet the patient was free from pain.

A good example of this affection in a female, at St. Mary's Hospital, under Mr. Coulson's care, successfully treated by nitro-muriatic acid, is recorded in a former "Mirror," (THE LANCET, vol. i., 1856, p. 402.) In that instance the patient left the hospital feeling quite well; but the urine still contained some pus.

For the notes of the following case we are indebted to Mr. Schollick, clinical clerk:—

Henry B——, aged twenty-three, of average size, but only in moderate condition, was admitted into Radcliffe ward on the 29th of September, 1859, with chronic pyelitis of the right kidney. The patient states that he had been ill for more than two months before his admission, and that for years he has been in the habit of passing urine of a red colour (but never with any gravel or stones); this colour always increased after extra exertion. The patient is a hammer-man, and has been accustomed to striking with a large hammer. He now (Sept. 29th) complains of pain over the region of the right kidney, which is increased by motion. He formerly experienced pain in the groin, extending up the right side in front, which was augmented on taking a deep inspiration. He states that there is no pain or retraction of either testicle, no pain at the end of the penis, and none during micturition. There is no vomiting nor nausea, but great depression of spirits. He had a fever three years ago, but his friends are all healthy.

Sept. 30th.—Still complains of pain over the right kidney of the same character; pulse 130, moderate in volume; tongue furred, swollen, and fissured down the middle; appetite pretty good; bowels regular; motions natural. Urine rather decreased in quantity; of a pale-primrose colour; specific gravity 1020; strongly acid, purulent, and albuminous; the pus forms a copious sediment, which occupies one-fifth of the whole. The patient says that his urine has been in this state for about two months, but four years ago he passed blood and pus in his urine. He sleeps badly at night, has a headache, and perspires very much. Complains of a pain on the right side of the abdomen on pressure. He was ordered infusion of buchu, with five grains of bicarbonate of potass, thrice a day; and a sinapism to the right loin every alternate morning.

Oct. 1st.—States that the pain in the right side of the abdomen is much easier. Slept badly during the night; tongue furred; bowels not open since yesterday; urine continues the same. He is not very thirsty; seems rather better, and wishes to get up.

14th.—Urine slightly acid; quantity of pus about the same. Ten minims of oil of turpentine to be added to each dose of his mixture.

17th.—Urine the same. Decoction of uva ursi was ordered three times a day.

A portion of the urine was put into a glass used for taking specific gravities, and which held two ounces and a half; in this it was allowed to settle. From Nov. 1st to Nov. 5th there was half an ounce in the two and a half ounces, or one-fifth, of pus; on the 5th, without any apparent cause, there was only a drachm; on the 6th, again half an ounce; on the 9th, one drachm; on the 10th, a drachm and a half; 11th, half a drachm; 14th, one drachm; 15th, a drachm and a half; 22nd, half a drachm.

Nov. 28th.—Pus forty-five minims. He is now greatly improved in condition, and does not perspire so much.

(On the 28th October he was ordered ten minims of dilute nitric acid in decoction of cinchona three times a day, and on the 31st four ounces of wine daily. The acid was increased to fifteen minims on the 9th November.)

Nov. 30th.—Urine is excessively acid, containing a drachm

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and a half of pus in two and a half ounces. Ordered decoction of cinchona with five grains of bicarbonate of potass three times a day.

31st.—To discontinue the wine.

Dec. 2nd.—To have quinine mixture thrice daily.

9th.—The urine contained forty-five minims of pus in two and a half ounces. Ordered copaiba mixture thrice a day.

14th.—Pus, two drachms in two and a half ounces; the deposit is lighter than it was; urine albuminous; nothing but pus-globules can be discovered under the microscope. Ordered decoction of cinchona with bicarbonate of potass, five grains, three times a day.

19th.—Pus reduced to a drachm. Bicarbonate of potass to be increased to ten grains.

21st.—Decoction of uva ursi, with ten grains of extract of uva ursi and ten grains of bicarbonate of potass, thrice a day. His urine is still very acid.

Jan. 23rd, 1860.—He had creasote for a while, but without positive relief; then hydrocyanic acid, calumba, and soda. Lime-water with milk, as a drink, night and morning. There is not so much pus, but the deposit is more gelatinous. Urine very acid. Sickness in the stomach.

Feb. 6th.—Sickness ceasing. Taking benzoate of ammonia. Urine contains more mucus, and if anything less pus. He looks well, and is fat.

13th.—Very much relieved; sickness gone; pus still present in small quantity, with some mucus. Looks and feels well in every other respect. Now to be an out-patient.

UNIVERSITY COLLEGE HOSPITAL.

GLUCOSURIA INDUCED BY THE PRESSURE OF A CLOT ON THE FOURTH VENTRICLE AND MEDULLA OBLONGATA; FATAL RESULT.

(Under the care of Dr. PARKES.)

THE production of sugar in the urine by the beautiful experiment of Bernard, of puncturing the floor of the fourth ventricle, has lead pathologists to look for the same phenomenon when lesions have occurred in any way involving that particular part of the brain. We have the opportunity of placing before our readers a good and well-marked example of the kind, and one of an extremely rare and interesting nature. We will commence, however, by stating that the urine becomes highly saccharine in coma, and that sugar can also be produced in animals which are rendered comatose. We have no doubt that a similar condition of the urine is present during the stertor of apoplexy. It has been proved that the medulla oblongata exerts a special influence on the glucogenic function, and, as a matter of course, direct pressure upon it, or upon parts indirectly connected with or originating from it, like some of its nerves, gives rise to the same peculiarity. Mere irritation of the floor of the fourth ventricle, without puncture, will produce glucosuria; pressure upon the same part will likewise induce it. We are therefore prepared to understand how the urine in the following case, on being examined after death, was discovered to contain sugar.

Dr. Pavy has found that the great sympathetic, as well as the medulla oblongata, plays an important part in the production of sugar; for if some of the large filaments of this nerve lying close to the vertebral artery are divided, the urine will become charged with sugar in twenty minutes. It is produced in a still more marked and rapid manner, however, when the superior cervical ganglion is punctured or removed.

The prominent feature worthy of note in Dr. Parkes' patient was the encircling of the medulla oblongata by a clot of blood extending into the substance of the pons, and exercising considerable pressure on the fourth ventricle and its contiguous nerves. The coma produced under such circumstances would necessarily prove fatal, and the urine become saccharine, no doubt at the time or very shortly after the hæmorrhage commenced.

In regard to the question appended to the report of this case, we may observe that, if sugar is generated in coma, whether resulting from poison or from hæmorrhagic pressure, its presence in the urine would afford no help in distinguishing between the two varieties. This is a point, however, well worthy of further investigation.

For the notes of the case, briefly taken, we are indebted to Mr. Wm. Murray, physician's assistant.

A man, who was found lying in the street, was brought to the hospital in a perfectly unconscious state, a sudden fall being the only point ascertained as to his previous condition or present attack. The case well illustrated that form of coma in which the diagnosis between cerebral pressure and narcotic poisoning is next to impossible. Thus there were no marks of external violence, no distinct odour of spirit, livid congestion of the head and neck, and complete loss of consciousness. There was no evident hemiplegia, nor deviation from symmetry of features; the respiration was slow, stertorous, and almost wholly diaphragmatic; the pulse slow and rather weak; pupils contracted equally. Gradual increase in the difficulty of respiration went on, and death ensued from asphyxia.

The autopsy disclosed congestion of the meningeal vessels, but nothing abnormal in the brain substance; no excess of fluid was present in the ventricles; but at the base of the brain a clot was found encircling the medulla oblongata, and extending upwards into the substance of the pons Varolii, which, from its situation, as seen at the time, must have caused considerable pressure on the fourth ventricle and the course of the pneumogastric nerves; the lungs were congested, otherwise they were healthy; the heart very large, weighing twenty-three ounces, from enormous hypertrophy of the left ventricle, and its wall an inch and a half in thickness; the aorta diminished in diameter by a large calcified patch, two inches from the valve; the kidneys were healthy, of notably-firm consistence, but showing no excess of intertubular tissue on microscropic examination. The bladder was distended with urine, which was carefully examined by Dr. Harley, and found to contain sugar; the per-centage was not estimated, but it was sufficient to reduce the oxide of copper freely, and to give, when the urine was boiled with potash alone, a distinct brown colour. The presence of sugar in the urine is a fact of considerable importance when it is remembered that by injuring the fourth ventricle in animals artificial diabetes can be induced.

It might be asked if, in a case like the preceding, the diagnosis could not be assisted by finding sugar in the urine of a patient who was known to be free from diabetes, or any influence which might cause the urine to contain sugar?

CANCER HOSPITAL.

VARIETY AND NUMBER OF CASES OF CANCER AFFECTING THE FEMALE BREAST.

(Under the care of Dr. MARSDEN and Mr. WEEDEN COOKE.)

IF any one fact more than another has attracted our attention on examining the patients at the Cancer Hospital, it is the healthy appearance which they present after being a short time under treatment, owing to the system here adopted of attending to the general health from the beginning, by good diet and tonic remedies. From the course thus pursued, the unhealthy and offensive discharges become diminished, and assume an altered character, and the constitutional powers proportionably gain strength and activity.

Of thirty-eight patients who presented themselves for treatment on the 15th ult., six were males, and thirty-two females. Amongst the former were—a case of cancer of both eyelids, of four years' duration, in a man aged sixty-two; a second instance, in a patient aged sixty-five, the globe of the eye being concealed; a case of cancer of the glans penis, of three years' duration, in a man aged fifty-four; of the rectum, in a man aged sixty-seven; a case of lupus of the right eye, in a man aged seventy three; and epithelial cancer of the lower lip, in a man aged forty.

The breast was the seat of the disease in twenty-nine out of the thirty-two females, the left being affected in seventeen, and the right in twelve, five only being in an ulcerated condition. Of those which were not ulcerated, there were probably about three which were not actual cancer, although the patients solicited advice under the belief that they were labouring under this disease. Thus, a woman, aged thirty, had a small tumour in her right breast, which came on after suckling, four years and a half ago, but which is now diminishing after treatment. She had been subject to pain in this breast for thirteen years. Another patient, aged forty-one, possessed what was most probably an adenocele, of the size of a walnut, which began to grow when she was eighteen years of age. Whilst a

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third, a healthy-looking young woman, twenty-eight years of age, had irregular induration of the right breast, which supervened upon suckling her only child, and has remained persistent; it is not painful, and is not carcinoma.

The ages of the patients varied considerably: nine were under forty, and twenty over that period, the oldest being seventy-six years. In the last, the disease had commenced in the left breast two years ago, and was extirpated by Mr. Fergusson with the knife at King's College Hospital twelve months back. The patient made a good recovery and left the hospital, but the disease returned in the cicatrix three months afterwards, and at the present time it involves the neighbouring parts, with the appearance here and there of prominent red and shining tubercles.

The experience of the surgeons at this hospital goes to prove that the disease returns at a much earlier period when caustics have been employed for its removal in preference to the knife; and this, we believe, agrees with the views of most of other hospital surgeons.

In many of the patients, the entire gland was affected, often much enlarged, and covered with red shining tubercles; some had undergone atrophic absorption, and the disease was kept in abeyance for years. The extent of glandular implication varied from tumours of the size of a walnut to that of a large orange.

An instance presented itself of that rare form known as the "cuirass" cancer, the disease commencing near one shoulder, spreading downwards, involving the mamma, and extending across to the opposite side of the chest, and attacking the other breast. The whole chest anteriorly was embraced by the cancer, like a cuirass—hence its designation. A good illustration of this variety is figured in Velpeau's "Cancer of the Breast," translated by Dr. Marsden; in that instance, hard or ligneous scirrhus, in plates, affected the whole of the integuments of the breast and the two mammæ, in a young woman. The age of the patient at the Cancer Hospital is sixty-four; she is the mother of five children, appears to possess a good constitution, and the disease is of two years' duration. The right arm is affected with the brawny œdema characteristic of cancer, and indicates the hold that it possesses on the system.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 22ND, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON TYPHUS AND TYPHOID FEVERS AS SEEN IN DUBLIN.

BY HENRY KENNEDY, M.D.

THE object of the communication was to show that while these types or varieties might, in the great majority of instances, be distinguished the one from the other, they were still but the results of a common poison. To the distinctive marks between the two varieties he had drawn attention, in the *Dublin Medical Journal*, as far back as the year 1837, three years before the appearance of Dr. Stewart's memoir. The arguments for the identity of the poison the author divided into general and special. Amongst the former he particularly dwelt on the fact of different types of fever coming from the one room; such as cases with and without spots, or some with dark and others with rose spots, or the congestive, nervous, and gastric fevers all existing in one family and at the same time. Amongst the special arguments the details of some cases were given where petechiæ existed together with ulcerated bowels; and also cases of the same variety where the two rashes were mixed. The author also noticed the fact that intestinal hæmorrhage was at least as common in typhus as in typhoid fevers—contrary to what is usually thought. In conclusion, the author glanced at the views now held by many on the stimulant treatment of acute disease. He observed that the extent to which these doctrines were carried elsewhere had not reached Dublin, nor did he think they would; and he considered there were many points, directly involving the general question, which yet required the fullest consideration. Though the author did not enter at all on the general treatment of fever, he spoke of a few points having a special reference to the treatment of typhoid fever. In particular he drew attention to the necessity for making a distinction between the stimulants in common use, of which wine and beef-tea were instanced. In his experience the effects of the former were much less likely to be followed by any unpleasant results than those of the latter; and this he had remarked not only in fever, but also in some of the phlegmasiæ. The cause of this difference Dr. Kennedy attributed to the difference in the constituent parts of the two fluids. To the carbonate of ammonia he also directed attention, as being in general use; and yet, in his experience, he had found it very apt to cause diarrhœa, and latterly had entirely given it up. The medicine he now placed the most reliance on was the dilute sulphuric acid; and he had arrived at this conclusion after having tried the ordinary astringents. The acid, however, was not a new remedy. With the acid he always joined local treatment, such as leeching and blistering; nor of its efficacy—when used with ordinary discretion—had he the slightest doubt, notwithstanding all that had been recently urged against it. In the last place, the author spoke of a certain class of cases of typhoid fever in which it seemed as if the poison were flitting about the system, at one time attacking the abdomen, again the chest, or the brain. In such cases he had adopted the expedient of keeping a blister open, usually on the chest, for some days; and from this plan he had seen very marked advantage.

Dr. A. P. STEWART said that Dr. Kennedy's paper had disappointed him. It contained nothing which refuted the facts and principles advanced by Drs. Jenner and Murchison, and other writers upon fevers, and which were now generally accepted by the profession. The fact that the petechial eruption of typhus and typhoid fevers might co-exist had been long known. Sometimes, indeed, it was found connected with scarlet fever and other eruptive diseases. The real point of importance in the question was this: Are the two eruptions so far identical that they might both become dark, semi-petechial, then petechial, and not disappearing under pressure? From a long observation of the two fevers, he had ample opportunities of testing the question, and he had never witnessed a case in which the eruption of typhoid fever had ever become petechial or dark. This held good even in extreme cases, the last crops of typhoid fever eruption being as bright and rosy as the first. On the contrary, the typhus eruption, as the gravity of the case increased, had a constant tendency to become dark and petechial, and did not disappear under pressure. Dr. Kennedy's paper did not contain that large basis of fact which was necessary to establish his proposition.

Dr. MURCHISON said that the records of the London Fever Hospital were diametrically opposed to the experience of Dr. Kennedy as recorded in the paper. During the last twelve years, four thousand cases of typhus and two thousand of typhoid fever had been admitted into that institution. Of these, seven hundred cases of typhus and four hundred of typhoid fever had proved fatal. These cases had been fully and completely recorded, and those ending fatally were examined after death. Now in no one instance had the characteristic eruption of typhus fever been observed during life, and the characteristic lesion of typhoid fever been present after death. The converse was also always found to obtain. His (Dr. Murchison's) experience of the diseases in Edinburgh was of a similar character. It was supposed by some that when diarrhœa appeared as a complication of fever the disease was necessarily of the typhoid form, and that the appearance of petechiæ indicated the existence of typhus. But this was a grave mistake. Diarrhœa was no unfrequent complication of typhus. In the Crimea typhus was often complicated with dysentery. In no instance, however, of such complication was typhus fever, as proved after death, attended with ulceration of Peyer's glands. Petechial eruptions were not characteristic simply of typhus, but existed in many diseases which were not idiopathic fevers, and they were quite distinct from the bulloid or mulberry rash of typhus fever. In a case which had been recorded in THE LANCET by Dr. Kennedy, he stated that the rash of typhoid fever was present during life, and that after death there was no ulceration of Peyer's glands. But Dr. Kennedy in this case had given a description really of the eruption of typhus fever, and hence the conclusion which he drew was erroneous. The eruption of typhus appeared all at once within a period of one or two days, continued during the whole length of the fever, and got darker every day. The eruption of typhoid fever, on the contrary, came out in successive crops, not becoming, as the author stated, converted into petechiæ on the fourth day, for by that time the characteristic eruption of typhoid fever was disappearing. The identity of typhoid and typhus fever was no more proved by the occasional coexistence of the two eruptions, than the coexistence of the eruption of typhoid fever

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Dr. Kennedy had arrived had been founded on a large number of facts. For himself he was unable to give an opinion one way or the other. He agreed with Dr. Wilks that the anatomical lesions which presented themselves constituted the most important point of consideration. When registrar of St. George's Hospital, he had made special notes of all cases of fever in that institution. A careful study of the "reports" which were issued from time to time, recording the distinguishing characters of fever spots, had convinced him that these descriptions were not in harmony with the appearances which presented themselves on the bodies of patients. With regard to the duration of the spots in typhoid fever, which Dr. Murchison limited to four or five days, he had known them last fourteen or fifteen days. He regarded as one of the great difficulties which presented themselves in coming to a decision on this question, that arising from inaccuracies in the description of these spots from the beginning to the termination of the attack.

Dr. JENNER remarked that the real point of importance was not the length of time the spots lasted, but whether they passed into true petechiæ, and became ultimately ineffaceable by pressure.

Dr. KENNEDY, in reply, said he could only do so generally. More than one of the speakers had stated that petechiæ were not uncommon in other diseases besides typhus fever. Whilst admitting this well-known fact, he did not see how it affected the question at issue at all. He had assumed that petechial spots, when united with the symptoms of fever, constituted typhus fever; and he had yet to learn that this was incorrect. Other gentlemen thought the details of the cases too brief. But he (the author) was at a loss to understand how any minuteness of detail could alter the fact that petechiæ had been found in connexion with ulceration. The details of the cases had been purposely of the briefest, because much had to be compressed into a small space; and this was so with the last case given, even when sent for publication to THE LANCET; for he was well aware of the great pressure on the pages of that well-read journal. By some of the speakers he had been understood to say that in this last remarkable case the rose lenticular spots had become changed into petechiæ. This was an erroneous impression. What he did state was that petechiæ had been superadded to the typhoid rash. One gentleman argued that the result of pressure on the different kinds of spots was enough in itself to separate the two types of fever. He had not found this difference exist; and Dr. Watson—no mean authority—bore him out in it. He could have wished that some gentleman present had noticed the important fact in reference to the occurrence of hæmorrhage, whether intestinal or from the nose, and which he had found at least as frequent in typhus as typhoid fevers. The meeting would observe that in anything he (the author) had advanced he did not stand alone; and for proof he referred to the able works of Huss, Flint, and Bartlett, all of whom had given cases fully as striking as any detailed by himself. In the last place, he was glad to find that some of the speakers were so familiar with the fact that the varied rashes of fever were often combined. To prove this was one of the main objects of the paper; and when it, together with the other anomalies to which attention had been drawn, were more generally recognised, he was fully persuaded that the current views of the day would be materially modified.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 15TH, 1860.

MR. FERGUSSON, PRESIDENT.

CALCULI OF THE BLADDER.

MR. FERGUSSON exhibited some calculi from two patients, removed by lithotomy, in which the form was rather remarkable, observing that we know very little of the causes which operate to produce some of the varieties of form met with. One was flat and disc-shaped; the others were extremely irregular.

TUMOUR FROM THE MAMMA.

Mr. FERGUSSON showed this as a large specimen of the fibrous tumour of the mamma. It weighed between three and four pounds, and had been fifteen years in developing. Some of the original tissue of the breast was still to be detected.

ATROPHIED BONE.

Mr. PARTRIDGE exhibited specimens of wasted bone: a tibia from a bed-ridden patient, which was remarkably atrophied,

and weighed only 685 grains (a healthy one, of moderate size, would weigh 1750 grains); a rib in similar condition accompanied it.

EXOSTOSIS.

Mr. PARTRIDGE showed a specimen of exostosis, very large, from the upper part of the thigh-bone, just below the trochanters.

Mr. WOOD thought that fracture in elderly people, especially of the neck of the thigh-bone, depended on thinning of the bony tissue and its replacement by fat through a species of fatty degeneration.

Dr. GIBB exhibited the following specimens:—

I.—CALCIFICATION OF THE ARTERIES, WITH ABNORMAL DISTRIBUTION OF THEIR TRUNKS,

taken from a man, aged sixty, in whom the calcareo-atheromatous expression was well marked, and who died of disease of the lungs. The heart was soft, and in a state of fatty degeneration; the arch of the aorta was much dilated, its interior being lined with large atheromatous patches, many being converted apparently into true bone. It gave off four branches, instead of the usual three. The thoracic and abdominal aorta were also lined by atheromatous patches, and those in the latter were in a state of calcification. All the arteries of the upper and lower extremities were in a state of firm calcification. This condition was absent in those of the neck, but affected the coronary arteries and the smaller branches at the base of the brain. There was an abnormal division of both femoral arteries—that on the right side divided into two branches at Poupart's ligament, whilst that on the left divided into three. The great ischiatic nerve on the left side divided into two branches on its emergence from the great ischiatic notch; that on the right was normal. A large vomica existed near the apex of the right lung, and both lungs contained miliary tubercles. The cartilages of the larynx were calcified. The parietal surfaces of the abdominal viscera were adherent to one another. The greater part of the compact substance of the bones had become absorbed.

II.—RADIAL AND ULNAR ARTERIES CALCIFIED,

taken from a man, aged sixty-five, who had died from chronic bronchitis. The heart, although enlarged, was not diseased. The coronary arteries and the more minute arteries of the brain were affected with atheromatous ulcerations. The axillary arteries downwards in both arms, and the femoral arteries downwards in both legs, were hard, unyielding cylinders from extensive deposits of calcified matter. The lungs were emphysematous, the bronchi chronically diseased, and a few tubercles were scattered throughout the former. The liver and spleen were enlarged, and adherent to the diaphragm.

III.—RADIAL ARTERY CALCIFIED,

from a female, aged forty five. The heart was comparatively healthy, but with the coronary arteries calcified. All the arteries of the extremities were calcified, more especially manifest in the forearms and legs. The patient in this case and in that of No. 2 had the calcareous expression simply.

IV.—THE PERICARDIUM DRIED, WITH BONY PLATES AND ATHEROMATOUS PATCHES,

from a man, forty-six years of age, who had the atheromatous expression perfectly marked, although otherwise apparently in good health. He died suddenly from cerebral hæmorrhage, which was found to have proceeded from a small vessel affected with atheroma. The heart was enlarged and very fatty; the arch of the aorta, with the thoracic and abdominal portions, were much affected with atheromatous ulcerations, containing a quantity of fat and cholesterine. The cartilages of the larynx were in a similar condition, mixed with soft, calcified material. The pericardium, although so extensively affected with atheromatous and bony deposits, gave no uneasiness to the patient during life.

V.—A DRAWING OF ATHEROMATOUS DISEASE OF THE VESSELS AT THE BASE OF THE BRAIN,

in an instance of what Dr. Gibb considered a typical example of the atheromatous expression. The interior of the body was a mass of fat, atheroma, oil, and cholesterine, although the patient was not corpulent. His age was sixty-three years. Death occurred from serous apoplexy. The heart was covered with fat; the left ventricle hypertrophied and dilated; the aortic valves much calcified; the aorta was lined with ulcerated patches of atheroma, one of which, as large as a shilling, was of the consistence of bone. The abdominal viscera were imbedded in fat, the liver was enlarged and loaded with fatty elements, and the subcutaneous fat over the abdomen was an inch and a half thick.

Reviews and Notices of Books.

On Obscure Diseases of the Brain and Disorders of the Mind: their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M.D., D.C.L. Oxon., &c. pp. 721. London: Churchill.

(SECOND NOTICE.)

THE morbid phenomena of Memory have rarely been subjected to such searching analysis as they receive from Dr. Winslow. Not only does he investigate the impairment and aberration of memory, which may properly be considered symptomatic of acute disease of the brain and disorder of the mind, but he also points out the characteristics of "those singularly obscure and inexplicable cases of total and modified paralysis of the faculty consequent upon injuries inflicted on the delicate nerve-vesicle, either by inflammation resulting in adventitious depositions in the substance or on the surface of the brain and its membranes, mechanical violence to the head, or by atheromatous changes in the structure of the cerebral vessels (fatty degeneration), disordered states of the cranial circulation, and conditions of mal-nerve nutrition."

His order of inquiry involves the consideration of—

1. Acute Disorders of the Memory.
2. Chronic (modified) Affections of the Memory.

These divisions are illustrated by a variety of cases exhibiting the several curious phases which disease has been observed to present through that faculty. All these cases are deserving of the most careful study. Whether they, with the observations which accompany them, be regarded as accurate delineations of rare forms of morbid action, or philosophic disquisitions on the vital pathology of the early stages of intracranial mischief, they are equally entitled to occupy the first place in the judgment of the physician who is likely to be consulted, under circumstances of doubt or difficulty, in reference to the diseases they exemplify.

The natural order in which various classes of ideas stand in relation to each other, both as to the priority of their admission into the mind and the durability of their impressions on the sensorium, is considered for the practical purpose of diagnosis. Dr. Winslow adopts the views of Gratiolet, that "general ideas disappear from the mind only after those that are particular and contingent." Dr. Itard confirms these views by his observation, that, "in the loss of memory that generally accompanies attacks of apoplexy occurring in advanced life, there is first a forgetfulness of names, then of substances, then of verbs, and next of adjectives." Psychology and pathology are thus placed in apposition for the mutual support of each other. Correct views of natural or healthy action prepare the way for the just appreciation of disease. No author has hitherto attempted that which Dr. Winslow must be regarded as having here most successfully accomplished—a complete philosophic analysis of the various phenomena which the memory exhibits from the earliest indication to the ultimate completion of disease of the brain. Though we cannot attempt even an epitome of the five chapters occupied by this interesting and important subject, it is yet due to the author that special notice be directed to his views on the psychology and pathology of memory.

"It is difficult," writes Dr. Winslow, "to suggest a physiological or metaphysical hypothesis which satisfactorily explains those remarkable conditions of mental paralysis, singular manifestations and aberrations of memory, (previously referred to,) as preceding, accompanying, and following acute and chronic affections of the brain, unless we espouse the doctrine of the *indestructibility of ideas*, and subscribe to the notion that no impression made upon the mind is ever destroyed."

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It is obvious that this is one of those theories which admit of but negative proofs. Pathology controverts the proposition that the mind has a fixed relation to any ascertained cerebral condition. Experience affirms that, however the physical instrument is capable of modifying mental action, no reasoning can satisfactorily explain the nature of the process which is involved in its primary development. If this be so, and we apprehend that neither proposition can be refuted, it follows that the theory which embraces the largest number of facts, and admits of fewest exceptions, is that which must most closely approximate to truth. Dr. Winslow advances strong claims for the adoption of the views which he suggests. He says:—

"The theory of the persistent and indestructible character of psychical impressions is *countenanced* (I will not say *established*) by phenomena observed during various abnormal *mental* and disordered *cerebral* conditions. I refer—

"1. To the state of the intellect as manifested in certain forms of asphyxia, caused by drowning and hanging.

"2. To the condition of the mind as exhibited previously to death.

"3. To the morbid mental phenomena observed to result from injuries inflicted upon the brain, or to follow particular types of encephalic disease."

Having set forth many remarkable illustrations in corroboration of his suggestions, Dr. Winslow proceeds to investigate the immediate physical operations which accompany or eventuate in an act of thought. The aggregations of grey matter on the hemispherical surface of the brain are compared to a galvanic battery placed at the extremity of, or in connexion with, a number of electric wires (the white or medullary cerebral matter). This theory finds corroboration in the incidents of disease, as well as from the results of accident. In support of both of these propositions, Dr. Winslow writes with the view of placing before the profession the anomalies, difficulties, and doubts which envelop the whole subject of cerebral and mental pathology; and this he does in a manner and with an authority well calculated to deter the ignorant from lightly estimating the danger diseases of the brain present, while at the same time he conveys to the scientific practitioner additional confidence in the curative resources within his reach.

We pass to a consideration of the work in its juridical aspects.

The entire volume abounds with observations of great importance to the medical jurist. The position of a psychological "expert" is at all times one of deep responsibility. The administration of public justice, the disposition of private property, the reputation as well as the sustenance of families, are not unfrequently determined by the scientific opinions delivered in the witness-box. Justice, holding the scales between law and medicine, in the vindication of the one finds nothing antagonistic to a full recognition of the claims of the other. It is the conflict of medical testimony which invests with doubt decisions that would otherwise never be questioned. Nothing can be more pitiable than the antagonism of psychological opinions which in medico-legal questions is occasionally observable. This caused the late learned Baron Alderson to exclaim from the bench, "that medical men seldom did more than embarrass the conduct of a case." Dr. Winslow ably vindicates the claims to confidence which should attach to the opinions of an educated and experienced class of *specialists*, when requested to solve knotty and recondite questions connected with alleged states of mental aberration. He writes:—

"We have recourse to able, skilled, and scientific witnesses to elucidate difficult and disputed points in engineering, architecture, mechanics, navigation, feigned writing, chemistry, and many of the exact, as well as speculative, sciences; and upon what ground should we repudiate the testimony of learned and experienced men, practically acquainted with the phenomena of insanity?"

Dr. Winslow ably points out the complex and difficult circumstances under which the psychologist is frequently asked his opinion:—

"The annals of our Courts of Law establish, beyond a doubt, that the criminal and homicidal lunatic almost invariably belongs to the class of quiet, cunning, subtle, clever, and what Esquirol terms 'reasoning' madmen. How rare it is to see a person labouring under *acute* insanity tried for a capital crime! In the majority of cases, the lunatic, although suffering from a dangerous and homicidal form of mental derangement, has sufficient self-possession and control over his disordered thoughts to converse and comport himself like a person in healthy possession of his reasoning powers. This is a type of case that so often deceives the most conscientious judge, puzzles and perplexes the most painstaking body of men impanelled (as a jury) to try the issue of sanity or insanity, life or death."

It must not be forgotten that in many cases of medico-legal inquiry psychology is placed on its trial. Conscientious and experienced physicians have, on occasions, had their opinions rejected by juries impressed with the deepest anxiety to arrive at the truth. Dr. Winslow particularizes a mental condition of great interest to the jurist, as well as to the practical psychologist: he refers to

"The subtlety, quickness of apprehension, ready wit, biting sarcasm, great powers of self-control, extreme cunning, and extraordinary shrewdness of the insane, as well as the wonderful mastery they have occasionally been seen to exercise over their acknowledged delusions whilst under the searching analysis of the ablest and most accomplished advocates of the day. In many cases it has been proved to be useless to possess the 'key-note' to the insanity of the person under examination, or to 'touch the chord' supposed to be in unison with, and likely to awaken into activity, the latent insane delusion and cunningly concealed hallucination. The lunatic, if he be carefully trained and skilfully tutored, having an important purpose to accomplish by *masking* his mental disorder, will, under these circumstances, act with wonderful ability and singular ingenuity on the *defensive*, and, in the teeth of the most stringent examination, make 'no sign.' How often have I seen the insane (*who had been previously well prepared*) thus baffle the acumen of the most experienced and sagacious members of the bar."

It is well that medical men bear in mind facts of this nature. They tend to impress the necessity for close and frequent investigation before pronouncing opinions, the ultimate consequences of which may not or cannot at the time be estimated.

The results of *diseased* brain and *disordered* mind in their contrast with depraved morals and vicious purposes are fully investigated. Cases are detailed in which the mind, though *pathologically* disordered, could not be pronounced to be *legally* insane—in which the fine partition separating sanity from insanity permitted both to intermingle, producing a condition in which clear disorder of the mind was evidently present, yet not sufficiently so to justify the signing a medical certificate for the purpose of placing the individual so affected under control. In his observations in reference to such complex forms of mental disease, Dr. Winslow observes:—

"Subtle cases like these present but few difficulties to the *practical* physician thoroughly conversant with the phenomena of insanity, and well acquainted with the physiognomy and idiosyncrasies of the insane."

The apparent anomaly which exists in reference to the degree of evidence requisite to establish mental unsoundness in different cases is next investigated. The mental condition of the suicide is seldom a matter which leads to much discussion. The evidence considered as demonstratively conclusive in such a case would in another, where property was involved, be visited with severe censure. Dr. Winslow argues this question with the view of showing the serious and fatal mischief that may follow an inconsiderate and hasty repudiation, on the part of a jury, of unsoundness of mind. The mischief of this is more especially manifest in cases where testamentary as well as other acts are executed under the combined influence of *legally undetected* insanity and natural anger, directed towards those who, influenced by the kindest and most honourable motives, have incurred severe displeasure by initiating proceedings in

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lunacy in the Court of Chancery for the sole advantage of the alleged sufferer.

The peculiarity of Dr. Winslow's writings is the complete identification with each other which the several topics discussed maintain. The study of one prepares the way for the reception of the other. It is thus that the reader, having been familiarized with the nicer points involved in the diagnosis of mental disease, and impressed with the serious difficulties which beset opinions formed even under the most favourable circumstances for observation, is still prepared, when discussing abstruse illustrations, to read:—

"The coarser and more demonstrative symptoms of insanity are obviously patent to men of common intelligence and ordinary knowledge; but the less manifested, more obscure, and *hidden* types of mental disease require for their satisfactory elucidation an intimate and profound acquaintance with the physiology as well as pathology, of the human mind."

"In cases of alleged insanity, he (the psychological expert) is occasionally compelled, when elucidating, in courts of law, the phenomena of mental derangement, to enunciate principles, as a pioneer of truth, *in advance* of the knowledge possessed by those who sometimes examine, and often severely, unjustly criticize and calumniate him. When giving evidence on scientific points, he is occasionally and unavoidably obliged, in the expressions of his opinions, to go counter to what is termed the 'generally received' notions on the subject of insanity."

Before leaving this part of Dr. Winslow's work, a topic suggests itself which it is of the first importance to rightly estimate: it is the value to be attached to the abstract opinions of experts, formed from details of facts of which they had no previous personal knowledge. The observations we quote are in reference to a misconception which seems to have arisen respecting the grounds of Dr. Winslow's opinion on the case of Atkinson, tried at York in 1858; they are as follows:—

"I remarked that if a man were accused and tried for a murder committed some time previously, and the plea of insanity were urged in his defence upon what was conceived to be the strong and *bonâ-fide* evidence of *competent eye-witnesses, practically acquainted with the prisoner's state of mind at the time he committed the crime*, I should consider it a duty to hesitate in pronouncing in a court of law (the life of the prisoner being dependent upon *my* evidence) a *speculative* opinion of his perfect sanity of mind and moral responsibility in direct opposition to the *positive* testimony of others, basing my conclusions on the examination I had made of the prisoner's state of intellect some time after the perpetration of the imputed crime, and immediately previous to his trial."

The extracts we have given will serve to indicate the full and comprehensive manner in which the juridical questions are discussed. We believe that the principles therein enunciated, and the illustrations afforded, will go far to remove those difficulties and dissipate those doubts which have hitherto placed investigations into conditions of mind apparently beyond the scope of practical science. Certainly they cannot fail to impress their readers with a deep sense of the responsibility which the law as well as their fellow-men attach to those opinions that from time to time they may be called on to deliver.

This will be the future British text-book on mental and cerebral pathology. It is the most important work that has appeared in this country for many years, in relation to subtle affections of the mind, and obscure and insidious diseases of the brain. It should be carefully read and closely studied by every student as well as by every practitioner who is anxious to become acquainted with the most improved modern scientific views of the nature and treatment of all cerebro-psychical affections.

CHOLERA IN BOMBAY.—We regret to learn from India that cholera prevails to a large extent, swelling the mortuary reports beyond the mean of any of the preceding twelve years. The returns for the last week before the mail left, up to the 24th of April, show, we are glad to say, some considerable improvement over that of any late preceding week, the number of cholera cases in the Isle of Bombay having been fifty-one for that period.

FAILURE OF ANOTHER PROSECUTION UNDER THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—I see in *The Times* of to-day (Tuesday, May 29th) that a conviction previously obtained against Mr. Frederick Woodcock Pedgrift, for falsely pretending to be a surgeon, has been quashed by the judges in consequence of there being insufficient evidence to support such conviction.

Now Mr. Pedgrift either is a surgeon, or he is not. If he really possesses a diploma, either surgical or medical, showing him to have been properly educated, where was the wisdom of instituting proceedings against him? If, on the other hand, he has no diploma at all, how was it that the fact of his being without such legal qualification was not brought forward in evidence? Had the absence of any qualification been proved upon the recent trial, another blot upon the escutcheon of the Medical Act might have been avoided; but the fault evidently lies in the loose manner in which the evidence is brought together in these cases. The prosecutions are too hastily undertaken, and in consequence fail; and the Act, instead of becoming a boon and granting protection to the educated practitioner, only opens another loophole of escape for the ignorant and presumptuous.

Unless these prosecutions can be conducted with a greater chance of success, they had better be let alone altogether, especially by private individuals; for every failure gives increased boldness to the charlatan, and puts him in possession of facts which enable him still better to evade the clauses of the Act, and make his stolen footing the more secure.

I am, Sir, your obedient servant,

May 29th, 1860. L.R.C.P. Ed. (Exam.)

To the Editor of THE LANCET.

SIR,—The report of Pedgrift (appellant) *v.* Chevallier (respondent) will, I think, convince you that however right and proper *provincial* medical associations may be for the protection of the registered members of the medical profession, they will have to be conducted with great caution as far as the prosecution of unqualified persons is concerned. As far as I am able to understand the case, *no registered person* can be attacked for the assumption of a title; for the Judges say, "or that he had not a diploma *or other qualification* so as to give him the right to use the title of surgeon." Therefore the very virulent attack of a Mr. Fitz Patrick upon his respected rival, a Mr. Hallows, is, according to the opinion of the Judges, quite wrong in law. You well remember how every right-thinking man cried out "Shame" at the time. Again, it is quite evident that this view cuts away the ground from all such jealous rivals, whosoever they may be; for, after all, for duly-qualified men, the Register is the thing!

With regard to poachers upon our domains, I am not going to say that we should call in the aid of the legal profession in every instance in which it is wished to purify our profession; but I do beg most strenuously to observe, that prosecutions ought not to be instituted so carelessly as to defeat the very object they have in view.

The remedy seems to me to be the grand central union of the various country associations. If this be well carried out, then the secretary or other officer, before prosecution, will not only search the Register, but also the lists of the eighteen bodies who have the power to qualify persons to practise the medical profession. Therefore I wish the "National Registration Association" all success against quacks and interlopers.

I am, Sir, your obedient servant,

May, 1860. A REGISTERED PERSON.

THE NEW PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Seeing by the parliamentary return of the "General Council of Medical Education and Registration of the United Kingdom," that up to the 1st of January last a sum of not less than £500 had been expended by the committee on the preparation of the Pharmacopœia, can you, or any of your numerous readers, say when that work is likely to appear? The Act is imperative that such a publication shall be provided by the Council, and it is a pity, I think, that it should be longer delayed.

The insertion of such inquiries as this in your periodical will, no doubt, hasten its production—a consummation devoutly to be wished.—I am, Sir, your obedient servant,

May, 1860. F.R.C.S.

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"cient to build two churches and parsonages, and in some to "build three." The prospect is irresistibly tempting; and we cannot deny that the case as put by the City and the clergy is a strong one. Here, are churches without congregations, occupying ground that merchants could turn to better account; there, are suburban and rural districts scantily provided with church room. Oscillating between the two, but casting a wistful look towards the new parsonage-houses, are a number of excellent clergymen, now condemned (many for far too narrow stipends) to that most dreary lot—one which a medical professor without pupils may appreciate—of delivering eloquent discourses that would be profitable and edifying if they could but be heard by a sufficient number of individuals to deserve to be designated by a noun of multitude.

But there is another side of the question. Unfortunately it has not the weight of influence and pecuniary advantages. On the contrary, it calls for a considerable sacrifice of money. There are many persons who, in the interest of others, as well as from their own necessity, are compelled to live in the City. These persons, the white slaves of commerce, want air and sunlight wherewith to maintain that amount of health which will enable them to earn their bread and do the work of their employers. They eminently deserve consideration. But not they alone are concerned. The tens of thousands who in the week-days have to spend many hours in crowded warehouses, in dark and confined offices, are deeply interested. Anyone familiar with the City knows that, owing to the fabulous value of land, and the spacious structures required by the constantly-increasing development of commerce, there has of late years grown up a style of building on a stupendous scale. Those who are fortunate enough to possess a few square feet of soil in "an eligible situation" are eager to stretch to the utmost practicable limits those rights which extend to the centre of the earth in one direction, and into the sky in the other. The earth is excavated for cellarage; the sky is invaded by floor upon floor, until the streets and other interspaces are converted into deep wells and crevasses, where no gleam of sunshine can pierce, nor living air can circulate. The goad of private greed is hard to control. The evil that attends the right of individuals to make the most of their property can only be counteracted by a careful and just administration of public property. And, surely, the edifice and the soil that have been solemnly dedicated for ever to the service of GOD and the spiritual welfare of the people may be justly called public property. Certainly it was never contemplated that the sites should be sold for the benefit of incumbents. The necessity for an Act of Parliament, indeed, sufficiently attests the absence of all legal right. But, say the utilitarians, it is eminently desirable that we should have this right. Upon this we join issue. It is not desirable. Nothing is more simple, and nothing more just, than that the citizens who use the city to no small profit in the week-days should build the churches they yearn for at their own expense. It is well known that it is not a very difficult matter to raise a church in a growing suburban district. The freeholder and the builder thoroughly understand the value of a church in improving the neighbourhood. Subscriptions in aid are raised. An income from pew-rents may certainly be looked for. There is no necessity for selling the air and sunshine, which are the very staple of life of the poor pent-up cockneys. This proceeding is not only unjust, but it

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is extremely dangerous. Dr. LETHEBY, in his capacity of Medical Officer of Health, has pointedly and earnestly contended, on sanitary grounds, against the perpetration of this most sordid job. Under the churches, as well as in the churchyards, there lie rotting thousands of corpses. We do not stop to urge the indecency of people selling the bones of their own or other persons' ancestors. We think it useless to talk of the desecration of spots thought to be hallowed as the resting-places of the dead. Nor do we insist that this substitution of warehouses for churches is a barbarous obliteration of an interesting page of topographical and social history. The promoters of the scheme have no foolish prejudices of this kind to appeal to. We will only insist upon the great and absolute danger of disturbing a soil the chief constituent of which is decomposing animal matter. No application of disinfectants can render this a safe proceeding. Nor is the next step—that of occupying the houses to be built upon the sites—a safe one. The process by which human flesh is resolved into the simpler elements is a slow and a perilous one. For years and years a secret distillation of subtle poisons will go on, which will find their way through the pores of flag-stones, through unheeded chinks, and, perhaps, one day will light up a deadly fever in the cold blood of the rich merchant who had not thought it worth while to ask his representatives in Parliament to lift their voices against the unhallowed Act that legalized the sale of the dead to sacrifice the health of the living.

Let us hope that Parliament will eventually adopt the amendment brought forward by the Earls POWIS and MALMESBURY, the effect of which would be to make it unlawful to sell the site of a church in cases where interments had taken place. By all means let useless churches be pulled down. But let the spaces they covered be still preserved for the public good. As breathing-places—as spots where the summer sun at other times than at the brief moments of his meridian height can shoot his regenerating rays, these vacant spaces would be of priceless value. Once gone, they will never be recovered. Let not the accursed hunger for gold be suffered to devour that property which, first designed to minister to the moral welfare of the community, may, that purpose failing, most fitly be consecrated to the preservation of its physical health.

FEW afflictions more to be deplored can befall an otherwise healthy man or woman than *total blindness*. The intellectual person is at once cut off from all those aids to mental vigour and enjoyment in which he revelled before; and he who has to depend for his daily bread upon his physical powers and the perfection of his senses, is reduced to a worse condition than if he had to begin life anew. Both may, it is true, after a peculiar tuition and a lengthened period, find that there yet exist methods by which they may read and write, on the one hand, and follow a trade, on the other; and a few may even astonish their fellow-creatures by what they can perform in the domains both of mind and matter. Nevertheless, with all the advantages which modern ingenuity and philanthropy have perfected in order to give "eyes to the blind," they cannot fail, we fear, of too often accompanying their blessings with the frequent tendency to throw their recipients into that deplorable state of feeling which the well-known lines of DANTE so truthfully depict:—

"Nessun maggior dolore
Che ricordarsi del tempo felice
Nella miseria."

Ireland has from a very early time, it would appear, always presented a large number of blind. It has been emphatically termed the land of the "dark man." GIRALDUS CAMBRENSIS speaks of having met more blind persons there than in any other land; and the writings of the ancient "Medici" of Ireland, still preserved in the Gaelic tongue, containing as they do disquisitions upon diseases of the visual organs, prove how long back these affections were endemic in that country. Since those early periods the "Green Isle" has continued to furnish a large contingent of the maladies in question. In recent times we have witnessed this in addition—viz., that independent of the general ophthalmic affections, the effects of the famine of 1846, '47, '48, greatly augmented the number of sufferers from these diseases, and which latter have since prevailed more severely in those districts which most suffered from that terrible visitation. Weakened constitutions, and a change from a fresh vegetable diet to one from which the latter was nearly excluded, thus operated as causes for that epidemic ophthalmia which prevailed, particularly in workhouses, from 1846 to 1852. We are told that there are now fully 8000 persons totally blind in Ireland, besides a large number suffering from the loss of one eye or generally-impaired vision, a majority of whom are practically blind, so far as sight is required for the purpose of earning a sufficient and steady subsistence.

The report on the Status of Diseases, contained in the census returns of 1853, proves the sad fact that diseases of the eye and total blindness exist in Ireland to a much greater extent than in any other country in Europe—except *Norway*. A few years ago, when the census was taken, there existed one blind person in 864 of the inhabitants of Ireland; whilst in Norway, according to the returns made in 1845, the proportion was one blind to 482 persons. On the other hand, in the Swiss Cantons and Sardinia, there was only one blind in every 1500 inhabitants.

The more ostensible causes of this high rate of blindness in Ireland other than those we have just hinted at, appear to be the extreme moisture and variability of the climate at one period of the year, and the harshness and duration of east winds at another; the extreme poverty of certain classes of the population, and the prevalence of the strumous and rheumatic diatheses. In 1858, the blind inmates of workhouses alone amounted to 1065; all of whom, we are informed, were, with very few exceptions, utterly unable, from want of instruction, to render themselves useful, and consequently required extra care. It is due to Mr. WILDE to state, that the attention of Government was first called by him to the want of suitable provision for the blind in our much-afflicted sister island. In a memorial to the Lord Lieutenant, he dwelt upon the fact, that while the lunatic, the idiotic, the temporarily sick, and the criminal have been all amply provided for, no general public asylum for the pauper blind as yet existed in Ireland, nor any institution where they could be afforded the means of contributing to their own support so as to eventually relieve the country of some of that taxation which, whether voluntarily or compulsorily, is at present levied for their support.

This great want of adequate provision for treatment of diseases of the eye, as well as for improving the condition of the

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poorer classes in Ireland afflicted with total blindness, induced Mr. BLAKE, the member for Waterford, to give notice in the House some time since of his intention to move for the appointment of a Select Committee to inquire into and report upon the subject. The Chief Secretary for Ireland having, however, stated that he intended introducing a Poor-law Amendment Bill, which would contain clauses meant to benefit the blind, Mr. BLAKE postponed doing anything further until he saw whether the proposed measure met the requirement in question. The measure alluded to having been analyzed by Mr. BLAKE, he now comes forward,* and states that, in his opinion, it falls short in two important respects. He points out, in the first place, that no provision whatever is made for affording better curative treatment for indigent persons suffering from diseases of the eye; and in the second, that the clause giving boards of guardians increased power with respect to sending the blind to institutions for literary and industrial instruction, is far too limited. Such being the case, as it appears to Mr. BLAKE, and the latter being yet assured of the desire felt by the "Chief Secretary" to use the influence with which his abilities and high official position invest him for the advantage of the poorer classes in Ireland, the philanthropic member for Waterford, we are glad to say, continues his exertions, one result being the publication of the pamphlet now before us. In this Mr. BLAKE lays a brief statement before the Right Hon. EDWARD CARDWELL, of the several disadvantages under which the blind Irish poor labour. He successfully, in our opinion, makes out a case for inducing the "Chief Secretary" to institute such modifications in the Bill as will render its operation more extensive and useful in the direction he himself has so ably pointed out. There are two points necessary to be considered: first, that of alleviating the condition of those deprived of sight; and second, that of adopting measures for preventing blindness. As this calamity is rather on the increase in Ireland, as it admits to a great extent of a remedy, and as this remedy possesses the recommendation of being considerably less expensive to the ratepayers than the charge they would become subject to for the support of those who, for the want of timely curative treatment, would necessarily prove a burden on the industry of others, we hope to find the useful endeavours of Mr. BLAKE become realized to the fullest possible extent.

DR. WATSON has resigned his seat at the Medical Council Board. No doubt his professional engagements interfered with his duties at the Council. It is the desire of a great number of the Fellows of the College of Physicians that Dr. ALDERSON should be his successor. From his intimate acquaintance with the position of the profession, from his liberal principles, his habits of business, and his gentlemanly bearing, no better person could be selected for the vacancy. We trust, for the welfare of the profession, that Dr. ALDERSON may be elected.

UNIVERSITY OF LONDON. — Her Majesty has been pleased to nominate the Right Hon. Robert Lowe, and Mr. James Paget, F.R.S., and has further elected Richard Quain, M.D., out of the three persons nominated by Convocation, to vacancies in the Senate of this University, caused by the deaths of Bishop Maltby, Lord Macaulay, and Mr. M. T. Baines.

* State of the Poor Labouring under Diseases of the Eye and Total Blindness in Ireland, with Suggestions for Ameliorating their Condition. By John A. Blake, M.P. pp. 22. Waterford, 1860.

Medical Annotations.

"Ne quid nimis."

A MILITARY PRECEDENT.

THE questions raised by the appointment of a homœopathic staff-surgeon to the Guernsey Militia by General Slade are not yet decided. In this case there are other than professional objections to the appointment. We desire, of course, to give precedence to the general principles which should forbid the appointment of a medical officer to the Militia whose services would not be accepted in the regular service, whether in the Army or Navy. The profession has entirely approved of the conduct of the surgeons of the Guernsey Militia in tendering their resignations on these general grounds only, and in refusing to submit to an appointment which conveys to them a professional insult. They could not, with a just sense of their own honour and dignity, continue to hold appointments in conjunction with, and certainly not in subordination to, one whose opinions and practice are wholly opposed to all the recognised rules by which they are guided. These resignations, however, have not been accepted by General Slade, who is desirous of not only forcing Dr. Ozanne into the Army List, but of compelling the existing surgeons to act with him. Clearly, this can only be received as a temporary decision accordant with the personal feeling of the Governor on this question; and the surgeons await the judgment of the Home Secretary, to whom such questions are ultimately referred, and who, in due official course, will probably adopt the usual proceeding of leaving the question to the decision of the authorities at the War Office. The facts alleged by the protesting surgeons are such that they do not seem to admit of a doubt as to the nature of the ultimate decision which must be arrived at when their case is impartially examined. Thus Dr. Ozanne's name appears on the Register as possessing only the qualification of an "M.D. of Paris." The regulations of the Army require a surgical and medical diploma. It remains to be seen whether this diploma will be considered at head-quarters to qualify for military surgical rank. Again, these gentlemen point out that by appointing Dr. Ozanne to the position of staff-surgeon, the Governor has placed him over their heads as regimental surgeons and assistant-surgeons of long standing. In the British Army the regulations have undergone change in regard to the relative rank of staff-surgeons and regimental surgeons. Formerly the staff-surgeon took precedence at military boards, and had choice of quarters, &c.; but at present such officers are divided into two classes, one of which has no such privilege. This circumstance might, at first glance, induce a doubt as to this head of complaint; but it appears that in the Guernsey Militia, by a General Order of Oct. 15th, 1844, by which the duties of staff-surgeons are defined, they are required (1) to consider, at special boards, any subjects laid before them by the governor; (2), to preside in rotation at ordinary medical boards for the examination of men claiming exemption: these boards to consist of one staff-surgeon, one regimental surgeon, and one assistant regimental surgeon; (3), to attend in rotation on the field for the purpose of rendering medical assistance if required. Here the question of precedence is established very definitely. It is evident that by this appointment a homœopath will be called upon to preside over a board of medical officers who differ from him, *toto cœlo*, on every question which can be brought before them. He will be called upon to decide medical questions as to exemption in regard to men of whom certainly a large majority will regard his opinion as of no value, and his decisions of no authority. How is it possible that such an arrangement could accord with good discipline and military order, or be productive of anything else than confusion and painful disagreements! Again, what part can a homœopath take with comfort or dignity in the deliberations

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of the board of staff-surgeons, (over whom also, if senior, he would be called upon to preside), and in the discussion of medical questions upon which they would differ from him on every point of principle as of detail, and must necessarily regard his opinions as destitute of any importance. Even when acting individually in the field, the homœopathic staff-surgeon would be exposed to the ridicule and the remonstrances of any invalid militiaman, who scorned medicine in decillionths of a grain, and laughed at globules of sugar-of-milk. Those who have sought to justify the appointment of Dr. Ozanne, after denying the precedence of staff-surgeons over regimental surgeons, have subsequently admitted this fact, and pleaded justification on the ground that Dr. Ozanne had on a former occasion held an appointment as assistant-surgeon in this force. This proves to be true; but an important omission remains to be supplied in that statement. It appears that during the Governor-Generalship of Sir James Douglas, Dr. Ozanne was *Gazetted* assistant-surgeon on the 15th of June, 1841; but it also appears that his appointment was cancelled within three months by an Order bearing date the 13th of September in the same year, without any reason being assigned.

These are small personal matters, however, in which it cannot be expected that the medical profession at large will feel interested, although they will have their share in the settlement of the particular case in which the broad question has been thus publicly raised—Shall the medical officers of the public service consent to hold office in conjunction with a homœopathic practitioner? In this we are all deeply interested, and with the feelings of the Guernsey surgeons, who acted with so much honourable spirit and delicacy, civil surgeons, not less than the members of the Army and Navy medical services, must warmly sympathize. The appointment of a homœopath to fulfil any duties in the public service cannot be regarded by them with indifference. The Medical Act has secured free trade for all forms of medical heresy. But free trade is one thing, and the employment of official power to force the professors of any theory upon the public servants is another. This is totally unjustifiable. It is competent to General Slade to submit himself to a course of sugar-of-milk—a diet which up to the present time he has evidently enjoyed in purely homœopathic quantity—or to inflict it upon his children, and, if they please to submit, the members of his household; but it is an abuse of his powers, as we judge them, to give official governmental sanction to a form of practice condemned by all our medical colleges, corporations, and universities, by the Medical Council, and by all authorized medical bodies. It is an undue use of his position to thrust homœopathy upon the soldiers, and to drive his hobby over the prostrate bodies of the surgeons under his command. He may indulge in any medical eccentricities whatsoever; but we do not think that any impartial person can pretend that he is justified in pressing the military medical service into his mould, still less in forcing into the society and confraternity of the medical officers whom he commands, a gentleman with whom all the rules of their profession, and every dictate of reason, forbid them to act.

We earnestly trust that in any case the surgeons will persevere in the honourable course upon which they have entered, and will not cease to offer such opposition to this measure as the rules of the service will permit. It is highly important as a precedent. If it be proposed that the medical department of the Militia is to be officered by homœopaths, we shall know how to meet that proposition; but it is not possible to carry on the service with a combination of the two systems.

THE SURPRISES OF DEATH.

THE contingencies of medical life are fruitful in surprise. To all the elements of emergency which are contained in a pursuit lying amongst men of all classes and characters, and dependent for its estimation on the opinions of each unit amongst a multitude, of whom not two think alike, must be added the peculiar difficulty of attempting to apply fixed rules to an ever variable power, and to govern the forces of life through all the obscurity of the fleshly cerement. What is the history of therapeutic rules? A given remedy, indicated by inductive reasoning or suggested by chance, is approved to have a certain influence over the human frame in health, and, as a consequence, certain other remedial capabilities in disease. Experience tests their action and records their effects in so many cases—tens, hundreds, or thousands. Daily-recurring use confirms the record, and the accepted fact is registered in medical annals as a guide for the future direction of practitioners. This is the basis on which rests the ordinary use of most of our approved remedies. It is so peculiarly with opium. The powers, the therapeutic action, and the doses of opium, have been the subject of investigations which have occupied many lifetimes, and filled many folios. The daily experience of medical practitioners all through the world adds a constant confirmation of these main results, differentiated, of course, by a thousand various conditions under which they are observed. But, after all differences of age, sex, temperament, concurrent disease, and the like, are discussed, there remains still a necessity for carefully watching each case in which this or any other such remedy is employed, in the anticipation of yet unnoted contingencies; and even then circumstances will arise that are unforeseen and calamitous, which prudence could not avert nor skill remedy.

It is with one of these cases which Dr. W. Burton, of Brompton, near Woolwich, has had the misfortune to meet. He was called to a gentleman attacked with acute rheumatism. The intense pains accompanying the disease are not only amongst its most distressing, but also its seriously debilitating and exhaustive symptoms. Hence the treatment by anodynes, known as the opium treatment, is very widely and successfully employed. Dr. Burton used this treatment with care, and within moderate limits, prescribing a few pills, each containing one-third of a grain of morphia, to be taken every hour. After taking four of these pills the patient fell into coma, from which he never could be recovered. In appreciating this event, it is necessary to bear in mind two sets of facts—the one bearing upon the ordinary doses employed in treating this disease; the other, on the quantities which the human system will receive with impunity. It is not a year since the records of the practice of an eminent London physician at one of the metropolitan hospitals were published, as to the success and manner of conducting the opium treatment. In those cases, upwards of sixty in number, opium was given in doses of one, and sometimes two grains, every hour during the day, for several days and weeks. Some patients took upwards of twenty grains of opium in the day, and above one hundred grains in the week. The results were tabulated, and appear to show a successful issue as to recoveries, while they were all marked by the happy freedom from pain during the progress of the disease which is such a recommendatory incident in this mode of treatment. These cases afforded an extensive and striking illustration of the general rule approved by constant every-day experience, that acute pain establishes great tolerance of anodynes, so that a dose which would produce a marked influence upon the healthy body, is unfelt by the pain-wracked and excited brain, and the drug only begins to soothe when administered in larger quantity. In this case, however, Dr. Burton, proceeding cautiously, administered not more than a grain and one-third altogether, spread over intervals of an hour. Now less than four grains has never been known to produce death in the adult under any circumstances, yet this unfortunate patient suffered fatally from this very small dose, administered at intervals. Under these circumstances we can but express our sense of the perfect justice of the verdict of the coroner's jury, which justified Dr. Burton in the treatment pursued, and affirmed that he had "exercised more than ordinary skill." In this instance Dr.

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appeared. This was perfectly orthodox behaviour, but very startling to the doctor. Next night, at the same time, Dr. Cogswell was seized with a desire to repeat his visit. The shadow was there, and a similar scene occurred. On the third night he was still there. The doctor now observed that he was standing before shelves loaded with necromantic works, and, obeying a new impulse, he asked if any one of them troubled his repose, offering in that case to remove them. In reply, the apparition made himself "conspicuous by his absence." Dr. Cogswell now communicated the circumstance to his friends, and acquiesced in their advice, which comprehended rest from his excessive labour, change of scene, and a dose or two of calomel, &c. He is now rid of his singular and distressing hallucination, of which the relation is interesting from its circumstantial character, and the precise resemblance which it bears to so many similar visions which have had unquestionably a like origin, but have not always been so fortunately dispelled or so rationally interpreted.

FEEDING THE NEGRO WHITE.

THE influence of diet upon race is a subject which has considerable speculative interest, and this interest has been increased by recent inquiries into the causes of the variation of species. M. de Quatrefages has commenced a course of lectures at the Museum of Natural History at Paris, on the Unity of the Human Species and the Human Races in General, in which the question of variations amongst vegetable and animal feeders will, it is said, be especially considered. Meanwhile the *Cosmos* recites a letter from M. Abbadie to M. Quatrefages, in which he signalizes an anthropological fact, of which we leave with him the responsibility of announcement. He remarks on the influence of an exclusively animal diet on the colour of the Negro. In the south of Nubia, he observes, the inhabitants who feed upon animal food have by far clearer complexions than those who feed upon vegetable diet. In the Kabyle the negroes, who are all butchers, live on the *débris* of the animals which they expose for sale in the market. Their life is passed amidst blood, fresh meat, and the exhalations of butcher's meat. They have a clear, fresh tint, although preserving the crisp, woolly hair. This is considered the more significant because they always intermarry one with the other.

Under a well-devised animal diet it might be possible, according to this observer, to whiten the blackamoor by feeding, though not by washing; and the Ethiopian might change his skin at the dictate of the stomach. Ethnology has a lesson to take in the kitchen. Such opinions are not altogether novel; if we mistake not, they originated with an American philosopher. They call to mind the speculations of the *savant* who concludes that the difference in character between Scot and Southron—"'twixt tweedle-dum and tweedle-dee"—could be traced to the quantity of magnesia in oats.

THE LAST HOURS OF MR. ALBERT SMITH.

UNTIL nine years of age, Albert Smith was so delicate and of so fragile an appearance, that he was nicknamed by a friend "Little China." After this time, however, he became strong and so healthy, that, to use a common expression,—probably more true in his case than in many others to whom it has been applied,—he knew not what a day's illness was until December last.

On the 22nd of December, after giving his entertainment as usual at the Egyptian Hall, he returned home, and occupied himself till one o'clock in the morning by hanging pictures in a new room. He retired to rest without complaint of any kind. Early in the morning of the 23rd, he had a convulsive seizure while asleep, and from this he passed into a state of profound c oa, with stertorous breathing; rousing from this coma after

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nearly an hour's interval, he became violently excited in manner, but was unable to speak. The period of excitement lasted for twenty minutes, and was followed by another fit, this by coma, and again by violent excitement. He was bled freely by his medical attendant, Dr. Ree, the back of the neck was blistered, and sinapisms applied to the feet and legs; but the severity of the convulsions, coma, and excitement continued until two o'clock P.M., the patient passing through a series of them, about eight in the hour. After taking Indian hemp, the convulsions ceased, the excitement diminished, but, with the exception of two or three words, the power of articulation was lost. There was no paralysis of either face or limbs; there was no albuminuria. Sleep followed in the evening, and about midday on the 24th the faculty of speech returned, and from this time there was rapid amendment. Within a few days his repeated expression was, "I never felt better in my life; I am only surprised that I have not lost strength."

On Friday, the 11th of May, Mr. Smith was exposed to wet, and suffered in the evening from "cold." On the 12th, he was again more severely exposed, getting "wet through," and did not change his clothes for three hours; and on the evening of this day he coughed much, and felt weak. On the Sunday he rested; but on Monday resumed his duties at the Hall. He felt weak, wheezed in his breathing, could scarcely lie down at night, lost all appetite, but continued his avocations daily and nightly until Saturday afternoon, May 19th, and until that time had no medical advice. On Saturday he was seen by Dr. Ree, who found generally diffused bronchitis, with dulness on percussion at the base of the right lung posteriorly, and fine crepitation in the same locality. The pulse was laboured, not more than 86 per minute. The obstruction to the respiration was great. The expectoration, very little of which was raised, was sanguinolent; the face pallid; the tongue extremely foul, and breath very offensive. Cupping-glasses were very freely applied to the back of the chest, and blisters were raised by strong acetum cantharidis; at the same time a mixture of squills, nitric ether, and ammonia was given every four or five hours.

Delirium supervened on the night of Saturday, but on Sunday there was slight relief to the respiration. The stomach now rejected everything, and continued to do so until Monday, the 21st. On this day the patient resolved to get up and attempt his performance at the Egyptian Hall, and in the afternoon dressed himself for this purpose. He was persuaded to relinquish the idea, and was seen in consultation by Dr. Reynolds and Dr. Ree. The vomiting had now ceased, after taking a dose of a mixture containing a small quantity of dilute hydrocyanic acid. The bronchitis was general throughout the whole of the thorax, on either side, and both above and below. There was fine mucous and subcrepitant rhonchus. Expiration was extremely prolonged. In the left subclavicular region, where there was slight pain, friction-sound was audible. The base of the right lung was dull on percussion, and, except when a strong effort at respiration was made, was silent, no air appearing to find entrance. The pulse was laboured, and only 80 per minute; the surface cool, the face pallid, the tongue very foul, and the bowels confined. There had been no sleep for several nights. Complained of prostration. From several causes, no examination of the urine could be obtained. The chest was enveloped in spongio-piline wrung out of hot water; and at night, calomel, colocynth, and opium were given; beef-tea, sherry, and Seltzer water were taken freely and *ad libitum*.

Tuesday, May 22nd.—Nine A.M.: Some sleep in the night, but much wandering; condition of chest much the same as at last report, but air appears to enter rather more freely; complains of great prostration, but says his breathing is easier; the pulse is slow and laborious; the surface dusky; no headache; no pain. Ammonia and decoction of bark, with tincture of squills, were ordered to be taken every four hours; and brandy, beef-tea, and wine with beaten eggs, were given and taken freely.

In the afternoon, at six o'clock, he was seen by Dr. Burrows, Dr. Reynolds, and Dr. Ree. By this time the bowels had acted very freely; the chest condition was the same as in the morning, but there was less feeling of prostration, and the aspect was somewhat improved. Another blister was ordered to the right side, the mixture was to be continued, and calomel and opium to be given every six hours.

At eleven P.M. he was again seen by Dr. Ree, when he was about the same; and, in answer to a question, said, "I feel no pain whatever, and nothing else but extreme weakness." He was ordered to continue the use of the medicine, the stimulants, and nourishment.

At five o'clock on the following morning, Dr. Ree was summoned in great haste, and found the patient much prostrated, bordering on collapse. Hot-water bottles had been applied to the feet and legs, and brandy with eggs and strong coffee were freely administered, under the influence of which the pulse got up, the surface became warm, and he was able to answer several questions. At this time (half-past seven), although it was painfully evident the poor invalid could not last long, there was no sign of rapid dissolution, and Dr. Ree left, under a promise to return in an hour; but within that time an urgent message called him again to the house, too late, however, to see his patient alive: he had just breathed his last.

Correspondence.

"Audi alteram partem."

PIROGOFF'S OPERATION.

(LETTER FROM PROF. PIRRIE.)

To the Editor of THE LANCET.

SIR,—The readers of THE LANCET are aware that a difference of opinion has been expressed as to who first proposed to modify Pirogoff's operation so as to effect amputation without disarticulation of the foot. Although I have no taste for discussions as to whom belongs the merit of priority of recommending modifications of surgical operations when these discussions are entirely of a personal character, and can in no way lead to the advancement of surgery, yet the manner in which Dr. Eben Watson of Glasgow has brought my name before the profession in his letter in your impression of the 19th of May, induces me to solicit the publication of this communication.

In the letter above referred to, Dr. Watson says: "I have indeed to-day, *for the first time*, discovered that Prof. Pirrie has recommended *Syme's operation* to be performed without disarticulating the foot. I think this anything but an improvement of that operation." Since 1839 I have always performed Syme's operation without disarticulating the foot. In the operation of that truly great surgeon, and in my slight modification of it, the incisions, the section of the bones, and the results are precisely the same; both the operations can be performed with equal ease and elegance; and the only difference in the two proceedings is, that Syme disarticulates the foot and then saws off the ends of the bones, whereas I prefer shortening the proceeding by sawing through the bones, in precisely the same situation, without disarticulating the foot. In these circumstances I fail to see force in Dr. Watson's words when he says, "I think this anything but an improvement of that operation."

Dr. Watson, addressing you, says regarding myself, "Surely his having suggested such a modification of *Syme's* operation does not give him any right to claim my modification of Pirogoff's. Besides, you surely have no right to say that his practice of not disarticulating 'was understood by the profession to apply to *either* Syme's or Pirogoff's operation;' for you founded your remarks on Prof. Pirrie's 'Principles and Practice of Surgery,' and in that work, as I have already stated, the name of

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Pirogoff does not occur, and of course there is no mention of his operation. How, then, in the name of wonder, could the profession divine that Prof. Pirrie's modification of Syme's operation was applied by him also to Pirogoff's? As little ground had you for stating, in a former number, that Prof. Pirrie had *set forth the advantages* of Pirogoff's operation; for the fact turns out to be, he has never *written* at all on that operation; and if he has performed it, of which I have some doubt, he certainly has left it entirely to others to 'set forth its advantages.' Even if the doubt I have just expressed be unfounded, and if it be true that Prof. Pirrie has performed Pirogoff's operation in the precise manner which I have proposed in my Clinical Lecture published in June, 1859, still, as it is now quite clear that he did not make his practice public in any way whatever, he cannot *now*, or rather you cannot, in his name, with the slightest show of reason or justice, rob me of whatever credit is due to the original proposal of the modification of Pirogoff's operation referred to in the above remarks."

Seeing Dr. Watson has thus expressed himself, it appears to me necessary that I should now, in justice to others and to myself, state what my teaching and proceedings have been, regarding the performance of Pirogoff's operation without disarticulation of the foot. While perusing the description of Pirogoff's operation within a week after its publication in this country, the idea at once and naturally occurred to me that the operation would be greatly simplified and improved by applying to it the modification I had previously adopted in Syme's amputation. I felt greatly interested in the subject, and, after due consideration, resolved to recommend and adopt the following procedure, which seems to me to make this amputation one of the most simple operations any surgeon can be called upon to perform.

The patient being laid on the table, and the surgeon—whichever foot be the subject of operation—being placed on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the soft parts, and drawn them a little backwards, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upwards to the corresponding point just at the front and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife, a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off from the rest of the bone, the section being from below upwards and a little backwards, so that the portion remaining in the flap will be a little longer from behind forwards—below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semilunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw, the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife, and two sets of movements of the saw.

During the second week after the publication of Pirogoff's amputation, the operation as now described was demonstrated by me on the dead body to a large number of medical students; in each winter session since that publication, it has been performed on the dead body in presence of a very numerously attended surgical class in this University; and it was performed by me on the living body in the Royal Infirmary, in the first suitable case for the operation, about seven months ago. During two of the winter sessions referred to, Dr. Martin was one of the most enthusiastic students of surgery that ever listened to my lectures, and took a great interest in this operation, which, amongst the students at this University, was known by the name of "Pirrie's modification of Pirogoff's operation." Dr. Martin and many other gentlemen now practising our profession are able to bear testimony on this subject, as one within their own personal knowledge and observation.

I could not have mentioned Pirogoff's operation in the edition of my "Principles and Practice of Surgery" now out of print, as that work was published prior to the date of the publication of the paper in which Pirogoff describes his operation; but it is fully entered into in the edition of that work now going through the press; and I would willingly have rested perfectly satisfied with my public teaching as a means of diffusing a knowledge of my views respecting this operation until the publishing of the new edition of my work, had not Dr. Watson expressed himself as he has done regarding the gentlemen who have written on the subject in THE LANCET, as well as regarding myself.

I am, Sir, your obedient servant,

WILLIAM PIRRIE, M.D. Edin.,
Regius Professor of Surgery.

Aberdeen, May, 1860.

*** This letter satisfactorily proves that the merit of having been the first to conceive the performance of Pirogoff's operation *without disarticulation* is due to Prof. Pirrie. Our statement that Prof. Pirrie's practice in regard to his mode of performing Syme's and Pirogoff's operations has been known to the profession for some years is therefore confirmed. We cannot insert any further correspondence on the subject.—ED. L.

UNIVERSITY & KING'S COLLEGE, ABERDEEN, AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—In your able leader on the appointment of a homœopathic physician in Guernsey appears the following paragraph: "Those who should display such ignorance of medicine as to profess their opinion that disease ought to be treated on what are called homœopathic principles would undoubtedly be rejected. A believing homœopath can therefore only filch a diploma by an act of dishonesty—by a suppression of his convictions, unworthy of an apostle whose mission it is to propagate a new faith."

In illustration of the above, I beg leave to forward the following particulars, and leave the matter for your comments. In the pass-list of the University of Aberdeen for the 16th of April appears the name of an avowed homœopath, in consequence of which I wrote to the Secretary of the University in the following terms:—

"SIR,—Will you inform me if a person professing homœopathy can obtain the degree of M.D. at the University of Aberdeen; and if he has obtained it under these circumstances, can he be allowed to hold it?"

To this I received the following courteous reply, signed by the much-honoured name at the foot:—

"University and King's College, Aberdeen, May 10th, 1860.

"SIR,—I am in receipt of yours, asking if a person practising homœopathy can obtain the degree of M.D. at this University, and whether, having obtained it under these circumstances, he can be allowed to hold it? To the first of these I have to reply that a person practising homœopathically, and answering the questions put to him also homœopathically, would not be recommended by the examiners of this University as qualified to have the degree of M.D. conferred on him. As to a person having obtained the degree under these circumstances being allowed to hold it, is a question which I am not prepared to answer.

"Yours respectfully,

"ANDREW FYFE."

As I have no other object in view but the untainted honour of our profession, I leave the matter in your hands.

I am, Sir, your obedient servant,

C. M. MILLER, M.D. St. Andrews, L.R.C.P.E., &c.

Stoke Newington-road, May, 1860.

PEPSINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—Having seen two notices in your journal of the benefit of pepsine in the vomiting of pregnant women, I was induced to try its effects in the following case:—

Mrs. ——, a woman who has throughout life been subject to dyspepsia, but less so since marriage, applied to me on the 19th instant for some remedy to allay the sickness with which she has been troubled since she became pregnant. She is now about eight months advanced. At first she did not throw up much food, but always felt "blown up" (as she expressed herself) after eating. For the last two or three months her stomach has rejected all food, tea, &c., whenever taken. She had used no means to remedy this.

I ordered her to take one teaspoonful of the liquor peptiens

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three times a day at or immediately before a meal. The first dose enabled her to retain her food, and she has only vomited once since, on which occasion the sickness was caused by eating rhubarb tart at supper, and omitting to take the liquor pepticus. For the last few days she has discontinued the use of this remedy, and, though she has at times felt a little squeamish, there has not been any return of the vomiting.

I am, Sir, yours truly,

Kirton-in-Lindsey, May, 1860. THOS. H. MOXON, M.R.C.S.E.

STAFF-SURGEONS, R.N.

To the Editor of THE LANCET.

SIR,—Again, in its April number, the *Navy List* repeats, for the fourth time, the error and the injustice of withholding from the naval staff-surgeons, under the Order in Council of May, 1859, their proper place in the list. They ought to be classed by themselves, instead of being placed amongst the surgeons. They have as much right to be in a separate list as the deputy inspectors. The new staff-surgeons ought to address the General Medical Council, requesting them to memorialize the Admiralty to give directions to the editor to issue a correct list. The Medical Council should also be requested to take steps to procure an Order in Council to change the designation "staff-surgeon" to "surgeon-major," the same as an army medical officer receives after twenty years' full-pay service. We decline to be satisfied with anything less than is given to the army medical officers.

I am, Sir, yours obediently,

May, 1860. FULL MEASURE, R.N.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

I NOTICE in your impression of last week a letter from M. Diday, of Lyons, in which that gentleman maintains that the identical deductions drawn by Mr. Harrison from his observations on the mode of transmission of secondary syphilis were put forward by himself in a work published in 1858. I have no wish to lay the smallest stricture upon M. Diday's assumption of priority, more especially as the difference between the date of his book and that of Mr. Harrison's leaves no doubt as to the strict legality of his right of possession; but in connexion with the subject it may not be uninteresting to your readers to know, that public opinion here is (with very few exceptions) decidedly sceptical as to the existence of any originality either of invention or observation elsewhere than in France. Newton, Shakspeare, Bacon, all our long list of scientific worthies, are copies from French models. Nothing is new under the sun (unless under the French sun). Now, surely on a track which so many thousands in either country are following with equal eagerness and industry of research, it is possible for two men to light upon the same spring of knowledge, and each (unknown to the other) draw water therefrom. Primus may have known the spring, and have been testing carefully the qualities of the water for years, but if Postremus, a chance passer-by, happen to drink, and at once loudly proclaim his discovery to the world, he it is on whom the honours of priority devolve.

The same number of THE LANCET contains the summary of a paper lately read before the Academy of Medicine at Paris, detailing the results of a recent experiment of M. Jobert de Lamballe on the reproduction of bone by the periosteum. Here, now, is a case in which Mr. Syme, of Edinburgh, might, with even greater justice than M. Diday, urge his right of property, and refer the medical public to his most interesting and original paper on the same subject, read some twenty years ago (in 1836 or 1837, I think), and published in the "Transactions of the Royal Society of Edinburgh." Such discussions, however, are futile, and in no way contribute to advance the cause of science. Truth is public property, and scientific men her expositors, not her inventors.

A very grave charge was circulated some time ago against the écraseur, and its employment in the ablation of hæmorrhoidal tumours—a charge, in fact, of a nature completely to deter any prudent practitioner from adopting its use in this particular class of diseases, the accusation being—a liability to the production of stricture of the rectum during or after the process of cicatrization. I have not heard as yet of the appearance of any vindication from this imputation by the advocates of this method. The operation as performed by M. Chassaignac, in spite of that gentleman's skill in manipulation, is a most distressing one to witness. Its first stage consists in the introduction into the bowel of an instrument called the "érigne-à-branches," a sort of miniature umbrella, which is pushed up to a point immediately above the hæmorrhoidal bunch; it is then opened out, and now comes the painful part—agonizing indeed for a patient not under chloroform: by the pressure of a trigger or the sliding down of a ring, this species of intestinal harrow thrusts forth a half-dozen or more steel tenacula (the very realization of the old idle-apprentice joke of the clyster of fish-hooks); and by traction, which needs sometimes apparently to be a "long pull and a strong pull," the lower portion of the gut, with the diseased part, is everted, in order to be submitted to the *gradatim* garotte action of the écraseur.

A boy, aged nine, in the service of M. Roger, at the Hôpital des Enfans Malades, presents an example of a most rarely met with pathological condition, entitled by the French physicians "sclerema." The lad was originally admitted for heart complaint and slight difficulty of breathing; the interne, however, remarked, on examining the child, that the surface of the chest presented to the touch the sensation of a cuirass, from the existence of a firmness very unlike the ordinary elasticity afforded by handling a normally developed frame. Dr. Roger's attention was drawn to the case in consequence, and I happened to be present at the very minute and detailed investigation made into these symptoms. The general health of the lad seemed good, and there was no fever or pain. On pressure of the skin nearly all over the body, the sensation afforded was that of touching a membrane of considerable power of resistance on the tight stretch, the parts exempted from this condition being the palms of the hands, the soles of the feet, the ears, lips, and eyelids. There being no change of form, *nor any swelling, nor pitting on pressure*, a casual observer might easily have overlooked this curious state; and indeed the patient himself said that beyond a little stiffness, dating a week back, he had felt nothing unusual. The heart was examined, and a strong mitral bellows-sound detected; but with this exception, nothing abnormal could be made out. The urine especially was quite healthy, and contained no albumen, sugar, nor even any excess of its natural components. This state of sclerema must not be confounded with the "œdème des nouveaux nés," which carries off so many children annually at the Hospice des Enfans Trouvés during the cold weather; that is accompanied by pitting on pressure to a certain extent generally, and always by great diminution of temperature. The temperature of the child in the real "œdema neo-natorum" has been found to range as low as 20° centigrade. In this patient the skin is of natural warmth, although dry and harsh. What explanation can be offered of this extraordinary condensation of the tissues (probably the cellular and adipose)—of this elephantiasis without the elephantine proportions, apparently so rapid and stealthy in its advance? And what is the prognosis? I know not: my duty is to chronicle, not to expound; and I leave the question to wiser heads than mine.

Paris, May 28th, 1860.

MEDICAL TRIALS.

COURT OF COMMON PLEAS, WESTMINSTER.

MONDAY, MAY 28TH.

(*Sittings in Banco, before* Lord Chief Justice ERLE, Mr. Justice WILLIAMS, *and* Mr. Justice BYLES.)

PEDGRIFT (APPELLANT) *v.* CHEVALLIER (RESPONDENT).

THIS was an appeal against a decision of justices on an information.

The appellant, Frederick Woodcock Pedgrift, was convicted at the Halesworth (Suffolk) petty sessions, in the penalty of £10 and costs, for that he did on the 12th of October, 1859, wilfully and falsely pretend to be a surgeon, contrary to the Medical Act, 21st and 22nd Victoria, cap. 90.

It appeared that on a door of the house in which the appellant and a Mr. Richard Phibbs Irwin, a registered surgeon, lived, and for which they were jointly assessed to the rates, was a plate in a wooden frame, on which was engraved "Mr. Pedgrift, Mr. Irwin, surgeon, accoucheur, &c."

The justices held that the name of Mr. Pedgrift not appearing in the Register kept under the Medical Act (a copy of which was in evidence), they assumed that he was not a surgeon, and

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OXFORD MEDICAL INTELLIGENCE.—The Regius Professor of Medicine (Dr. Acland) gives notice, that the next examination for the degree of Bachelor of Medicine will commence on Tuesday, the 12th of June, at half-past nine A.M.

CAMBRIDGE.—EXAMINATION FOR MEDICAL DEGREES, MAY, 1860.—Examined and approved for the first examination for the degree of M.B.:—J. C. Allbutt, T. S. Green, and E. T. Leighton, all B.A.s of Caius College, Cambridge.

HONOURS TO PHYSICIANS.—At the installation of Lord Brougham as Chancellor of the University of Edinburgh, Dr. Stokes, of Dublin, and Drs. Miller and Sharpey, of London, received the honorary degree of LL.D.

HER MAJESTY has been pleased to appoint Adolphe Barraut, M.D., to be Assistant Health Officer and Immigration Depôt Surgeon for the Island of Mauritius.

DR. THOMAS MAYO, President of the Royal College of Physicians, London, and Dr. Alexander Wood, President of the Royal College of Physicians, Edinburgh, had an interview with Sir G. C. Lewis, on Thursday week, at the Home-office, on business connected with the operation of the Medical Act.

ROYAL FREE HOSPITAL.—On Wednesday evening, the thirty-second anniversary festival of this institution was held at the Freemasons' Tavern, under the presidency of Lord Leigh, in the unavoidable absence of the Duke of Wellington. There were present one hundred and seventy friends and supporters of the hospital. Subscriptions to the amount of upwards of £1000 were acknowledged by the secretary.

APPOINTMENT.—Dr. Charles Bader, of the Royal Ophthalmic Hospital, has just been appointed Second Assistant in the Hunterian Museum of the Royal College of Surgeons, in the vacancy occasioned by the retirement of Dr. James Murie. Dr. Bader, who is a member of the College, is well known to the profession by his numerous and valuable contributions to the advancement of ophthalmic science, and, on a recent occasion, received from the College a Jacksonian honorarium for his essay "On the Morbid Changes in the Retina."

GASTROTOMY FOR EXTRA-UTERINE GESTATION.—This operation was performed on the 31st ultimo, at the London Hospital, by Mr. Adams. The patient was pregnant for the first time, and the natural term had been exceeded by about six months, menstruation having reappeared. The abdominal cavity had to be opened. The fœtus, still entire, was of full size. The cyst and placenta, not admitting of ready extraction, were left. The placenta, it is expected, will be detached in a few days.

DAILY INCREASE OF POPULATION IN ENGLAND.—During the last year, the women of Great Britain bore above 2000 children a day (796,190 in the year); but death struck down above 1300 a day (503,003 in the year), and reduced the natural increase of population to little more than 700 a day—not reckoning Ireland, the number of whose births and deaths is unknown, but will, we trust, next year be registered.

MEDICAL COMFORTS FOR THE SICK IN THE NAVY.—The Lords of the Admiralty, by a late Order, have endeavoured to increase the facilities for duly supplying the sick with wine and other comforts, directing the principal medical officers on foreign stations to act in conjunction with the victualling agent in procuring supplies, and authorizing the appropriation of wine from the officers' mess, to be paid for out of the sick mess fund, when it can conveniently be done.

MILITARY HOSPITALS.—Dr. Euphanoff, chief surgeon of the Russian army, has arrived in Paris, and has received authorization to visit in detail the barracks and other military establishments in that capital, in order to ascertain the sanitary arrangements adopted in them. He will subsequently visit the hospitals in this country.

THE QUEEN'S COLLEGE, BIRMINGHAM.—An adjourned meeting of the Council was held on Monday last,—the Right Hon. the Earl of Lichfield in the chair. A sub-committee was appointed, consisting of the Earl of Lichfield, the Hon. and Rev. Grantham Yorke, the Rev. James Thomas Law, Chancellor of the Diocese of Lichfield, Mr. Sands Cox, Mr. J. B. Payn, and Mr. J. Clift, "to consider and report upon a plan for the future carrying on the College in all its departments." A scheme is now under consideration by which the College will be placed on a sure and permanent basis. Mr. Chancellor Law retains his office of Warden *pro tem.*, and the entire income from the endowments derived from the coupons of the Great Western Railway,—about £500 per annum,—is to be devoted towards the expenses of the College.

RELATION OF THE MEDICAL PROFESSION TO THE PUBLIC.—At a late meeting of the Royal Institution, Dr. Mayo delivered a lecture "On the Relations of the Public to the Science and Practice of Medicine." He alluded to an antagonistic feeling existing between medical men and a portion of the public, in consequence of which medical aid is often not applied for until it is too late. He recommended an alteration of the existing system, which tends to produce dissatisfaction and mutual distrust, and the adoption of a mode of practice that would place the public and the medical profession on terms of friendship. Dr. Mayo then strongly urged the propriety of a wider study of physiology as a branch of general education, and adverted favourably to the fitness of women to practise medicine. Touching on the subject of insanity, Dr. Mayo condemned the present system, which gives an arbitrary power of confinement to any two medical practitioners, who may or may not be competent to form an opinion as to insanity.

TRIAL FOR ABORTION.—THE QUEEN V. WHITE AND OTHERS.—Mr. Kennedy applied on Tuesday last, at the Court of Queen's Bench, in this case, for a rule to show cause why the Coroner's proceedings (the latter of two inquisitions) should not be quashed. The two prisoners were White, a chemist at Birmingham, and a Mrs. Fisher, with whom a female had lodged for six or seven weeks; and, after taking certain medicines and undergoing operations at the hand of White, died. At a first inquest, a verdict of "Natural Death" was returned; at a second, one of "Wilful Murder" against the prisoners. It was contended that the Coroner had acted wrongly in taking the evidence, on the second occasion, of a witness who had been present and not examined on the first, and on whose statement the case turned. This important application was adjourned to search for precedents.

MAN-EATING TIGERS.—Since January, 1859, 1500 Chinese have been carried off by tigers in Johore, the end of the Malacca peninsula. It is now difficult to induce Coolies to work in Johore.

A BRIBE.—A "Homœopath" writes to the morning papers stating that, in answer to the appeals of various hospitals for further funds, he has addressed an offer to St. Mary's, St. George's, Middlesex, and the University hospitals, for contributing £3000 to the expense of certain wards during three years, on condition that homœopathic treatment should be adopted for the patients, and a public "trial" made of homœopathy. He does not understand that this is a bribe offered to lull the consciences of men who refuse to tamper with the lives of the patients entrusted to their care, but laments the obstinacy which rejects his dangerous liberality.

LONGEVITY.—BEAULY V. ROSENEATH.—A correspondent writes:—"It being questioned in reference to Roseneath whether any Highland parish could produce four living persons whose united ages amount to 370 years, I have to state that there are alive in the parish of Kilmorack three females and one male whose united ages amount to 375 years, being respectively 99, 94, 91, 91. The two eldest are widows, the others a widower and a spinster. This gives an average of 1¼ above Roseneath. It cannot be vouched for that these four are the eldest in the parish, and lately much higher figures could be brought forward, as no doubt many other Highland parishes can at present."—*Inverness Advertiser.*

INFLUENCE OF SLOW LEAD-POISONING ON THE PRODUCT OF CONCEPTION.—M. C. Paul, resident physician to a Paris hospital, has collected 81 cases showing the baneful influence of lead. His attention was attracted to the subject by the case of a woman who had given birth to three healthy children before she took to the occupation of printing-type cleaning, and who out of ten subsequent gestations had had eight miscarriages. One child, which was born at full time, died at five months. The 81 cases refer mostly to women, only a few relating to men. From these cases, M. Paul thinks himself justified in supposing that lead-poisoning has not only the already well-known effects, but that it also causes the death of the fœtus, or the premature decease of the child, whether either the father or mother has been exposed to lead-poisoning. Out of the 123 gestations included in the 81 cases, 64 abortions, 4 premature labours, and 5 still-births were noted. It was, moreover, observed that 20 children, born at full time, died within their first year, 8 within their second, 7 within their third, and 1 only at a later period. 14 children are now alive, 10 of whom are above three years old. Metrorrhagia occurred in 15 cases, the loss of blood depending, very probably, on abortions.—*Gazette des Hôpitaux.*

SMALL-POX PROPAGATED BY GIPSIES.—A memorial has been presented to the Metropolitan Board of Works by inhabitants of Putney, stating that Wimbledon Common has for some time past been infested by a swarm of gipsies, tramps, and hawkers, who live in tents and caravans. There is no existing law, say the memorialists, which brings such persons not occupying ordinary places of abode under the sanitary regulations of the Metropolis Local Management Act and the Nuisances Removal Act, and hence epidemic diseases are liable to be fostered and spread by these vagrant and lawless people. It is alleged that small-pox has recently been so introduced in the parish of Putney, and that the most earnest solicitations of the medical officer of health have been of no avail in inducing these tramps to allow their children to be vaccinated. It is obvious that to obtain the most complete security against small-pox no portion of the community should be suffered to withdraw itself from the operation of those hygienic laws which are instituted for the common welfare. The source of infection pointed out by the inhabitants of Putney is certainly one that demands a remedy. The Board has inserted a clause in the Metropolis Local Management Act Amendment Bill now before Parliament, the object of which clause is to provide for the removal of gipsies, tramps, and vagrants from commons and open spaces.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 26TH.—The total number of deaths registered in London in the week that ended last Saturday was 1087, and nearly the same as that of the previous week. Twenty-four deaths were recorded in the week as caused by small-pox, of which 7 occurred in the Small-pox Hospital. From measles, 51 children died; from scarlatina, 26; and there were also 8 deaths from diphtheria. Phthisis carried off 171 persons, the corrected average for corresponding weeks being 157. Three persons died from purpura, 2 children from noma; a girl, aged one year, from tænia solium. Four children were suffocated in bed.

MEDICAL DIARY OF THE WEEK.

MONDAY, JUNE 4	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Clinical Lecture on "Paralysis and Epilepsy." By Dr. Brown-Séquard. EPIDEMIOLOGICAL SOCIETY.—8 P.M. "Suggestions towards a Better Method of Observing Epidemics." By Mr. J. N. Radcliffe. ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
TUESDAY, JUNE 5	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: The Hippopotamus, &c." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease."
WEDNESDAY, JUNE 6	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Tilbury Fox, "On Phlegmasia Dolens." NORTH LONDON MEDICAL SOCIETY.—8 P.M.
THURSDAY, JUNE 7	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL INSTITUTION.—3 P.M. Professor Ansted, "On the Antiquity of the Human Race." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease."
FRIDAY, JUNE 8	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. ROYAL INSTITUTION.—8 P.M. Prof. Faraday, "On the Electric Silk-Loom."
SATURDAY, JUNE 9	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Explosive Mixtures and Flame." ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease." SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Animal Food."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

COMMUNICATIONS addressed to the Editor should in ALL instances be accompanied by the NAME AND ADDRESS OF THE WRITER (not, however, for publication, unless desired). Attention cannot be paid to letters when this rule is not complied with.

W. Pilkington, L.R.C.P. Edin., &c.—As the facts are stated to us, which we presume to be correct, there are no grounds for an action at law. Admitting that an error in diagnosis might have been made, it is evident that the treatment pursued was proper for the complaint. The patient, therefore, has sustained no damage. Is it quite clear, moreover, that the gentleman who saw the case subsequently was correct in his view as to its nature? However this may be, his conduct in refusing to allow of a consultation is not to be justified. As the older practitioner, it was his bounden duty, seeing that the reputation of a brother was at stake, to submit to the fullest investigation. If the friends of the patient are so ill advised as to commence proceedings, and bring the case before a jury, the gentleman whose conduct has been rash, and not sanctioned by the etiquette of the profession, must be prepared for a cross-examination, by which he would be placed on the horns of a dilemma. How will he explain the treatment to which he subjected the patient, or his obstinate refusal to allow of a consultation, by which the conflict of opinion might have been settled? For his own sake, one would have supposed that he would have been anxious that his opinion should be supported by that of other competent practitioners. Mere professional rivalry or jealousy can have no weight in such a question as that which is before us. There are certain broad principles of etiquette which every honourable member of the profession is bound to observe; but when these principles are violated, the offender, if he submit his conduct to the tribunal of public opinion, cannot shelter himself under any petty or paltry plea of personal dislike or professional jealousy. The offence must be judged of on a broader basis, by the influence which it is calculated to exert on the members of the profession at large, and by those acknowledged laws of conduct which have received the stamp of the highest authorities. Sincerely do we hope, in the interest of all parties connected with this painful case, that the subject may be allowed to drop. Should it be otherwise, it will be our duty, as the guardians of the honour of the profession, to take such steps as the interests of the practitioners of medicine require.

Enquirer, (Rugby.)—An article will appear next week upon the subject. Facts would be acceptable.

Medicus.—There is no remedy for such a system of quackery. So long as the offender does not assume any title which implies that he is registered under the provisions of the Medical Act, he is not liable to punishment.

C. L. M.—Yes to both questions.

A. B.—Our columns are so crowded, that we must decline the article.

THE GERMAN UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—The information given by your Paris correspondent, regarding the accommodation for medical students in the French capital, is most useful. Can you or any of your correspondents give similar intelligence relative to the German Universities? I am sure such information would be welcomed by many, and not the least by,

Your obedient servant,

May, 1860. AN INTENDING FOREIGN STUDENT.

THE UNIVERSITY OF LONDON.

Querist.—The Senate of the University of London consists of thirty-six Fellows. Under the new Charter, the Graduates in Convocation have the right to nominate one-third. Thus out of every three vacancies, until nine places are so filled, Convocation nominates one, and the Crown two.

Mr. L. A. Lawrence.—The case was not received, or it would have been acknowledged.

Dr. Henry Weekes (Rochester) will perceive, by reference to the columns of this week's LANCET, that we have commented on the case lately treated by Dr. Burton. Dr. Weekes has shown a commendable anxiety on the subject, and his conduct in putting himself forward as the defender of a professional brother, under circumstances at once painful and unavoidable, entitles him to the thanks of the profession.

Enquirer must have been greatly misinformed with respect to the statement that calculus of the bladder is essentially a disease of France. If he refer to any work on the subject, he will obtain the information which he requires.

Doctores Pauperum.—Certainly not.

E. M.—The disease has probably existed for several years. We do not prescribe.

Ignoramus.—An assistant-surgeon in a rifle corps has the same relative rank in his corps as he would have in the regular army. At present, volunteer officers have no rank out of their corps.

Mr. F. Smith (Ipswich) shall receive a private note if he will forward his address.

A Surgeon, (Brompton.)—No blame can be attached to our correspondent.

REGISTRARS AND THEIR SONS.

To the Editor of THE LANCET.

SIR,—On visiting one of my patients a short time since, the mother in great perturbation presented me with the enclosed document. She said that a few days ago the registrar called upon her, and stated that he had ascertained that her child was not vaccinated, and that, unless it was speedily taken to *his* son to be vaccinated, he should put the Act in force, and get her husband fined 20*s*. The registrar at the same time left her the official-looking document enclosed.

When, Sir, shall we be true to ourselves? No wonder that the Legislature—firstly, by the passing of the Compulsory Vaccination Act; and secondly, by the special patronage with which the Privy Council now seem to foster the simple operation of vaccination—should regard the private interests of the profession as fair game for official interference, when we ourselves, with a total disregard of all gentlemanly feeling, and by entirely ignoring all recognised laws of honour and codes of ethics, hesitate not to seek our own aggrandizement and *éclât* by such acts as these.

I am, Sir, yours obediently,

Bishopsgate-street Without, May, 1860. HENRY SHAW, M.R.C.S.

*** We regret to say that the above is only one amongst many complaints of the same kind which have been forwarded to us. The "system" is one calculated to bring disgrace on those who practise it.—ED. L.

Senex.—The proper dose of the oil of male fern, and the circumstances under which it may be beneficially administered, can best be indicated by a judicious practitioner acquainted with the case.

B. T.—Yes, the remuneration is good. Application should be made to the Directors or Secretary, who would give particulars in reference to appointments.

Surveyor, (Portsmouth.)—The means referred to might be beneficial in nervous diseases. A physician should be consulted.

W.—Yes, at University College.

Industrious Juvenis.—1. If *apprenticed* before August 1st, 1858, he is exempt.—2. Not if he have commenced his "professional education" before the 1st January, 1861.

Dr. Kelburne King, (Hull.)—We can well believe the annoyance to which our correspondent has been subjected by the proceedings of some injudicious friend.

S. W.—We think the case as stated is clearly one in which the usual professional remuneration should be expected.

A Reader of the London Journal.—The oblique puffs referred to are most unprofessional.

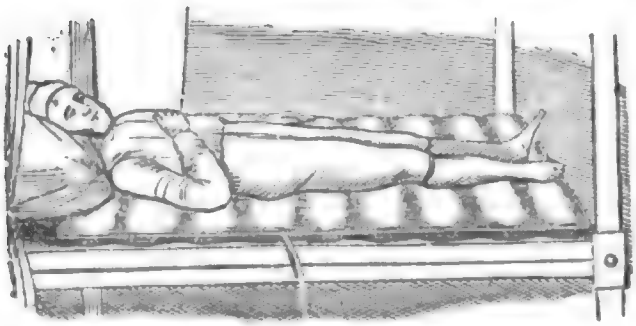
Mr. J. W., (Ipswich.)—A private note has been forwarded.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Struthers, Edinburgh; Mr. T. H. Moxon, Kirton-in-Lindsey; Dr. H. P. Ree, Fulham; Dr. Graily Hewitt; Mr. C. J. Kirman; Dr. Ellis, Crowle; Dr. H. Weekes, Brompton, Kent; Dr. Montague Miller, Stoke Newington; Mr. Sands Cox, Birmingham; Mr. Stewart; Dr. Francis, Lucknow; Dr. Buckenham; Mr. Kerr, Crick, (with enclosure;) Mr. Starke, (with enclosure;) Dr. Davies, Wrexham, (with enclosure;) Dr. Laing, (with enclosure;) Mrs. Carter, Billericay, (with enclosure;) Mr. Davies, Rhyl, (with enclosure;) Dr. Brown, (with enclosure;) Dr. Duncan; Mr. Gain, (with enclosure;) Dr. Gilmour, (with enclosure;) Dr. Ling, Saxmundham; Mr. Miller, Great Wakering, (with enclosure;) Mr. Skaife, Easingwold, (with enclosure;) Mr. Warburton, Pateley; Mr. Nicholls, Stretford, (with enclosure;) Mr. Wilson, Clay Cross, (with enclosure;) Mr. Edwards, Crewe; Dr. Goyder, Glasgow; Dr. Rogers, Rainhill; Mr. Edwards, (with enclosure;) Dr. Walker, Chesterfield, (with enclosure;) Mr. Sanders, (with enclosure;) Mr. M'Coull, (with enclosure;) Medical Tutor, (with enclosure;) L.R.C.P. Edin.; Full Measure, R.N.; Surveyor, Portsmouth; A Subscriber, (with enclosure;) Delta; Enquirer; Secretary, Crystal Palace; Medicus; L.R.C.P.; &c. &c.

THE *Liverpool Herald* and the *Weekly Northern Whig* have been received.

HOOPER'S HYDROSTATIC BEDS AND WATER CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.



Hydrostatic Bed, for an ordinary Bedstead.
(The Width of the Bedstead should accompany an Order.)

Hydrostatic Bed, of intermediate size.

FOR
BED-SORES,
CONSUMPTION,
DROPSY, FEVERS,
FRACTURES,
PARALYSIS.

Form of Cushion for general purposes.

FOR
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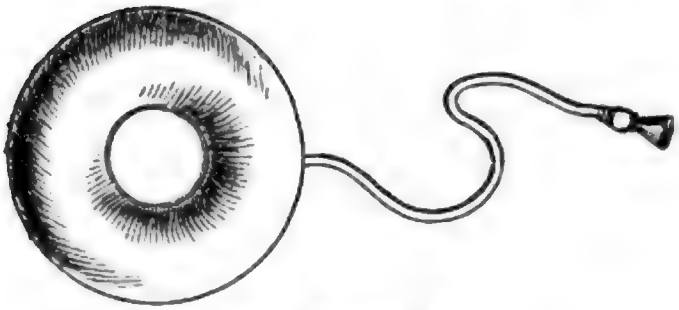
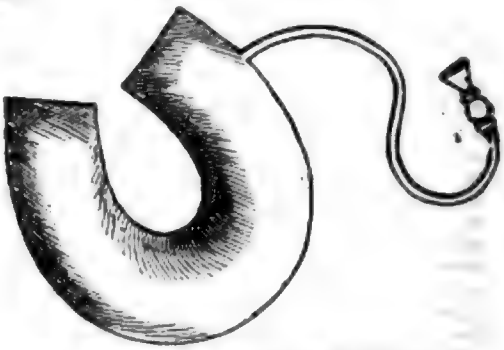
ALL INVALIDS
AND
BED-RIDDEN PATIENTS.



Circular Cushion, for sitting on.
Can be had with or without a Hole in the Centre.



Horse-shoe Cushion, for preventing Bed-Sores over the Sacrum.

Cushion for applying Hot Water to the Stomach or Feet, and for affording Relief to the Ankle, Heel, or Elbow.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.

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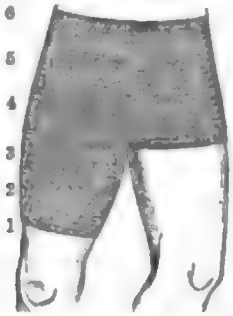

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STOCKING BELOW THE KNEE.

Constructed of a light material, giving comfortable and permanent pressure.

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WITH VALVE TO PREVENT LEAKAGE.

For Invalids and Railway Travellers.

Waterproof Sheeting, greatly reduced in Price.——**Elastic Bed-Pan or Receptacle,** for Invalids.
Hydrostatic Enema, simple and inexpensive.

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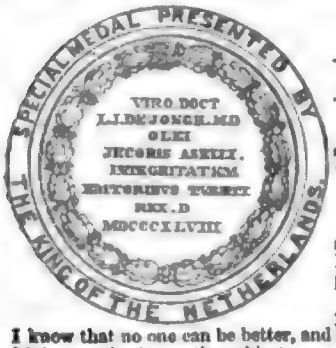

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LIGHT-BROWN COD-LIVER OIL.

OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

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"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851.

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Tannate of Glycerine, a powerful

Astringent, miscible with water in any proportion.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

Carbonate of Bismuth, preferable to the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

Fluid Confection of Senna. The price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

Syrup of Iodide of Iron with Sarsaparilla, invaluable in Strumous Affections; 2 fluid drachms contain 5 grains of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.
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The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 2s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Anderson's Oil of Horse-Chestnuts.

Messrs. ANDERSON beg to caution the Profession against spurious representations of the above Oils. They have subjected to careful chemical analysis several samples, and find them to be composed principally of Ether with Caustic Potash. Messrs. Anderson were the first introducers of Oil of Horse-Chestnuts into England, and are daily hearing of its good effects in cases of Gout, &c. LIQUOR CASTANEI (Solution of Horse-Chestnuts)—a safe, agreeable, and efficacious remedy in Gout, &c., in doses of 2 to 4 drachms. LITHIA, prepared from the written directions of Dr. Garrod; 3s. per doz. to the Profession.—ANDERSON, 30, Duke-street, Manchester-square.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

Dr. Belloc's Lozenges and Powder

of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

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INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

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Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

Important to the Medical Profession.

GLOVER & CO., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of first-class quality, at a very low figure.—Price Lists may be had on application.

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Pharmacie Française, 57, Princes-

street, Leicester-square.—LE MAOUT, Chemist, from Paris.—Médicamens Spéciaux—Remèdes Raspail—Ricord's Medicines, French patented—Capsules Le Maout, and all French Medical Articles.—Prescriptions accurately prepared.

Liquor Folii Ricini, for increasing

the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

Health, Pure Air, and Fresh Water.

CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or sériform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER is also harmless and inodorous, depending on the same principle, and destroying all smells in the same manner, in lieu of disguising them. In bottles, 1s., 1s. 6d., & 3s.; and in casks, 1 cwt., 36s.

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Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

Wholesale and Retail Agents: J. Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Savory and Sons, Bond-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; J. Mackay, 121, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea, S.W.

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LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from the

unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, &c.; also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer, gratis.

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The Pulvis Jacobi Verus, prepared

by WILLIAM HOOPER, 24, Russell-street, Covent-garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vittles, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 159; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Alcohol as a Medicine.—Members of

the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Aërated Lithia Water.—The

demand for this water, originally made by Messrs. BLAKE, SANDFORD, and BLAKE at the request of Dr. GARROD, affords abundant evidence of its importance; whilst the reports received of its effect in neutralizing Uric Acid daily confirm the prediction of its value in the treatment of Gout, Gravel, &c. The preparations are—LITHIA, LITHIA POTASH, and LITHIA AMMONIA WATERS. Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

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CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.
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MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH & CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

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celebrated Bottles, now in use from the palace to the cottage, maintain their popularity. Whether for weaning, rearing by hand, or occasional feeding, they are quite unrivalled.—BENJAMIN ELAM, 196, Oxford-street.—Price 7s. 6d.—Each is stamped with my name and address.—A liberal Discount to the Profession.

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house.—W. HAY, from Ansell and Hawke, 25, Little Queen-street, Lincoln's-inn-fields, begs to inform the Profession that he Fits-up every description of Medical Shops and Surgeries, and has in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large assortment of Medical Lamps.

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PHIAL and BOTTLE MERCHANT, Dealer in Druggists' Sundries, &c., 6, James-street, Covent-garden. The cheapest house in London for every description of MEDICAL GLASS of the best quality.

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MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated		Clear	8s. 0d. per gross.
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3 and 4 oz.	ditto	ditto blue-tinted.	7s. 6d. ,,
½ oz. Moulded Phials		Of a very superior quality	4s. 6d. ,,
1 oz.	ditto		5s. 6d. ,,
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Jones's Flesh Soap for the Toilet or NURSERY.—One Shilling the Packet. Most beneficent for producing a Clear, Soft, and Healthy Skin. To be had at JONES'S old established Candle, Soap, and Italian Warehouse, near the Turnpike, Islington.—Established 1794.

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—
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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.
SOAP WORKS, CLERKENWELL, LONDON, E.C.

In Chancery. (V.R.) £10,000 Damages. The Proprietors of the GLENFIELD STARCH hereby caution the Trade against selling ANY IMITATION of their Starch, whereas, by a decision of the Master of the Rolls, Wotherspoon *v.* Turner (reported in the *Times* and other London papers of 26th Nov. 1859), they render themselves equally liable with the makers of the spurious article in the above penalty.
GLENFIELD PATENT STARCH is the only STARCH used in her MAJESTY'S LAUNDRY.—WOTHERSPOON & CO., Glasgow and London.

Notice.—Dr. Corfe, late of Middlesex Hospital, has REMOVED from Berners-street, Middlesex Hospital, to No. 9, Nottingham-terrace, York-gate, Regent's-park, N.W. (opposite Marylebone Church).

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

National Hospital for the Paralysed and EPILEPTIC, 24, Queen-square, Bloomsbury, W.C.—Dr. BROWN-SEQUARD delivers CLINICAL LECTURES on PARALYSIS and EPILEPSY at this Hospital every Monday, at half-past 3 P.M. These Lectures commenced on Monday, May 14th. Medical Men and Medical Students alone will be admitted on production of their card or College ticket.
GEORGE REID, Secretary.

Anatomical Demonstrations for First M.B. EXAMINATION.—Mr. CHRISTOPHER HEATH, F.R.C.S., Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT, specially adapted to this Examination, during JULY. The Demonstrations will be given daily, from 4 to 6 P.M., at the Westminster Hospital, commencing on Monday, July 2nd. Fee, Five Guineas.

Engineering, Surveying, Architecture, &c. — PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c. — For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

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Wakley Testimonial Fund. — The Committee desire to intimate to intending Subscribers, and Gentlemen who have promised to subscribe, that the lists will close on the 1st July, 1860. Treasurer, F. Goderich, Esq., West Brompton. Bankers, Messrs. Drummond and Co., London. By order,

H. HEPWORTH, Secretary.

Committee Rooms, 17, Henrietta-street, W.C.

Royal College of Surgeons of England. Professor HILTON will commence a COURSE of Six LECTURES on the INFLUENCE of REST in the TREATMENT of DISEASE, in the Theatre of this College, on Tuesday, the 5th of June next, at 4 o'clock, and will continue the same on each Tuesday, Thursday, and Saturday, at the same hour.

EDMUND BELFOUR, Secretary.

Royal College of Surgeons of England. Notice is hereby given, that the next Primary or Anatomical Examination for the Diploma of Member of this College will take place on Monday, the 23rd of July next, and subsequent days.

And that the Pass or Surgical Examination for the Diploma of Member of this College will take place on Saturday, the 28th of July next, and subsequent days.

Particulars relating to these examinations may be obtained on application at the College.

May 31st, 1860. EDMUND BELFOUR, Secretary.

Mental Disorders. — Wye House, BUXTON, DERBYSHIRE.—Private Establishment for the Cure and Treatment of a select and limited number of persons mentally affected.

Resident Proprietor—T. DICKSON, L.R.S.C.E.,

Late Medical Superintendent of the Manchester Lunatic Hospital.

Wye House is delightfully situated in its own grounds of Twelve Acres, at Buxton, and forms part of the magnificent scenery of Wye Dale.

The well-known salubrity of Buxton, and the hygienic effects of its Waters and Baths, render it a desirable locality for Invalids nervously or mentally affected.

Ample means are provided for the occupation and amusement of the Patients, including Carriage and Garden Exercise.

St. Mary's Hospital Medical School, W. CHAIRS of CHEMISTRY and PRACTICAL CHEMISTRY.—These Lectureships having become Vacant, it is requested that gentlemen proposing, to be candidates will send in their applications, accompanied by testimonials on or before the 11th proximo, under cover to the Secretary, from whom any further information may be obtained.

May 23rd, 1860. JOS. G. WILKINSON, Secretary.

Lancaster County Lunatic Asylum, RAINHILL, near PRESCOT.—An ASSISTANT MEDICAL OFFICER is Wanted. Salary £80 per annum, with board and lodging, washing, &c. Candidates to forward their applications, stating age, qualification, &c., with testimonials, to the Superintendent, Dr. Rogers, before Monday, the 18th inst.

North Shields and Tynemouth Dis- PENSARY.—Wanted, a HOUSE-SURGEON and DISPENSER, who must have a legal qualification. Salary, £80 per annum, with an allowance for coals, &c.—For further information, apply to the Committee, at the Dispensary, to whom applications, with testimonials, must be forwarded before the 7th of June.

Surrey County Lunatic Asylum, near Tooting, S.—ASSISTANT MEDICAL OFFICER Wanted. He must be unmarried, a Member of one of the Royal Colleges of Surgeons, and a Licentiate of the Society of Apothecaries. Salary, with lodging, washing, and attendance, £170 per annum.

Applications and testimonials to be forwarded on or before Friday, the 15th of June, addressed to the Committee of Visitors as above, endorsed "Application for the Office of Assistant Medical Officer."—By order,

May 7th, 1860. S. BRIDGLAND, Clerk to the Committee of Visitors.

Chepstow Union.—Medical Officer.— The Board of Guardians of the Chepstow Union will, at their meeting to be held at the Workhouse in Chepstow on Saturday, the 23rd day of June next, proceed to the Election of a MEDICAL OFFICER and PUBLIC VACCINATOR for the undermentioned Districts—viz.:

The Caldicot District, comprising the Parishes of Caldicot, Ifton, Bogiett, Llanvihangel Bogiett, Saint Brides, Undy, Llanvair Discoed, Dinham, Caerwent, and Portskewitt.

The Shirenewton District, comprising the Parishes of Shirenewton, Itton, Llangwm Isha, Llangwm Ucha, Newchurch East, Newchurch West, and Howick.

Containing an area of 23,960 acres, with a population of 4343.

Salary, £105 per annum, which salary will include all necessary medicines and appliances whatever, except trusses. Fees for surgical cases will be allowed, also 15s. per case for attending cases of midwifery (where attendance is given under competent authority), and for successful cases of vaccination, 3s. 6d. each.

The Medical Officer appointed will be required to commence his duties on the 25th day of June next, to observe the rules and regulations of the Poor-law Board, to make a weekly return to the Board of Guardians of sickness and mortality in the prescribed form, to attend their meetings when required, and to make such returns as may be called for by the Poor-law Board.

Medical gentlemen desirous of the appointment are requested to forward written applications, accompanied by testimonials, and such evidence of qualification as is required by the Order of the Poor-law Board, dated the 10th day of April, 1860, to me, under cover, endorsed "Medical," on or before Saturday, the 16th day of June next. Candidates will be written to to attend at the Board-room on a day to be named. By order,

Union Office, Chepstow, 29th May, 1860. WM. COOPER, Clerk.

To the Governors and Supporters of the ROYAL MEDICAL BENEVOLENT COLLEGE.—Mrs. JANE CARTER, in returning her most grateful thanks to those friends from whom she has received such kind support during three elections, earnestly entreats through this channel a continuance of their kind favours, as she has not the means of prosecuting an extended canvass for another election.

Billericay, Essex, June, 1860.

Leicester General Dispensary.— Wanted, a HOUSE-SURGEON to the above Institution. He must be a Member of the Royal College of Surgeons of London, Dublin, or Edinburgh, and a Licentiate of the Society of Apothecaries. Salary £100 per annum, with residence at the Dispensary, attendance, coals, and gas. Testimonials to be addressed to the Secretary, Horsefair-street, Leicester, on or before the 12th day of June next.

Leicester, May 23rd, 1860. EDWD. P. BANKART, Secretary.

To Women desirous of being Trained as HOSPITAL NURSES.—The Committee of the NIGHTINGALE FUND have made arrangements with the authorities of St. Thomas's Hospital for giving a Year's Training to Women between 25 and 35 years of age, for whom they will provide, free of expense, board and lodging in the Hospital, with tea, sugar, and washing, and a certain amount of outer clothing. A payment will be allowed them of £10 for the year. They will be under the charge of the Matron, and will be instructed by the Sisters and the Resident Medical Officer. At the end of a year, if their training has been found satisfactory, their names will be entered in the Committee's Register, and they will be recommended for situations as Hospital Nurses. The first quarter will commence on the 24th inst.—For further particulars, apply to Mrs. Wardroper, St. Thomas's Hospital, S.E., to whom all applications for admission must be made, if personally, between 10 and 11 A.M.

Council-office, Downing-street, S.W. A. H. CLOUGH, Secretary.

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Dublin Quarterly Journal of Medical Science. No. LVIII. ... 575

OREIGN DEPARTMENT.

ne-Setters in France.—Popliteal Aneurism; Digital Compression; Coagulation obtained in less than Forty-eight hours. — Bloodless Operation for Cleft Palate.—The Sulphate of Cinchonine.—Paralysis of a Portion of the Forearm from a Wound of the External Musculo-Cutaneous Nerve in Venesection 575

ne London Medical Registration Association: Special General Meeting 576

LEADING ARTICLES.

UNATICS ON TRIAL 577
OCIAL STATUS OF THE PROFESSION 577
THE MEDICAL ACT 578
THE FORTHCOMING MEETING OF THE GENERAL MEDICAL COUNCIL 579
PENAL CLAUSE OF THE SCOTCH REGISTRATION BILL 579
MEATH HOSPITAL, DUBLIN 579

MEDICAL ANNOTATIONS.

The Confessions of an Arsenic-Eater. — The Purgatory of the Bath.—Doctors in Difficulties.—State of the Waters in Regent's Park 579

Sir Wm. Dunbar's Amended Registration of Deaths &c. Bill ... 581
The late Professor John Lizars ... 582

CORRESPONDENCE.

On Syphilization: Letter from Dr. Faye 583
Registration of Deaths (Scotland) Bill 583
Transmission of Secondary Syphilis 583
The late Mr. Albert Smith: Note from Dr. Russell Reynolds 584

Parisian Medical Intelligence 584
HOUSE OF COMMONS. — Military Hospital Expenses 585

MEDICAL NEWS.

Metropolitan Drinking-Fountains Association 573
Ethnological Society 576
Pass-list of Apothecaries' Hall.—Royal College of Surgeons.—The New Member of the Medical Council. — Oxford. — Cambridge M.B. Examination. — Testimonial to Dr. Parkes.—The late Mr. Jacob Bell.—Society of Arts.—Treatise on the Cultivation of Indigo.—The Cholera in Malaga. — Poisoned Perfumes. — Royal College of Physicians.—Hospital for Consumption. — Sanitarium at Ceylon. — The *Great Tasmania* and the Liverpool Workhouse Officials. — The Cancer Quackery: Death of the Rev. H. E. Head. — Testimonials to a Medical Man. — University College, London. — Gas-Poisoning. — A Disputed Bill; Queen's Bench: Thomas and Burroughs *v.* Holme. — Removal of City Churches.—Inauguration of the Bust of the Right Hon. Sir John Pakington in the Museum of Haslar Hospital.—The Effect of the Improvement of Firearms upon the Numbers Hit in Battle. —Health of the Metropolis 585
Births, Marriages, and Deaths ... 587
Medical Diary of the Week 587
Notices to Correspondents 588

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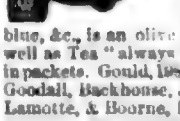

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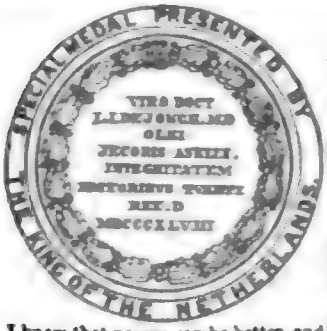

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FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory, 18, Conduit-street, Regent-street, London, W.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.
COD-LIVER OIL with IODIDE of IRON, &c. &c.

The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 3s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—JERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

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The Profession are cautioned against spurious imitations. Messrs. Andersons have subjected to careful chemical analysis several samples, and find them to be composed principally of Ether with Caustic Potash. Messrs. A. were the first introducers of this invaluable remedy for Gout into England.

LIQUOR CASTANEI (Solution of Horse-Chestnuts)—safe, agreeable, and efficacious in Gout, &c., in doses of 2 to 4 drachms.

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CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1852; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 49, Haymarket, London, and all the most important Chemists.

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Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

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Both tested and highly valued for their regenerating effects in extreme debility, &c.

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LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

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DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to *far exceed* all other preparations of the kind.

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Most beneficent for producing a Clear, Soft, and Healthy Skin.

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Seltzer, Vichy, Pulina, &c., from their respective analyses.

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One Shilling size, 6s. per dozen; Sixpence, 3s. per dozen.

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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

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Plaster of Paris.—Stevens and Son's

superior PLASTER, as fine and pure as originally prepared by them. May be obtained from their successor,

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The New Sydenham Society.—The

first Work (Vol. VI.) for the current year is expected to be ready in the last week of June, and will be followed shortly by two others. Those of the Hon. Local Secretaries and Members who have not yet forwarded their Subscriptions will oblige by doing so as early as convenient. The Council has decided that, in future, the Society's law requiring prepayment of subscriptions shall be strictly acted upon.

The Society now numbers 2750 members, and there is every probability that the number required for the issue of the "Atlas of Skin Diseases" (3000) will shortly be obtained. The Council requests the co-operation of the members to secure this object.

Copies of the Series for 1859 (Five vols., 2nd edition) can be obtained by new Members who may wish for them.

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14, Finsbury-circus, E.C., May 30th, 1860. JONATHAN HUTCHINSON, Secretary.

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SIDE, in gold and silver, in great variety, of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance guaranteed. Free and safe by post.

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do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch.

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Quinine Wine, guaranteed to contain

in each wineglassfull one grain of the finest Sulphate of Quinine. This most delightful and invigorating tonic, specially prepared by ROBERT WATERS and used by Medical Practitioners in every part of the civilized world, is strongly recommended by Dr. Hassall, of THE LANCET, Dr. Andrews, E. Cousins, Esq., M.R.C.S., and the Medical Profession generally.

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Of this class of Medicines, introduced by SAVORY and MOORE, the following have the greatest reputation:—

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Of great therapeutic value in the various forms of Scorbutic Affections.

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SAVORY & MOORE, has elicited the approbation of the most eminent Oculists. *Vide* THE LANCET of March 31st.

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or after a post-mortem examination, what is the cause of a paralysis of the lower limbs. We think that sometimes this cause will not be found out, and we only mean to state that it is impossible to admit the existence of a special kind of paralytic affection, deserving to be called *essential* or *idiopathic* paraplegia—an affection not more characterized by special symptoms than by special anatomical lesions.

Of other forms of paraplegia, such as those which are connected with gout, rheumatism, or those which follow grave fevers, cholera, &c., we will only say that usually they depend upon a serous effusion in the spinal canal or a venous congestion, and that sometimes they belong to the group of reflex paralysis.

In concluding our remarks on the diagnosis of the reflex paraplegia we need hardly say, that for this affection, as well as for all other diseases of the nervous system, it is not necessary to find together all the characteristic symptoms to be convinced of the existence of a reflex paraplegia. This affection is almost sufficiently characterized by *the absence of the special symptoms of an organic disease of the spine or its contents, and the existence of an incomplete paralysis of the lower limbs that has appeared somewhat slowly after a disease of the urinary or genital organs, or of some other abdominal viscus; after an inflammation of the lungs or pleuræ, or after some kind of irritation of a nerve in its trunk or cutaneous ramifications.* In a great many cases of reflex paraplegia we shall find nothing else upon which to ground our diagnosis. But usually, in a short time, a much greater probability of the accuracy of the diagnosis will spring from the correspondence between changes in the degree of the paralysis with changes in the visceral disease or external irritation that is supposed to have produced the paraplegia.

The prognosis of the reflex paraplegia depends, in a great measure, upon that of the external affection which has produced it. The whole history of the reflex paraplegia shows that it usually increases, diminishes, or disappears with the external morbid condition which has produced it. As a general rule, so long as this morbid condition lasts, the paraplegia persists, and it ceases very quickly, and sometimes without any special treatment, after the cure of this morbid condition. In some cases, however, paraplegia persists long after its external cause has been completely cured. It is so especially when the paralysis has been produced by cold, or by a disease of the bowels. The reverse is more particularly observed after the evacuation of worms, or after a cure of a stricture of the urethra, or of an affection of the womb.

Of the two forms of reflex paraplegia, one of which depends upon an insufficiency of nutrition in the spinal cord, the other upon an alteration of nutrition in the muscles of the lower limbs—the first is almost always curable when the external irritation which has caused it has ceased; while the second is very frequently incurable, whether its external cause has ceased or not. It is, therefore, most important for the prognosis to ascertain if there has been, or not, a rapid atrophy of muscles in cases of reflex paraplegia.

Treatment of the Reflex Paraplegia.—It is evident from all that we have said concerning the reflex paraplegia that, for this affection more than for any other, we must employ every effort to cure or alleviate the disease or irritation that has produced it. At the same time the paraplegia itself must not be neglected, and the proper means must be employed against it. Therefore the treatment of a reflex paraplegia ought to consist of two distinct parts: 1st, the means to be employed against the external cause of this affection; 2nd, the treatment of the paralysis itself. As regards the first part, we will say nothing here, as we cannot enter into the details of the treatment of nephritis, cystitis, pneumonia, enteritis, and other morbid states that may cause a reflex paraplegia. As regards the direct treatment of this affection, we will first lay down the general rules of the treatment, and then we will enter into the most important details concerning this treatment.

1. When it has been ascertained from what organ or from what nerve starts the nervous influence which causes a reflex paraplegia, besides the treatment that is appropriated to the nature of the local affection (of that organ or nerve), it is of the greatest importance to try to prevent or to diminish the transmission of any nervous influence from the diseased nerve or organ to the spinal cord. All the means usually employed to alleviate pain will be of service in such cases. If possible, we must try to paralyse for a time the sensitive nerves that convey the morbid influence to the spinal cord. Even a momentary suspension or diminution of the transmission of this influence may be very useful. Narcotics ought to be employed in injections,—in the bladder, if that organ be the place from which starts that morbid influence; in the vagina, if the

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uterus be the place; and in the rectum, if the large intestine be the place. Narcotics ought to be taken by the mouth if the stomach, the small intestine, or the kidneys are affected. In case of a pneumonia producing a reflex paralysis, inhalations of chloroform (which, by the way, have been successfully employed against the inflammation itself) may prove useful. We will say by-and-by what narcotics should be preferred.

2. The object of the means just proposed is to diminish the cause of the paraplegia; the object of the means we will now speak of is just the same, although it may seem to be quite different. Excitants or revulsives applied to the skin of the legs have been warmly recommended by Graves, who has obtained good results from their use. Probably the mode of action of these means consists in producing for a short time the same effect as the irritation which is the cause of the paralysis—i. e., a contraction of the bloodvessels of the spinal cord; but, according to a well-established law, if such a contraction becomes considerable, the muscular fibres are soon exhausted, and a relaxation of the contracted fibres takes place, and, as a consequence of this relaxation, a dilatation of the bloodvessels occurs. Of all the causes of irritation capable of producing a contraction of bloodvessels by a reflex action, none has more power than cold. In consequence of this fact, I think some of the modes of application of cold to the spine (modes of which we will speak by-and-bye) ought to be employed in cases of reflex paraplegia. But the excitation in those cases must be very powerful, and able to produce a very considerable degree of contraction, so that the consequent exhaustion and dilatation may be obtained. With the same view, we may employ galvanism in the way we will soon describe.

3. Another important principle, or rather another part of the same general principle of treatment, consists in making use of the following means to increase the quantity of blood in the spinal cord:—Every night, and often in the course of the day, the patient should lie down on his back, placing his head, his arms, and his legs on high pillows, so as to produce by gravitation a congestion in the spinal cord. This simple means, which is also applicable in cases of hysterical paraplegia, and in almost all the cases in which there is an insufficient amount of blood in the spinal cord, is just the reverse of what should be done in cases of inflammation or congestion of the spinal cord or its membranes, or of disease of the spine, &c., in which cases the patient ought to lie flat on the abdomen or on one side of the body, and have his feet and hands on a much lower level than that of the spine.

4. As regards the remedies to be taken by patients attacked with a reflex paraplegia, they must essentially be those which increase the amount of blood in the spinal cord, and augment the vital properties of this nervous centre, and also those remedies which render the blood richer in nutritive principles. We will soon indicate which are the best of these various remedies.

5. As regards food and the hygienic rules, patients attacked with a reflex paraplegia must have the most substantial aliments, so as to improve the deficient nutrition of the spinal cord. They must take a great deal of exercise in the open air, and especially make use, as much as possible, of the paralysed muscles.

Before giving the details of the rules of treatment, we will sum up in the following propositions what we have just said:—

1st. Try to prevent, even for a short time, the continuation of the contraction of the bloodvessels of the spinal cord by the use of narcotics, to be applied, as much as possible, to the organs from which starts the external cause of the paralysis.

2nd. Try to produce by revulsives such a notable increase in the contraction of the bloodvessels of the spinal cord that an exhaustion of the contracted muscular fibres, and, as a consequence of this exhaustion, a dilatation of the bloodvessels, will soon take place.

3rd. Have the spine placed much lower than the head, the arms, and the legs, when the patient is lying in bed, so as to increase the amount of blood in the spinal cord.

4th. Employ those remedies that have the power of augmenting the vital properties of the spinal cord in increasing the amount of blood in this nervous centre.

5th. Give the kind of food and employ those hygienic means that are most fitted for increasing the quantity of blood and for improving nutrition in all parts of the body.

On the one hand, experience has proved all these rules of treatment to be the most effectual; and, on the other hand, these rules are in perfect harmony with the theory of the disease that we have given: so that experience and theory furnish a confirmation to each other.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

FOR 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

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LECTURE III.

MR. PRESIDENT AND GENTLEMEN,—In the last lecture which I had the honour of delivering before you, I spoke of *simple epilepsy*, and endeavoured to show that the facts are more in accordance with the theory of muscular motion propounded in the first lecture than with that ordinarily received theory which would ascribe the convulsion to over-stimulation on the part of one or other of the nervous centres. In doing this, I insisted particularly upon the *asphyxial state* of the circulation and respiration, and argued that the *want of red blood during convulsion* must necessitate at that time a corresponding *want of action in every one of the nervous centres*. In the present lecture I propose to continue the inquiry, and see whether the same theory is applicable to convulsive diseases generally. I also propose to add a few words upon the therapeutics of these maladies.

I.—THE THEORY OF CONVULSIVE DISEASES GENERALLY.

In proceeding to a cursory examination of convulsive diseases generally, I shall divide these diseases into three categories, of which the distinctive signs respectively are tremor, convulsion, and spasm. In the examination itself, I shall do as I did when speaking of simple epilepsy, and consider, first, the condition of the circulation and respiration, and afterwards review the several nervous phenomena, other than tremor, convulsion, or spasm, which must not be passed by in silence.

I. The Theory of Tremor.

The category of convulsive diseases of which the distinctive mark is *tremor*, includes the tremblings of delicate and aged persons, of paralysis agitans, of delirium tremens, the rigors and subsultus of fevers, and the shakings of slow mercurial poisoning.

1. The state of the circulation and respiration in these several conditions is sufficiently obvious. There is no doubt that both these functions are much depressed during *common trembling*; for this is evident, as well in the paleness and chilliness of the person trembling as in the decided relief afforded by wine. In *delirium tremens*, the perspiring skin, the cold hand, the quick, compressible, fluttering pulse, are all significant and unmistakable facts. It is evident, also, that the trembling is connected with this state of things; for if the dry skin and excited pulse of true meningitis make their appearance, the trembling is at an end. On the other hand, an argument to the same effect is to be found in the fact that tremor is exaggerated into subsultus, or even into convulsion, as the heart and pulse fail in the downward course of the disorder. *Rigor*, moreover, is coincident with a sense of coldness, a feeble pulse, a sunken countenance, a corrugated skin, and *subsultus*, with a pulse faltering in its final throes; and that this coincidence is not accidental, is seen in the fact that rigor disappears as the pulse and warmth return, and that subsultus may be checked for the time by the use of wine. And in *mercurial tremor*, an inference as to the real state of the circulation may be drawn from the general practice prevailing amongst the

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necessary to suppose that the uterus has anything to do with ysteric convulsion beyond this—that many common and im-ortant causes of weakness and exhaustion refer more or less irectly to this organ.

The subjects of *chorea* present the same evidences of mental ebleness as those which are met with in hysteria—the same acillation, irrationality, inordinate sensitiveness, timidity, etfulness, irritability. It is to be supposed, also, that the ental state reflects the state of all the nervous centres, for e circulation is manifestly unequal to maintain the action of hese centres at the normal pitch. Nor is any contrary evi-ence presented after death. In a certain number of cases, no oubt, traces of inflammatory action have been found in or on he brain or spinal cord; but as such traces are not found in he majority of cases, it is evident that inflammation of the rain or cord cannot be regarded as essential to chorea. What he occasional traces of inflammation may signify is another natter. It may be that the inflammation preceded the chorea, nd left the nervous centre damaged, and to that extent veakened; and this opinion would not seem to be improbable vhere the signs of mischief were evidently of no very recent late. It may be that the inflammation has been a consequence ather than a cause of the chorea—the nervous centres in con-nexion with the muscles, like the muscles themselves, breaking up, as it were, from sheer fatigue. At all events, it may be seen now, and will be seen more distinctly presently, that in-flammation of the brain or cord is not to be regarded as a direct cause of any kind of choreic movement.

B. *The Theory of Epileptiform Convulsion.*

1. In a case of general epileptiform convulsion, the state of the circulation is as far removed from anything like excitement as it is in simple epilepsy. There is, indeed, the same failure of the pulse at the commencement of the fit, and the same state of positive suffocation during the fit. In the case of par-tial epileptiform convulsion, the only difference is one of degree. In any case, the pulse is scarcely to be felt at the beginning of the paroxysm, and everything shows that the circulation is at a very low ebb; and if the pulse acquires any semblance of power as the paroxysm proceeds, the dusky and livid colour of the face, the interrupted breathings, and other unequivocal signs of suffocation, afford sufficient proof that this phenomenon is due, not to the increased injection of red blood into the arteries, but to the impeded circulation of *black* blood, as ex-plained in the last lecture (p. 512.)

Nor is there any evidence of a contrary character in the ante-cedent history of epileptiform convulsion, for in those cases in which the malady is of an inflammatory or febrile character, it will be seen that the fit occurs either in the period of prostra-tion which precedes the development, or else in the period of collapse which comes on after the dying out, of the fever or in-flammation.

In *chronic softening of the brain*, the habitual coldness of the hands and feet, the weakened and perhaps degenerated heart, the atheromatous or calcareous deposits in the arterial coats, are amongst the many signs which show the innate weakness of the circulation—a weakness to which fever and inflammation are alike uncongenial.

In *chronic meningitis*, as might be expected from the unmis-takable evidences of a scrofulous habit, and from the state of weakness and exhaustion which are so generally present, the pulse, for the most part, is quick, weak, and much affected by changes of posture. There may be some hectic excitement in the evening, the cheeks flushing, the eyes shining, and the aching head becoming a little hotter than it was before; but this faint excitement is not sufficient to raise the pulse to a normal pitch of activity. In no case, indeed, is this reaction of the circulation a marked and conspicuous phenomenon, and in the majority of instances it is scarcely sufficient to impart even a semblance of power to the weak and feverless pulse. And if there is little vascular excitement in ordinary chronic menin-gitis, there is, if possible, less in that form of the disease which is known as *chronic hydrocephalus*.

In *tumour of the brain* the pulse is quick, weak, irritable, fluctuating, or if not, it will be so as soon as pain, want of sleep, and despondency—common symptoms of tumour—have had time to bear their natural fruit of weakness and exhaus-tion.

In *induration of the brain*, such as is met with in chronic lead-poisoning, &c., the phenomena presented by the circula-tion differ very little, if at all, from those which occur in ad-vanced stages of ordinary epilepsy, and any difference there may be, is one which indicates a state still more fully removed from fever.

In *atrophy of the brain*, as in simple epilepsy, there is no evidence of anything like excitement in the circulation.

In *congestion of the brain*, the head and face are congested and dusky, the lips purplish, the jugulars full, the pulse and respiration slow and laboured, the hands and feet habitually colder than the head. There are, indeed, many evident signs which show that the circulation is not carried on with proper vigour, and which appear to point to imperfect arterialization of the blood as one cause of this defect.

In *apoplexy* the convulsion is most apt to happen at the end rather than at the beginning of the period of coma, when the purpled lips and the inadequate breathings show that the respiratory changes are rapidly failing. Or, if it happens at the beginning, it is in those forms of apoplexy in which the condition of the circulation at the time is more akin to collapse than anything else, and not in those forms in which there is an excited pulse, and strong determination of blood to the head.

In *inflammation of the brain*, the condition of the circulation may vary a good deal with respect to the inflammation, but little with respect to the convulsion.

Simple meningitis begins with paleness of the skin, a feeble, depressed pulse, cutis anserina, vomiting, rigors, perhaps convulsion. Then follow rapidly the symptoms of high febrile reaction and cerebral inflammation, the pulse becoming hard and frequent, the breathings irregular and oppressed, the skin, particularly the skin of the head, hot and burning. After continuing for two or three days, these symptoms of high febrile reaction give place to an opposite state of things, in which the pulse loses its force, and becomes weak, small, irregular, and the breathings are interrupted by frequent sighs and pauses. Or, if at this time the pulse retains any degree of resistance, it is evident, from the dusky colour of the skin and the suspirious and laboured respiration, that the whole of this resistance is not due to the injection of arterial blood into the artery. Now, it is in this stage of collapse, or semi-suffocation, which follows, or else in the cold stage which precedes, the febrile and inflammatory excitement, and never during the actual period of excitement, that the convulsion happens. And this rule is constant. Indeed, the history of simple meningitis shows most conclusively that vascular excitement is as incompatible with convulsion as it is with rigor and subsultus.

In *tubercular meningitis*, the pulse is weak and variable from the first, now quick, now comparatively slow, rising in frequency when the head is raised from the pillow, and falling when it is laid down again; and from the very first the respiration is irregular, unequal, and interrupted with frequent sighs and pauses. For some time there may be a little disturbance of a hectic character, particularly in the evening, but this soon comes to an end, and the prostrate pulse forgets to put on even this faint semblance of fever. In some cases, there may, indeed, be a short stage of fever, and something like active cerebral inflammation, especially in young children; but, as a rule, the symptoms are altogether of a passive, non-febrile, non-inflammatory character. In any case, however, the convulsion is connected with a depressed state of the circulation, and never with febrile and inflammatory excitement, if such state there be.

In *rheumatic meningitis*, also, there is little or no febrile excitement from the beginning, and the pulse has become powerless and utterly weak before the convulsion happens.

In *general cerebritis*, the pulse, at first slow, soon becomes variable and readily affected by changes of posture; the respiration, also, is very variable and suspirious. From the first, indeed, there is scarcely any fever, and little heat of head, except the phenomena of cerebritis are mixed up with those of simple meningitis; but if such symptoms are present, they soon pass off, and give place to symptoms of slow sinking—a state in which hour by hour the breathing is more interrupted with sighs and pauses, and the pulse more powerless, unless it may have a fictitious power from the presence of more or less black blood in the artery, in which case the dusky countenance and the purple lips will show very clearly that any increased injection of red blood is at this time out of the question.

In *partial cerebritis*, there is even less febrile disturbance than in general cerebritis, and at no stage of the malady is there anything like increased vascular action.

The immediate antecedents of the epileptiform convulsion which may attend upon the onset of *fever* are—paleness of the face, coldness of the hands and feet, a feeble, soft, and fluctuating pulse, a respiration that is short, accelerated, and interrupted by frequent sighs. The immediate antecedents of the convulsion which may attend upon the end of fever are, a weak and thready pulse, a frigid hand, and lungs too much gorged with blood to allow of any proper respiration—a state in which, febrile reaction having long since died out, the hand of death is already upon the heart or brain. The convulsion which may attend upon fever, indeed, may take the place either of rigor or subsultus, and, like these forms of muscular disturbance, it is associated, not with the state of febrile excitement, but with a state of depression, which is as much below the natural standard as any febrile excitement is above that standard.

In the convulsion connected with *dentition*, there may have been little or no previous fever, and by quick degrees the pulse may have become excessively weak, or there may have been symptoms of cerebral inflammation with high fever, and afterwards a state bordering very closely upon collapse. In any case, the immediate antecedents of the fit are indicative of great vascular depression—great vascular depression brought on slowly without any very obvious fever or determination of blood to the head, or else that which precedes or succeeds active fever and determination. And so likewise with the convulsion which is connected with *worms* or other sources of irritation in the alimentary canal; for if there has been any febrile disturbance, this has passed off, and left the patient not only feverless, but pale and chilly. Nor is it otherwise with those forms of convulsion which are referred to *uterine irritation*. In the convulsion connected with menstruation, the circulation is in the state in which it is in ordinary epilepsy or in ordinary hysteria; and a similar remark applies to several of the convulsions which may happen in the course of pregnancy. In the convulsion of flooding, the face and even the tongue is blanched, the hand frigid, the body bathed in cold sweat, the pulse fluttering and well-nigh imperceptible, the breathing a continuous sigh or gasp. In the convulsion occurring in labour without flooding, the head is often greatly congested, and the aëration of the blood seriously interfered with, partly in consequence of the way in which the lungs sympathize with the semi-comatose brain, and partly because the regular expansions of the chest are interfered with by the constant efforts at straining. In such a case the pulse may be full; but if so, the venous colour of the lips will show that this fulness is due to the circulation of black blood rather than to the circulation of red blood in the vessels. In the convulsion which may happen during puerperal fever, the vascular antecedents are the same as those which may happen towards the end of any fever. And lastly, the condition of the circulation before the convulsion which is referred to "irritation" of a sexual character, if it differs at all from that which is met with in ordinary epilepsy, differs only in being one of still deeper depression.

Nor is there any trace of vascular excitement before the convulsion which may happen in the *moribund state*. In the convulsion attending death by hæmorrhage or asthenia, the blanched face and tongue, the frigid hand, the sighing or gasping respiration, the faltering pulse, are signs which require no comment; and in the convulsion attending death by speedy or gradual suffocation, the state of things is equally opposed to the idea of vascular excitement; for how—to ask this question once more—can vascular excitement and a state of suffocation be compatible conditions?

In a word, there is no instance in which epileptiform convulsion can be supposed to have any connexion with an excited state of the vascular system, and there are many instances in which the circulation is as far as possible removed from such a state; and the only conclusion which can be drawn from these facts is one which seems to harmonize with the physiological premises, and with the previous conclusions respecting simple epilepsy.

2. In a case of general epileptiform convulsion, the mental faculties are as completely suspended as they are in epilepsy. The dilated pupil remains immovable under the brightest light; the ear is deaf to the loudest noise; and when the patient recovers—if he do recover—his memory is absolutely blank as to everything which happened during the fit. In partial epileptiform convulsion, such as occurs not unfrequently in chronic softening or tumour of the brain, as in partial epileptic convulsion, the mental faculties may not be altogether suspended, and the memory is occasionally able to recall some of the circumstances attending the fit. In the case of general epileptiform convulsion, therefore, the condition of the mind is evidently one of *inaction*, and not of action. Of this there is no doubt. Nor can there be any doubt that the state of the mind is one of comparative inaction in partial epileptiform convulsion; for the utter bewilderment, the inability to collect and control the thoughts, the trepidation, and the want of power over the muscles, are all signs which cannot be mistaken.

It would seem, also, that the brain is not less inactive than every other centre of nervous action, for (to repeat the argu-

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ment already used so often) none but the very lowest degree of action is compatible with the circulation of unarterialized blood in the vessels. Nor is there anything contradictory to this conclusion in the facts which remain to be mentioned.

In *chronic softening of the brain* the fits are preceded by unquestionable, and often very marked, impairment of the mental faculties, and in some cases the mind may be a total wreck. Fire and energy are dying out, and dulness and drowsiness point to the coming coma, of which they are the forecast shadows. The brain, also, is blighted, not inflamed. It is pallid, whiter than it ought to be, deficient in red spots, and in parts softer than natural; and, on microscopic examination, the softened substance is found to consist of broken-down brain tissue, with a greater or less number of cells containing oil, and sometimes reddened with blood-corpuscles, (for hæmorrhage is a common consequence of softening,) but without any of the products of true inflammation,—exudation and pus-corpuscles.

Impairment of the mental faculties, progressively increasing, is also a prominent symptom in *chronic meningitis*,—impairment which would seem to be more marked by peevishness, impatience, fidgetiness, and a disposition to delirium, than by dulness. The mind wanders a little in the evening or at night, and not unfrequently this wandering may settle down into insanity. Or there may be no positive symptoms of any kind. After death the principal sign of disorder is effusion of serum beneath the arachnoid or into the ventricles, and this is often the only sign. In some instances there may be congestion of the pia mater, or evidences of tubercular degeneration in this membrane and in the contiguous parts of the brain; but, as a rule, the appearances are altogether negative. Indeed, in some instances, where the quantity of effused fluid is large, as in chronic hydrocephalus, the brain has a blanched, bloodless appearance, and the effused fluid is much less rich in solid constituents than the serum of the blood—a fact which is somewhat calculated to show that inflammation has no share in its production.

In the majority of cases of *tumour*, the intelligence does not appear to suffer in any very marked manner, and when it is otherwise, it is owing, in some degree at least, to the presence of chronic meningitis. The pain, however, the want of sleep, the depression of spirits, all combine to exhaust the brain, and this exhaustion is generally shown by vagueness in the ideas, by inability to fix the thoughts, or in some other manner. Nor is the pain, which is usually so very prominent and distressing a symptom, an objection to the idea, that the brain is acting inefficiently in these cases. In many cases, indeed, pain in the head is a sign that the brain is insufficiently supplied with arterial blood, for it ceases, and gives place to delirium, when the arterial injection increases. Nay, in some instances there is reason to believe that the nervous energy is *lessened* during pain, and that pain may be as much a sign of want of action in a sentient nerve as spasm is a sign of want of action in a motor nerve. At any rate Professor du Bois-Raymond has shown that the nerve-current in the nerve of a frog fails when the cutaneous ramifications of the nerve are subjected to a treatment which must give rise to pain. But be this as it may in other instances, in tumour of the brain it must be difficult to regard pain as a sign of over-action, for the companion symptoms during life, and the appearances after death, are alike opposed to such a conclusion.

In *induration of the brain*, there is as little evidence of any excitement in the mental faculties as in any of the previous cases, probably less; and the condition of the brain after death affords no countenance to the idea of inflammation, for the brain is harder, darker in colour, drier, more bloodless than it ought to be.

In cases of *atrophy of the brain*, where the condition is congenital, the probability is that the patient is idiotic as well as epileptic. In cases of *hypertrophy of the brain*, which cases are occasionally met with in children, while the bones are sufficiently yielding to allow expansion in the enclosed organ, the patients have not had any other inconvenience beyond the deformity—a faint argument, possibly, that want of brain, and therefore want of cerebral action, had really to do with the convulsion which would seem to be a constant phenomenon in atrophy of the brain.

A person suffering from *congestion of the brain* is less "bright" than he was, his conceptions are wanting in clearness, he is deficient in the power of attention and application, his sight is dim, his hearing dull and perplexed with ringing or rumbling sounds, he is drowsy, and feelings of weight in the head and pain are familiar troubles. Everything, indeed, indicates an oppressed and inactive brain.

In *apoplexy*, the mental antecedents are those of congestion or softening, not of inflammation as such. There would, indeed, appear to be a strange absence of inflammatory tendency in the brain in apoplexy; and if there are any evidences of inflammatory action around the clot, it will generally be found that this action was anterior to the hæmorrhage in point of time—that, in fact, the blood had escaped in consequence of a previously softened state of brain. It is possible, also, that an argument in favour of a tendency directly opposed to the idea of inflammation may be found in the fact pointed out by MM. Andral and Gavarral, that the blood in apoplexy is deficient in fibrine; for if the effect of inflammation be to increase the amount of fibrine contained in the blood, it may be supposed that a deficiency of fibrine indicates a state of things which is the reverse of inflammatory.

Nor is there the least reason to believe that any over-action of the brain is concerned in bringing about the convulsion which is connected with *inflammation of the brain*.

In *simple meningitis*, convulsion may attend upon the very onset of the disorder. In this case, it coincides with the cold stage which ushers in the true inflammatory reaction, a stage of which the mental signs are, depression, confusion, perhaps drowsiness. Or convulsion may attend upon the period of final prostration which follows the true inflammatory reaction, a period in which the mind is rapidly sinking towards a state of coma. Convulsion may occur at one or other of these times, but it never occurs in the true inflammatory stage, when the pupil is contracted to the size of a pin's head, when the impatient sensitiveness of the eye and ear is scarcely to be quieted by absolute darkness or silence, and while there is agonizing pain in the head or fierce delirium.

In *tubercular meningitis* the acute pain, the wild delirium, the intolerance of light or sound, which mark the outburst of simple meningitis, are wanting, and the course of the disease is insidious. In ordinary cases, where the symptoms set in thus stealthily, the usual period for the convulsion is after the brain and the system generally have given many unequivocal signs of exhaustion. In other cases, where there may be more marked febrile disturbance, the convulsion may happen in the initial cold stage, or after the febrile symptoms have calmed down and left the system in a jaded and exhausted state. As a rule, however, the idea of inflammation has as little to do with this affection as with phthisis pulmonalis; for when the diseased products are examined microscopically they are found to consist, not of products of inflammation, but of the well-known elements of ordinary tubercle.

In *rheumatic meningitis* the convulsion observes the same rule, occurring either in the initial cold stage of the fever, and preceding the accession of the violent pain and delirium, or else waiting until the excitement has passed off, and the patient is left drowsy and semi-comatose.

In *general cerebritis* anything like wild delirium or acute pain in the head is absent, unless the affection is complicated with meningitis; and the characteristic state is dulness and drowsiness, rapidly progressing into typhoid prostration. In *partial cerebritis* the course of the disease is less rapid, and the downward progress may be interrupted by pauses of longer or shorter duration, but in other respects its characters are the same. From beginning to end, in either case, there are no evidences of an excited condition of brain to be gathered from an analysis of the mental phenomena, or at any rate there are no such evidences at the time the convulsions make their appearance.

In *fever*, convulsion may precede the establishment of the febrile excitement, in which case the mental state is one of great depression, oppression, prostration, stupefaction. In other words, it may occur in the *initial* period of collapse or rigor—the cold stage; or it may occur in the final period of prostration, when a few incoherent mutterings are the only traces of the previous delirium—when the last traces of mental action are rapidly succumbing to the drowsiness of approaching death. It may occur at one or other of these times, but not during the active period of fever.

In epileptiform convulsion depending upon *retention of urine*, the patient before the attack is drowsy, stupid, listless, despondent, his eyesight dim, his hearing dull, his speech drawling; and in convulsion depending upon *retention of bile* delirium is at an end, and drowsiness has become well-nigh comatose before the time for the attack has arrived.

In difficult *dentition* the brain is exhausted by pain and want of sleep, and drowsiness is taking the place of fretfulness and wakefulness before the occurrence of the fit; or if there be any cerebral inflammation, the fit follows the rule which has been already laid down. In *worms*, and in other forms of "irritation" in the alimentary canal, the mind as well as the body is

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not braced up to the proper pitch of health, and the patient is jaded, irritable, and drowsy. In convulsion arising from "*uterine irritation*" the mental state is that which belongs to either epilepsy or hysteria. In the convulsion of flooding the pupil is dilated, the thoughts are undefined and incoherent, and before the tossings change into convulsion the last trace of mental action has died out. In the other convulsion occurring during labour the brain is exhausted by pain and straining, and upon the point of lapsing into a state of coma when the convulsion happens. In the convulsion of true puerperal fever the mental condition is the same as in the convulsion of ordinary fever. And, lastly, the epileptiform convulsion referred to "sexual irritation" has the same mental accompaniments as ordinary epileptic or hysteric convulsion, one or other.

Nor can there be any doubt as to the condition of the brain connected with the *moribund state*. In death by hæmorrhage or asthenia, mental action fails *pari passu* with the flowing of the blood out of the vessels, or with the stagnation of the blood in the vessels, and the sufferer has become altogether insensible to pain and trouble before he is seized by the convulsion. And when death is brought about by suffocation, whether slowly or rapidly, it is no less certain that all mental action fails *pari passu* with the failure in the respiration, and that the last spark of mind has vanished before the time for the convulsion has arrived.

Whenever epileptiform convulsion makes its appearance, therefore, the attack is preceded by some evident failure in mental energy, and in several instances this failure is almost or altogether complete. Nor is it possible to suppose that this state of inaction is confined to that part of the nervous system which is the scene of mental life; for the depressed or oppressed state of the circulation which precedes the attack involves a corresponding degree of inaction in the complete chain of nervous centres.

In a word, there is nothing in the history of epileptiform convulsion which is not in perfect accordance with the history of simple epilepsy, or which may not be interpreted in the same manner.

(*To be concluded.*)

ON ALLARTON'S LITHOTOMY OPERATION.

By NATHANIEL WARD, Esq., F.R.C.S.,
ASSISTANT-SURGEON TO THE LONDON HOSPITAL.

THE median operation of lithotomy has now been before the medical profession some time, and has on many occasions been put to the test of practice both in London and the provinces. It becomes therefore the pleasure, if not the duty, of the surgeon who has had the opportunity of being satisfied with it, to record his conviction, and to state his reasons for the adoption of this operation in the removal of small or average sized stones from the bladder, in preference to any of the varied modifications of lateral lithotomy as yet introduced to the profession. Prior to its introduction I employed, for the few cases of calculus in the bladder that came under my care, that modification of the lateral operation planned and practised by the late Mr. Key, and adhered to by some of his successors, and which may be taken as an average sample of the difficulties attendant on the lateral operation, however performed. This method, if carried out according to the recommendation of its proposer, is divided into several stages, all of which require careful study before, and anxious attention during, the operation. A straight staff having been introduced into the *previously injected* bladder, the operator makes the lateral incision into the perinæum in the usual way. Having reached the groove in the staff through the membranous urethra, the cutting instrument is held with the extremity of the blade steadily but lightly in contact with the groove. The handle of the staff is then taken from the hand of the assistant, and the instrument drawn down on the knife, so as to form with the axis of its blade an acute angle. The left hand holding the staff, and the right the knife, in the relation mentioned, are next slightly inclined to the left side of the patient. The staff being then held steadily in the operator's left hand, the knife is forwarded by the right along the groove of the staff, through the membranous part of the urethra and the prostate gland, into the bladder, and is then withdrawn, the angle that it forms with the staff as it is leaving the viscus regulating the extent of incision in the prostate. The staff is then taken in the operator's right hand, and the left index finger, being passed along it and taking its place, is used as a guide for the forceps, which are next introduced, and the calculus is removed.

I have thus briefly described the details of the lateral operation by the straight staff, which I have selected as an example from amongst several modifications of the lateral operation had recourse to in the present day—none of which can, I think, be said to be less complicated—in order to show that lateral lithotomy generally, whether with the gorget or the knife, requires much preliminary study, and constant caution and care, in order to execute it with precision and without risk; the chief dangers being the slipping of the instrument from the groove of the staff, and the wounding the bladder or rectum. The anecdote recorded of old Mr. Dease, of Ireland, a dexterous lithotomist, is a happy illustration of the above statement, and shows the amount of practice which this surgeon considered necessary to perfection in the consecutive manipulations in lithotomy. In the terminal steps of the lateral operation, Mr. Dease was in the habit of forwarding the staff and scalpel in a very dexterous manner into the bladder by a simultaneous movement of either hand. He was attached to this method, and was in the habit of constantly performing the motion his hands would take in this manœuvre; even at the dinner-table, while speaking to some one, he might be often detected moving his knife and fork as if pushing the scalpel and staff on together, without thinking of what he was doing.*

The comparatively greater safety, simplicity, and facility of the operation recommended by Mr. Allarton† appear to me to constitute its peculiar merits. On the six occasions on which it has been performed at the London Hospital, either by my colleagues, Messrs. Critchett and Gowlland, or by myself, the steps recommended by Mr. Allarton have been followed with but a slight variation. The staff having been introduced into the *uninjected* bladder, the prostate was made out by the left index finger passed into the rectum, and its apex was steadied by it against the staff. A scalpel, with the blade half an inch longer than the length of the finger in the rectum, and having a straight cutting edge and curved back, was introduced with the cutting edge upwards into the perineal raphé, about half an inch in front of the anus, and passed steadily downwards and backwards until its point impinged in the groove of the staff, cutting through the lower wall of the back part of the membranous portion of the urethra, just in front of the point of the index finger.

The knife was then carried forward about the eighth of an inch along the groove of the staff, and was then withdrawn by sweeping it upwards and forwards (as regards the operator), so as to make a median cutaneous incision about an inch in length. A common bone probe, set in a rough handle, was next passed along the groove of the staff into the bladder. The staff was then removed, and the left index finger, well greased, being passed along the *upper* surface of the probe to the prostatic urethra, arrived through this, after several graduated rotations, into the vesical cavity. The forceps were next introduced along the upper surface of the finger, and the calculi removed.

Thus it will be seen that the only points in which this lithotomy differed from Mr. Allarton's directions were—the use of the form of scalpel alluded to, and the incision of the membranous urethra by drawing the knife forwards and upwards, instead of passing it towards the prostate in the contrary direction. The cases were all successful, and the patients rapidly recovered.

Independently of the many recommendatory points in this method of urethral lithotomy insisted on by Mr. Allarton, the *necessity of injecting the bladder* before cutting *does not exist*, inasmuch as the cavity of the viscus is not cut *into;* and the bladder is not in danger of being wounded, as the incision nearest to it is carried away from it towards the operator. But there is an important reason why *the bladder should not be injected*, and it is this:—The prostate gland is taken to be, so to speak, the land-mark of the operation. This organ in children is very small, and it requires a little education of the finger in order readily to detect it. If the bladder is tense in consequence of retained urine or injected fluid, the walls encroach on the immediate area of the gland, and the prostate is then not easy to be felt. On the contrary, when that viscus is not distended, the prostate stands out in comparatively prominent relief, and can easily be felt by the finger, and steadied against the staff.

I have little doubt that Allarton's operation will, in course

* Colles' Lectures on Surgery, p. 86.
† Lithotomy Simplified.

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of time, be generally adopted for the removal of small or average-volumed calculi from the bladder, and I cannot but think that since its introduction it would have received ere this a greater amount of sound surgical sanction had some lithotomists of the day, of the highest authority, deviated, in a spirit of inquiry, from a beaten track; and experimentally tested the applicability and efficiency of this modified Marian operation, the revival of which must be regarded as a useful addition to the resources of the healing art, and as a high compliment on the part of modern to ancient surgery.

Broad-street-buildings, May, 1860.

ON A

CASE OF RUPTURE OF THE UTERUS.

By JOHN H. ALDRIDGE, M.D.,
Southampton.

THE history of the case, ascertained from the patient herself, and from her friends, is as follows:—

Caroline S——, aged forty-one years, a tall, very robust woman. She does not remember ever having had any illness in her life, except at her confinements. She has been married eight years, and has given birth to seven children, two of whom were born dead. Her labours have generally been easy. This time she was taken in labour at twelve P.M., March 30th, 1859. The uterus contracted pretty strongly at the commencement, and after an hour or two she had several very powerful pains indeed, "sufficient," as she herself expressed it, "to have brought half-a-dozen children into the world." Suddenly, at three A.M. of March 31st, after such an above-described violent pain, she felt something give way in her abdomen with an audible snap (imitating the noise by snapping her finger and thumb), and she immediately exclaimed that "the child was born." At the time she heard the snap and felt something give way she was going up stairs, and a clot of blood passed from her. She went to bed soon afterwards. From this time there was a slight red discharge from the vagina, but at first it was nothing to excite any alarm. In the afternoon, a midwife made an examination, and gave it as her opinion that the woman was not yet in labour. *She never had any proper labour pains after three* A.M. *of* 31*st March.* She was tolerably well all this day, going about her household duties as usual, but rested badly at night, in consequence of which she lay down in bed on the following day (April 1st), and slept from ten A.M. until two P.M. She now felt constant, but not severe, pain at the lower part of the abdomen, *but had no regular labour pains.* The abdomen was also rather tender to the touch.

April 2nd.—Patient said she was a great deal better, and had passed a good night. She was going about her usual household work under the impression that her time was not quite up. The discharge was slightly increased in quantity, and was a little fœtid. The pain at the lower part of the abdomen was less.

From this time until the 5th of April the patient remained in much the same condition. At this date, however, the discharge from the vagina was much increased, and had a very offensive odour. The abdomen was much distended, and very painful.

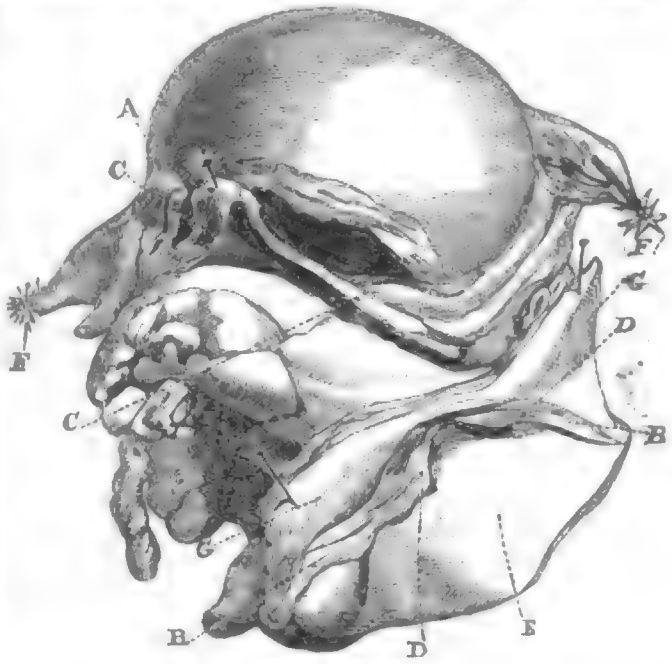
On the following day (the 6th) Dr. Scott and I visited the case together. On entering the room, we were at once struck with the horribly offensive odour, which we soon ascertained to be caused by the blackish-red, watery discharge from the vagina. The woman's face expressed great anxiety and pain. Her pulse was quick, but *full and strong.* She was lying on her back. Her abdomen was very large and distended; it was tympanitic as far down as the umbilicus; below this, dull on percussion. The belly was tender to the touch, so that on pressing it with the hand at all firmly she cried out. The fœtal heart was not to be heard anywhere. No part of the child could be felt through the walls of the abdomen, owing to the latter being so tense and blown up. On examination per vaginam, the os uteri was felt to be dilated to about the size of a half-crown, and to be quite flaccid. Two fingers could be easily passed through it, but no part of a child could be felt. We concluded that there must be rupture of the uterus.

Dr. William Bullar saw the case soon afterwards, and confirmed our diagnosis.

It was determined to bring away the child by the operation of turning. At three P.M. of the same day (the 6th) the operation was performed. The left hand was passed into the uterus, but it was only after the whole hand was quite through the os that the fingers came into contact with the *unbroken* bag of membranes, through which the limbs of the child could be felt. After rupture of the membranes, one leg was seized, and a full-sized male child was extracted without difficulty. It had a large œdematous scrotum, was very putrid, and must have been dead for days. After the removal of the child, the placenta was brought away. The latter was quite rotten, being merely a bag of membranes filled with putrid, fatty-looking matter. After this had been removed, the hand was passed up again, and came into contact with what at first seemed to be a piece of the placenta which had remained behind. On more careful examination, however, this was found to be of a firm, hard texture, feeling like a dog's tongue, and being distinctly attached to the uterine structure. It was therefore concluded that it was a piece of the ruptured uterus, which, indeed, at the post-mortem examination it proved to be.

The patient bore the operation well, but the abdomen never became much smaller. She sank gradually, and died on the 11th of April, five days after the operation, and eleven days after the supposed period of the rupture.

Autopsy on the day after death.—Only the abdomen was examined. On opening this, the cavity of the peritoneum was seen to contain a considerable quantity of the same blackish-red, watery, stinking fluid, that had during life escaped per vaginam. The intestines were all adherent one to another, and were bound down by soft adhesions, showing severe, extensive, and recent peritonitis. The fundus of the uterus was protruding above the pubic symphysis, and on washing away the blackish-red fluid partially covering it, the rupture in the walls was immediately seen. The uterus, bladder, and rectum were removed together from the pelvis. The rupture was seen to extend from the right extremity of the fundus obliquely through the whole body and cervix of the organ, and for some distance into the upper wall of the vagina. The accompanying figure, by Mr. Samuel Stainer, of this town, shows very well the extent of injury to the womb. The cavity of the uterus



was stuffed with tow, and a drawing was taken in order to show the line of rupture more distinctly. The tear is represented extending from A, the right extremity of the fundus, to B B, the upper wall of the vagina, dividing in its course into two halves, D D, the upper wall of the cervix. The line of rupture is irregular and somewhat jagged, and is seen to be, as it were, double, a thin shred, C C, in part composed of the whole thickness of the uterine wall, in part of mere peritoneum, being in the centre of the tear. So far as could be learned by the naked eye and by the microscope, there seemed to be no diseased state of the uterine walls at the ruptured portion, or in any other part of the organ. The womb was about the normal size five or six days after delivery. The bones of the pelvis

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were carefully examined, and were found to be normal in every respect. There was no unusual prominence or roughness in any of them, which could have at all predisposed to the lesion of the womb. The conjugate and other diameters of the pelvis were of normal length.

Remarks.—It is more than likely that the rupture of the uterus in this case occurred early on the morning of the 31st March, when the patient experienced the extremely violent pains, and when she felt something give way in her belly, with an audible snap; for she stated distinctly that after three o'clock A.M. of the 31st, when the above occurrence took place, she never had any more *labour* pains. Of course at first the tear could not have been so extensive as is shown in the figure; for before the operation the os uteri was distinctly felt to be entire, and during its performance some difficulty was experienced in passing the hand through the os. In all likelihood the passing of the hand into the womb, and the extraction of the child, enlarged the rupture which already existed. That the rupture took place very early in the labour is evident from the history of the case, and from the fact of the membranes having been found unbroken at the time of the operation. It is difficult to assign any cause for the severe injury to the womb in this case, there having been none of the circumstances usually given as predisposing to rupture of the uterus. The woman had had many easy labours before this one. The bony pelvis was of normal dimensions. There was no history of a fall or of an injury to the womb during the pregnancy, and, so far as can be judged from the woman's account of her labour, the uterus had not been subjected for any unusual length of time to great pressure or attrition from its own expulsive efforts. If the rupture of the uterus really occurred on the morning of the 31st March, it is remarkable that the patient should have lived so long as eleven days after the accident. This circumstance clearly shows her to have been a woman of no ordinary strength of constitution.

OBSERVATIONS
ON SOME
RARE SURGICAL ACCIDENTS.

By WEEDEN COOKE, Esq., M.R.C.S.,
SURGEON TO THE ROYAL FREE HOSPITAL AND TO THE CANCER HOSPITAL.

THE labours of our great ones of the past have been so fruitful, and the laws resulting therefrom so indisputable, that it would be difficult to point to any one bone in the body which, when the subject of either dislocation or fracture, has not been fully studied, the symptoms of its displacement or injury accurately described, and the method of reduction or adaptation clearly and authoritatively defined. The young dresser, when first called upon to diagnose these injuries in the absence of his more practised superior, or the middle-aged practitioner whose surgical acumen has rusted from disuse in a remote district, can always refer to those classic guides which adorn the literature of this century, with assured confidence that he will find therein described the injury he has before him, and the mode of manipulating for its relief. But, whilst asserting with pride the remarkable and scientific accuracy of this branch of surgery, it must be acknowledged that there are occasionally embarrassing cases, which, from the rarity of their occurrence, have not been seen by the student during his hospital studies, and do not find a place in the class-books. Of this nature is a case of

FRACTURE OF THE PELVIS,

which has recently been discharged from under my care in the Royal Free Hospital. I will first relate the particulars of the case, and then remark upon its diagnostic peculiarities:—

Wm. G——, aged thirty, admitted under my care Jan. 10th, 1860. Whilst carrying a sack of corn he fell with the whole weight of the sack and its contents upon his loins. He was unable to walk, and was carried into the hospital. Upon admission, the symptoms were very obscure as to the exact nature of the injury. There was great fixedness of the whole of the left leg, the foot was everted, the limb shortened, and the gluteal region much flattened. There was excessive pain and tenderness in the course of the long saphena nerve, especially at the inner condyle, resembling morbus coxæ. There was also retention of urine, requiring the use of the catheter for two days. By extension and counter-extension the shortening and eversion were overcome, and the limb readily returned to its natural position. He continued to complain of much pain down the inner side of the leg, and especially over the tuberosity of the ischium. Forcible pressure upon this latter point produced great pain, and a certain amount of mobility was manifested. There was no crepitus, however, to be detected over any part of the pelvis. Abduction and adduction of the thigh were equally painful, and flexion upon the trunk, which was employed for diagnostic purposes, induced very acute suffering. The long splint was applied without the extending perineal band, and the patient kept quietly in bed for six weeks. The splint being removed, he was then allowed to get out of bed and sit up for a short time each day, but suffered much. He was not able to use the crutches for another month, and the leg swelled when put to the ground. There was still some tenderness over the ischium. At the expiration of three months he could with the aid of crutches get about tolerably well, but was not able to stand entirely upon the leg of the injured side. He was then sent to the Convalescent Hospital at Walton, and is doing well.

Now there were three views to be taken in the diagnosis of this case when first admitted. Was it merely a severe contusion accompanied with concussion of the nerves supplying the muscles of the thigh? was it a dislocation? or was there fracture either of the head of the thigh-bone or of some portion of the pelvis? and if the latter, what portion? It is not at all an uncommon circumstance for patients to be brought into hospital unable to use one leg, and shrieking with agony upon the least motion, in whom there is neither dislocation nor fracture, but such loss of power from nervous concussion that they will lie in bed for weeks, unable to walk, or even to stand upon the injured limb. The absence of all crepitus or displacement is generally sufficient to indicate the nature of these injuries; but even then a lurking doubt will sometimes remain in the surgeon's mind whether there is not some pelvic injury. In the case before us, however, the displacement when first admitted was sufficient to prove that it was something more than contusion. Of all the dislocations to which the thigh-bone is liable, that of the head of the bone on the pubes, commonly called "upwards and forwards," is the only one in which the leg is decidedly everted; but as the head of the bone can in that case be felt below Poupart's ligament, and the leg cannot be flexed upon the trunk, this was of course not the injury presented for diagnosis. It was then a fracture—possibly of the neck of the os femoris. But who ever met with a case of fracture of the cervix femoris within the capsule in a man aged thirty? Of 225 cases seen by Sir Astley Cooper, two only occurred in persons under fifty. There is, however, a fracture external to the capsule which in most respects resembles the injury our patient had sustained. In this case the leg is slightly shortened, the foot is everted, and the usual rotundity of the joint is lost. This fracture may happen from severe injury at any age, and even the crepitus, from the neck of the bone being driven into the cancellated structure of the trochanter, may or may not be very evident. The great diagnostic mark distinguishing the case before us from the fracture above alluded to is this: that in the pelvic fracture the leg, after reduction, retained the position it was placed in unsupported; whilst in all cases of fracture of the upper part of the thigh-bone the abductor muscles will, when uncontrolled, draw the foot outwards, and also restore the shortening.

Having, then, by a process of elimination, arrived at the conclusion that the fracture was in some part of the pelvis, it behoves us now to fix upon the amount of injury done. The ossa ilii were certainly uninjured; there was neither crepitus nor pain produced by manipulating this portion of the pelvis. The os pubis of the affected side was also undoubtedly free from injury. That the ischium was decidedly fractured was proved, I think, beyond contradiction by the extreme pain produced when it was pressed upon, as well as from the oscillation which could be effected in it. I am further disposed to argue that this bone was by the injury partly separated from its colleagues at the acetabulum, and thus, the round ligament being injured, the head of the femur was allowed to be drawn somewhat upwards and outwards by the strong pelvic muscles which have this office. The inability to pass urine, also, for two days will be explained by loss of purchase for the accelerator urinæ and compressor urethræ muscles, which take their origin from the ramus of the ischium. In the greater number of instances of fracture of the pelvis the diagnosis may be verified in the mortuary. All fractures of the pelvis are dangerous,

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from the possible injury to its important contents; I am, therefore fortunate in having been able to verify my case by induction only, and at the same time to have the prospect of seeing my patient again actively employed in the business of life. Subsequently to the removal of the splint much friction was employed with great attendant benefit, and tonics were necessary, owing to a naturally weak constitution.

Upper Berkeley-street, May, 1860.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

STRANGULATED OBLIQUE INGUINAL HERNIA; MORTIFICATION OF THE BOWEL; OPERATION; ARTIFICIAL ANUS; RECOVERY.

(Under the care of Mr. COULSON.)

THE difficulty of constructing trusses which shall accurately and comfortably retain every variety of rupture is admitted, and this difficulty is oftentimes the fertile source of strangulation. It is especially amongst working men that this dangerous result is found: the pain, inconvenience, or costliness of various trusses which they may have employed, and the readiness with which complete or partial reduction of the hernial protrusion is effected at the end of the day, induce them to forego the use of any truss. For many years this reduction is daily effected, until accident brings down a larger portion of bowel than usual; reduction is then difficult, sometimes impossible, and thus dangerous strangulation occurs. In the subjoined case, the strangulation was so acute as to produce mortification of the bowel and an artificial anus; the patient, however, ultimately recovered.

W. C——, aged forty-eight, was admitted into the operation ward of St. Mary's Hospital, under the care of Mr. Coulson, with strangulated inguinal hernia. The rupture was of eighteen years' standing. He had worn trusses specially made for him at different times, but they had caused him so much pain and inconvenience that, after various trials, he had entirely abandoned their use. The swelling had never greatly exceeded the size of a pigeon's egg, and the major part of it had been easily reducible, a small portion, as the sequel showed, remaining irreducible. The day before admission, he found a good deal of bowel down, and was unable to return it. The taxis, warm bath, and castor oil had been ineffectually employed prior to admission. The hot bath, taxis, and chloroform having failed, Mr. Coulson proceeded to perform herniotomy. The sac was opened; no fluid escaped, and the bowel was seen to be black in colour, but still retaining a glossy surface. Another portion of bowel was found in the sac, not strangulated; it was adherent and irreducible. Mr. Coulson liberated the stricture by introducing a blunt-pointed bistoury guarded by the finger, and, dividing directly upwards, returned the strangulated intestine, leaving in the sac the non-strangulated portion, which was firmly adherent. The incision was closed by suture, and a dose of opium administered to the patient.

He slept well during the night, but next morning his pulse was 100; he complained of pain in the groin, flatulence, and thirst; the eyes were sunken, and he sweated profusely. He was well supported. It was necessary to draw off the urine.

On the third day, the bowels not having acted, an enema of castor oil was administered, which produced a copious evacuation. Pulse 130; much flatulence, sweating, troublesome cough, and pain in the groin. One suture removed. Charcoal poultices were now applied to the wound, which discharged freely a fetid matter. He was weak, and complained much of abdominal and inguinal pain. The bowels were again opened.

Next day the sutures were wholly removed, and cataplasms continued. The wound now discharged fæcal matter. As it gaped more freely, the sac was found to be partially sloughing, and a portion of intestine also. Enemata produced natural motions, but free discharge of fæcal matter existed at the groin.

After a time the wound cleaned under the applications which Mr. Coulson directed to be made to it, and began gradually to contract, so that five weeks after the operation the opening had nearly closed, and the motions passed entirely by the rectum. This lasted for some days, when the fæces once more broke through the opening in the groin, and from that time they continued to do so. Tonic and sedative remedies were adopted, and the patient was discharged in a fair state of health.

ST. GEORGE'S HOSPITAL.

THE ENTIRE GREAT OMENTUM AND PORTION OF LARGE INTESTINE INCARCERATED IN AN INGUINAL HERNIA; RECOVERY AFTER OPERATION.

(Under the care of Mr. PRESCOTT HEWETT.)

IT is a common circumstance to meet with portions of omentum in hernia, and sometimes it alone constitutes the tumour which is strangulated. A case of this kind in an old woman, under Mr. Stanley's care at St. Bartholomew's Hospital, is recorded in a previous "Mirror," (THE LANCET, vol. ii., 1858, p. 575.) In that instance it was found necessary to remove the protruded omentum, as it was in a gangrenous condition.

The following example is one of old-standing hernia, becoming strangulated, and consisting of the whole of the great omentum, with a knuckle of bowel derived from the transverse colon. The omentum was highly congested; reduction was accomplished without division of the ring, and a good recovery ensued. Many surgeons of authority recommend that the omentum be not returned into the abdomen if the mass protruded be very large, or if it be hypertrophied or otherwise altered in structure, as well as being congested, from the fear of the supervention of fatal epiploitis. In the present example, however, there were no adhesions, and the protrusion, although very large and much congested, was quite recent. The course pursued, therefore, was preferable to excision of the omentum. The case affords another illustration of the variety and differences constantly presented in cases of hernia. The notes were furnished us by the surgical registrar of the hospital.

T. H. W——, aged forty, was admitted on the 7th of February, in the evening, with a large strangulated hernia. Has been the subject of an inguinal hernia for twenty years, which he has always been able to reduce, and for which he has never worn a truss. Has had delirium tremens three times, and is constantly drunk. At twelve o'clock on the day of admission (previous to which hour he had been drinking very hard), he found the hernia down, and was unable to reduce it. He sent for a surgeon, who used gentle taxis; but finding he could not reduce it, ordered some medicine. At three P.M. vomiting came on, and continued without intermission up to the time of admission. The bowels had acted freely since noon. On admission, at half-past nine P.M., there was an inguinal hernia on the right side, about the size of an orange, which was not very tense or tender. On examination, it was evident that the tumour was principally omentum; ice was not then applied. He had some tenderness of abdomen, which was soft; the tongue was brown and dry; pulse 50, small and weak. A consultation was held at a quarter-past ten, and chloroform was given at once, in the hope of reducing the tumour. This was not effected; therefore herniotomy was performed. On laying open the sac, an immense piece of omentum protruded, which was very much congested; and in pulling this out a small piece of the transverse colon was found. This was reduced without dividing the ring, and the whole of the omentum was returned. The wound was brought together with sutures, and thirty-five minims of tincture of opium were administered.

Feb. 8th.—Passed a good night; pulse quiet, 84; tongue clean; no pain in abdomen; slight redness of scrotum, which is a little tender. Ordered, beef tea, two pints.

9th.—Slept well; no pain; redness less; pulse good; skin moist.

11th.—Sutures removed; wound almost healed by first intention; the ligatures not yet separated.

14th.—A ligature came away; two days after, the second ligature came away; and by the 20th, the wound was perfectly healed.

On the 24th, he was discharged cured.

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MARYLEBONE INFIRMARY.

THREE CASES OF STRANGULATED FEMORAL AND INGUINAL HERNIA; HERNIOTOMY.

(Under the care of Mr. HENRY THOMPSON.)

THE following are three widely differing cases of strangulated hernia, which present some features of interest by illustrating the effect of age and condition on the ultimate result of the operation. At the Marylebone Infirmary hernia occurs frequently amongst very aged and infirm, and even paralytic, patients, and in consequence a class of cases is there seen differing somewhat from the ordinary examples found in hospital practice.

CASE 1.—L. P——, aged seventy-five, a paraplegic woman, had been constipated and complaining of pain for some days; recently there was much depression; and fæcal vomiting came on in the evening of Nov. 24th, 1859. An old femoral hernia was observed in the groin, the appearance of which was not, however, altered.

Nov. 25th.—Early in the morning she was seen by Mr. Thompson, who operated in the usual manner, but was compelled to open the sac; a small knuckle of highly congested bowel was returned; some omentum adhering to the sac was left in the wound.

26th.—Much relieved; no vomiting.

27th.—Bowels opened naturally. She takes fluid nourishment.

On the following day she was weaker, and died on the 29th.

30th.—*Post-mortem.*—About two or three inches of ileum had been strangulated, of which the marks were evident. Soft lymph had been effused in places between the bowels and the omentum in the wound, but no reparative action appeared to have been set up in the strangulated portion.

CASE 2.—J. W——, a man, aged seventy-one. He had been the subject of left inguinal hernia for forty years, and for a few years on the right side also.

Nov. 29th, 1859.—Eight P.M.: The left hernia came down with coughing this time last night. Great pain has existed ever since. The tumour is now tense and tender; the abdomen also. There was no vomiting.

Finding the taxis ineffectual, Mr. Thompson decided to operate at once. He reached the seat of strangulation with a little difficulty, as it was situated high up, proved to be very tight, and the patient was very fat. The bowel, which was of a deep claret colour, was returned. No omentum was seen.

Nov. 30th.—Pain in the belly, and a little sickness. To take opium every three hours.

Dec. 1st.—Much the same; has passed flatus.

2nd.—Better; the pain gone; no sickness; takes beef-tea.

3rd.—The bowels have acted; little pain.

5th.—The bowels disposed to act too freely. Ordered catechu and opium.

7th.—Report as before.

10th.—During the last three days the diarrhœa has continued in spite of all efforts to check it. To-day there has been more pain, and he is decidedly weaker.

11th.—Died.

12th.—*Post-mortem examination.*—A segment of ileum, about four inches long, had evidently been strangulated and unable to recover itself; the coats of the bowel had softened, were becoming gangrenous, and at one spot were on the point of perforation; in fact, it appeared to have given way, either in removing the body or during examination.

CASE 3.—E. W——, aged forty-eight, a washerwoman, has noticed "a lump" in her right groin for three or four years, but has never worn a truss. She was admitted on the evening of the 26th of January, with the following history:—The lump became suddenly larger and painful on the morning of the 23rd; at night vomiting came on, and has continued ever since; it has been stercoraceous for thirty-six hours. There has been no motion since the morning of the 23rd; purgatives have been freely taken. The abdomen is now tympanitic, distended, and very tender; powers of life low. Altogether the case was much more unpromising in all its characters than the preceding. Mr. Thompson operated at once, and, opening the sac, returned a small knuckle of intestine. A full dose of opium was immediately administered.

Jan. 27th.—Pain relieved; no vomiting since operation; but takes beef-tea.

28th.—The same; she says flatus passes; no pain.

29th.—Bowels operated naturally.

Feb. 3rd.—The wound has nearly healed; the bowels have acted regularly, and the patient feels as well as usual, but rather weak.

In Cases 1 and 2 there can be no doubt that the fatal result was mainly due to insufficient vital power to restore the mischief done by inflammation to the bowel, which, in one, showed little disposition to recover, and in the second altogether failed to do so, and sloughed. The ages, it will be observed, were seventy-one and seventy-five respectively. In Case 3, aged forty-eight, although the strangulation had existed for a longer time,—indeed during four days,—and the symptoms were very severe, a rapid and excellent recovery took place.

CLINICAL RECORDS.

FORCIBLE FLEXION OF ANCHYLOSED ELBOWS.

WE frequently observe the good effects of the forcible rupture of the uniting medium, whatever that may be (except bone), in partially anchylosed surfaces; and the measure of success which follows this mode of practice is no doubt attributable to perfect rest in an easy position being adopted afterwards until the irritation or occasionally inflammation has subsided—a plan strongly insisted upon by Mr. Brodhurst in his work upon this important subject.* Although the cases are numerous in which this method of operation is now resorted to, we would draw attention to two examples of anchylosis of the elbow, which promise to be good recoveries.

The first case occurred at St. Mary's Hospital, in a healthy man, aged twenty-five, who was admitted under the care of Mr. Lane, with his left elbow anchylosed pretty firmly at a very slight angle, arising from some former injury, believed to be fracture of the condyles, with partial dislocation of the radius and ulna. The olecranon process and outer condyle were close to each other, and the head of the radius was dislocated inwards. For all purposes the arm was useless, and it was determined to bend it, under the influence of chloroform, and to break up the adhesions. Mr. Lane observed that he was sure the attempt would not make matters worse, but that every chance was in favour of considerable improvement. There was good rotation of the radius, notwithstanding the displacement of its head. On the 25th of January the arm was flexed without the employment of much force; but on moving it backwards and forwards a grating sound was emitted, which led to the impression that good motion would not ensue. On flexing the elbow, the head of the radius resumed its natural position. In the event of success not following, another trial was contemplated; but we are glad to say that no bad consequences ensued, and there is tolerable flexion gained under the use of passive motion.

A few days later (28th January), at King's College Hospital, Mr. Fergusson put in practice the same plan of treatment for anchylosis of the elbow, the result of some old disease of the joint, in a boy aged about sixteen, and this has been attended with success thus far from the use of passive motion. There was not sufficient disease to require excision, as Mr. Fergusson observed, and the course adopted seemed to him the mildest under the circumstances. The forcible flexion was accomplished under chloroform without much difficulty, and to such an extent as to augur favourably for the future utility of the arm.

LACERATION OF THE BACK OF THE HAND.

A VERY severe case of laceration of the dorsal aspect of the right hand, in a stout and healthy man, was recently admitted into Guy's Hospital under Mr. Hilton's care. The injury was caused by machinery, and was followed by sloughing of nearly all the tendons of the extensor muscles at the back of the hand, leaving an extensive raw surface to heal up. In the event of this process occurring, the hand would have proved an almost useless member; therefore its conservation and improvement to some extent were attempted by operation on the 10th of January. There was slight motion in the little and index fingers, and the thumb was sound. The patient was most anxious that the index finger should be preserved, as likely still to be most serviceable to him in his avocation as an engineer. The ring and middle fingers were therefore taken away, with about two-thirds of the metacarpal bones, and the parts well brought together, thus forming a narrow hand, with

* On the Restoration of Motion by the Forcible Extension and Rupture of the Uniting Medium of Partially Anchylosed Surfaces.

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Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 15TH, 1860.

MR. FERGUSSON, PRESIDENT.

DR. JOHN OGLE exhibited specimens from three different ses of

ELEPHANTIASIS ARABUM.

hese consisted of portions of integument and of muscle. The rface of the skin was of a very dark Indian-ink colour, whilst e subcutaneous tissue was of an opaque white colour, of exeding thickness, and so firm and tough as to be comparable ith a portion of leather. On microscopical examination, arcely any of the constituents of true skin could be disrned. The pigment was very dark and plentiful. The constence and thickness of the subcutaneous tissues were owing the infiltration of a quantity of albumino-fibrinous material, d presented abundance of granular amorphous material, conining numbers of fibres and occasional corpuscular elements. he portion of muscle showed the natural striæ of voluntary uscle in abundance everywhere; but the areolar tissue amidst e various bundles of muscular fibres was very unusually plenful and tenacious. The specimens were sent over from Cochin, Madras, to Dr. Ogle by his friend, Mr. F. Day, civil surgeon t that place. In two of the cases amputation had been perrmed, and in the third the patient had died of dropsy followg a malarious fever. It appears that in Cochin about 1 in 17 f the native Christians are affected by elephantiasis of the imbs (not of the scrotum), and of the Portuguese about 1 in very 18. Mr. Day is engaged in investigating the pathology nd treatment of this form of disease, and also the relationship etween the elephantiasis Arabum and the E. Græcorum. Dr. gle suggested that it would be very desirable to examine the tate of the blood, the bloodvessels, and various viscera in postnortem examinations of these cases, in order to see if any comarison could be established between this disease and those arious conditions met with in England, in which, from excess f fibrine, a greater aptitude to precipitative deposits of this ubstance, in the form of masses or infiltrations, is met with n the body.

Dr. OGLE also exhibited four specimens of

SPINA BIFIDA.

f these, three had been forwarded by his friend, Mr. Ewens, f Milton Abbas.

Case 1 showed extensive sloughing of the surface of the cyst, hich was full of half-coagulated, but soft and spongy, fibrinous aterial, filling up the interstices between the various nerves assing across it. In this case there was deficiency of ossication in the two last dorsal and the uppermost lumbar verebræ, and the various nerves emerged from an opening, in a ingle bundle, into the sac, and in a very softened state passed o the wall of the sac. The specimen was from a boy, aged ifteen months, who, up to two days before death had been omparatively in good health, the tumour having been several imes punctured with temporary benefit. Sloughing of the ac and convulsions came on before death. The mother had een subject to fits of some kind when a child, and her sister ad given birth to a child with malformation of the fingers.

Case 2 presented deficiency of the laminæ of the two upper acral vertebræ, the cyst communicating with the spinal canal y a centrally-placed opening of the size of a shilling, through hich a large bundle of nerves passed across the sac to its utermost part. The specimen was from a female child, born lead (a breech presentation). In this case the latter stages of abour were lingering, and the child appeared to have died from ressure upon the umbilical cord. There was talipes varus of he right leg, and the bones of the head were very loose and luctuating, but the measurements of its various parts were not uch greater than usual. The mother was very strumous, ith a large head, and had had several miscarriages. One hild had died with convulsions after whooping-cough, and the emaining child was hydrocephalic. Three of her children lost hildren by convulsions.

Case 3 exhibited a very unusual projection or curvature backvards of the spine at the part which corresponded with the ac itself. The sac showed that considerable adhesion had exsted between the spinal membranes; the various posterior erves observing their lateral direction from their first entrance nto the sac, passing to the posterior part of the sac's walls.

The excessive projection was evidently caused by projection of the bodies of the vertebræ at the part where the laminæ were defective; but, to a certain extent, it diminished on pressure after the various strong muscles at the inner part of the lumbar or pelvic region were divided. On sawing through the spine longitudinally, the projection was found to be owing to a "considerable absence of the anterior part of the body" of one of the vertebræ, so that the two adjoining ones were all but brought into contact with each other at their anterior parts, pushing back, as it were, the intervening deficient vertebra. The diminution of the projection on dividing the psoas muscles appeared to indicate that it was by an excessive muscular action, approximating the upper part of the lumbar to the sacral region, that the body of the vertebra arrested in growth had been displaced backwards, the unwonted muscular action being doubtless occasioned by some irritation of the spinal cord or nerves at the seat of malformation. The mother had had symptoms of abortion at an early period of pregnancy, and the case was one of breech presentation. Moreover, it was accompanied by talipes varus in both feet, and by a hydrocephalic state of the skull.

Case 4 was one in which the laminæ of all the lumbar, most of the sacral, and one or two of the dorsal vertebræ were defective. In this case, the nerves, in passing through the sac to its posterior walls, observed their lateral position throughout. No particular history existed.

DISEASE OF THE TARSUS.

Mr. HOLMES produced a preparation to illustrate the amount of repair resulting after the removal of two of the bones of the foot—namely, the cuboid and external cuneiform—by Mr. A. Johnson, in December last. More recently the foot was amputated for other disease, but the two bones in question had been replaced by a firm cicatrix of fibrous tissue.

Mr. HOLMES also showed a specimen of

MALIGNANT DISEASE OF THE FEMUR PRODUCING FRACTURE.

The patient had also a tumour in the breast, which had existed thirty-two years, and which was cancerous also. Fracture took place in the ribs subsequently. Notwithstanding the condition of the patient, very considerable efforts at repair in the femur were made during the five months only which she survived the fracture. She died of exhaustion.

THE ARTICULAR LAMELLA OF BONE.

Mr. HULKE exhibited specimens of the articular lamella of bone in consequence of the discussion of the subject which had recently taken place in this Society. Mr. Barwell had described a tubular structure in the lamella, which Mr. Hulke and other observers still fail to find. This lamella varies extremely in thickness—e. g., from $\frac{1}{24}$ of an inch to $\frac{1}{2500}$. The question was referred to the committee appointed to consider that subject.

CASTS FROM THE BRONCHIAL TUBES.

Dr. HYDE SALTER showed numerous specimens of these casts expectorated by a man under his care at Charing-cross Hospital. He was a stout, healthy person, thirty-three years old, who had been well up to nine months before he was seen; during that period he had a paroxysmal dry cough, with soreness; a mass would be expectorated, giving great relief. The only physical sign during life was one spot, very small in size, which gave constantly a fine crepitation like that of pneumonia. He spat up, during two years, about two or three casts a week, but he never had hæmoptysis. He was much improved by tonics.

MILK FROM THE AXILLA.

Dr. HARE showed a specimen of human milk which exuded from an opening in the axilla of a female; it was considered that it was not improbable that a supplementary portion of mammary gland tissue existed there which supplied the secretion exhibited.

EXCISION OF KNEE-JOINT.

Mr. MAUNDER showed portions of diseased bone removed by excision from the knee joint. There was a small amount of motion in the false joint resulting, and the condition was extremely favourable.

DISEASED SUPRA-RENAL CAPSULE.

Dr. WILKS detailed a case of this disease, with marked discoloration of the skin. The disease of the capsule was a fibro-albuminous deposit, such as is ordinarily found in Addison's disease.

EXTRA-UTERINE PREGNANCY.

Mr. ADAMS showed a case of Fallopian tube pregnancy, extremely perfect, in the fourth or fifth month of a first pregnancy, in a woman aged twenty-three, who died eleven hours after symptoms of pain in the abdomen had set in, death evidently occurring from internal hæmorrhage.

RUPTURE OF THE THYRO-HYOID LIGAMENTS.

Dr. STALLARD exhibited a specimen of this lesion, stated to have resulted from violent cough.

HYDATIDS OF THE ABDOMEN.

Dr. OGLE showed drawings of cases in which, by rupture of hydatid cysts, these bodies had been thrown into the abdominal cavity.

Reviews and Notices of Books.

A BATCH OF BOOKS.

AMONGST the works that have been lately published is one on the *Physiology of Common Life*, by GEORGE HENRY LEWES, in two volumes. This is a very elaborate work, written in an attractive style. It may be studied with advantage both by professional and non-professional readers. So long as the author is the mere expositor of the views of others, we can take no exception to any of his statements, as he appears to have placed their opinions fairly before the reader; and had he refrained from drawing conclusions from their experience or experiments, we think his book would have been more trustworthy. There are strong and just grounds for objecting to much of his criticism, particularly to that which relates to the researches of Marshall Hall and other writers on the nervous system. The author is evidently a man of great acquirements, and has himself experimented to no inconsiderable extent. His book, then, as a work of reference, and as containing a full account of the present state of our knowledge regarding physiology in general, will no doubt be acceptable to a vast number of readers. It is only due, however, to him to state that, where he has differed from the conclusions arrived at by the authors he quotes, he has fairly and fully stated the grounds which have led him to form his opinion.

Seed-time and Harvest of Ragged Schools, by THOMAS GUTHRIE, D.D., is a forcible and eloquent appeal in behalf of these useful institutions. Dr. Guthrie's work is calculated to be of great service to the cause which he advocates.

A Course of Six Lectures on the Various Forces of Matter, and their Relation to each other. By MICHAEL FARADAY, D.C.L. Edited by WILLIAM CROOKES, F.C.S.—This is a reprint from the *Chemical News* of a course of lectures delivered by their most accomplished author to a juvenile class at the Royal Institution. Those who have had the pleasure of listening to Dr. Faraday cannot fail to have been fascinated, not only by his sparkling eloquence, but by the brilliant demonstrations with which he illustrates his discourses. The lectures are apparently most faithfully reported, and the experiments described and illustrated in the most satisfactory manner. This little work should become a standard in every juvenile library. The perspicuity of the style is such that every schoolboy can at once catch and appreciate the meaning of the lecturer; nor will it be unacceptable to older readers. It is a model of simplicity and true eloquence.

Two Months in Arrah in 1857. By JOHN JAMES HALL, F.R.C.S. Eng. — The author originally intended that this account of one of the most interesting episodes of the Indian mutiny should be merely for the information of his private friends; but we think he has done wisely in giving it to the public. The work has no pretensions to anything like a history of the fearful struggle of our countrymen with the mutinous native army of India, but is simply a record by an observant man of his personal experience of the events and circumstances which took place in one of the districts of our empire in the East. As such we regard it as a very acceptable and valuable contribution to our literature on the subject. The

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gallant defence of the little Fort by a handful of Englishmen, their hopes and fears, their privations and deliverance, by one who participated in the scenes described, make this small volume one of the most interesting in connexion with the Indian mutiny.

Amongst the works of which new editions have lately appeared, is a third edition of ASHTON *On the Diseases and Malformations of the Rectum*. The present issue contains a number of additional wood engravings illustrative of pathological changes; the several modes of treating hæmorrhoids by ligature, escharotics, excision, &c.; with criticisms upon their advantages and disadvantages in particular cases.

Of *Astro-Theology*, by HENRY MOSELEY, F.R.S., a third edition has just appeared. The chief object of this popular and interesting volume is to treat of those evidences of the wisdom and goodness of God which may be seen in the daily changes of the heavens. The present issue appears to contain little in addition to the former editions; but it is pleasantly written, and will, no doubt, command a great sale.

Messrs. Black, of Edinburgh, have just published a new edition of Dr. BALFOUR'S celebrated *Manual of Botany*, one of the most complete and useful works on the subject which has ever issued from the press. It would be superfluous to enlarge upon the merits of a work which has become the text-book, not only in the schools of medicine, but wherever botany is cultivated either as a science or amusement throughout the empire.

The Management of Infancy, Physiological and Moral. Intended chiefly for the Use of Parents. By ANDREW COMBE, M.D., F.R.C.P. Edin., &c. Ninth Edition, Revised and Edited by Sir JAMES CLARK, Bart., M.D., F.R.S., &c. pp. 302. Edinburgh: Maclachlan and Stewart.

WE quite agree with the general opinion that there is not any work upon the subject of infant hygiene in which is to be found so much valuable practical information, to guide young practitioners in the management of infants and children, as in this treatise of Dr. Combe. We are not surprised, therefore, at the issue of even a ninth edition, though we did not look for its fresh introduction at the hands of so eminent an editor as Sir James Clark. To the subject of the hygiene of early life we know that Sir James has paid much attention during a lengthened professional career, and we now learn that a long and intimate friendship with Dr. Combe afforded frequent opportunities of discussing with him the topics treated of in these pages. We do not think, then, that the former could have more usefully occupied his leisure in his retirement than in lending his powerful aid to forward the benevolent intentions of the latter, nor have paid a more graceful tribute of respect to the memory of an esteemed friend than in thus editing one of the most useful of his works.

As the eighth edition was corrected by Dr. Combe himself, it was left so perfect that the editor tells us he has found little remaining for him to do. What has been effected, however, the following will show:—

"In making the few alterations and additions which appeared to me necessary, I have endeavoured to identify myself with the author, and to do merely what I believe he would himself have done if his valuable life had been spared. In this spirit I have gone carefully and repeatedly over the whole work. I have altered the order of some of the chapters, with the view of bringing the subjects treated of more consecutively before the reader. I have also ventured to omit some portions, chiefly in the earlier chapters, as less necessary now than during the author's life. I have given some additional information on the causes and extent of infant mortality, taken chiefly from the recent Reports of the Registrar-General. And, lastly, I have added an Appendix, in which will be found some useful matter, not so well fitted for the body of the work."

We may add, that a very sensible and practical Introduction, of some twenty pages, has likewise been supplied by the editor. We cordially recommend this new edition of a most useful book to the attention of junior practitioners.

Illustrations of Puerperal Fever. By EDWARD COPEMAN, M.D., M.R.C.P., Physician to the Norfolk and Norwich Hospital, &c. pp. 137. London: Churchill.

IN 1856, the author of these "Illustrations" wrote a paper to show the value of turpentine in the treatment of puerperal fever. He has since then accumulated an additional number of cases, which confirm and strengthen his opinion that that drug is more to be relied upon than anything else in combating this terrible disorder. He observes:—

"Undoubtedly, much care and judgment are required in the administration of turpentine. Some persons are less tolerant of it than others. If it be persevered with after it has seemed to disagree, it may do much harm; where it is still persisted in after the stomach has rebelled against it, its further effects are more pernicious than salutary. But, on the other hand, I have seldom found it disagree during the time that its internal administration is needful; and even when not more than one or two doses can be borne by the stomach, it can still be used with immense benefit as an external application, or as an injection into the rectum.....With respect to the best mode of administering turpentine internally, recent experience has convinced me that the stomach is less likely to rebel against it when given either in simple water or in brandy-and-water than in any other form or combination."—p. 8.

Dr. Copeman can now illustrate his views by the results of fifty-seven cases. Of these, thirty-eight were cured, and nineteen were fatal. This proportion, he conceives,—we are compelled to say on imperfect information,—is far more favourable than any that has yet been recorded in midwifery practice, and therefore he feels that he cannot too earnestly and too perseveringly urge upon his fellow-practitioners the importance of giving turpentine a full and fair trial.

Practical Observations on the Cure of Syphilitic Affections by the Aix-la-Chapelle Hot Sulphureous Water. By L. WETZLAR, M.D. pp. 29. Aix-la-Chapelle.

As there is something more in this pamphlet than a mere flourish of trumpets for Aix-la-Chapelle, we can recommend its perusal to such persons as may fittingly make that spa a resting-place during their continental trip in the ensuing season.

Ἔπεα Πτερόεντα; *or, the Diversions of Purley.* By JOHN HORNE TOOKE. With numerous Additions from the Copy prepared by the Author for Republication. To which is annexed, his Letter to John Dunning, Esq. Revised and Corrected, with additional Notes, by RICHARD TAYLOR, F.S.A., F.L.S. London: William Tegg.

THIS enlarged and improved edition of Horne Tooke's celebrated work cannot fail to meet with the hearty welcome of all scholars and lovers of literature.

The "Additional Notes," by the Editor, form a very important element of this edition. The book is got up in a first-rate style, and reflects great credit on the publisher.

The Dublin Quarterly Journal of Medical Science. No. LVIII. May, 1860. Dublin: *M'Glashan and Gill.*

THE present number is chiefly characterized by some illustrated "Reports on Operative Surgery," by Mr. Butcher, and a lengthy review of Dr. Forbes Winslow's new work "On Obscure Diseases of the Brain." There is also much other valuable and practical matter for the profession.

Foreign Department.

BONE-SETTERS IN FRANCE.

A CHILD of fifteen months, in the department of Mayenne, lately fell from its sister's arms and injured one of the lower extremities. A bone-setter was called in, who handled the limb rather roughly, declared the thigh-bone was broken, and that he had set it. He then tied a handkerchief, moistened

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with soap and water, round it, and promised to return in a fortnight, receiving 13*s.* for his trouble. The man, however, did not again make his appearance, and a regular practitioner being called in, he found large abscesses, with the fragments of the femur projecting from them when opened. Several months were necessary to obtain union, with considerable shortening. The bone-setter was then sued by the father, and the verdict was as follows:—A fortnight's imprisonment, £8 fine, £40 damages, and the costs of the medical attendance upon the child.

POPLITEAL ANEURISM; DIGITAL COMPRESSION; COAGULATION OBTAINED IN LESS THAN FORTY-EIGHT HOURS.

THE *Gazette des Hôpitaux* publishes the following case:—A man, forty-eight years of age, was admitted on the 11th May into the Hôtel Dieu, under the care of M. Laugier, with popliteal aneurism of the size of a turkey's egg. He was subjected to digital compression of the main trunk for seventy-two hours without interruption. The first twelve hours caused in the tumour concentric indurations depending on the formation of clots. After forty-eight hours the tumour was almost universally hard; and from the seventy-second hour, compression, instead of being continuous, was carried on intermittently every quarter of an hour. After eighty hours, only a slight pulsation at the upper part of the tumour was felt without any expansion; it was very hard, and seemed quite solid.

BLOODLESS OPERATION FOR CLEFT PALATE.

IT may be recollected that M. Jules Cloquet published in 1855 an essay on a method of applying cauterization to the abnormal cleavage of certain organs, and that cases were therein mentioned in which union of the margins of the cleft had been obtained by repeated cauterizations. At the meeting of the Academy of Sciences of Paris of the 21st May, M. Cloquet brought forward a case treated by Prof. Benoit, of Montpellier. The child was eleven years old; the soft palate was completely cleft, and all the usual symptoms were present. The treatment lasted nineteen months, with two rather long interruptions. The whole cleft has now united, save that of the uvula, and this result was obtained by 33 cauterizations, 14 with the acid nitrate of mercury, and 19 with the solid nitrate of silver. A slight nasal pronunciation still exists, being the result of habit. M. Benoit means to apply the same treatment to the uvula.

THE SULPHATE OF CINCHONINE.

M. NONAT, physician to the "Charité" Hospital of Paris, instituted, a short time since, experiments to ascertain the value of this salt in ague. He gave the remedy in severe cases, also in some which had been marked with relapses, and where the spleen had attained a large size. The doses varied from twelve to fifteen grains per diem; the time taken up by the treatment being from eighteen to twenty days, and the amount of the salt consumed in each case ranging from about three to six drachms. The result of these experiments can be shortly stated to be that the sulphate of cinchonine really possesses febrifuge properties; but that being weaker than the disulphate of quinine, it should be given in larger doses than the latter. When the sulphate of cinchonine fails, it should be combined with, or entirely superseded by, the sulphate of quinine. The former salt should never be used in the pernicious intermittents.

PARALYSIS OF A PORTION OF THE FOREARM FROM A WOUND OF THE EXTERNAL MUSCULO-CUTANEOUS NERVE IN VENESECTION.

A SISTER of charity, thirty-eight years old, was bled two years ago in the left arm, the median cephalic being opened. At the time of the operation, she felt severe pain, which lasted more or less for fifteen months. At the end of this period, symptoms of paralysis were observed, this being principally seated in the thumb, the index, middle finger, and the ball of the thumb, the ring and little finger being free. The case has been brought before the Surgical Society of Paris, by M. Vinatier, who had endeavoured to allay the pain by subcutaneous injection of atropine, and to control the paralysis by electricity. M. Robert, who has brought in a report upon the case, thinks that the spot where the nerve was punctured should be destroyed by chloride of zinc, and a general tonic treatment tried. Various cases of the same kind were mentioned by members of the Society, in which narcotics had allayed the neuralgia, and removed the paralysis.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

THE special general meeting of this Association, convened by public advertisement to consider the new rules proposed, and the consequent reorganization of the body, took place at the Freemasons' Tavern on the evening of Thursday, the 31st of May. Mr. Fergusson, the President, took the chair; and after an able address, stating the objects which had been held in view in framing the new regulations, these were read and then considered *seriatim*. Various amendments were introduced, and many of these were adopted on the recommendation of Mr. A. B. Steele, the Honorary Secretary of the Liverpool Medical Registration Association, who attended on a special mission from that body, for which he acts, and very clearly and distinctly represented to the meeting the feelings which actuated the provincial Registration Associations. The great feature of the new rules is, that the whole of the Associations affiliated with that of the metropolis will be now consolidated into one "National Medical Registration Association," the local bodies sending representatives to the Committee. This movement, if properly supported, will really inaugurate a Parliament of the profession. A Sub-Committee of the metropolitan branch is now engaged in the work of digesting the various suggestions of the local branches for an improvement of the Medical Act, and it is expected that they will embody these, together with their own views, into a memorial for presentation to the Medical Council at their meeting. The new rules, as agreed to, will be published at the earliest period that space can be found for their insertion in our pages.

The following correspondence between the Honorary Secretary (*pro tem.*) of the metropolitan branch, and two practitioners whose names have appeared in the published list of members of the London Medical Registration Association, has been handed to us for publication:—

"The London Medical Registration Association,
5, Charing-cross, London, S.W., May 24th, 1860.

SIR,—It having been communicated to the Committee of this Association that you are practising as a homœopath, I am directed to inquire if the information they have received is correct, as, in the event of it being so, the Committee will have no alternative but to strike off your name from the list of the members of this Association.

I am, Sir, your obedient servant,
FREDK. DOVER, Hon. Sec. *pro tem.*"

To one of these letters the following answer was received:—

"MY DEAR SIR,—In reply to your communication, I beg to state that I have practised homœopathically for nearly twenty years. That when I was applied to to become a member of your Association, I was told that my doing so was no hindrance so long as I was qualified. That finding from the last report that homœopaths were excluded, I did not renew my subscription, and consequently considered that I had ceased being connected with your body.

I am, my dear Sir, your obedient servant,
15, Euston-square, May 24th, 1860." THOS. ENGALL.

The other letter not having been responded to, the following was addressed:—

"The London Medical Registration Association,
5, Charing-cross, London, S.W., May 30th, 1860.

SIR,—Not having received any reply to my note to you of May the 24th, I presume the information the Committee have received is correct, and therefore they will act accordingly.

I am, Sir, yours faithfully,
J. B. Metcalfe, Esq." FREDK. DOVER, Hon. Sec. *pro tem.*

The names of the gentlemen addressed, as above, by the Honorary Secretary (*pro tem.*), have consequently been removed from the list of members of the Association.

ETHNOLOGICAL SOCIETY.—The anniversary meeting of this Society was held on Wednesday evening, May 30th, Sir James Clark in the chair, when the council and officers were elected, and amongst them the following members of the medical profession:—*Vice-Presidents:* Sir B. C. Brodie; Sir James Clark. *Council:* W. Beattie, M.D.; R. Dunn; T. Hodgkin, M.D.; David King, M.D.; G. Rolleston, M.D.; H. Tuke, M.D.; and Stephen Ward, M.D.

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THE LANCET.

LONDON: SATURDAY, JUNE 9, 1860.

A PETITION has been addressed to the House of Commons by a labouring man, named JESSE MUMFORD, illustrating a feature in our Lunacy Laws, which it is very important that the public should correctly appreciate. The petitioner alleges that his wife having become insane, was, with his consent, admitted as a patient in the Worcester County Asylum; that at the end of twenty-four weeks, she, being improved in health, was sent home on trial for a month; that, the month expired, he received a letter from the authorities of the Asylum, ordering him to take his wife back; that he, the petitioner, considering his wife no longer dangerous to any one, as her neighbours were willing to testify, refused to comply with this order; that after nine or ten weeks he received a peremptory order to take his wife back, or forward a medical certificate of her perfect recovery; that he was unable to obtain such a certificate, and that he still declined to comply with the order. He then alleges, that on the 15th of May two women-servants came in a vehicle from the Asylum, and intruding themselves into his house, sought to carry his wife away with them; that he attempted to resist this forcible abduction, when he was pushed down in his chair by a constable, who prevented his interference, and that the petitioner, in his distress of mind, fell down in a fit. During the time he lay insensible, his wife was reconveyed to the Asylum, where she still remains.

Now it cannot be denied that the circumstances narrated are calculated to deeply wound the feelings of an honourable man, and to rankle in his breast with all the irritation which a sense of injustice would create. On the public mind, also, the narrative will naturally inflict a painful sensation. The course of reasoning adopted by the uninformed would be very much as follows:—The poor woman was sent home to her friends because the authorities of the Asylum considered her so far recovered that her further detention was not necessary, and if not necessary, not justifiable. If she conducted herself in such a manner during her month of trial as to gain the confidence of those about her, then surely the judgment of the Asylum officers in letting her out was proved to be correct by their own test. To take her back by force, against the will of herself and her husband, appears, then, an arbitrary, even a cruel act. And it is probable that a husband, and a portion of the public, would hardly be reconciled by the assurance that the act was perfectly legal. It is legal. Provided that the powers vested in the authorities of the Asylum were carried out with all the tenderness and consideration which humanity dictates, there would be no ground for complaint. The patient had not been discharged. She was still, strictly speaking, under treatment. The original order and medical certificate remained in force. Until the medical officer of the Asylum was satisfied that the patient was perfectly recovered, he was not justified in giving an absolute discharge. The provision which allows the temporary discharge of a patient on trial is made entirely in his interest. The power is never exercised without entailing considerable responsibility and anxiety on the medical officer of the Asylum. Should the disease become aggravated—should, unhappily, the mental disorder lead the patient to acts of violence, endangering the lives of others, then all the blame will certainly be cast upon the physician who had suffered him to be at large. It is not enough in such a case, that the friends of a patient out on trial are satisfied that he is no longer dangerous. This is a question which the law has entrusted to the discretion of skilled persons, who are responsible for their decision. The law is framed, not alone for the benefit of the insane, but also for the public safety. Nothing less than a medical certificate, testifying that the wife of JESSE MUMFORD had perfectly recovered, could release the authorities of the Worcester Asylum from their responsibility as her custodians. In this case it is not alleged that the patient had recovered. No medical certificate to that effect could be procured. There can be no presumption that she has been taken back from any improper motives. The asylum is a public one. The patient is maintained at the public cost. There is no interest in detaining her, other than the fulfilment of a public duty. And several recent catastrophes that have occurred through lunatics being allowed to remain under imperfect surveillance, will suffice to convince the reflecting public of the danger attending a departure from the rules of prudence, and of the great responsibility under which the medical officers of asylums perform their important duties. It is clearly not a case on which to base a public agitation.

WE have received a communication from a correspondent ("Army Surgeon") in which he smartly attacks the College of Surgeons of England. He tells us that "members of the "medical profession have long considered that their status in "society is not that to which they are entitled," and asserts the reason of this to be "the cheap and dirty portal to the "profession which exists through the College, the limited "curriculum of study prescribed for its diploma, the lamentably easy character of the examinations, and the perfect "farce of the preliminary examination." If the august body in Lincoln's-inn does not mend its manners by the 1st of January, 1861, our correspondent says, "I have resolved to "return my diploma to the College, as a document quite unworthy of guaranteeing to the public any proof of my qualification to discharge the responsibilities of a surgeon." Our correspondent further informs us, that

"So simple and easy is the examination, that the half-caste medical subordinates in India, who are educated at the Government expense to discharge the mechanical duties of writing returns, dispensing and administering medicines, &c., are in the habit of proceeding from the East to the West Indies with a batch of emigrant Coolies; from thence they work their way to England, obtain the membership of the London College without the slightest difficulty, and, on returning to India, explain to their sable chums the wonderfully easy examination demanded by the Royal College of Surgeons of England."

Finally, our friend calls upon the Medical Council to compel the College to assume a virtue and a dignity which he affirms it neither enjoys nor appreciates. Now we admit, *in limine*, our complete disapproval of much that relates to the College in Lincoln's-inn. We agree with our correspondent that the profession had ample cause to be shocked when Professor OWEN was forced to leave the Institution he so nobly adorned; and that the whole body of the College lately received an insult when persons were freely admitted to the membership who had never passed through the curriculum of study laid down as

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essential in its own regulations. But if the status in society of our profession is not that to which it is entitled, we think we can see a shorter and surer way to bring about a more desirable one than in increasing the extent and severity of the course of study and examinations, and accusing the "cheapness and dirtiness" (strong words, it must be remembered) of the Lincoln's-inn portal. Our correspondent states that the profession of Medicine exhibits to the world at large a striking contrast between certain members of it, which contrast is not exhibited in the professions of the Church and the Law. This is quite true; and hence the world does not place our whole body—whatever it may do with individual members of it—upon the same social level with the Church and the Law. But our correspondent must bear in mind that the members of the Church and of the Law do not often appear before the world otherwise than as carrying on the avocations of educated men and gentlemen. If the public knows them not as simply preachers and practising attorneys, it knows them further only as tutors, schoolmasters, writers, reporters, &c., or as following some line of duty which ostensibly bears upon it the stamp of education. When they are known to their disadvantage, it is when they infringe the moral law. Then the public has done with them altogether. But not so the profession of Medicine. On the one hand, a Fellow of the College of Surgeons is seen to grace the chair of the Royal Society, to write one of the most elegant and instructive books of the day, to be the guest of the highest and wisest circles of the land, and withal to be acknowledged as one of the first professional men of Europe. On the other hand, a member of the same College is found, perhaps, keeping a druggist's shop, with a post-office or money-order office attached to it, or hanging out a board of the London Parcels Delivery Company at his shop door, to show that he prosecutes another calling in addition to that of a professional character; or it may be he trades in tooth-brushes and "rose-oil;" sells photographic chemicals and cameras on commission, as well as quack medicines; advertises marking-ink; or his "young man" solicits the cook when she fetches some arrowroot if she wants any "blue, soap, or soda." It may be that he sends round some "cards" in the neighbourhood like the butcher, or distributes circulars like the coal merchant, or advertises a notice in the provincial paper that he attends at such a place and such a tavern upon market-days. Now, however honourable may be the trade of an oil and colourman, of a perfumer, of an optical instrument maker, and however upright and necessary may be the keeper of a post-office or an agent for the Parcels Delivery Company, the social status of a medical practitioner is not likely to be improved by his encumbering himself with occupations quite foreign to, and incompatible with, his profession. On the contrary,—and we must say it,—by such conduct the profession is at once disgraced. It may be replied, that we have drawn an exaggerated picture—that such combinations do not exist. Quite the reverse; it is easy for us

"Monstrari digito."

Again, we have now lying before us "a narrative of a charge of neglect imputed to ——," &c. &c., in which it is attempted to be proved that one professional brother is on unfriendly terms with another; and, being the medical attendant of some guardians of the poor, so manages to exaggerate, if not to concoct, certain charges against his neighbour as to cause the Poor-law Board in London to confirm the act of the local guardians which compels the officer to resign his appointment. No sooner is the resignation accepted than the other medical man—the friend of the guardians—is installed in his place. And this for the sake of some £70 a year at the utmost, to be earned over a district of upwards of 10,000 acres. Now, upon the truth of the details of this particular case we venture no opinion; but we appeal to our readers to say if every year's retrospect does not make us blush to own how often analogous professional squabbles, quarrels, and intrigues come before the public based upon real occurrences? These are the main causes of our lowered social status: the uniting of trade, barter, and all sorts of chandlers'-shop practices, with the exercise of what is called, theoretically, "one of the learned professions," and the by far too frequent exhibitions upon the public platform of personal jealousies, scurrilities, and disputes. Reform these! Let the medical man be the patients' attendant and not anything else—not the keeper of the general shop of the neighbourhood; and let us all, to use the words of a grave and great writer, be seen as

"σπουδαζοντες τηρειν την ενοτητα του πνευματος
εν τω συνδεσμω της ειρηνης,"

instead of laughing or sneering at, or backbiting, each other; and we may depend upon it more help will thus accrue to raise our social position than from any greater severity at the College either in the preliminary or specific examinations.

THE decision of the Court of Common Pleas in the case of PEDGRIFT (appellant) *v.* CHEVALLIER (respondent) illustrates very forcibly the truth of the maxim, that plain men unlearned in the law must not presume to interpret the meaning of an Act of Parliament. The Act may, indeed, be written in the English language; the words may seem to be straight and unequivocal in their sense; it may be known that the words were expressly chosen for the purpose of attaining a definite object; yet all this is as nothing. Here we have a case in which, as plainly as the English language can speak, it is declared that a man shall not falsely take nor use the name or title of a surgeon, or any name, title, addition, or description, implying that he is registered under the Medical Act, or that he is recognised by law as a surgeon. It is proved that a certain person did—not being on the Register—take and use the title of surgeon, and it is not pretended that he used the title for any other purpose than to lead the public to believe that he was recognised by law to practise as a surgeon; yet we are told that we do not understand the meaning of the clause. "There "was nothing (says the Judge) to show that the appellant was "not in practice as a surgeon before the Medical Act passed, "or that he had not a diploma or other qualification, so as to "give him a right to use the title of surgeon." Neither, we will add, was there anything to show that the appellant had any such diploma. And if we may be permitted to read the Act with the aid of such knowledge of the English language as educated Englishmen may be presumed to possess, and with the view of gathering the intention of the Act, then it appears to us that the words "recognised by law to practise as a surgeon," &c., have express and exclusive reference to that recognition which is conferred by registration under the Medical Act. But, of course, this is not so. The words must be interpreted according to some cabalistic key unknown to the vulgar, which really has the effect of making the words mean exactly

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the reverse of what they say. As the matter now stands, in order to avoid confusion, and not to mislead the public, it is better to consider Clause XL. as expunged from the Act. As the Judges, with whom rests the ultimate power of construing English into Law, have affirmed that the clause does not mean that which the Legislature intended it to mean, the time has arrived for constructing a new clause that shall have the intended effect. A difficult task, as the experience before us proves, no doubt; but it must be attempted. In the meantime, we must impress upon all Registration Societies the necessity of using the utmost caution and deliberation before entering upon proceedings under the Act.

AFTER a long interval, the General Medical Council will assemble at the Royal College of Physicians on Thursday, the 14th instant.

The profession will look with much anxiety to the proceedings of the Council in the present unsettled state of various questions relating to the privileges, rights, and titles of medical practitioners. With few exceptions, our brethren have submitted with goodwill to be taxed for the purpose of raising their position in society and for protecting their interests. With extensive powers at its command, and large sums at its disposal, the Medical Council may be expected to take some more decided steps than it has hitherto done to carry out the objects and intentions of the framers of the Medical Act. Recent decisions in our courts of law have sufficiently shown that in the minds of lawyers the Act is lamentably deficient in some of its most important clauses. It will be the duty of the Medical Council to see that these deficiencies are remedied. As the Council is in immediate connexion with the Government, it should experience no difficulty in accomplishing so desirable an object. The time has also arrived when the whole subject of medical education, the rights and conduct of the various medical corporations, and the various questions of titles, should be taken up with vigour. The Medical Registration Associations have shown a laudable anxiety to assist the Medical Council in carrying out some of the provisions of the late Act of Parliament. If the Council is to maintain the confidence of the profession at large, it must demonstrate not only its ability, but its willingness, to meet fairly the difficult questions which it will have to encounter, and act upon those broad principles of justice which the requirements of its constituents urgently demand.

WE call attention to the report of the proceedings of a special meeting of the Glasgow Faculty of Medicine (see p. 581) on the subject of the Amended Registration of Deaths &c. Bill for Scotland. The Faculty protests in the plainest language against the tyranny of enforcing by pains and penalties the demand for unrequited labour on behalf of the public from medical men. It appears to us inconceivable upon what principle of justice or expediency an exaction so odious and extraordinary can be maintained. No such penal clause exists in the English Act, which on the whole has worked well. Why it should be imposed in Scotland is incomprehensible. It is not to be expected that an arbitrary enactment of this kind should be submitted to in any part of the kingdom. To insist upon maintaining this penal clause can have no other effect than to render nugatory the Act itself. So long as it is suffered to disgrace the statute-book, so long will the compulsory certificates exacted be valueless. Our brethren in the North are amply justified in resisting this measure to the utmost of their power. They should be supported by petitions from their colleagues in other parts of the country.

THE Committee of Governors of the Meath Hospital and County of Dublin Infirmary have petitioned the House of Commons for special exemption from any legislation having for its object the establishment of Union Hospitals in Ireland under the administration of the Poor-law guardians. They urge that the circumstances connected with the Meath Hospital are altogether exceptional. This institution combines the functions of a general hospital with those of a Poor-law infirmary. Situated near the metropolis, it enjoys the advantage of a most efficient staff of six surgeons and two physicians. It has thus become a great educational institution. It is found that, under the operation of the contemplated Irish Poor Relief Bill, the character of the Meath Hospital would be destroyed. We cannot doubt that the representation of the Governors will have due weight with the House. The Meath Hospital has long held a distinguished position amongst the educational hospitals of the kingdom. It has been the active means of diffusing the benefits of medical skill, far beyond the limits of the locality, to the wants of which it ministers. Whilst thus subserving the noble object of instruction, it has, as a necessary consequence, been rendered more efficient in the fulfilment of its immediate purpose—the medical relief of the poor.

Medical Annotations.

"Ne quid nimis."

THE CONFESSIONS OF AN ARSENIC-EATER.

THE practice of arsenic-eating has of late years been the subject of much debate. It has been asserted to exist on the largest scale, chiefly in the Tyrol and Upper Styria, and to lurk in the northern counties of England. It has been denied and reasserted; the last authoritative dictum on the subject was decidedly negative. The question is now reopened by Mr. Heisch, Lecturer on Chemistry at Middlesex Hospital Medical School, who adduces evidence of the weightiest character in affirmation of the practice. Mr. Heisch derives his information from eminent physicians of Salzburg, and lecturers and professors residing in Styria, with whom he is personally acquainted. If personal testimony be of any worth, the existence of arsenic-eaters can no longer be doubted. Dr. Lorenz, the Imperial Professor of Natural History, writes that he is aware of the practice; that it is difficult to get hold of cases, because a law exists which prohibits the retail of arsenic without certificate; and since the arsenic-eaters thus procure it contrary to law, they conceal the fact, especially from priests and medical men. But it is within his knowledge that arsenic is commonly taken by peasants in Styria, the Tyrol, and Salz-Kammergut, especially by huntsmen and woodcutters. They believe that it inures them to fatigue and improves the wind.

Dr. Lorenz placed Mr. Heisch in communication with one gentleman, the director of arsenic works near Salzburg, who could supply from his personal experience the confessions of an arsenic-eater. Of the details forwarded Dr. Lorenz guaranteed the authenticity, so far as they could be within his own knowledge. Moreover, this gentleman occupies an official position,

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and there is every collateral reason for putting faith in his statements. He writes to Mr. Heisch, that when he first undertook his labours in connexion with the arsenic works, he was directed by Professor Bönsch, Lecturer on Chemistry at Eisleben, to adopt certain precautions intended to enable him to withstand the fumes. These included a total abstinence from spirits, and a course of arsenic-eating. The arsenic was directed to be taken in gradually increasing doses until he arrived at the age of fifty, when they should as gradually be diminished; one dose to be taken daily in warm coffee. He forwards to Mr. Heisch two small packets as material illustrations of this statement, marked respectively Dose No. 1 and Dose No. 2. Dose No. 1 represents that quantity which he first began by taking, and consists of about three grains of coarse, but pure, powdered, white arsenic. Dose No. 2 consists of twenty-three grains of the same deadly poison, enough to kill at least twelve ordinary individuals.

We are particularly struck here with the largeness of the first dose, which is itself a poisonous one; and it is difficult to understand how doses so considerable should be repeated at the first without inducing symptoms of chronic poisoning. The confessions of this gentleman go on to describe the effects of attempts made to leave off the practice. After some few years he made two attempts to desist; he quickly suffered from faintness, palpitation, intense depression of spirits, total incapacity for exertion, loss of sleep, and finally a severe inflammation of the lungs, which threatened to be fatal; and he is persuaded that he only saved himself from death by resuming the arsenic. It is remarkable that these sufferings during the withdrawal of the poison are not compensated by any pleasures during its consumption, such as those which tempt the opium-eater to his inevitable doom.

This statement, confirmed as it is by Dr. Lorenz, and made under circumstances which admit of its verification, is opposed in many important respects to the statements made *ex cathedrâ* by Dr. Taylor in the last edition of his book on Poisons. Similar effects and circumstances were described by Dr. Von Tschudi in the *Journal de Chimie Médicale*, 1854, and were widely circulated by the late Professor Johnston in his "Physiology of Common Life." But Dr. Taylor dismisses them as "absurd and exaggerated, utterly inconsistent with all that is known concerning the action of arsenic in this or other countries, and hardly requiring a serious refutation." He relies upon Mr. Kesteven's observations on the arsenic works of Cornwall as clearly proving that the so-called arsenic, or *hidri*, of the Styrian peasant cannot be arsenic as it is known in England; and suggests that it is oxide of zinc, and that hence Von Tschudi and those who have placed credit in his statements have overlooked the most important fact in this strange history. Mr. Heisch has, however, supplied evidence on this score. The powder sent over to him as being the substance and dose daily taken by one person, contains twenty-three grains of pure white arsenic. This gentleman's case is not only known to Dr. Lorenz, but also to Dr. Arbele, Professor of Anatomy in Salzburg, who is cognizant of only two cases; but who affirms his own belief, and that of other medical men in his vicinity, in the prevalence of arsenic-eating, which is concealed from them for the reasons stated. It is alleged in corroboration of these facts, that evidence of the frequency of the practice is occasionally afforded when the graveyards are dug up, as happens in Styria within twelve years after they are closed. It is very well known here that arsenic exercises a peculiar preservative influence over the bodies of those who have taken it into the system during life, or even into whose veins it has been injected after death. Long after surrounding remains have fallen into decay they retain their form and natural aspect, undergoing only a kind of waxy yellow mummification. It is stated that numbers of these bodies are discovered in turning up the graveyards, and that the arsenic-eaters are thus recognised. The custom seems to be of long standing in Styria, according to some evidence of Professor Schall-Gruber ("Medicinischer Jahresbuch des Oester: Kaiserstaates, 1822); and hence such evidence might well be expected.

The paper of Mr. Heisch completely reopens the discussion, which we had thought closed. His correspondents reassert with minuteness most of the statements which were rejected as incredible, adding some new elements of apparent miracle to the history, since the largeness of the dose forwarded to Mr. Heisch taxes credulity at least to its furthest limits. In the interest of juridical science, which is likely to be strangely affected by these statements, it is very desirable that an investigation should be made on the spot by a commission of acute and learned persons. We should all like to know the truth, and medical legists can hardly feel themselves secure until all doubts are finally set at rest.

THE PURGATORY OF THE BATH.

LONG and persevering homilies from the medical profession on the virtues of water on the functions of the skin, have had the happy effect of establishing the cold bath amongst our permanent English institutions, and spreading widely the habit of employing frequent and tonic ablutions with cold water, which may be described as amongst the chief fortifiers of the British constitution, and the wonder, but not the envy, of continental nations. The cold bath is certainly better understood in England than anywhere else. But it may reasonably be doubted whether the warm bath has been studied with equal success. Our notion of warm baths includes merely a great deal of hot water, or hot vapour, and a certain proportion of soap, or medicinal tincture, according to the purposes of the bath. This was not the hot bath of the ancients: this is not the hot bath of the orientals. They employed a far more ingenious and a far more effective combination of hot air, hot vapour, hot water, and skilful frictions. Such were the baths which Hippocrates, Galen, and Celsus prescribed: such were the baths of which Homer sings the praises in the "Odyssey," and which Herodotus says that even the Scythians used in the Trojan War. These were the baths of which Justin records that the Romans taught the art to the Spaniards as early as the Second Punic War; and of which Julius Cæsar brought the secret even to these islands. Of the stately erections consecrated to the service of the bathers remains are yet widely extant—monuments of luxury and splendour. The art has long fallen into abeyance in the west, but has survived in the east. Its restoration has been amongst the consequences of our Crimean War. The luxuries of the Turkish bath were then so widely felt that the attempt to introduce it into Great Britain has met with a deserved success. The credit of this revival is greatly due to Dr. Haughton, who has energetically pressed on the construction of such baths in Ireland, where they have been in use now some time, and are effecting a revolution in bathing, which has only recently extended to London.

In these Turkish baths, soap and water are purely secondary agents; they are considered as barbarous, clumsy, and effete means of cleansing. The bather is first conducted into a room, which is practically a large oven, lighted from the top, and filled with moist air. This is very far, however, from being a vapour bath; the quantity of watery vapour is small, and does not affect the transpiration of water by the skin. Of course a profuse sweating is induced, and the skin is thoroughly softened. It is a hot bath without water, or rather with the aid of very little water. From this chamber he passes to another, the calidarium, where, freely perspiring, he is rubbed with towels or goat's-hair gloves; and so great is the effect of the prior treatment that the softened cuticle rolls off in thick flakes, and a new skin is found beneath of which the subject of the operation little dreamed. No one who takes a Turkish bath for the first time but must be astonished at the quantity of unnecessary cuticle which he carries about with him. Adepts tell you that "it requires great dexterity to perform this well without rubbing some places too much and others too tle." Now comes

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tensions which he had been unable otherwise to disturb. Dr. Corry instituted legal proceedings, laying damages at £1000; and has received, in deprecation of his just wrath, an ample printed apology, full of "sincere regrets" and "unconscious injustice." Dr. Corry occupies an honourable position amongst his professional brethren in Belfast; and we hope this case may prove a salutary warning to those snarling critics who think to compensate for defect of knowledge by excess of malice.

STATE OF THE WATERS IN REGENT'S PARK.

ONE thing at a time is a good maxim, so that we hardly know whether it be a wise policy to introduce to the public another sheet of water in a public park, which has claims upon public attention such as those of the Serpentine, until the cleansing of the latter lake is decided by the House of Commons. But there is an equally undeniable principle in the conduct of affairs, which recommends the timely aid that saves so much prospective labour. We are disposed, therefore, to commend the unsanitary condition of the ornamental water in Regent's Park to the attention of the public and the Chief Commissioner of Works, notwithstanding, or rather because, that it is as yet somewhat less desperately bad than the waters of the Serpentine. It is possible that by a small expenditure these waters may never reach the pitch of Augean filth which puzzled Mr. Hawksley in Hyde Park, and therefore we beg a timely attention to the report of Dr. Dundas Thomson, F.R.S., to the vestry of Marylebone on their present condition. He says—

"This water is derived principally from land springs and drainage; but during the summer it is supplemented from the pipes of the West Middlesex Water Company, to the extent of several inches. In the more narrow and shallow portions I have found the bottom to be composed of a dark putrid mud, giving off gases which carry up portions of organic matter to the surface; a scum is thus gradually formed, which emits, in warm sunshine, a noxious odour. The water contains a large amount of organic matter, the quantity reaching 9°·12 degrees or grains per gallon; and the total impurity being 67°·60 grains or degrees per gallon, it is much more impure than the Serpentine water. The fresh mud consists of 67·98 per cent. of water, 26·64 inorganic, and 5·56 organic matter."

It is evident that this mud ought to be removed forthwith, out of regard to the health of the thousands who frequent this beautiful park. The deposit of mud is, to be sure, not yet so thick as at the bottom of the Serpentine; but the water is already more impure, and the bed will in time become more filthy.

SIR WM. DUNBAR'S AMENDED REGISTRATION OF DEATHS &c. BILL.

ON Friday, the 1st instant, the Glasgow Faculty of Medicine held a special meeting to consider Clause 13 of the above Bill, with copies of which they had been furnished by Sir William Dunbar and the members for the city. The following resolutions, on the motion of Mr. McCarron, seconded by Dr. William Young, were unanimously adopted:—

1. That the 13th clause is an improvement on the existing law, in so far as it provides for the passing of the schedule from the medical "person" directly to the registrar; but that, inasmuch as it does not repeal the penal clause of the Act 17 & 18 Vict. cap. 80, it is not satisfactory to the meeting.

2. That as the present law demands from the profession unrequited labour, it violates the first principles of the constitution as affects the private rights of the citizen; whilst by enforcing such demand by a system of pains and penalties, it is guilty of tyranny, and should be resisted by every constitutional means.

3. That a petition founded on these resolutions, and signed by the president, be forwarded to Mr. W. Buchanan for immediate presentation to Parliament.

4. That the thanks of the Faculty are eminently due to Messrs. W. Buchanan and R. Daglish, the city representatives, and also to Sir E. Colebrook, the member for Lanarkshire, for

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the interest they have taken in this matter on behalf of the profession.

On the suggestion of Dr. Walker, it was agreed to address a circular to the Scottish members and others favourable, calling on them to expunge from the law the penal clause, which stamps a degradation on the medical profession of Scotland.

(*Signed*) JAMES SCANLAN, M.D., President.

THE LATE PROFESSOR JOHN LIZARS.

WE lately recorded the death of this distinguished Edinburgh surgeon. When a man of note passes from amongst us, it is interesting as well as instructive, by a retrospective glance at the salient points in his professional career, to see how he has built up the great name which he leaves behind.

John Lizars was born in Edinburgh, and received his education at the High School of that city. Having resolved to enter the medical profession, he had the good fortune to become the pupil and apprentice of the well-known John Bell, the elder brother of the illustrious Sir Charles. Under a master so eminent at once as an anatomist and surgeon, it need not be wondered at that young Lizars acquired that bent towards anatomy and surgery which determined his after-career. Having obtained his diploma in 1808, he passed several years as surgeon in the royal navy, serving on the Spanish and Portuguese coasts during the Peninsular war, under the command of Admiral Lord Exmouth. One of the warmest and most lasting friendships of his life was one which he then formed with Lord Napier, who was then captain of one of the ships in which he served.

Mr. Lizars returned to Edinburgh in 1815, and was admitted a Fellow of the Royal College of Surgeons of that city; and in such esteem was he held by his former master, John Bell, that he was admitted into the partnership which then subsisted between Bell and Robert Allan, the well-known surgeon of that day, and author of "Allan's Surgery." Mr. Lizars shortly began to lecture in the school with Allan, the latter giving the surgical lectures, while Lizars took the department of anatomy and physiology. In a few years the partnership was dissolved, and Mr. Lizars lectured on anatomy alone at the Theatre, No. 1, Surgeon-square, which long maintained its reputation as a school of anatomy. Having made a position as a teacher of anatomy, in the course of four or five years he commenced to lecture on surgery also. To teach both sciences was no light matter either for mind or body. His method was as follows: first, a lecture on anatomy from eleven to twelve; secondly, a half-hour's demonstration on anatomy at one o'clock; and, thirdly, the lecture on surgery from two to three. This he did daily, Saturdays excepted; besides which, he had a large class of practical anatomy—a department the conducting of which was then a much less easy or safe matter than it now-a-days proves to us, who have merely to receive bodies under the peaceful operation of the Anatomy Act. Mr. Lizars' activity and success may be judged when we mention that on each of his three classes there was an average attendance of about one hundred and fifty students. His success as a teacher may be said to have been due not only to his ability as an anatomist and surgeon, but to the great attention he paid to his pupils in the time he spent with them, and to the zeal with which he inspired them.

When the Edinburgh College of Surgeons, leading the van in the improvement of medical education, resolved to recognise each teacher for one science only, Mr. Lizars naturally chose surgery, resigning his class of anatomy to his brother Alexander, who soon became known as a successful teacher in Edinburgh, now the well-known professor of anatomy in the University of Aberdeen. In 1831 John Lizars was appointed Professor of Surgery to the Royal College of Surgeons on the resignation of Mr. Turner, who became the first, but short-lived, professor of surgery in the Edinburgh University. Mr. Lizars continued to lecture as professor of surgery till 1838–39, when he retired from the duties of the lecture-room and the hospital. The hospital appointment he had held for only some five or six years, under an unhappy regulation then in force in the Edinburgh Royal Infirmary which allowed of but short appointments. However important a more lasting hospital appointment may be, it will prove consolatory to those who, from want of friends, or jealousy, or other circumstances, have been unable to gain such an appointment, to see from Mr. Lizars' career that even a surgical reputation may be made before, and maintained after, it has ceased.

A signal proof of Mr. Lizars' industry and devotion to the science of surgery was presented in the large number of anatomical and pathological specimens which he collected from the field presented by his practical rooms and his private and hospital practice. These, with scarcely any exceptions, were prepared by himself. The anatomical museum went to his brother Alexander, with the anatomical class; and when he retired from teaching surgery in 1839, his large and truly valuable surgical museum passed into the possession of Dr. Handyside, who succeeded him as lecturer on surgery.

Mr. Lizars' reputation as a teacher was made and maintained at a time when there was no lack of competitors and contemporary lecturers of great talent and fame. Amongst these were Barclay (who was still in the field), Mackintosh, Fletcher, Argyll Robertson, Knox, John Reid, and, as colleague at the hospital, there was Liston. Liston and Lizars taught and operated side by side, rivals and yet friends, for they were too much of a kind not to respect each other. A really great man may fail to be recognised from the mere accidental presence of a greater; as we have heard an anatomist say, the gluteus medius would have been regarded as a large muscle but for the presence of the maximus. To operate in the same theatre with Liston, and before the same students, was the severest trial to which a reputation could be subjected. But neither of these eminent men threw the other into the shade. Mr. Lizars could be equalled as an operator, but could not be surpassed. He had the ease and trust brought by that thorough familiarity with anatomy which years of teaching in the dissecting-room can alone supply, and a rich endowment of that natural coolness which is to the surgeon what natural bravery is to the soldier. None who witnessed it are likely to forget the coolness and dexterity with which he performed the then laudable but anxious experiment of exposing and tying the innominate artery; no one, probably, of the large and eager audience so cool as the operator himself. It will be remembered, too, that surgery is indebted to him for the introduction of the operation of removal of the upper jaw.

Mr. Lizars also contributed to advance the sciences of anatomy and surgery by his numerous writings. Besides his lesser writings "On the Extraction of Diseased Ovaria," "On Club-Foot," "On Strabismus," and "On Stricture," he published his well-known "System of Practical Surgery," and his large anatomical work, the "Anatomical Plates." The engravings in the latter work were made chiefly from original dissections, with great care, and at much expense. The work was altogether a magnificent one in its day, and had an immense sale; and although the increased facilities for dissection have rendered all such works less necessary than in former times, it is still, notwithstanding more modern competitors, a valuable work of reference for the student and surgeon.

Retiring from the position of teacher, which he had so long and so successfully held, Mr. Lizars devoted his time to private practice, surgical and general, with occasional appearances as an author, and thus spent the last twenty years of his life. He continued these active duties till the end. He had been out as usual on the forenoon of the 20th of last month; but, feeling drowsy, returned home. Symptoms of insensibility gradually supervened and increased, and without any return of consciousness he died on the following evening, thus ending a long, active, and useful career with a short illness and painless death.

It may be well, in concluding this brief notice of Mr. Lizars' career, to call the attention of the young members of the profession to the circumstance that the success and eminence which he attained he owed solely to himself. With no aids but those of his native talent and education, and his continued industry, he rose rapidly in the confidence of the profession and the public, and has left behind him a lasting name amongst the great ones of surgery and of the northern metropolis. To his many pupils, now scattered over the world, the news of his death will come with that sadness with which one hears that an old and favourite teacher has passed away, breaking another of the links which bound them to the past, and to them the incidents and the names to which we have referred will stir many deep and interesting memories of bygone days.

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how many have sunk under the disease, or have been successfully treated?" Letters should be addressed to Dr. Faye, Physician to the King, Christiana. We beg Dr. Faye, when he next favours us with a letter, to write it in either *French or German.*—SUB-ED. L.

REGISTRATION OF DEATHS (SCOTLAND) BILL.

To the Editor of THE LANCET.

SIR,—Will you permit me briefly, through the medium of your journal, to request the attention of English medical practitioners to the grievance of which the practitioners of Scotland so justly complain, and to ask their co-operation in resisting its re-enactment in the Amended Bill now before Parliament.

In Clause 41 of the Act now in force, (17 & 18 Vic.,) the practitioner last in attendance upon the deceased person is required within fourteen days to give gratuitously, and *transmit to the registrar*, a written certificate of the cause of death, together with the age, residence, and some other particulars of the deceased, *under a penalty of forty shillings and costs.*

Let it not be supposed that this is an idle threat, as I will presently show. In the Amended Bill (now ready to go into Committee) it is proposed to retain the penal clause, making it returnable within five days. The great mass of the profession of Scotland have protested by petitions to the Legislature and deputations to the Lord Advocate of Scotland (who has charge of the Bill) against the "hated penal clause;" and the question I wish to put to English practitioners is this—Are they willing to have such a clause as the penal clause in question enforced upon themselves? If they are not, then, in justice to the medical profession in Scotland, and as a matter of policy in defending their own rights, I urge them not to permit an insult and a wrong to be inflicted on members of our common profession, who are removed from us merely by a geographical boundary.

There is a Registration Bill for Ireland, now before Parliament; but I cannot say if any penal clause affecting our profession is contained in it. But if the penal clause in the Scotland Bill is passed, we may be assured a similar clause will soon be aimed at English practitioners, and it will be followed up by other gratuitous demands upon our time and professional knowledge.

The Lord Advocate of Scotland, in answer to a deputation, who remarked on the injustice of inflicting a penalty upon Scotch medical men for omitting to certify as to the cause of deaths gratuitously, while the English practitioners are exempt from it, stated that "he understood the Act in England had *failed, owing to the absence of a penal clause.*" If, therefore, they would avert this, they should make known their views to the Legislature without a day's loss of time. The simple petition of one or two members on a sheet of letter-paper may be sent through the members for each locality, if it is not convenient to obtain more signatures to each petition.

I have only now to add that fines and costs have in many cases been inflicted in Scotland under the penal clause. In one instance, in two successive cases, the fines and costs amounted to nearly £10, and in many others the costs alone have been from £3 to £4, the magistrate in several cases having enforced the nominal fine of one shilling only.

I remain, Sir, your obedient servant,

Rochester, June, 1860. J. P. BEAVAN, L.R.C.P. Edin., &c.

TRANSMISSION OF SECONDARY SYPHILIS.

To the Editor of THE LANCET.

SIR,—M. Diday, when he wrote his communication, which appeared in THE LANCET of the 26th ult., appears only to have seen your notice of my book. He cannot have seen the book itself, otherwise he would have found that I repeatedly refer to both of his valuable works on Syphilis. Indeed, M. Diday and his colleague, M. Rollet, are the authors to whose writings I have chiefly referred, as they are the most recent, and seem to me distinguished alike for scientific exactness and practical acumen. No one more than myself appreciates the success with which M. Diday has laboured in unravelling the intricacies of that most complicated subject, the pathology of syphilis. In regard to the particular part of the subject referred to by M. Diday in his communication, anyone who reads my book will see that I lay down the doctrine regarding hereditary syphilis, not as my own, but as a doctrine already established, and in my mind confirmed by my own experience.

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I freely refer to M. Diday on the subject, but if he thinks my references not sufficiently marked, I can only regret it, as I had no wish otherwise than to do M. Diday full honour and justice.

In my Preface, I claim a scientific character for the *subject* of venereal diseases, elucidated as it has been by the works of recent authors. I claim nothing for myself. In writing the work which has given rise to this discussion, my aim was simply to produce a work which might be useful to young practitioners. In it I endeavour to explain what I considered established doctrines, giving at the same time my own experience, illustrated and corrected by that of the best and most recent writers.

I am, Sir, your obedient servant,

Albany Court-yard, June, 1860. JOHN HARRISON, F.R.C.S.

THE LATE MR. ALBERT SMITH.

(NOTE FROM DR. RUSSELL REYNOLDS.)

To the Editor of THE LANCET.

SIR,—There is an error in your account of the illness of the late Mr. Albert Smith, which, although slight, is yet in regard of a fact of so much pathological significance that it is important it should not pass uncorrected.

In describing the illness of Mr. Smith in December last, it is stated that "the severity of the convulsions, coma, and excitement continued until two o'clock P.M.; the patient passing through a series of them, about eight in the hour." There was nothing like this extreme frequency of convulsion in the case referred to. The "series" of symptoms—cerebral excitement, convulsion, and coma—occupied about an hour, so that not more than *one* fit occurred during that period of time. There were about eight fits altogether.

I have the honour to be, Sir, your obedient servant,

J. RUSSELL REYNOLDS, M.D.

Grosvenor-street, Grosvenor-square, June 6th, 1860.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE proceedings of the Academy of Medicine were commenced on May 29th by M. Depaul's termination of the interesting paper, begun at the previous meeting, upon Occlusion of the Os Uteri during Pregnancy necessitating the Use of the Bistoury in order to effect Delivery. A striking feature present in all the three cases detailed was the completeness of the obliteration of the uterine outlet, and also the solidity of the cohesion between the parts. Neither could the smallest trace of the os be detected by the finger, nor did the most powerful uterine efforts, though continued for many consecutive hours, in any way tend to re-establish the normal state of things.

After the reading of this communication, M. Velpeau rose; but as previous notice had been given by M. Blache, physician to the Hôpital des Enfans, of an intention to bring forward a claim of priority in favour of M. Delau over M. Bize, of Montélemart, in the administration of perchloride of iron in purpura hæmorrhagica, that surgeon waived his right in M. Blache's favour. This latter gentleman stated that several years ago, at the suggestion of M. Delau, he undertook a series of experiments with this remedy, all more or less confirming the successful results detailed in M. Bize's essay. The statement called forth a reply from the reporter of the committee, M. Devergie, in which he maintained that a full investigation of the question of priority had been instituted, and that though M. Delau seems to have been the first to turn his attention to the subject, yet as M. Bize had been the first to *publish* his experiment, the palm must remain in his possession—on the principle, I suppose, of "*Palmam qui (non) meruit ferat.*"

Much time having been frittered away in this tiresome and bootless discussion about priority, it was late when M. Trousseau rose to reply to some of the charges made in M. Devergie's report on the influence of the perchloride of iron, against the partizans of the vitalist or dynamist theory of the mode of action of iron on the economy. The learned professor said that the reporter had treated two questions in his critique: one, the action of the drug; the other, a question, and a most important one, of general therapeutics. As regarded the action of the drug in purpura hæmorrhagica, he did not consider that the cases were sufficient to prove its curative power, and he believed that medical men would be disappointed if they adopted its use and relied upon speedy and certain results. He extolled its merits as a topical hæmostatic, but said that the theory of the *chemical* action of the perchloride was absurd; that its administration in hæmorrhage from the lungs or womb was beyond measure ridiculous; and, in a clever bantering way, followed the course of a supposed dose through the system, from its administration by the mouth to its ultimate distribution, or rather diffusion, amongst all the capillaries of the body, and dwelt upon the improbability of its having reserved the employment of its styptic power until its arrival at the required destination. The sedative effects noted by the author of the paper, M. Trousseau attributed to the cessation of reaction from natural causes, foreign to the action of the remedy administered, and said that he did not believe that any drug possessed both a styptic and at the same time a sedative power. Diverging now into the general question of the mode of action of ferruginous preparations on the system, the professor argued with much power against the views of the chemical theorists, who maintain that iron, when taken, is absorbed directly into the blood and there precipitated as an oxide, and that it restores to that fluid the amount of material necessary for the reconstitution of its globules. By citing the experiments of M. Reveil, who found that in chlorosis the administration of iron, although followed by rapid increase in the quantity of blood-globules, produced no increase in the amount of that mineral in this fluid, M. Trousseau introduced his own theory concerning its therapeutical action,—namely, that of excitation. In chlorosis, where the effects of the iron are best seen, there is no lack of it in the system, but as the globules are few, it is condensed, not diminished; and the special property of the ferruginous compounds is to produce distribution by stimulating the system, and exciting the re-formation of the globular ingredient of the blood.

Here the meeting was adjourned till the 5th June.

I was at the Hôpital de la Charité this morning (June 4th), and I find that M. Piorry has authorized a medical gentleman, of the name of Guirette, from Lyons, to institute in his wards a series of experiments in order to test the value of a new plan proposed by the said Dr. Guirette, *for the radical cure of phthisis pulmonalis*, during its third or suppurative stage.

Such a proposition, at first sight, is unpromising, and especially at the Charité, whose wards are still echoing with the cruel humbugs and deceptive professions of the Docteur Noir; nevertheless, I am disposed to think M. Piorry quite justified in giving the present scheme a fair trial. The method of treatment consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at its diseased part, and in the free admission of atmospheric air into the cavity of the abscess, which at the same time discharges its contents externally. Dr. Guirette was led to believe in the feasibility of such a plan by a pure accident. Having at the hospital at Lyons applied an issue to the chest of a phthisical patient, over the site of a cavity, and having inserted a pea in order to keep up the counter-irritation, this practitioner found that the foreign body had worked its way into the lung, and caused the pus contained in the abscess, which was a very superficial one, to escape at the artificial opening. The result, so far from being fatal to the patient, was so beneficial as to lead to complete recovery. He left the hospital apparently cured, and emigrated to Rio Janeiro.

Since the occurrence of this case, Dr. Guirette has applied the penetrating cautery in three instances, and each time with the best success. Encouraged by this experience, he has come to Paris to submit his plan to public criticism; and although he has met with many rebuffs, is now enabled, by the kindness of M. Piorry, to plead his own cause, or rather that of his new system of treatment of this most incurable complaint. Operations have been already commenced; and a lad aged about eighteen years, with all the symptoms of an abscess under the left clavicle, has been handed over to Dr. Guirette, who applied, on the 3rd inst., a cautery of Vienna paste in the third intercostal space, towards the axilla. This, when the eschar falls, will be replaced by a pea attached to a thread of silk. I shall report progress in my next.

The following are a few of the practical truths insisted on by M. Desmarres, in his clinical remarks on the results of his experience in ophthalmic medicine, and are worth mentioning:—

1. When you see, in an obstinate case of conjunctivitis, an elongated clot or streak of mucus adhering to the surface of

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CAMBRIDGE M.B. EXAMINATION.—The Board of Me-ical Studies have selected the following portions of classical ıthors for examination in the ensuing academical year:—ippocrates: the first, second, third, and fourth sections of ıe Aphorisms. Aretæus: "On the Causes and Symptoms of cute Diseases," the first five chapters of the second book. elsus: the second book. Candidates will be required to satisfy ıe examiners in the portions selected from each of the above ıthors.

TESTIMONIAL TO DR. PARKES.—On Friday, the 1st inst., meeting was held by the students of University College Hos-ital for the purpose of considering the best method of testifying ıe universal respect entertained for Dr. Parkes, late Professor Clinical Medicine at the above hospital; Dr. Edwyn Andrew ı the chair. After a preliminary address by the Chairman, ıe following resolutions were adopted:—

1. Proposed by Mr. Teevan, seconded by Dr. Buchanan,—That this meeting observes with great regret the resignation Dr. Parkes, who has been for so many years connected with ıis school, and who, by his uniform kindness, as well as by is great talents as a professor, and especially by his unwearied xertions as a teacher of clinical medicine, has obtained the ıteem and respect of all with whom he has come in contact. hat, as a small acknowledgment of his great qualities and aluable services, an address, together with a testimonial (the ature of which to be afterwards decided by the Committee), ıall be presented to him at the earliest time possible."

2. Proposed by Mr. W. J. Smith, seconded by Mr. Dawson, —"That a communication be made to the present and former upils, fellow-students, and colleagues of Dr. Parkes who may e willing to aid in this movement."

3. Proposed by Mr. Power, seconded by Mr. Gibson,—That a committee be at once formed to obtain subscriptions ɔ carry out the desirable object."

Dr. EDWYN ANDREW, *Treasurer.*
Mr. SIDNEY RINGER, } *Secretaries.*
Mr. EUSTACE SMITH, }

THE LATE MR. JACOB BELL.—The "Pharmaceutical ournal" publishes a subscription list, by which we learn that ıore than £1800 has already been subscribed for the Jacob ell memorial.

SOCIETY OF ARTS.—The 106th anniversary dinner of his Society will take place at St. James's Hall, Piccadilly, on riday, the 22nd. The Right Hon. Benjamin Disraeli, M.P., ill preside, and will be supported by many members of the ıedical profession.

TREATISE ON THE CULTIVATION OF INDIGO.—Dr. Shortt, urgeon of Chingleput, has received a prize from Government f 800 rupees for an essay on this subject.

THE CHOLERA IN MALAGA.—The following is from a ıercantile letter from Malaga, under date of the 22nd ult.:—We have the cholera here, from fifty to sixty persons dying aily." The writer adds, "This is a present brought us by he troops that have returned from Africa."

POISONED PERFUMES.—The police of Paris have been ɔr some months engaged in the examination of a variety of ılsifications, and amongst the rest that of perfumery. Several ctresses have been suffering from the effects of poison absorbed rom the face, without suspecting that their sufferings came from his source. The quantity of corrosive sublimate, arsenic, verdi-ris, vitriol, and other poisonous substances daily absorbed in aris must in effect be immense, and the reform did not com-ıence too soon. The investigation was instigated by an actress f the Varietés Theatre against a perfumer for damages for in-isposition attributed to his cosmetics.—*Chemical News.*

ROYAL COLLEGE OF PHYSICIANS.—The election for a epresentative in the Medical Council to-day (Saturday) will e conducted in the following manner:—

1. That each Fellow shall write on a slip of paper the name f any Fellow whom he proposes as a representative, and place ıe same in the hands of the president or pro-president, and hat the votes thus given be then examined by the two senior ensors present, or, in the absence of censors, by two Fellows ppointed by the president. If any Fellow shall have received ıe votes of two-thirds of the Fellows present he shall be con-ıdered elected.

2. Should no Fellow have received a sufficient number of otes to determine the election, a second ballot shall at once ıke place, and not more than three names having the largest umber of votes shall be put to the ballot; a majority of two-hirds of the Fellows present determining the election. Should

this ballot not be conclusive, the two Fellows who have received the highest number of votes shall be again balloted for, and in this case an absolute majority shall determine the issue. In any case of an equality of votes between two candidates, a separate ballot shall be taken to determine, when necessary, the priority of one of the two.

3. In each case the registrar of the College, or his vicarius, shall write down the name of each Fellow as he hands in his vote, and no Fellow shall be allowed to leave the room until the final result of the ballot shall be declared.

HOSPITAL FOR CONSUMPTION.—At the annual Court of Governors, held this week, the report stated that during the last year 972 patients had been admitted, being an increase of 300 over the previous year; 688 patients had been dismissed, many greatly benefited; 124 had died. As so many deaths had occurred during a short period, it was necessary that the governors should exercise some caution in the selection of patients for admission. The number of out-patients in 1859 was 4649 against 3971 in 1858. The general income amounted to £11,985 3*s.* 6*d.* Balance in hand, £642 5*s.* 10*d.*

SANITARIUM AT CEYLON.—The "Indian Lancet" states that the Government is seriously thinking of establishing a sanitarium at Ceylon, or in some other suitable place, for troops from India. If such an arrangement could be effected in a manner consistent with the health of the men, an immense saving would be effected, since at present a large number of men are sent to England because there is no other place for them.

THE GREAT TASMANIA AND THE LIVERPOOL WORKHOUSE OFFICIALS.—The Indian Board have granted the sum of £90 for distribution amongst the Liverpool workhouse officials, as a reward for their attention to the Indian soldiers who returned home sick and enfeebled in the *Great Tasmania*. This sum has been divided amongst the medical officers, matron, nurses, &c., the medical officers of the first class receiving 24*s.* per diem for three weeks, and those of the second class 10*s.* per diem for the same period. The governor of the workhouse (Mr. Carr) has declined to receive any gratuity.

THE CANCER QUACKERY: DEATH OF THE REV. H. E. HEAD.—The Rev. H. E. Head, who, it will be remembered, wrote to *The Times* a few months ago, announcing that he was either cured or in a fair way of being cured of cancer in the palate by the Rev. Mr. Reed, has recently died of that disease under the immediate care of this person. Our professional readers need not be reminded that we at the time described the "cure" as delusive. The history of this case is but one of a multitude of illustrations proving the reckless audacity of ignorant pretenders to medical skill, and the fatuous confidence of a portion of the public.

TESTIMONIALS TO A MEDICAL MAN.—Two testimonials have lately been presented to R. E. Hoyle, Esq., L.A.C., residing at Heighington, Lincoln. The first was presented at a public supper given to him at Branston by the farmers and others in the neighbourhood; and the hearty good feeling that was shown by all to their old and tried medical attendant was pleasing in the extreme, as it was a proof that he had not laboured in vain. It consisted of a silver inkstand of the most beautiful and chaste workmanship, with a purse of twenty-five guineas—the latter presented by the ladies in the locality. The inkstand bore the following inscription:—"Presented to Mr. Richard Elkanah Hoyle, by the inhabitants of Branston, Heighington, Washingborough, Potter Hanworth, and the neighbourhood, as a mark of their respect and esteem for his invaluable services rendered to all, and especially to the poor. January 3rd, 1860." A beautiful medal was also presented to him by the Washingborough Court of Foresters, bearing the following inscription:—"A. O. F. Presented to Bro. R. E. Hoyle, L.A.C.L., by the members of Court Washingborough, No. 956, as a mark of their esteem for his valuable services as surgeon. June 2nd, 1860."

UNIVERSITY COLLEGE, LONDON.—At a session of the Council on the 2nd instant, Dr. Jenner was appointed to the offices of Holme Special Professorship of Clinical Medicine and of Physician to the Hospital, vacant by the resignation of Dr. Parkes, on his appointment to the Professorship of Hygiene in the new Army Medical School at Chatham. A vacancy in the office of assistant-physician to the hospital, with the care of out-patients, occasioned by the promotion of Dr. Jenner, was ordered to be advertised. For the Andrews Scholarships, to be awarded in October next, it was resolved to invite Mr. Robert B. Clifton, formerly a student of the College and afterwards of St. John's College, Cambridge, for mathematics, and Mr. Edward Spencer Beesly, M.A., late of Wadham College, Oxford, and now Principal of University Hall, London, for classics, to be the examiners, in conjunction with the Professors of Mathematics and Natural Philosophy, and of Latin and Greek respectively; and for the Ricardo Scholarship in Political Economy, to be awarded in December, it was decided to invite Mr. Richard Holt Hutton, A.M., a Fellow of the College, to be examiner, in conjunction with Professor Waley, A.M. Thanks were voted to Sir Francis Goldsmid and Mr. Frederick Goldsmid for the kind and valuable present which they had made to the College, of a full-length portrait of the late lamented Baron de Goldsmid—one of the original founders, as well as one of the warmest and most esteemed friends, of University College. A bust of Sir Edward S. Creasy, late Professor of History, and now Chief Justice of Ceylon, by Mr. E. G. Papworth, jun., was also received. Sir Edward Creasy, on his retirement from the College, having been requested by the Council to assume the title of Emeritus Professor of History, had, on accepting and returning thanks for the honour by letter, expressed his gratification at knowing "that he should still in title, if not in presence, be connected with the institution which he had so long regarded with affection and pride." The Professors took leave of their colleague at a dinner given by them in the College a few days before his departure for Ceylon.

GAS-POISONING.—Some cases of gas-poisoning have occurred this week at Limerick. A family, consisting of a mother and four children, residing in an under-ground cellar, were found apparently lifeless by the father, on returning home at eight o'clock. They were lying insensible in an atmosphere loaded with coal-gas, which had escaped from a pipe communicating with the main. One child, a girl aged two years, was dead, and the remainder were in such a lethargic state of insensibility and stupor that it was feared their recovery was hopeless. They were conveyed to Barrington's Hospital, and, by the energetic efforts of Dr. Bourke and Dr. Gelston, restored to animation after some hours.

A DISPUTED BILL.—QUEEN'S BENCH: THOMAS AND BURROUGHS *v.* HOLME.—This was an action to recover a sum of £32 7*s.* upon a surgeon's bill. The defendant paid £12 10*s.* into Court: £5 10*s.* was irrespective of this particular case. The plaintiffs were surgeons at Horsham; and the defendant was a young gentleman of fortune, living in the neighbourhood. The item of £27 was the one disputed, and that was incurred under the following circumstances:—On the 23rd of June, 1859, the defendant was at a party at Mr. Burroughs', when he had a violent fit of coughing, and a bloodvessel was ruptured. The defendant was at once put to bed in the plaintiff's house, and he remained there for many days. It was necessary to pay him the greatest attention, and exercise the greatest caution. He was constantly watched; he kept his bed for ten days, and his room for twelve days; he remained in the house fourteen days. On the 7th of July, he went to his father's, and afterwards to Worthing. His family visited him at the plaintiff's house. The defendant's father said he never could remunerate the plaintiff for his kindness. The plaintiff had only charged for attendance and medicine. It was a very anxious case. His charge was two guineas a day. In the course of a long cross-examination, it was elicited that this was a charge made in anger, both parties standing on their rights. Witnesses considered six visits a day throughout too many.—The jury found a verdict for the plaintiff for £6 4*s.*

REMOVAL OF CITY CHURCHES.—A report of Messrs. Grainger and Holland, inspectors of burial-grounds, which has been made to Sir G. Lewis, the Home Secretary, by his order, on the proposal to remove some of the City churches, throws additional light upon the subject. The Home Secretary instructed them to make a careful examination, in its sanitary bearings, of the proposal, with the view of determining, if the plan could be carried out, what precautionary measures would be necessary. They state that the proposal in question, which has been made by the Rev. Charles Hume, is not to disturb any of the burial-grounds, but simply to take down such of the least used of the City churches as may be determined upon for the purpose of building warehouses, offices, parsonages, and parochial schools, upon their sites, and to devote the large funds expected to be thus derived to the building and endowment of new churches, with parsonage-houses and schools, in such parts of the metropolitan districts as are most in want of church accommodation. Mr. Hume believes, that if his plan be fully carried out, a fund may be raised sufficient to provide for the religious instruction of many thousand people, and for

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the maintenance of, perhaps, thirty new schools; and urges that the failure of a plan which would be of such infinite value, from any less cause than palpable danger to the public health, would be most deeply to be regretted. Messrs. Grainger and Holland are of opinion, if it be proposed to take down any church, and build warehouses, dwellings, or schools, upon its site, that the most satisfactory plan would be, to remove the human remains beneath the churches to be taken down entirely, and reinter them in some appropriate place of sepulture. This course, they say, is not free from objection, and great care and expense would be needed to prevent danger and annoyance to the public, and just cause of complaint to the friends of the dead. But with very careful management and the observance of such precautionary arrangements as they can recommend as soon as any individual case is submitted for approval, such as the proper use of disinfectants, the enclosing previous to removal from the vaults of any damaged or defective coffins in air-tight shells, and especially by the vigilant supervision of the Medical Officer of Health of the district and of the church authorities, they believe that it would be possible to guard against violation of propriety, and to obviate all just cause for apprehension. Partial removals, they add, of the kind contemplated have been frequently effected. Mr. Holland has inquired, and has been informed that generally there is very little attendant difficulty. The servants of the London Necropolis Company have removed about fifty coffins from various church vaults to Woking. In very few of these instances has there been any difficulty; and in the cases where the coffins were damaged, the difficulty was easily overcome by using shells lined with pitch and partially filled with charcoal, which absorbed and destroyed the smell of any liquid escaping from the coffins. Mr. Latchford, churchwarden of St. Martin's, also told Mr. Holland that the difficulties attending removal of coffins from vaults were easily overcome. Although, they say, they feel no doubt of the possibility of the removals being effected without real danger, the risk of exciting apprehension is so great that they do not think it would be prudent for them to recommend that any general approval of such removals as cannot be recalled should now be given, and submit that the most expedient course would be to have a legislative provision requiring that in each case individually the previous sanction of the Secretary of State should be obtained, and the precautionary regulations he directs for the protection of the public health and the maintenance of public decency observed. There would thus, they say, be retained the power of adopting in any future case such additional precautions as experience might show to be necessary, or even of prohibiting further prosecution of the plan if, on trial, the difficulties should, contrary to their expectation, prove insurmountable.

INAUGURATION OF THE BUST OF THE RIGHT HON. SIR JOHN PAKINGTON IN THE MUSEUM OF HASLAR HOSPITAL.—The bust of Sir John Pakington, executed by Marochetti, and subscribed for by the Medical Officers of the Navy, was placed in Haslar Museum on Tuesday last, in acknowledgment of the great service rendered to the medical department of the service during the administration of the Right Hon. Baronet as First Lord of the Admiralty. There were nearly 100 persons present, including Captain Superintendent the Hon. George Hastings, the medical and other officers of the hospital and their families, the medical officers of the Fleet, the Baron Marochetti, and the deputation, consisting of Dr. Nelson, R.N.; Dr. Rees, Deputy Inspector-General; Dr. Beith, R.N.; Dr. Dobie; and Dr. M'William. The latter gentleman delivered an able address.

THE EFFECT OF THE IMPROVEMENT OF FIREARMS UPON THE NUMBERS HIT IN BATTLE.—Marshal Saxe used to say that to kill a soldier the man's weight of lead must be expended. This saying, though strange, has been verified in modern times, with all the improvements lately introduced, at the battle of Solferino. According to pretty accurate calculations, the Austrians fired 8,400,000 rounds. The loss of the French and Piedmontese is reckoned at 2000 killed and 10,000 wounded. Each soldier hit has therefore cost 700 rounds, and every man killed 4200. Now, as the mean weight of balls is one ounce, 272 pounds of lead were used to kill a man, so that the old assertion of Marshal Saxe is still true.—*Journ. des Conn. Méd. Chir. et Gaz. Méd. de Lyon.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 2ND.—For the week that ended on Saturday the London returns of deaths exhibit a considerable decrease. The weekly number, which was about 1200 at the beginning of May, and afterwards 1100, was at the end of the month 1004. The births last week exceeded the deaths in the same time by 513. The deaths referred to zymotic diseases were 224, the corrected average being 259. There were 17 from small-pox, 5 of which occurred in the Small-pox Hospital. Measles, which has lately shown an increase, was fatal in 51 cases; but this number is not greater than that of the previous week. Five occurred in Islington, 5 in Stepney, 4 in Rotherhithe, 5 in the two sub-districts of Lambeth Church. There were 27 deaths from scarlatina, and 7 from diphtheria.

Last week, the births of 766 boys and 751 girls, in all 1517 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1509.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th ult., at Crowle, Lincolnshire, the wife of Henry W. T. Ellis, L.R.C.P. Edin., of a son.

On the 1st inst., at Grove-road, St. John's-wood, the wife of Thomas Chambers, M.D., of a daughter.

On the 2nd inst., at Woburn-place, Tavistock-square, the wife of J. Jones, M.D., of a son.

On the 2nd inst., at Gretton-terrace, Green-street, Victoria-park, the wife of Raphael Meldola, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 30th ult., at Worle, Somerset, John Frederic Lucas, Esq., of Nelson Lodge, Clifton, to Clara, third daughter of John Hardwick, Esq., M.R.C.S., L.S.A., of Worle.

On the 2nd inst., at St. Mark's Church, Marylebone, Robt. Henton Wood, Esq., F.R.C.S., of St. Martins, Leicester, to Mary Anne, only daughter of Edw. Marr, Esq., of Hamilton-terrace, St. John's-wood.

DEATHS.

On the 18th ult., at Rosemount, Letterkenny, Patrick Gannon, M.D., F.R.C.S.I.

On the 30th ult., at Eldon-road, Kensington, Geo. Woolley, M.D., upwards of forty years hon. medical attendant at the Royal Humane Society's Receiving House, Hyde-park, aged 77.

On the 30th ult., at Waterloo-road, Dublin, of whooping-cough, Mary Susan Allan-Holmes, aged six weeks, youngest daughter of W. O. Mackenzie, M.D., Surgeon-Major 3rd Light Dragoons.

MEDICAL DIARY OF THE WEEK.

MONDAY, JUNE 11	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Clinical Lecture on "Paralysis and Epilepsy." By Dr. Brown-Séquard.
TUESDAY, JUNE 12	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—7½ P.M. Ballot.—8½ P.M. Dr. Jenner, "On Congestion of the Heart and its Local Consequences." — Mr. Flower's "Contributions to the Pathology of Dislocation at the Shoulder-joint."
WEDNESDAY, JUNE 13	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
THURSDAY, JUNE 14	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease."
FRIDAY, JUNE 15	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, JUNE 16	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Hilton, "On the Influence of Rest in the Treatment of Disease."

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To Correspondents.

THE ADMISSION OF GENERAL PRACTITIONERS TO THE ROYAL COLLEGE OF PHYSICIANS.

Expectans.—It is not quite correct to say that the College of Physicians has approved the curriculum, scheme of examination, and other conditions of admission for the new order of Licentiates. The bye-laws relating to this subject have not yet finally passed the College. But there is no reason to apprehend that any time will be lost. We believe that no increased difficulty in the way of extending the time and matter of education will be introduced. Special consideration will be given to the case of students who may commence their professional education before October, 1860. It is contemplated that registered medical practitioners, whose qualifications date prior to 1860, will only be required to undergo a modified examination, embracing Medicine and Obstetrics.

One Negatively Qualified.—He can practise both medicine and surgery. It may be questionable, however, if he were to sue as a surgeon for attendance and medicine supplied in a surgical case, whether he would be able to recover in a court of law. Looking, however, to the jealousy with which the judges construe Acts of Parliament which have a retrospective effect, we think it most probable that he may maintain his action. Previously to the passing of the Act of 1815, there was no legal bar to his claim at law to a payment for services rendered in his capacity as a surgeon. Such being the fact, it is probable that his rights will not be interfered with by the recent Medical Act. It was said by a late distinguished person that he could drive a coach-and-six through an Act of Parliament. Certainly the Medical Act is anything but definite in some of its clauses. Many questions relating to the rights, privileges, and titles of medical practitioners have yet to be settled by the judges.

THE first part of *Mr. Dorwell's* paper, "On the Pathology and Treatment of Scrofulous Diseases of the Synovial Membrane of the Joints," shall, if possible, appear next week.

R. Richardson, L.R.C.P.E.—We would suggest that a statement of the facts be forwarded to Tom Taylor, Esq., Local Government Office, Whitehall.

COPYING AT EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—I observe a paragraph in your journal of May 12th, headed "Caution to Medical Students," and it would seem to me that the proceeding which gave rise to that paragraph is founded upon injustice. The public are informed that some medical students under examination were detected copying and assisting each other, and that not only have their certificates been refused, but also they have been sent back for *six months*. Now, I advisedly pronounce this proceeding to be unjust, because in all societies the legislature and the executive are distinct functions, carried on by different bodies. The legislature enact laws, and appoint an executive to carry them out. In this case, however, the Examiners (who are only the executive) have, in addition to their own duties, usurped those of the legislature, inasmuch as it is obvious, from your noticing the case, that it was a novel and therefore arbitrary act to exact a penalty of three months' additional absence from examination. I do not object to the candidates being rejected for such conduct (and that was clearly the reason why the certificates were refused, as it is not even hinted that they were incompetent); but I do protest against their being precluded from offering themselves at the next examination—namely, in three months' time, since no man can justly be made subject to a penalty which was not in existence when he offered himself for examination. The offence committed by the candidates would, at either of the Universities, have been visited simply and legitimately by a "pluck." The "rule of the Court" sanctioning this injustice (after the event) may have a good effect in future, but cannot apply to the present case, as a penal law can only have a *prospective*, not a *retrospective* effect.

I am, Sir, your obedient servant,

June, 1860. FAIR PLAY.

P.S.—I have delayed sending these observations, hoping that a notice so unusual would have elicited strictures from the authorities of some medical school.

WE have received a letter from *Dr. Fano*, of Paris, who complains that M. Laboric's name was substituted for his own in our issue of the 26th ult., in an article describing the services rendered by lateral light in examinations of the external portions of the eye. M. Fano is perfectly correct, and we are happy to state that to him belongs all the merit, M. Laboric's name having been inserted by mistake.

Mr. A. Marston.—1. It dates from the commencement of the apprenticeship. —2. Those of 1858.

Medicus (Edinburgh) may complete his medical education at any of the London Hospitals, with proper management, "economically."

T. H. should consult some respectable dentist.

An Assistant-Surgeon, (Aldershott.)—There are several cases of paralysis of the phrenic nerve and diaphragm on record, in which life has lasted a long while—i. e., weeks or months. Besides, experiments on animals show that death is not necessarily produced by division of the phrenic nerves. Still more, the diaphragm may continue to contract rhythmically after the division of the phrenic nerves. (See Brown-Séquard's *Journal de Physiologie*, 1859, No. V.)

MR. HERAPATH.

To the Editor of THE LANCET.

SIR,—Allow me to correct a mistake of the public, which has frequently been attended with painful disappointment. I am not a "doctor," though often addressed as such, nor am I a medical practitioner, therefore my name cannot be found in the Medical Directory. In order that strangers may discriminate between myself and another, who is mistaken for me, I had better be addressed as I sign this.

WILLIAM HERAPATH, Sen.,
Professor of Chemistry at the Bristol Medical School.

Old Park, June, 1860.

GASTROTOMY IN EXTRA-UTERINE FŒTATION.

Mr. Adams will perceive that the very interesting case in which he operated last week has been briefly announced in our journal. We shall look with pleasure for the fuller report which he promises.

X. J. R.—Each of the various apparatuses enumerated may be of use in certain cases. Our correspondent may refer with advantage to a Course of Lectures, delivered by the late Dr. Golding Bird at the College of Physicians, "On the Curative Powers of Galvanic Electricity."

Sufferer must send his name and address, when he will receive a private note.

Anti-Quackery has forwarded to us some circulars and placards issued by Mr. Brown, of the St. Ives Dispensing Establishment. We can only express our regret that a gentleman possessing the qualifications of Mr. Brown should so far forget the respect which is due to himself and the profession to which he belongs as to make use of such objectionable means to obtain a practice. Such a course of proceeding we believe to be as impolitic as it is derogatory to the members of a liberal profession. It is not only injurious to himself, but to the calling the honour of which he has sworn to maintain.

Studens Medicina (London) would be exempt; but, if convenient, he should enter to his Lectures next October.

Medicus.—1. Not usually.—2. Hooker's "Physician and Patient."

Enquirer.—An interesting paper "On the Adulteration of Carmine," by Mr. J. Attfield, appears in the May number of the *Pharmaceutical Journal*. A careful examination of a number of specimens shows that, except for the use of first-class artists, carmine is nearly always largely adulterated; that the adulterant used is generally vermilion, but sometimes chrome-red; that the price of carmine is far from being a good indication of its real value; and that the only test of its true worth is apparent perfect solubility in solution of ammonia combined with richness and depth of colour in the resulting solution. The conclusions arrived at by Mr. Attfield are corroborated by the experience of Mr. Ince, the able chief in the eminent firm of Godfrey and Cooke.

REGISTRARS AND THEIR SONS.

To the Editor of THE LANCET.

SIR,—My attention having been directed to a letter in your last week's impression from Mr. Shaw, of Bishopsgate-street, under the above heading, I beg your permission simply to state that the language attributed to me in such letter is wholly untrue. Mr. Shaw has only himself to blame for any annoyance to which his patients may be exposed from my official visits, consequent on instructions based on repeated reports from the public vaccinator (Dr. Fowler) of my district to issue proceedings against those who have failed to comply with the statute for compulsory vaccination. You, Sir, will at once perceive that if I had been as careless of my neighbours' interests as Mr. Shaw appears to be of the interests of his patients, I should have put them to the expense and annoyance of attending at the Police Court, instead of having taken the trouble to call upon them before doing so. The remedy is in Mr. Shaw's own hands—viz., by furnishing the certificates required by the statute, whereby he will protect his patients from intrusion, and himself from the possibility of the annoyance and expense of an indictment, to which I am advised he is liable for habitual delinquency under the statute in question.—I am, Sir, yours, &c.,

Devonshire-square, City, June, 1860. JOHN J. LEE, Registrar.

A Constant Reader of THE LANCET.—The regulations regarding the future licentiates of the College of Physicians of London are not yet published. He would not be admitted without examination at the College of Physicians of Edinburgh.

Mr. E. Bennett.—We know nothing of the person named. The conduct is not consistent with medical etiquette.

A Correspondent has called our attention to an advertisement in *The Times* of Mr. Sargeant, M.R.C.S., L.S.A. The announcement in question is undoubtedly most objectionable; but where is the remedy?

Mr. W. W. Phillips.—No, he cannot sue for medicines supplied. The Apothecaries Act was not repealed by the recent Medical Act.

J. A. D., (Manchester.)—The disease would make its appearance within six days after contagion.

A. B. G.—The Army Hospital Corps is thus constituted and paid:—Private, 1s. a day; sergeant, 2s.; company sergeant, 3s.; sergeant-major, 4s.; with food, clothing, &c., free. Pensions after twenty-one years' service—Private, 10d. to 1s. 4d. a day; sergeant, 1s. 3d. to 2s.; company sergeant, 1s. 6d. to 2s. 6d.; sergeant-major, 2s. to 3s.

A Subscriber, M.R.C.S.—No better answer can be suggested.

M.B. Lond.—The report published by a contemporary that Sir John Romilly had withdrawn from the contest for the representation of the University of London is the reverse of true.

Mr. Salter's communication, "On Fracture of the Superior Maxilla, and its Treatment," in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. Hunter; Mr. Attfield; Mr. Garland; Mr. John Goodchild; Mr. Barnard; Mr. E. T. Tylecote, Great Haywood, Staffordshire; Dr. Wollaston; Dr. J. B. Hicks; Mr. Wilson, (with enclosure;) Mr. Braund, (with enclosure;) Dr. Kirkman, (with enclosure;) Dr. Young, (with enclosure;) Mr. Tombs, (with enclosure;) Mr. Holt, (with enclosure;) Dr. Goyder, (with enclosure;) Mr. Ling, (with enclosure;) Mr. Hutchison, Galston, (with enclosure;) Mr. Pickett, (with enclosure;) Mr. Warburton, (with enclosure;) Dr. Pratt, (with enclosure;) Mr. C. Young; Mr. Ford, Langton, (with enclosure;) Dr. Merry, (with enclosure;) Mr. Hillier, Andover, (with enclosure;) Mr. Weston, Wellington, (with enclosure;) Mr. Addison, Kineton, (with enclosure;) Mr. West, Chertsey, (with enclosure;) Dr. Kennedy, Dublin, (with enclosure;) Mr. Shutte, (with enclosure;) Dr. Miller, Southsea; Mr. Byng, (with enclosure;) Mr. Spark, Twickenham; Mr. Edwards, (with enclosure;) Mr. Armitage, (with enclosure;) Mr. Redwood; Mr. Lean, (with enclosure;) Mr. Temple, (with enclosure;) Alpha, (with enclosure;) U. S. B., (with enclosure;) J. A. D., Manchester; Enquirer; Fair Play; &c. &c.

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of Voice, and other Diseases of the Mucous Passages of the Throat successfully treated with Solution of Caustic by TOMPSON'S PATENT HYDRO-PNEUMATIC INHALER (which is easy of self use), without pain or inconvenience. Vide THE LANCET, 28th Jan. 1860, and specimen of action at the Agents, MILLIKIN and LAWLEY, Surgical Instrument Makers, 161, Strand, adjoining King's College, London.

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and FLESH BRUSHES. No trouble in use. Effect certain in all cases of Galvanic Action, these Brushes containing battery of sufficient force to be perceptible in use. The Profession will find them of great advantage in all cases of Neuralgia and Rheumatic affections, being a pleasant and refreshing means of applying galvanic action to the surface of the skin. To be had of all Chemists, and at the Manufactory, 21, Providence-row, Finsbury-square.

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Solicit attention to these valuable and established articles, manufactured of Vulcanized India-rubber, and guaranteed to resist the effects of heat, grease, urine, &c., as also the effects of climatic changes. S. M. & Son also confidently recommend their Elastic Stockings, Urinals for day or night use, Waterproof Bed Sheeting, Air Beds and Cushions, and all other India-rubber Manufactures sold by them, as combining the most recent improvements and moderate prices. All orders and communications promptly attended to.—SAMUEL MATTHEWS & SON, late C. Macintosh & Co., 58, Charing-cross, S.W.

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WATER BEDS, according to size, £3 13s. 6d., £5 5s., and £6 16s. 6d.

Water Cushions, all sizes, from 7s. 6d. to 30s. Cotton Elastic Stockings, 4s. 3d.; Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c. Day and Night Urinals, from 3s. 6d. to 12s. 6d. Injection Bottles, Bed Sheets, Accouchement Belts, &c.

India-rubber Chamber Utensils, for Lunatic Asylums, 7s. 6d. each, or 75s. per doz.

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These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. Mr. Walters has much improved them by making them of *ætherized india-rubber*, which adds very greatly to the strength of the india-rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than heretofore, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by anyone.

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India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

URINAL FOR TRAVELLING. URINAL FOR BED USE.

SPARKS and SON, Patent Surgical Truss and Bandage Makers, 28, Conduit-street, New Bond-street, London.

Poultices Superseded: Spongio Piline.

The Profession are respectfully informed, that the WANDLE FELT COMPANY, having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO-PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, Bedfordbury, Covent-garden, London, and also through the Wholesale and Retail Druggists in town and country.

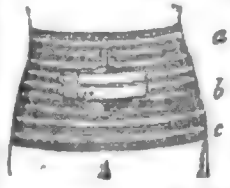
Powerful Batteries for Electro-

Chemical Baths; Batteries for Medical Electricity; Batteries for Electro-Plating and Gilding. Batteries and Coil Machines repaired; all kinds of Optical and Philosophical Instruments manufactured by

C. W. COLLINS, 52, Strand, W.C., and Polytechnic Institution, London.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*.



Priced and Illustrated Catalogues on application to

E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset, June 20th, 1858.

DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few indeed would detect it as being other than natural. It has given me full satisfaction.

I am, dear Sir, yours very truly,
J. W.

To Mr. J. Pratt,
Surgical Instrument Maker,
420, Oxford-street."

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Smith, Beck, & Beck, late SMITH & BECK, have just completed an entire alteration of their City premises, 6, COLEMAN-STREET, LONDON. They have also established a large Factory, with steam-power, and are now able to make a reduction in the prices of their ACHROMATIC MICROSCOPES, which gained the award of

The Council Medal of the Great Exhibition of 1851, and
The First-Class Medal of the Paris Exhibition of 1855.

These new Prices, together with a General Catalogue, and the Prospectus of the MICROSCOPICAL SUBSCRIPTION ROOM, to be had on application.

A Descriptive Pamphlet, with illustrations of the Educational Microscope (price £10), forwarded on receipt of six postage-stamps.

Microscopes.—J. Amadio's Botanical MICROSCOPES, packed in mahogany case, with three powers, condenser, pincers, and two slides, will show the animalculæ in water, price 18s. 6d. The *Field* newspaper, under the gardening department, gives the following valuable testimony:—"It is marvellously cheap, and will do everything which the lover of nature can wish it to accomplish, either at home or in the open air."—June 6th, 1857.—Address, 7, Throgmorton-street.—Just published, Second Edition, an Illustrated and Descriptive Catalogue, containing the names of 1500 Microscopic Objects. Post free for six stamps.

W. F. Durroch, Surgical Instrument MAKER to the Royal Navy and Greenwich Hospital, respectfully informs the Profession that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, of the best quality and highest finish, to which are applied all the improvements introduced by the first authorities of the day. The patronage and approval of the most eminent practitioners and lecturers warrant him in assuring gentlemen who may honour him with their commands that all his instruments will be found highly adapted for the purposes designed. Established 1748. No. 2, New-street, St. Thomas'-street (near the Hospital), Southwark.

DAVIS & KIDDER'S MEDICO-MAGNETIC MACHINES.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Pre-payment, in the PURCHASE of NEW WHITE MOULDED VIALS, OF THE BEST QUALITY. PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., & 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser
2 oz. ,,	7s.	
3 oz. ,,	9s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
4½ oz. graduated in 3 doses	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charge* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

PELLATT & CO., FALCON GLASS WORKS, LONDON.

Great Saving in the Purchase of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—ISAACS and SON (Proprietors). London Warehouses, 24 and 25, Francis-street, Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. Moulded Phials	Of a very superior quality... ...	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within seven miles. Post-office orders payable to ISAACS and SON, at the Post-office, Tottenham-court-road, London.—Bankers, Unity Bank, Western Branch.—Established upwards of 70 years.

Notice.—On and after 9th of June, E. & H. HARRIS & CO. beg to give notice that they will allow 2½ per Cent. off Cash within 14 days of date of Invoice.

All orders shall meet with prompt attention.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, Upper Thames-st., City, E.C.; and 2, Upper Copenhagen-street, Barnsbury-road, Islington.—E. & H. HARRIS & Co., Proprietors.

6 and 8 oz., any shape, plain or graduated	Clear blue-tinted.	8s. 0d. per gross.
3 and 4 oz. ditto ditto		7s. 6d. ,,
½ oz. White Moulded Phials	Of a very superior quality.	4s. 6d. ,,
1 oz. ditto		5s. 6d. ,,
1½ oz. ditto		6s. 0d. ,,
2 oz. ditto		7s. 0d. ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles Post-office Orders payable to E. and H. HARRIS and Co., at the Chief Office, London.—Bankers, Union Bank of London.

N.B. Orders sent to either Establishment will meet with prompt attention.

Save Half your Coals, Cure your Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

University of London.— SIR JOHN ROMILLY'S ANSWER to the REQUISITION of 231 Graduates soliciting him to come forward as a Candidate in anticipation of the passing of the Reform Bill, with clauses conferring upon the University of London the privilege of returning a member or members to Parliament:—

6, Hyde-park-terrace, 6th June, 1860.

GENTLEMEN,—In answer to the requisition you have this day presented to me, I have to state that, although I should never have ventured to offer myself as a candidate to represent the University of London in Parliament, I should consider it the highest honour to be selected by such a body as their first representative.

I feel that an honour of so high a character has already been conferred upon me by the presentation to me of this requisition, proceeding from such a body of gentlemen as yourselves, that I cannot hesitate to accede to your request.

If your exertions should be successful, I shall with pride accept the office, and endeavour to fulfil your expectations by the faithful discharge of the duties which will be imposed upon me as your representative. This I shall try to accomplish by bearing constantly in mind the principles in which I was educated, the precepts which were impressed upon me in early youth, and the conduct of him from whom I received them. I trust that I may thereby be enabled to assist in promoting amongst all classes perfect freedom, both religious and civil; in increasing the means of instruction, and in extending the advantages of it throughout the population of this country.

At the same time I shall always bear in mind that, by selecting a person in my position, you have expressed your belief, and that you have a right to expect, that, whilst zealously promoting all reforms, I shall endeavour to preserve and improve the ancient institutions of this kingdom.

I am, Gentlemen, with great respect,
Your obliged and obedient servant,

JOHN ROMILLY.

University of London.—Notice is hereby given, that the FIRST EXAMINATION for the Degree of BACHELOR of ARTS, and the FIRST EXAMINATION for the Degree of BACHELOR of SCIENCE, for the present year, will commence on Monday, the 16th of July.

The certificate required from each candidate must be transmitted to the Registrar fourteen days before the commencement of the Examination.

By order of the Senate,

Burlington House, May 29th, 1860. WM. B. CARPENTER, M.D., Registrar.

University of London.—Notice is hereby given, that the next Half-yearly EXAMINATION for MATRICULATION in this University will commence on Monday, the 2nd of July. In addition to the Metropolitan Examination, Provincial PASS Examinations will be held at Stonyhurst College; Owens College, Manchester; Queen's College, Liverpool; and Grosvenor College, Bath.

Every candidate is required to transmit his certificate of age to the Registrar (Burlington House, London, W.) at least fourteen days before the commencement of the Examination.

May 29th, 1860. WILLIAM B. CARPENTER, M.D., Registrar.

Royal College of Surgeons of England. Notice is hereby given, that the next Primary or Anatomical Examination for the Diploma of Member of this College will take place on Monday, the 23rd of July next, and subsequent days.

And that the Pass or Surgical Examination for the Diploma of Member of this College will take place on Saturday, the 28th of July next, and subsequent days.

Particulars relating to these examinations may be obtained on application at the College.

May 31st, 1860. EDMUND BELFOUR, Secretary.

Notice is hereby given, that Candi- dates for her Majesty's INDIAN MEDICAL SERVICE will in future be required, after passing the Competitive Examination in London, to attend the Courses of Instruction on Hygiene, Military Medicine, Surgery, and Pathology, which are to be given at Chatham, as detailed in the Regulations now issued. During his stay at Chatham, each Candidate will receive 5s. per diem, and 2s. per diem additional if quarters are not found him, and will in all respects be on the same footing as the gentlemen about to enter the Medical Service of the Army.

Copies of the Regulations can be obtained at the India Office.

The Medical Class at Chatham will commence in October next.

India Office, June 1st, 1860.

Engineering, Surveying, Architec- TURE, &c. — PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c. — For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

Royal Medical Benevolent College.— The Rev. F. R. PENTREATH, M.A., Second Master, receives into his house a limited number of BOARDERS. A few Vacancies at Midsummer.—Apply to Rev. R. Thornton, D.D., Head Master, or to Rev. F. R. Pentreath, South-street, Epsom.

A M.D. Lond., who is connected with one of the London hospitals, Prepares Gentlemen privately for the Preliminary Classical and Mathematical and subsequent Medical Examinations of the Apothecaries' Hall, College of Surgeons, and London University.—Address, M. D., care of A. D. Bottomley, Esq., Ship-broker, 62, Gracechurch-street.

Notice.—Dr. Corfe, late of Middlesex Hospital, has REMOVED from Berners-street, Middlesex Hospital, to No. 9, Nottingham-terrace, York-gate, Regent's-park, N.W. (opposite Marylebone Church).

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Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M. and 6 to 8 P.M.

Anatomical Demonstrations for First M.B. EXAMINATION.—Mr. CHRISTOPHER HEATH, F.R.C.S., Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT, specially adapted to this Examination, during JULY. The Demonstrations will be given daily, from 4 to 6 P.M., at the Westminster Hospital, commencing on Monday, July 2nd. Fee, Five Guineas.

Operations.—Army, Navy, and India EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or, with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

Metropolitan Dispensary and CHARITABLE FUND, 9, Fore-street, Cripplegate.—The Office of PHYSICIAN to this Charity being Vacant by the resignation of Dr. Banks, gentlemen fully qualified, and who may desire to fill the same, are informed that testimonials will be received at the Dispensary until 7 o'clock on Tuesday evening, the 19th June next, when the Committee will meet to examine them.

All further particulars relating to the Institution and the duties of the office may be obtained upon application to Mr. Southwood, the Resident Medical Officer, or to the Secretary.

By order of the Committee,
44, Jewin-street, City, May, 1860. C. E. STRONG, Secretary.

To Women desirous of being Trained as HOSPITAL NURSES.—The Committee of the NIGHTINGALE FUND have made arrangements with the authorities of St. Thomas's Hospital for giving a Year's Training to Women between 25 and 35 years of age, for whom they will provide, free of expense, board and lodging in the Hospital, with tea, sugar, and washing, and a certain amount of outer clothing. A payment will be allowed them of £10 for the year. They will be under the charge of the Matron, and will be instructed by the Sisters and the Resident Medical Officer. At the end of a year, if their training has been found satisfactory, their names will be entered in the Committee's Register, and they will be recommended for situations as Hospital Nurses. The first quarter will commence on the 24th inst.—For further particulars, apply to Mrs. Wardroper, St. Thomas's Hospital, S.E., to whom all applications for admission must be made, if personally, between 10 and 11 A.M.

Council-office, Downing-street, S.W. A. H. CLOUGH, Secretary.

The Queen's College, Birmingham. The appointment of PROFESSOR of CHEMISTRY, and the appointment of MEDICAL TUTOR at Queen's College and ASSISTANT-PHYSICIAN at Queen's Hospital, having become vacant, Gentlemen proposing to become Candidates will send in their applications, accompanied by testimonials, on or before Friday, June 29th. The endowment of the latter appointment is £40 per annum, paid half-yearly; rooms in College (without board); half the fees arising from the Demonstrations, and the entire fees from the Junior Classes.

June 5th, 1860. WILLIAM SANDS COX, Dean of the Faculty.

Assistant-Dispenser Wanted for the ROYAL SOUTH LONDON DISPENSARY, St. George's-cross, Southwark. His duties will be to assist the Resident Medical Officer in Compounding and Dispensing the Medicines. Salary £50 per annum. Applications, accompanied with testimonials of good moral character and ability, to be sent to the Honorary Secretary as under, on or before the 25th of June inst.

30, Bartlett's-buildings, E.C., June 6th, 1860. JAMES HOOKER.

Isle of Wight Royal Infirmary.— RESIDENT HOUSE-SURGEON and SECRETARY.—The services of a qualified gentleman (unmarried) are required to fill these joint offices. Salary, £40 per annum, with board and washing. Testimonials to be sent, directed to the Treasurer, at the Infirmary, on or before the 30th of June. The successful candidate will be required to take office not later than August 20th.

June 5th, 1860. G. F. WHITE, House-Surgeon and Secretary.

Chepstow Union.—Medical Officer.— The Board of Guardians of the Chepstow Union will, at their meeting to be held at the Workhouse in Chepstow on Saturday, the 23rd day of June next, proceed to the Election of a MEDICAL OFFICER and PUBLIC VACCINATOR for the undermentioned Districts—viz.:

The Caldicot District, comprising the Parishes of Caldicot, Ifton, Rogiett, Llanvihangel Rogiett, Saint Brides, Undy, Llanvair Discoed, Dinham, Caerwent, and Portskewitt.

The Shirenewton District, comprising the Parishes of Shirenewton, Itton, Llangwm Isha, Llangwm Uchs, Newchurch East, Newchurch West, and Howick.

Containing an area of 23,960 acres, with a population of 4342.

Salary, £105 per annum, which salary will include all necessary medicines and appliances whatever, except trusses. Fees for surgical cases will be allowed, also 15s. per case for attending cases of midwifery (where attendance is given under competent authority), and for successful cases of vaccination, 2s. 6d. each.

The Medical Officer appointed will be required to commence his duties on the 25th day of June next, to observe the rules and regulations of the Poor-law Board, to make a weekly return to the Board of Guardians of sickness and mortality in the prescribed form, to attend their meetings when required, and to make such returns as may be called for by the Poor-law Board.

Medical gentlemen desirous of the appointment are requested to forward written applications, accompanied by testimonials, and such evidence of qualification as is required by the Order of the Poor-law Board, dated the 10th day of April, 1860, to me, under cover, endorsed "Medical," on or before Saturday, the 16th day of June next. Candidates will be written to to attend at the Board-room on a day to be named. By order,

Union Office, Chepstow, 29th May, 1860. WM. COOPER, Clerk.

Lancaster County Lunatic Asylum, BAINHILL, near PRESCOT.—An ASSISTANT MEDICAL OFFICER is Wanted. Salary £80 per annum, with board and lodging, washing, &c. Candidates to forward their applications, stating age, qualification, &c., with testimonials, to the Superintendent, Dr. Rogers, before Monday, the 18th inst.

Surrey County Lunatic Asylum, near Tooting, S.—ASSISTANT MEDICAL OFFICER Wanted. He must be unmarried, a Member of one of the Royal Colleges of Surgeons, and a Licentiate of the Society of Apothecaries. Salary, with lodging, washing, and attendance, £170 per annum.

Applications and testimonials to be forwarded on or before Friday, the 15th of June, addressed to the Committee of Visitors as above, endorsed "Application for the Office of Assistant Medical Officer."—By order,

May 7th, 1860. S. BRIDGLAND, Clerk to the Committee of Visitors.

Ringwood Union, Hants.—Wanted, a MEDICAL OFFICER for District No. 1. The salary (exclusive of 10s. for Midwifery cases in the town, and 15s. one mile beyond Ringwood Church, and fees for Surgical cases) is £55 per annum.

The District comprises a population of 3548, and an area of about 5574 acres.

The usual conditions and engagements as to medicines, returns, and attendances, &c., will be inserted in the contract. The successful candidate will be appointed Vaccinator for the same District.

The Election is fixed for Monday, the 25th day of June inst., at 2 o'clock P.M.

Written applications, with testimonials, must be left with, or addressed to, the Clerk, so as to be received before 12 o'clock of the said day.

Ringwood, June 5th, 1860. RICHARD BROWN, Clerk.

Reigate Union.—To the Medical Profession.—Notice is hereby given, that the Guardians of the Reigate Union, in the county of Surrey, are prepared to receive proposals in writing from any person willing, and properly qualified according to the qualifications contained in Article 168 of the Consolidated Orders of the Poor-law Board, to undertake the Office of MEDICAL OFFICER for the Northern District of this Union, comprising the Parishes of Chipstead, Gatton, Kingswood, Merstham, and Reigate Foreign, including the Hospital at the Union Workhouse, situate at Redhill, in the last-mentioned Parish, at a salary of £100 per annum, and the usual extras for Midwifery cases, Operations, Vaccination, &c. The population at the last census was 5057, but a large increase has taken place since then. The area is 12,399 acres. His duties will be those defined in Articles 205, 206, and 207 of the same Consolidated Orders, and such others as are or may be directed by the Poor-law Commissioners or Guardians. It will be considered desirable that the Officer reside within the district. Applications, accompanied by testimonials as to moral character, ability, and qualification, &c., to be forwarded to me on or before 12th June next, for the purpose of being opened by the Guardians at the Board on the following day, after which time the candidates who may be considered the most eligible will be apprised by letter of the time of Election, and when their attendance will be necessary. No travelling expenses will be allowed.

By order of the Board,
Reigate, May 31st, 1860. G. CARTER MORRISON, Clerk.

Kington Union.—Medical Officer.— The Board of Guardians of the Kington Union will, at their Meeting to be held at the Workhouse on Saturday, the 16th day of June instant, proceed to the Appointment of a MEDICAL OFFICER for the New Radnor District, comprising the Parishes of Glascomb, Old Radnor, Lower Harpton, Edwl, Evenjib, Harpton, Kinnerton, Llandegley, Llanvihangel, Nant Melan, New Radnor, Trowern and Gwithla, and Walton and Wernaston.

Population, 3162; area, 25,868.

Salary, £80 per annum, with the additional payments authorized by the Consolidated Order of the Poor-law Commissioners of the 12th day of March, 1842, to be made in respect of the Surgical Operations and services therein provided for.

The Medical Officer will be required to enter into a contract for the due performance of Vaccination in the District. He will also be required to make a fortnightly report to the Board of all cases attended by him, to make such other returns and give such certificates as may from time to time be required, and in all respects to conform to the rules, orders, and regulations already or hereafter to be prescribed by the Poor-law Board and Guardians respectively.

The Medical Officer appointed will be required to enter upon his duties on the day of Election.

Sealed tenders to be sent to the Clerk on or before Friday, the 15th instant.

Kington, June 2nd, 1860. ANTHONY TEMPLE, Clerk.

To Medical Students and others.— An excellent opportunity now offers to a young and enterprising man by the retirement of a Practitioner of many years' standing in a densely-populated neighbourhood at the east-end. Coming-in, for Lease, Fixtures, Fittings, &c., £100.—Apply to Mr. Ward, 2, Bank-chambers, Lothbury, E.C.

As Working Partner or Assistant, with a view to Succession.—The advertiser, aged thirty, qualified, is desirous of meeting with a gentleman (a General Practitioner) who, from declining health or other reasons, wishes the more laborious portion of his Practice taken off his hands.—Address, Y. Z., THE LANCET Office, 423, Strand.

A fully-qualified Gentleman, aged 26, a Scholar and Gold Medallist of his College, who has served nearly all the practical offices of a London Hospital, and is accustomed to private practice, wishes to obtain a PARTNERSHIP, with a view to ultimate Succession, in an extensive and good-class Practice.—Address, confidentially, Medicus, Gresford Cottage, Wrexham.—The advertiser is prepared with capital.

To young Surgeons seeking an inexpensive Entrance to PRACTICE.—A Chemist in possession of an old-established BUSINESS, many years in the hands of General Practitioners, and the only Open Surgery in the centre of a populous and genteel district, offers an introduction to the PRACTICE herewith connected on a basis of mutual advantage.—Address, A., Messrs. Curtis and Co., Wholesale Chemists, 15, Crawford-street, Baker-street, W.

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To be Disposed of, a General Practice, in a first-class agricultural district. Satisfactory reasons, &c., will be given upon application to A. Z., Post-office, Ledbury.

To Surgeons.—To be Disposed of, a RETAIL and DISPENSING BUSINESS, in a respectable and thickly populated neighbourhood. A Corner Shop, handsomely fitted up and well stocked. This is an advantageous opportunity for a Surgeon desirous of making a Practice. For further particulars, address, Chymicus, care of Messrs. Hewlett and Co., Wholesale Druggists, Creechurch-lane, Leadenhall-street, E.C.

Medical.—For Disposal (on reasonable terms), the Succession to a highly respectable and old-established GENERAL PRACTICE, in a very pleasant part of Yorkshire.—For particulars, address M. D., care of Messrs. Hollon and Slinger, Wholesale Druggists, York.

Medical.—For immediate Disposal, the NUCLEUS of a PRACTICE, in the neighbourhood of Regent's Park, with Surgery Fittings, &c. No reasonable offer will be refused. The present proprietor retires in consequence of ill health. For further particulars address, A. R., care of Messrs. W. Hora and Co., Druggists, 58, Minories.

For £800 Cash.—To be Sold, with Partnership Introduction, a bonâ-fide PRACTICE, in one of the best districts of London, connected with a Branch Retail in a principal thoroughfare. The private Residence, with side Surgery, and the Retail Premises, are most eligibly situated, and held on leases at low rents. Satisfactory reasons will be given for leaving, and the fullest investigation courted. A young married practitioner would find this a lucrative and safe investment. No agent need apply, nor anyone who cannot command the above sum in cash.—Address, M. D., Mr. Simpson, Stationer, Dudley-place, Clapham-road.

To Chemists and Druggists.—Mr. MORLEY has to Sell a respectable BUSINESS in the above line, desirably situate on the borders of town, deserving the notice of any person in possession of about £250, which will include the Business, Fixtures, Utensils, Stock in Trade, &c. A very safe investment for a young beginner.—Apply to Mr. Morley, Auctioneer, Sidmouth-street, Gray's-inn-road, W.C.

A Druggist, relinquishing the Business, is desirous of Disposing of his, situated in a highly improving suburb. The Shop is modern, and handsomely fitted; and the House good, with private entrance. There is a large and well-selected Stock, and a very improving Retail can always be secured. Being favourably known in connexion with Medicine, and standing well, it offers unusual opportunities to a Surgeon, one being needed in the neighbourhood, which is rapidly increasing. Price £700.—Address, Chemist, care of John Capes, Esq., Medical Protection Society, 43, Lincoln's-inn-fields, W.C.

A Gentleman, of considerable experience, wishes to Take Charge of a Practice, or Assist a General Practitioner.—Address, M. D., at Mr. Cornelius', Chemist, High-street, Clapham, S.

Medical.—A Surgeon in the country is in want of an ASSISTANT, to Visit, Dispense, and attend Midwifery; one accustomed to Club and Union practice.—Address, Medicus, Post-office, Wellington, Salop.

A Gentleman, aged 28, (sine diplomâ,) of good moral character, a thorough Accoucheur, and well up in Medicine and Surgery, is open to an ENGAGEMENT. Good references.—Address, W. W., Post-office, Brompton, near Chatham, Kent.

A Gentleman, M.R.C.S., who is disengaged between the hours of 1 and 8 P.M., wishes to ASSIST a SURGEON during that time.—Address, Y. Z., Hill, Stationer, 4, Constitution-row, Gray's-inn-road.

A Registered M.R.C.S. and L.A.C., aged thirty-four, who has been accustomed to Hospital and General practice, desires to take Charge of a gentleman's Practice (Branch or otherwise) during the illness or absence of the principal. Has filled similar posts. Highest references and testimonials.—Address, E. M., 76, Strand.

A steady, practical Assistant, with six years' good character, will shortly require a SITUATION in the neighbourhood of a Medical School. He will be willing to make himself generally useful. A small salary and one or two hours daily, for attendance upon lectures, will be required.—For particulars, apply to his employer, Dr. Thimbleby, Spilsby, Lincolnshire.

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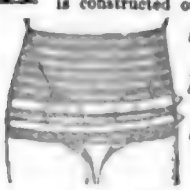

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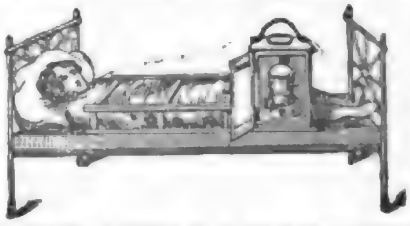

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12 Tea Spoons	0	18	0	1	2	0	1	5	0	1	7	0
6 Egg Spoons, Gilt Bowls ...	0	10	0	0	13	6	0	15	0	0	15	0
2 Sauce Ladles	0	6	0	0	8	0	0	9	0	0	9	6
1 Gravy Spoon	0	6	6	0	10	0	0	11	0	0	12	0
2 Salt Spoons, Gilt Bowls... ...	0	3	4	0	4	6	0	5	0	0	5	0
1 Mustard Spoon, Gilt Bowl ...	0	1	8	0	2	3	0	2	6	0	2	6
1 Pair of Sugar Tongs	0	2	6	0	3	6	0	4	0	0	4	6
1 Pair of Fish Carvers	1	4	0	1	7	6	1	10	0	1	12	0
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The Twenty-fourth Annual Meeting of this Company was held on the 8th instant, and the following is a short abstract of the transactions of the year ending 31st January last, taken from the Directors' Report:—

FIRE DEPARTMENT.

Premiums received during the year	£129,218	3	0
Being an increase upon last year of £20,038 3s. 5d.			
Deduct sums paid away for re-assurance	28,867	13	11
Nett Revenue for the year	£100,350	9	1
Losses by Fire, including all out-standing claims	£63,743	2	8

LIFE DEPARTMENT.

1. ASSURANCE BRANCH.

Premiums of 421 New Policies issued during the year ...	£6,686	5	2
Ditto of Policies renewed, and Interest	77,324	10	8
Total Revenue for the year	£94,010	15	10
Claims by Death, including Bonus Additions and provision for all out-standing claims	£27,094	7	9

2. ANNUITY BRANCH.

Amount received during the year on account of 21 New Annuities granted	£6,103	14	4
Sums paid to Annuitants	£3,292	13	1

FINANCIAL POSITION.

Total Amount of Assets on 31st January, 1860	£453,675	19	8
Annual Revenue, upwards of	£200,000	0	0

DIVIDEND.

The Dividend declared was at the former rate of 7½ per cent., free of Income-tax.

PROGRESS OF THE COMPANY DURING THE PAST FIVE YEARS.

REVENUE—	FIRE DEPARTMENT. £	s.	d.	LIFE DEPARTMENT. £	s.	d.
From 1st Feb., 1855, to 31st Jan., 1856	77,850	19	9	62,184	7	11
" " 1856, " 1857	91,306	3	6	67,962	18	3
" " 1857, " 1858	101,230	13	6	75,920	7	9
" " 1858, " 1859	109,179	19	7	80,216	18	8
" " 1859, " 1860	129,218	3	0	94,010	15	10

LONDON BOARD OF DIRECTORS.

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Cod-liver Oil with Quinine.
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Which have been employed with remarkable success in debility and low vitality.

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Of great therapeutic value in the various forms of Scorbutic Affections.

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SAVORY & MOORE, has elicited the approbation of the most eminent Oculists. *Vide* THE LANCET of March 31st.

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The same views apply to the local abstraction of blood when there is congestion in particular organs; but although blood is not to be taken, even locally, without due consideration, and unless there be evident necessity, it may, on the other hand, at times be imperative that the first threatening of undue local excitement should be checked. In doubtful cases, or when loss of blood cannot be borne, dry cupping often affords much relief, without depressing the vital powers; and this practice is especially applicable when the patient is advanced in years or when the powers are feeble.

Of evacuant remedies occasionally resorted to, I may allude to the exhibition of emetics, not with the object of recommending them, but simply to observe that, except under special circumstances, they are in the present day seldom resorted to. But if, in the early stage of typhus, there be indications of bilious derangement, such as sickness or vomiting, epigastric uneasiness, yellow coating of the tongue, with jaundiced conjunctiva, an emetic may be prescribed,—the act of vomiting being often followed by manifest improvement in the symptoms and great relief to the feelings of the patient.

Thirty years ago the employment of purgatives formed an indispensable element in the treatment of continued fever, without regard to form or type; and certainly, if we consider the freedom with which they were prescribed after the publication of the work of Dr. Hamilton, of Edinburgh, with good effects, enteric fever must at that time have been rare, if not altogether unknown. While I acted as clinical assistant to Dr. Hamilton in the Edinburgh Infirmary, I witnessed his practice, which was, on the whole, successful; but some years afterwards, when the doctrines of Broussais were promulgated, the purgative system received a check, and, though not abandoned, it was much less freely adopted. It is also very probable that the type of continued fever was at that time more acute, so that the powers were more able to sustain the repeated exhibition of purgative medicines. But in the present day their employment in typhus is restricted to the commencement of the disease, to clear the bowels of accumulated or acrid contents, while in its subsequent progress, the occasional use of a mild aperient is all that is called for. But if there be unusual excitement, which it is deemed necessary to repress, the exhibition of one or two active purgatives may be advantageously adopted.

I have already noticed the practice of cold affusion in the treatment of fever, as recommended by the late Dr. Currie, and pointed out the objection to its employment. It is now entirely superseded by the more safe plan of cold or tepid sponging, which should always, except in cases of extreme exhaustion, be effectually applied every morning, or more frequently if there be undue heat of skin. It not only abates the morbid heat, but affords great comfort to the patient, besides cleansing the skin—a matter of no small importance in the nursing ministrations of the poorer classes. The topical application of cold when the head is hot, and the face flushed, will often alone anticipate or subdue cerebral excitement, and in all such cases it forms an important and indispensable part of the treatment.

In regard to the class of remedies included under salines, they may be employed, not on the ground that they are beneficial, but that they are a harmless means of appearing to do something; for no intelligent practitioner places the slightest confidence in their utility. On this subject Dr. Graves has very pertinently observed, "that in the treatment of fever it is frequently of importance to gain time, and periods will occur in every long fever, in which there may be no direct indication for the exhibition of any powerful remedy; at the same time such is the ignorance of non-medical persons, and the anxiety of the patients' friends is so intense, that they cannot imagine how it is possible for an attentive physician to let twelve hours pass away without doing something. The mere circumstance of seeing the fever going on, is sufficient proof to them of the necessity of making renewed efforts for its removal. This, however, is very excusable, and we could not treat fever in a satisfactory manner without medicines of an expectant character, and calculated to fill up the spaces intervening between those periods when active treatment is necessary. You are not to suppose that in ordering such medicines you are acting a dishonest part, and practising a deception unworthy of your profession; on the contrary, your conduct is perfectly just and proper, and though you are convinced that no medicine is required, still it will be necessary to prescribe something, if you do not wish to lose the confidence of the patient and his friends. It may be said that these are mere prejudices, and above the dignity of a man of firm and consistent character; but since prejudices are intimately blended with human nature, and con-

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stitute, as it were, a part of it, it is much better in many cases to submit to them, particularly when compliance does not involve a sacrifice of principle."

With this view an alkaline citrate may be prescribed, either alone in the form of julep, or if the febrile excitement be such as to require antimonial preparations, a sixth or an eighth of a grain of tartar emetic may be added; or a pill, containing two or three grains of James's powder (prepared by Newbery), and taken at intervals, according to circumstances. In some cases, in which the antimonials are less indicated, it may be sufficient that the alkaline citrate be taken in the pyrexial state, adding the antimonial during the paroxysm only. But antimonial preparations are not to be indiscriminately employed; like other remedies of potency, they should be reserved for special emergency only, and even in such cases they should be given with caution in maculated typhus, and their effects carefully watched, so that on the first approach of exhaustion they may be at once withdrawn.

In my observations on the treatment of enteric fever, you may remember that I dwelt on the importance of the proper regulation of nourishment from the very commencement; and certainly in maculated typhus it is even more essential that the waste of tissue should be compensated by due and regular supply of properly selected food. In addition to the ordinary kinds of farinaceous aliment, a fair quantity of good beef or chicken tea—seldom less than a pint—in divided portions in the twenty-four hours, should be allowed, and instructions given to the nurse that in the night the patient be fed, once at least in four hours, with some thin farinaceous preparation, such as barley-water, groat gruel, or arrowroot, pleasantly flavoured. It is well to feel our way with the animal broth at first by giving it in small quantities—two or three tablespoonfuls—at a time, and if it disagree, and the patient complain of weight in the epigastrium, sickness, or increased feverishness, it should be withdrawn, and farinaceous food substituted for a day or two, when it may be again tried, and will probably suit better.

The medical attendant seldom escapes the importunity of friends to permit fruits to be given. It is better to be cautious in giving consent, for such articles do not always agree, and as they are unnecessary it is better to forbid their use, unless in the form of subacid drinks, such as apple or tamarind tea, a solution of preserved jelly in water, orangeade or lemonade. While on the subject of drinks in fever, I may allude to the necessity of restricting the patient as much as possible from over-distending the stomach by copious draughts of fluids—a practice which not only fails to check thirst, but often brings on gastric disturbance. Dr. Graves has very properly reminded the inexperienced practitioner that the sensation of thirst is almost entirely confined to the fauces and upper part of the pharynx, and is as much relieved by a small quantity swallowed slowly as by a larger gulped down at once.

In the progress of typhus, generally in the second week, but sometimes earlier, symptoms of exhaustion become evident, and indicate the necessity for stimulants; hence wine, or some form of alcoholic fluid, becomes one of the most important remedies in the treatment. The precise period, however, when they should be given must be regulated, not so much by the duration or stage of the fever, as by individual circumstances. Symptoms of exhaustion or sudden collapse, for example, may supervene at any period, even at the very commencement, and require stimulants to be at once administered, and in quantities which can only be regulated by their effects. The state of the circulation, as indicated by the pulse at the wrist, but still more surely by the sounds of the heart, is the usual practical index to the determination of the question. In a former lecture I drew your attention to an excellent paper on this subject by Dr. Stokes, in which it is shown that the cardiac sounds form the only certain guide for the proper administration of wine in fever. When, therefore, we find the first or systolic sound so weak and abrupt as scarcely to be distinguished from the second, (in extreme cases it is nearly annihilated,) and the pulse at the wrist beating in sympathy with the heart, soft, compressible, and rapid, there must be no hesitation in at once administering powerful stimulants, the effect on the heart's action being the guide as to the amount of either wine or brandy, while medicinal stimuli—ammonia, chloric ether, or other remedies of this class—are given in the intervals. It is especially necessary in such cases to enjoin that in the night, when the depression is generally the most marked, nourishment, and even wine, be given at proper intervals, and not to admit the too common excuse offered by the nurse for withholding them—that the invalid was in such a sound sleep that it was not deemed prudent to interrupt it. Many a patient has thus been allowed to pass into hopeless collapse, when, in all probability, by constant judicious stimulation, recovery might have taken place.

It is always necessary to watch the effects of the first few doses of wine, and if the pulse abates in frequency, becomes soft and fuller, the tongue moist, and the heat of the skin not increased; and, when there has been delirium, if the patient becomes more calm, and has intervals of sleep, we may feel sure that the wine is doing good. On the other hand, if the pulse increase in frequency and strength, the skin become hotter, and the patient restless, flushed, and excited, with throbbing of the temporal and carotid arteries, we may conclude either that wine is not suited to the case, or has been given too early, and should therefore be withdrawn. But, as a general rule, it is perhaps better to give wine a little too early than a little too late, since, if it appear to disagree, it is easy to suspend its use; but it may be very difficult to restore the vital powers if they have been allowed to remain too long unsupported.

Nor should the wine or brandy be discontinued until convalescence is fairly established; but as the symptoms for which the stimulants have been prescribed disappear, the quantity should be gradually abridged by giving smaller portions and at more distant intervals.

In regard to the amount of wine and alcoholic stimulants that may be administered in typhus, no precise rules can be laid down, as the ever-varying circumstances presented by individual cases can alone determine this. It is prudent to begin with half an ounce or an ounce, and to repeat this amount at longer or shorter intervals, according to the effect produced. From six to twelve ounces may be considered to be an average daily allowance, but sometimes it is necessary to give two or three pints, or even more, in twenty-four hours, and, it is surprising to observe, without the slightest intoxicating effect, even when the patient has been previously unaccustomed to stimulants. Indeed, in low fevers, the exhausted state of the nervous system appears to be an antidote to the effects of stimulants—in short, to create a tolerance of wine and diffusible stimulants.

The wine should always be conjoined with nourishment, in order to assist its due assimilation, though in many cases the digestive powers are so feeble that they are unable to elaborate even the lightest articles of food, and therefore the wine or brandy may be given simply diluted with water.

I have just alluded to the daily quantity of wine that it may be necessary to prescribe in typhus, and stated that no precise rules can be laid down, as the circumstances of each case must determine it. You are doubtless aware that there is a great tendency in the present day to revive the Brownonian system, which flourished for a time in the latter part of the last century, in all acute diseases, including fevers, without regard to individual peculiarities. The doctrine inculcated by some teachers with respect to inflammation is, that this process being a deranged nutrition, involving supply and waste, and the waste being considerable while the inflammatory process lasts, there must be a compensating supply; that as the supplies for the formation of the abnormal products of pus and lymph must be drawn from the blood, or from the tissues, or from both, the vital powers become exhausted, in proportion to the organic disintegration that takes place. Hence it is concluded, that the more the inflammatory process draws upon the blood, the greater will be the exhaustion of vital force, and the consequent effect upon the whole frame.

Upon this physiological theory of the phenomena of inflammation is based the overthrow of established therapeutic principles, on which the treatment has been for ages conducted. But surely even the abettors of this theoretical view must admit that the object of treatment is to anticipate or prevent those so-called destructive processes; in other words, to promote resolution by all available means. Is this to be accomplished by extravagant doses of wine and brandy, regardless of the ever-varying condition of the sufferer or period of the disease?

Similar reasoning is adduced in regard to the phenomena of fevers, whatever be their type or special circumstances. It is against the indiscriminate employment of stimulants in fever that we protest, being convinced that their proper administration requires as much consideration as is generally bestowed on other measures employed as curative agents.

The enormous quantities of wine and brandy recommended in even the early stage of fevers, whatever be the form, the individual circumstances, or whether there be local affections present, have often surprised me, and inclined me to doubt the accuracy of the statements. I have certainly seen intercurrent inflammations materially aggravated by the injudicious stimu-

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lation adopted, and on more than one occasion all the ordinary characters of acute delirium tremens supervene when the unlimited administration of brandy had been left to the discretion of a nurse, who fancied that she was only obeying instructions when she poured down dose after dose of pure brandy. There is surely no practical philosophy in such indiscriminate abuse of a really valuable remedy when given on rational principles; and I deem it the duty of every physician who is convinced of the dangerous tendency of the Brownonian doctrine applied indiscriminately in the treatment of diseases, acute as well as chronic, to express his opinion boldly and decidedly, that the young and inexperienced practitioner may be warned of the dangerous consequences of this recently-revived doctrine.

In regard to the class of wines best suited for fevers, claret often answers well, and may be employed, unless a more powerful stimulant be required. With most patients it suits well to commence with, and mixed with water is a grateful beverage. It has also the advantage of being less stimulating, and more likely to suit in cases in which the employment of wine is doubtful. The stronger wines,—port, sherry, or madeira,—properly diluted, are, however, generally preferred. Brandy is often very useful, especially when a more powerful stimulant is indicated, or when wine is either not relished or disagrees. In hospital practice, for obvious reasons, alcoholic fluids—gin, whiskey, British brandy (which is merely malt spirit disguised by colouring matter)—are generally prescribed.

In the Fever Hospital, Cape wine, of the best quality, and British brandy, are used.

Malt liquors are sometimes employed; but they are suited only to the stage of convalescence. When, however, the patient has a desire for them, from having been previously accustomed to their use as an article of diet, they may be allowed in addition to wine or spirits.

It is necessary, in many cases, to calm the nervous system; and this brings me to the consideration of the exhibition of narcotics, from the judicious employment of which so much benefit is occasionally derived.

Wakefulness, or want of sleep, so common in typhus, requires the employment of opiates; for nothing is more exhausting than two or three nights passed without sleep. Of the different remedies of this class, experience has led me to give the preference to opium, or its alkaloids; but I generally succeed with a much smaller dose than is usually prescribed,—with, perhaps, ten or twelve drops of Battley's laudanum, or of the liquor morphiæ,—repeating the same quantity every two or three hours until sleep is procured. But we ought to proceed on sure grounds, and if there be undue vascular excitement, indicated by headache, acute delirium, flushing and conjunctival injection, the narcotic must be postponed until the symptoms are subdued. In my last lecture I alluded to the beneficial effects of a combination of tartar emetic and laudanum in the cerebral affections of enteric fever, and need not do more, in the present instance, than state, that it answers equally well under the same circumstances in typhus, at the same time administering, in the severer forms, which so closely resemble delirium tremens, wine or brandy in such quantities and at such intervals as the case requires.

Though opium generally acts better than any other of the narcotic class, it disagrees with some patients; and when such idiosyncrasy occurs, we must give a trial to some other remedy of the narcotic class, such as henbane, extract of poppy, or Hoffmann's anodyne liquor. Some speak highly in favour of the extract of belladonna as a narcotic when the pupil is so contracted as to be thought to contra-indicate the employment of opium; but I have no experience of it. I have often observed, however, that when patients, or those around them, have intimated that opium disagrees, if given by enema, it acts like a charm in soothing the nervous system and promoting sleep, concealing, of course, that opium is administered. Twenty or twenty-five drops of laudanum, added to three or four ounces of any bland fluid, is often sufficient, and is, in many cases, a preferable mode of administering an opiate.

As to the repetition of opiates, I would observe, that when the purpose for which they have been given has been accomplished, the remedy need not be repeated, unless the same circumstances recur. The remedy, however, should always be at hand to be administered if necessary.

In no disease are the beneficial effects of blisters more satisfactory than in these severe cerebral affections. But we must be careful not to apply them if there be subacute inflammation going on. When this is subdued, the blister may be applied to the forehead and the temples, which is preferable to blistering the nape of the neck, in which situation vesication is often attended with much discomfort from the constant friction to which the surface is exposed.

In the pulmonary affections to which I shortly adverted in a former lecture,—whether they assume the form of bronchitis, pneumonia, or, more rarely, of pleurisy,—special local treatment becomes necessary. But it must be remembered that not only is the local malady itself of a low or asthenic character, but the general or constitutional powers are depressed, and, consequently, active remedies not only fail in their object, but tend still further to lower the strength. Counter-irritation of the chest by turpentine stupes, or sinapisms, or the application of a blister, often gives marked relief. The secretion of the pulmonary membrane should at the same time be promoted by antimony or ipecacuan, while the general powers are sustained by wine and nourishment.

The management of the convalescent stage of typhus is not unimportant, though often neglected. Much benefit is derived from various remedies of the tonic class—quinine especially, or some bitter infusion, such as that of cascarilla, calumba, or gentian, to either of which the compound spirit of ammonia may be usefully added. The diet should be light and nutritious, and suited to the digestive powers of the patient, and it is always proper to make careful inquiry into the previous state of the assimilating powers, in order that a suitable dietetic plan may be laid down. No general rules can be given, as each case must be regulated by its own peculiarities, and if due care be observed in eliciting these, there will be seldom great difficulty in adapting the details.

TREATMENT OF RELAPSING OR RECURRENT FEVER.

When I described the characteristic features of this comparatively rare and somewhat singular form of fever, I mentioned that it occasionally constituted the character of an entire epidemic. It more commonly appears as an intercurrent disease during the prevalence of an epidemic of either enteric or typhus fever, and requires, in some respects, special treatment.

In the epidemic which appeared in Edinburgh in 1817 and 1818, and of which a description was given by Dr. Welsh, he expressed great confidence in the efficacy of copious bloodletting, and his apparent success has furnished the chief argument employed by those who support the change-of-type theory in explanation of the altered views of the treatment of fevers. I had the opportunity of witnessing this epidemic, and the bold treatment it received at the hands of Dr. Welsh, and though it appeared, on the whole, successful, I am satisfied that it was carried to a much greater extent than the symptoms required; indeed I am almost disposed to think that the issue would have been equally successful had bloodletting not been practised at all, for succeeding practitioners have found that the loss of blood was not only unnecessary, but could not be sustained in subsequent visitations of the same fever. Dr. Cormack, for example, in the description he has given of the epidemic relapsing fever which prevailed at Edinburgh in 1843, tells us that he was urged to adopt bloodletting by several medical friends, who had seen the disease treated, in 1817, by copious bleedings, and, as it appeared to them, with the effect of shortening its duration, preventing relapse, and mitigating the muscular and arthritic pain. In the trials he made, however, he found that although in most, if not in all the instances in which bloodletting was resorted to, the pain in the head was either relieved or entirely removed for a time, and the pulse rendered more soft and slow, these beneficial changes could not be entirely ascribed to the remedy, since the same relief was observed to take place as suddenly and unequivocally in patients in the same wards, and with the same symptoms, who were not bled at all. It was evident that few could bear the loss of more than ten ounces, and that others became giddy and faint after two or three only had been abstracted; and though some of the patients declared that they felt quite free from headache after the bleeding, it returned soon after with its former severity. Indeed, this symptom often ceased spontaneously, or, at all events, was more uniformly and effectually relieved after the full operation of a purgative, followed by the application of a cold lotion to the scalp, and immersing the feet in warm water. Even the local abstraction of blood appeared of doubtful efficacy.

In the cases that have come under my individual observation, I saw no indication for employing venesection, but I trusted to moderately free action on the bowels in the young and vigorous, though caution, even in the employment of purgatives, was necessary in patients who were advanced in years, as well as in those whose powers were feeble. The exhibition of one or two doses of calomel and rhubarb at night,

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followed by castor oil or a neutral salt in the morning, so as to clear out the bowels effectually, was generally followed by relief of the symptoms, a gentle action on the bowels being afterwards maintained by mild laxatives. Free action of the bowels having been procured, there was little necessity for other remedies. Thirst was appeased by any of the common beverages; or if it were necessary to show that the patient was not neglected, the saline alkaline julep, or a mixture containing a few grains of bicarbonate of potash in camphor water, was prescribed at intervals. The diet was restricted to farinaceous matters and beef-tea; in short, the ordinary treatment of mild fever was, in its routine details, adopted.

For the vomiting, so frequent in the course of the disease,—often, indeed, an early symptom in the primary fever, as well as in the relapse,—the application of a sinapism or turpentine stupe to the epigastrium, followed by a pill containing opium, camphor, and extract of nux vomica, repeated at short intervals, or creasote or prussic acid, alone or in combination, was employed. The opiate enema, or the introduction of solid opium as a suppository, also controlled this symptom.

In severe and persistent headache, accompanied by pulsation in the temporal and carotid arteries, and flushing of the face, it may be necessary to relieve these symptoms by cupping and cold applications to the head. If bronchitis, pleurisy, or pneumonia supervene with unimpaired powers, the local abstraction of blood by cupping, followed by the administration of a pill containing calomel, opium, and James's powder at suitable intervals, with turpentine fomentations to the affected side, comprise the measures best adapted to the pulmonary complications.

In the cases accompanied by jaundice and hepatic or splenic dulness, the moderate exhibition of mercury is the best remedy, with the application of a blister or turpentine over the affected region. It is unnecessary to push the mercury far, so that it should be withdrawn on the first appearance of its action on the salivary glands, and the iodide of potash in a bitter infusion substituted.

Muscular and arthritic pain, when severe, often causes great irritability and want of sleep. This symptom is generally relieved by a combination of calomel, Dover's powder, and extract of colchicum, given at bedtime, and repeated, if necessary, in smaller doses during the day. In less severe cases, the iodide of potassium, especially if combined with a small quantity of colchicum, answers extremely well.

When the symptoms assume an adynamic character, indicated by rapid, weak, compressible pulse, cool, clammy, jaundiced skin, bilious vomiting, delirium, followed by more or less deep coma, powerful stimulants, such as ammonia and chloric ether, and the liberal administration of wine and brandy, must be perseveringly given; while external stimulation is had recourse to by means of blisters applied to the neighbourhood of the head, and over the region of the heart. The same measures must be resorted to if sudden collapse supervene, which not unfrequently happens in persons advanced in years, whose powers are inadequate to struggle against an acute disease in which so many organs essential to life are implicated. In short, the various anomalies must be treated on general principles, and in determining and carrying them out much judgment and tact may be often required.

When alluding to the nature of this form of fever,—the relapsing,—I stated my opinion that it had, in many respects, a great resemblance to the periodic class; and from the attempts that have been made to anticipate or prevent the secondary fever by giving antiperiodic remedies, this idea must have occurred to others. With this view the cinchona bark, or its alkaloid quinine, has been given in the apyrexial period; but though I have prescribed it myself, and seen it ordered by others, I cannot say that it has any apparent influence in preventing the relapse. It is, no doubt, useful as a general tonic, and should, therefore, form part of the treatment of the apyrexial stage; but, certainly, no confidence should be placed in it beyond its tonic properties. Arsenic—another remedy of the antiperiodic kind—has been tried with the same object, but has equally failed in arresting the secondary fever.

It would, therefore, appear that the analogy between the relapsing and periodic fevers is confined to a certain resemblance in some of its features only; for it appears neither to arise from the same causes or poison, nor to be influenced by those remedies which are almost invariably successful in the treatment of malarious fevers. It is equally clear that relapsing fever differs, in many respects, from either enteric or typhus fever, not only in symptoms and progress, but in its exciting causes or origin, as well as its comparative small death-rate. It is, therefore, in every respect, a disease *sui generis*, and interesting as an occasional, though by no means new, form of fever.

TREATMENT OF FERRICULA.

This disease, which appears to include the milder forms of either enteric or typhus fever,—for I have seen no reason to consider it a distinct form of fever,—runs its course in a few days without special treatment beyond confinement to bed, regulation of the bowels, and diet. But if these precautions be disregarded, it is possible that a more formidable disease may be kindled—possibly an acute local disease, requiring appropriate management. Hence the necessity of enforcing care in any form of febrile ailment, however apparently mild.

(To be concluded.)

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

THE TREATMENT OF DELIRIUM TREMENS.

THE patient, a cabman, aged about thirty-three, long addicted to hard drinking, and now in the fourth or fifth day of his third attack of delirium tremens, affords a good illustration of some practical points in the cure of this dangerous malady.

His face is wild, flushed, and perspiring, and his noisy struggling delirium, which has been incessant during the twenty hours now past since his admission, evidently, from his language, swarms with the delusions incident to this state. Amongst these may perhaps be included that of expecting us to know all his symptoms, without any observation or inquiry, every approach to which he treats as an insult.

However, we want little oral information. His pulse, though very quick (120), is wiry rather than feeble. His epigastrium is tender. His tongue, dry and furred, with red edges, is very tremulous. These facts, taken with those just stated, and the circumstance that his present attack winds up a tolerably continuous debauch of some ten days' duration, afford a clue to what will probably be a successful plan of treatment.

Opium and the "habitual stimulus" are usually regarded as the specifics for this malady. Confessing their frequent value, I would warn you against any but their casual and deliberate use. In other words, apart from some special risks occasionally contra-indicating them in even moderate doses, in this as well as some allied states in which they would otherwise be demanded, there seem to me great perils from their copious administration as a matter of routine.

Let us try to reason out the therapeutics of the malady. How do people die of uncomplicated delirium tremens? Generally, I make bold to say, of exhaustion. And what exhausts them? The perpetual delusions, ravings, shoutings, movements, of this state. It is a most invidious analogy to offer; but I venture to say that anyone who has ever spoken in public for one hour together, would, if he multiplied that hour by the factor requisite to bring it up to the many days sometimes passed in vociferous delirium by a patient, quite understand the perilous degree of exhaustion necessarily present. Besides, the morbid impressions are scarcely less injurious and fatiguing than the actions of the delirious state. Sensation, if varied and intense enough, is very hard work for the nervous system. Everyone who has ever foolishly attempted to "do" a gallery of pictures must allow that it is easy to tire out the brain through the eyes in a very short time.

The first indication of treatment, then, is to prevent exhaustion; and in fulfilment of this, there is much to do and to avoid. A comfortable room, preferably well lit as well as aired; a good nurse, with quiet, decisive, fearless manners; an absence of all that is likely to excite and irritate—if possible, that is, a separate ward. Above all, no mechanical restraint.

This prohibition cannot be too stringently enforced. No matter to what degree reason may be degraded or dethroned, the delirious patient always seems sensible of the debasement and brutality implied by straps and bands. If one nurse could not restrain a patient, I should call in two, or ask for the further

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assistance (always generously given) of any or every convalescent in the hospital. But I should never strap or tie down a patient, however delirious. I suppose, in the last seventeen years, I have seen and treated a fair proportion of such cases. But though I have once or twice walked up to a raging patient whom nobody had for hours dared to approach, to loosen his bonds, I never had occasion to regret it. Indeed, I have always found that the more limited, temporary, and casual that graduated restraint of the patient which the hands of others afford, the better. Watching and persuasion generally suffice.

The same indication, again, dictates the drugs to be administered. That there are instances in which a delirious patient, exhausted by long habits of tippling, or prostrate under some independent disease or injury, is best treated by the stimulus he has latterly been deprived of, I do not deny.

The subject of our observations, however, not only illustrates the golden rule of Practical Physic,—to treat the case, rather than the malady, and to avoid giving such and such drugs merely because the disease is diagnosed to be so and so,—but represents, I think, that common and important variety of delirium tremens in which this routine treatment is specially to be avoided.

In plain English, when a patient comes to me with delirium tremens as the climax of a long debauch, I generally find that this state is modified by two other circumstances. He *is* more or less drunk, on the one hand; he *has* more or less gastritis, on the other. His furred tongue, his tender epigastrium, the nausea (or even vomiting) occasionally noticed, are, doubtless, associated with a condition which I have verified after death in the gastric mucous membrane—a firm, white, condensation of the cell-growth, and a deep congestion of the subjacent vessels, such as, for want of a better term, we may roughly call "inflammation."

Both of these circumstances prohibit the administration of alcohol and opium in their ordinary forms and doses. To what purpose, when a man is already raving drunk, should we give additional quantities of the poison which has made, and is keeping, him so? What, again, will opium often do, save increase this drunkenness? Combined with alcohol, opium is, for most races and idiosyncrasies, a stimulant rather than a sedative. Indeed, even when taken alone, opium often acts as a stimulant upon the Malay, the Turk, the Hindoo—aye, and on many an Englishman quite unaccustomed to its use. And I am sure that, given in any but the most overpowering or dangerous doses, it oftener increases than lessens the ravings of the delirious patient; while it certainly so far obscures the symptoms, that after its sufficient (i. e., copious) administration, you must often remain in doubt whether the patient dozes because he is half poisoned, or because he is half cured.

Furthermore, as respects the gastric lesion, what, in the name of common sense, are large doses of alcohol to do? To increase inflammation; to add fuel to the fire; to constitute an additional source of the pain, fever, delirium, sleeplessness, which gastric irritation alone amply suffices to provoke? Thus much at any rate might be alleged, that their supposed benefits could hardly be deduced or explained by Rational Medicine, unless it were presumed that, in this instance, the general effects of alcohol counterpoised that aggravation of the local injuries which its introduction into the stomach would necessarily provoke. But to this generally beneficial effect we have already demurred; so that we need hardly point out that, granting it useful in this way, there could scarcely be a more clumsy, ineffectual, and dangerous mode of administering it, than by pouring it, in large quantities and a concentrated form, into an inflamed organ itself essential to life.

Much might, I think, be said for emetics and cold affusion in well-chosen cases of this kind. But in this instance neither of these two measures seems necessary. Two special attendants; a separate ward; a full dose (fifteen minims) of ipecacuan wine, with a little (seven minims) laudanum, and (ten minims) chloric ether, well diluted, every three or four hours; some three or four ounces of brandy, largely diluted, in the twenty-four hours; and mustard poultices to the epigastrium, are all that we need now order. A mutton chop, to be taken as soon as he wakes from his first sleep, completes the prescription.

The action of ipecacuan, thus guarded and combined, I will not now dwell upon, further than to say that it seems to effect a twofold benefit: to allay cerebral congestion and excitement, on the one hand; and to provoke gastric and intestinal secretion, on the other.

[The patient became gradually calmer, and in twelve hours fell asleep. The next day he was quiet and rational. Under full diet and stout, with bark, he recovered so rapidly as to leave the hospital, cured, in five days.]

ON A

CASE OF FRACTURE OF THE SUPERIOR MAXILLA AND ITS TREATMENT.

BY JAMES SALTER, M.B., F.L.S.,
SURGEON-DENTIST TO GUY'S HOSPITAL.

I HAVE thought that the profession might be interested in the particulars of a case of fracture of the superior maxilla, in which I adopted an unusual and, as far as I know, a new mode of treatment.

My patient was a young gentleman, the son of a clergyman in Berkshire. On Saturday, April 17th, 1859, while playing cricket, he was rushing with great impetuosity to catch a ball, when one of his companions, not perceiving him, ran forwards with a similar object, and they came into violent collision, my patient receiving a blow from his fellow-cricketer's forehead on the upper jaw, immediately below the right malar bone. A distinguished general practitioner in the neighbourhood was at once consulted, and he found, upon examination, that a fracture of the maxilla had occurred, driving inwards the two right upper pre-molar teeth and first molar, with their containing alveoli.

On the 19th of April, his professional attendant brought his patient to me for consultation, as some difficulties had occurred in the treatment of the case. The condition of the patient when I saw him was as follows:—A fracture of the jaw had occurred immediately behind the canine tooth, apparently passing vertically up to about the summit of the fangs of the pre-molars, and then extending at right angles horizontally backwards nearly, if not quite, to the posterior extremity of the bone. The anterior portion of the fractured bone was driven inwards upon the roof of the mouth to the extent of about the third of an inch; while the second molar tooth, implanted in the posterior portion, remained unmoved, the broken bone being, as it were, a radius, of which the second molar tooth was the fixed axis. The projection of bone into the roof of the mouth led to a corresponding depression on the outer side of the jaw, and this was somewhat apparent also on the face. Very little swelling had occurred, nor was much pain felt, except on manipulation. There was, however, considerable inconvenience experienced from the fact that the displaced teeth no longer opposed their fellows in the lower jaw by a normal "bite;" the cusps of the teeth, instead of interlocking with their inferior opponents, met them more or less on the points, and the mouth could not be satisfactorily closed.

On endeavouring to force the displaced bone into its proper situation, considerable pain was produced; it could not be got thoroughly into position, and when the pressure was removed the bone almost immediately resumed its former direction—projecting inwards. During this manipulation distinct crepitus could be felt.

To meet what appeared to me the requirements of this case, I adopted the following plan of treatment:—I prepared a gold plate to fit the interior of the mouth, so as to hold the displaced portion of bone as much as possible in position, thus far acting in every sense as a splint, but with the additional advantage that it was capable of repeated alterations from time to time so as still further to force outwards the inward projecting bone and teeth, as the patient could bear the pressure. I first took an accurate model of the mouth, and upon this the plate or splint, whichever it may be called, was constructed, embracing two of the firm teeth on the left side—namely, the the first molar and second bicuspid; then, passing over the palate behind the incisors and canines, it was made to bear on the right side against the displaced teeth and bone, extending still further backwards and surrounding by a wire the second molar tooth, which had not been displaced. The plate was so constructed that it exercised pressure only on the bone and teeth which were displaced, and in an amount in proportion to the displacement—most upon the front of the broken bone and the first bicuspid, less upon the second bicuspid, and still less upon the first molar. In the accompany-

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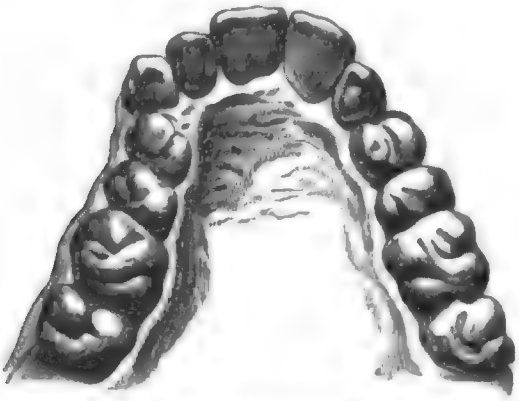
ing illustration the relative displacement of the several teeth will be seen (Fig. 1); in the figure of the plate, or splint, the points occupied by the first and second bicuspids and the first molar are respectively indicated by the letters *a*, *b*, *c* (Fig. 2).

FIG. 1.



Drawing from the plaster cast of the upper jaw, inverted.

FIG. 2.

Illustration of the gold plate or splint; *a*, *b*, and *c* corresponding to the first and second pre-molars and first molar respectively.

The accident occurred on the 17th April; I first saw my patient on the 19th, and on the 23rd the apparatus was applied. When the plate was first put on it was very tight, and produced considerable pressure on the inner side of the fractured bone, causing, however, a sense of tension rather than pain. In a few hours this feeling passed off, and when, four days after, I next saw my patient, I found the position of the parts very much improved. This improvement was followed up, and still more advanced by altering the plate—making it wider, and by adding portions of gold within the crescentic excavations that received the teeth. From this date, the 27th April, my patient visited me about once a week, the plate having in that time ceased to produce any pressure, or exercise any influence requiring further alterations, till the 2nd June, when, as I find from my notes, the maxillary arch was completely restored to its proper shape.

After this the plate was worn for many months—longer, I think, than was required, the patient getting used to it, liking it, and feeling it a comfort and support. I cannot, therefore, name the precise date when osseous union may be said to have taken place, but it has taken place, retaining the fractured bone in a proper position.

I do not see what other method of treatment could have succeeded in this case. Probably, had no mechanical support been employed, the already-existing obliquity of the teeth would have been increased by the pressure of mastication, and certainly could not have been diminished; but by the means adopted, stability of the detached bone was secured, and its position gradually and progressively improved, till it assumed almost, if not quite, its original place.

As it seems to me, important as this mode of treating a fracture of the *upper* jaw may occasionally become, the same principle as applied to the *lower* jaw is of still greater service. Any displacement that accompanies fracture of the superior maxilla is simply a passive condition: there are no muscles attached to the upper jaw which can derange or draw out of place the broken bone. With the lower jaw, however, the case is very different. The inferior maxilla is a floating bone, to which many powerful muscles are attached, and those connected with the rotating movement of the jaw—namely, the pterygoids—having a strong lateral antagonistic action. Destroy the integrity of the maxillary arch by fracture, and that antagonism ceases: the muscles on either side act independently, and draw the points to which they are attached more or less to the mesial line, and this it is which causes the overlapping of the fractured ends of the bone, often so obstinate, and necessarily with it the traction of the chin towards the side on which the fracture has occurred in the usual cases, where the lesion is in the horizontal ramus on one side. A plate or splint, and for the lower jaw I prefer an ivory one, carved to fit the interior of the arch of the particular jaw, with small crescentic excavations for the existing teeth, when placed in the mouth, restores the integrity of the arch for the time being. It may be worn without inconvenience long enough to allow osseous union of the fractured ends, preventing displacement the while.

Not long since I was consulted by a professional friend in such a case as this. The fracture had occurred in the horizontal ramus, about the situation of the first molar tooth, and this tooth, as well as the second pre-molar, had long since been extracted, and the usual method of treatment—that of tying together teeth in the neighbourhood of the fracture—could not be resorted to. The displacement of the jaw, and the consequent distortion of the face, were extreme. The fracture had occurred on the right side: the left pterygoid muscles, being no longer resisted by the right, drew over the mass of the bone—the left horizontal ramus, chin, and anterior portion of the right horizontal ramus—towards the right side, and to such an extent that the left lower canine tooth corresponded in position to the interval between the superior central incisors. My friend and myself agreed that the best and most promising plan would be to re-connect the broken and now separate portions of bone by an ivory arch or splint, within the jaw, adapted to its precise form, and attached to the remaining teeth. This plan was adopted with the happiest results, the ivory splint being worn till union had taken place, with scarcely any perceptible malposition of the jaw.

New Broad-street, 1860.

ON THE

PATHOLOGY AND TREATMENT

OF

SCROFULOUS DISEASES OF THE SYNOVIAL MEMBRANE OF JOINTS.

BY RICHARD BARWELL, ESQ., F.R.C.S. (EXAM.),

ASSISTANT-SURGEON TO CHARING-CROSS HOSPITAL.

IT is very difficult, or rather, it should be said, impossible, to understand diseased action in any part unless the ultimate structure and the interstitial action of its tissue be known. This may be said with equal truth of those structures having a special function, the disturbance of which quickly affects the life and health, and of those less studied parts, which serve mechanical purposes. The distinction between the special and connective tissues is most important, not only in histological but also in pathological science; for without a knowledge of the differences between the formation and the actions of these two classes of tissue it is utterly impossible to detect the character of inflammatory disease, the point at which the action aims, the curative tendency, nor the forces which subvert it. In joints we meet only with different examples of the connective tissues—bone, cartilage, synovial, areolar, and fibrous tissues. Thus the study of all diseases of these parts may be said to consist in the whole pathology of connective tissues, which again must be founded on their physiology. A connective tissue may be described, in general terms, as a number of cells still retaining their nuclei, round each or each group of which a quantity of tissue material is collected; the quality of the tissue being derived, not from the contents, size, or shape of the cells, but from the consistence and constitution of the intercellular substance. Thus the cells of cartilage, bone, fibrous and areolar tissue, have probably the same proteine contents, but are surrounded, the one by chondrine in a solid form, the other by lamellated bone material, the third by gelatine in a fibrillated arrangement, and so on.* The func-

* For fuller development of these views, see my paper "On Granulation," &c., in Beale's Archives of Medicine, No. 5.

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tion of these tissues is not vital but mechanical; the intercellular substance, therefore, whereon the function depends has no vital constitution, but each district or band is dependent upon its own cell for its support. The nutrition of these tissues is kept up by the selecting and organizing quality; their growth, by the due increase in number; their repair, by more abundant multiplication; their absorption, by excessive generation of the cells.* Thus it is that certain parts of the body—namely, all consisting of connective tissues—are capable of repair by like material through fresh formation of cells, which, by the law of organic descent, develop similar tissues. The means of this repair are very interesting, since they are the simplest form of the inflammatory process; as, for instance, the union of a wound by the second intention, and so on.

If a wound be made beneath the skin of a rabbit, and kept open some time by a seton or other means, the parts around will in two or three days become thickened and hardened; and if this indurated portion, with a good deal of the surrounding tissue, be excised and examined microscopically, the following appearances will be seen:†—Furthest from the track of the seton, the lines between the fibres of the white wavy tissue will be found granular, broad, and with indistinct edges; and a greater number than usual of cells, nuclei, &c., will be seen scattered in the meshes or interstices of the tissue. A little nearer the wound, the fibres themselves and their interspaces become cloudy and obscure, and cropping out of these latter are to be seen groups of cells which are mortared together by a granular material; and in those parts actually in contact with the silk, the fibres become entirely hidden by a dense mass of cells, nuclei, and granules; if the condition be far enough advanced, the fibrous (intercellular) material becomes eaten up by the excessive growth of cells. This, as we know, is the simplest form of the inflammatory process;‡ but even in this, the cells thus generated may go through many different developments: thus, if the seton be continued, many of them will be converted into pus-cells; if the irritation cease, they will become fusiform, and some will be gradually converted into fibre cells; and other changes will take place which we will not enter into here.

Such is the course of an inflammation produced in a healthy constitution by any local injury, whether a wound, blow, or other accident. The action may be primarily acute, and may then become chronic, and, as the irritation ceases, leaves behind a thickened condition—i. e., the cell-growth will have produced a certain amount of new tissue. Certain cachexiæ—the rheumatic and the strumous—have the peculiarity of setting up inflammations without any local provocative, in which the diathesis acts the part of both exciting and predisposing cause. Struma is peculiarly apt to produce such local inflammations of so chronic a character that they hardly possess the usual marks of an inflammatory affection; but the superabundant cell-generation is even more distinct than is ordinarily the case. Thus a scrofulous synovitis is, in its first characteristics, not essentially distinct from another slow inflammation of that tissue; but the difference lies in the indisposition to further development, as I shall endeavour to explain. If there have been a breach of tissue from a wound, the gap must be filled up by cell-generation, which, in such a case, is called granulation. As long as the patient remains in a good state of health, the older cells—i. e., those of the deeper layers of this formation, assume the fusiform shape, and become gradually converted into cell-fibres, and gradually into the fibrous material which forms the scar; but when the health begins to flag, the granulations do not change in that manner, but the cells remain, as a rule, round, increase unduly, and form those large, flabby, exuberant growths which require repression, caustic, or other means to stimulate them to healthy action, and to keep down their generative tendency. Exactly the same condition is it which distinguishes the healthy from the strumous synovitis. In the former the membrane and the subsynovial areolar tissue generate cells which, if the constitution be good, form new fibrous tissue, causing some thickening, and only to a slight degree interfering with the action of the joint. In the latter, cells also are generated; but, instead of making fibrous tissue, they remain in the form of spongy granulation tissue, and produce that class of disease which Sir Benjamin Brodie has named a "Morbid Change of Structure of the Synovial Membrane," and which has also been called gelatinous degeneration.

Although it is true that this malady is more frequent in the knee than in other joints, it is by no means so limited to that articulation as some authors teach; it is frequent at the elbow or ankle; is not unfrequent at the wrist. It may follow some accident, producing for a time a more rapid inflammation; or it may, and quite as often does, commence as a slow, painless swelling, not attributable to any external cause whatever. The course of the disease is extremely slow, and may advantageously be divided into three stages, each marked by a definite event, and each distinguished by important differences in the sort of cure for which we may hope, and in the end to which treatment must be directed.

(To be continued.)

* See the before-mentioned paper, and that "On Osteitis" in the Med.-Chir. Review, April, 1860.

† Two modes of examination may be chosen, and should if possible be combined: one, to cut the excised portion, previously pinned upon a piece of cork, into halves, with a sharp Valentin's knife, so as to secure a section of the whole tissue, which will not always be easy; the other, to snip off little pieces with scissors at different distances from the centre, and to tease each out gently with needles. Both are to be examined in dilute acetic acid.

‡ See my paper "On Nutrition, Inflammation, &c., of Articular Cartilage," Medico-Chirurgical Review, Oct. 1859.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

LATERAL DISLOCATION OF THE KNEE-JOINT, WITH THE FORMATION OF A FOREIGN BODY; SYNOVITIS; RECOVERY.

(Under the care of Mr. HOLTHOUSE.)

WHEN the size and breadth of the knee-joint are taken into consideration, it may be readily understood that dislocation will very seldom happen, unless as the result of direct violence. Of the various displacements which have been noticed, the lateral is the most common, and does not require the same amount of violence to produce it as in the anterior or posterior directions. In certain instances, dislocations have slowly arisen as the result of old-standing disease. This special deformity is one not commonly encountered in hospital practice; but we have recently met with an instance at this hospital, which we put upon record to-day, and we learn that two cases have occurred at Guy's within the past twelve months, under Mr. Poland's care.

Before giving the particulars of the case under the care of Mr. Holthouse, we may draw attention to the following examples of this form of displacement which have already appeared in the pages of this journal. A spontaneous dislocation of the knee in a woman, aged seventy, whose ligaments were in the most lax condition, under Mr. Holt's care at the Westminster Hospital. Similar instances have been recorded by Mr. Stanley in the "Medico-Chirurgical Transactions," (THE LANCET, vol. ii., 1850, p. 654;) compound dislocation of the knee, in a man, aged forty-one, under Mr. Birkett's care, at Guy's Hospital, (ibid, p. 703;) lateral dislocation in a female, aged forty-seven, the result of injury, recorded by Dr. Michael Taylor, of Penrith, (ibid, vol. ii., 1855, p. 51;) lateral dislocation from injury in a labourer, aged fifty-four, under Mr. Gant's care at the Royal Free Hospital, (ibid, vol. i., 1857, p. 553;) partial dislocation of both knees in a female, aged twenty-two, from strumous disease, under Mr. Coote's care at St. Bartholomew's Hospital, (ibid, p. 630;) lateral dislocation, with fracture of the fibula, a case recorded by Mr. Grimes, of Liverpool, (ibid, vol. ii., 1857, p. 30;) and lastly, dislocation of the tibia directly backwards from injury, a case recorded by Mr. Henry Jacobs, of Colney Hatch, (ibid, vol. i., 1858, p. 626.)

The complications which arise in dislocation of the knee are always of more serious import than those of any other articulation; for the laceration of the ligaments, if present even to a moderate extent, is followed by some amount of inflammation, which, in certain constitutions, may lead to the gravest consequences. Under any circumstances, the sufferer has to remain under treatment for a considerable period before strength is restored to the joint.

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In the following case, besides the usual laceration of ligamentous structure, there appears to have been the detachment of a portion of bone, or possibly of one of the semilunar cartilages, which for the time became a foreign body. This may give rise to much trouble and inconvenience at a later period. For the present a recovery has been made, with some amount of stiffness and swelling around the joint.

Henry W——, aged forty seven, coalheaver, was carrying a sack of coals on his back across a plank to a barge, on the 12th of last December, when his foot slipped and he fell backwards. In endeavouring to save himself he injured his left knee-joint, but the exact mode by which the injury occurred he is unable to explain; he only knows that, when he rose from the ground, he was unable to support any weight on the left leg, and he was immediately carried to the hospital. On examination, the house-surgeon (Mr. Clarke) found the tibia dislocated outwards, and reduced it immediately, without the least difficulty, by slight extension and counter-extension made from the leg and thigh. When seen by Mr. Holthouse shortly afterwards, the bones were in position; the joint was somewhat swollen, from the effusion of fluid within the synovial membrane; and there was found a loose angular body, about the size of an almond, occupying the joint, and situated on the inner side of the patella. The patient suffered but little pain, though the joint became rapidly distended with fluid. The limb was put up on a M'Intyre's splint, and lint dipped in an evaporating lotion was applied to the knee.

Dec. 13th.—An opiate was given last night, which procured the patient a good night's rest, and the joint, though much swollen, is not very painful; there is little or no constitutional disturbance. To have a compound senna draught to-morrow morning should the bowels not have acted. He is on middle diet, and takes a pint of porter daily.

16th.—The fluid in the joint is much diminished, and the foreign body is distinctly felt in the same situation; he has no pain, but complains of lowness of spirits. Full diet was ordered, and another pint of porter.

The patient continued to improve, exhibiting no untoward symptom, and on Jan. 14th the splint was removed. The knee, though quite free from inflammation and pain, was somewhat stiff and swollen, the swelling being apparently external to the joint, and preventing the foreign body within from being easily recognised. On Jan. 21st he was allowed to get up and walk about the ward. He complained of nothing but the stiffness of the joint and a general feeling of weakness. Stimulating liniment was directed to be rubbed well into the joint night and morning, and a warm bath prescribed every other day.

March 6th.—Though he has continued using the remedies just mentioned, the joint still remains very stiff, and the soft parts around are swollen and indurated. A blister was ordered to be kept open with savine cerate.

26th.—The blister has now healed, and the joint is somewhat smaller than before its application, though still larger than the other. The movements of flexion and extension are limited, but performed without pain; he walks tolerably with the aid of a stick, and is in fair health. Discharged.

GREAT NORTHERN HOSPITAL.

FOURTEEN STONES IN THE BLADDER OF A MAN, AGED SEVENTY-TWO; LITHOTOMY; UNSUCCESSFUL RESULT.

(Under the care of Mr. PRICE.)

IN a previous number (April 14th) we recorded the history of a case of unusually large stone in the bladder of a boy, which was successfully removed by Mr. Price, and since then another instance has come under our notice, in which we saw as many as fourteen stones removed by him from the bladder of an old man. Now, although the number of calculi was so large, the peculiar shape of the larger ones was even more remarkable. This is well shown in the accompanying woodcut. The largest stone resembled a circular ball, with a number of spines projecting from various parts of its surface, which would naturally give rise to great irritation.

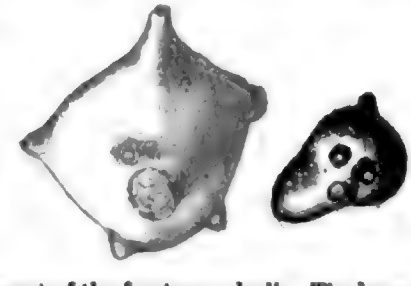
Our readers will recollect an instance recorded on a previous occasion (THE LANCET, vol. i., 1859, p. 586) of a man, aged sixty-nine years, who was admitted in a dying state under Mr. Cock's care at Guy's Hospital. After death, sixteen calculi were found in the bladder, of uniform size, and measuring nearly an inch in diameter.

For the following notes we are indebted to Mr. Wallis, house-surgeon to the Hospital:—

W. A——, aged seventy-two, a healthy-looking old man, who has always, with the exception of the symptoms for which he was admitted, enjoyed remarkably good health, states that about thirty years ago, to use his own expression, he first noticed something coming with his water, attention being drawn to the fact by the invariable experience of pain in the region of the bladder and penis just before and during the time of micturition. This pain was relieved after the bladder was more or less emptied. There was no increased desire for frequent micturition. He was disturbed neither day nor night, except by the pain, which became more severe in proportion as the bladder became more distended. He continued suffering the same pain and symptoms, at times more or less severe, till two years ago, when both considerably increased, and others still more distressing gradually made their appearance. The bladder became more incontinent of urine, and constant pains, shooting down the thighs and about the perinæum, kept him awake at night. At this period he sought surgical aid, and was treated for stricture, wax bougies of a small size being constantly introduced; but these, instead of alleviating the urgent symptoms, rapidly increased them, as the urethra had proved unnaturally sensitive. No sound was ever introduced. He remained for six months under the notice of the surgeon to whom he had first applied; but finding no relief, he discontinued both mechanical and medicinal treatment. Some months elapsed, when he applied to Dr. Chance, who, finding his symptoms were so severe, and apparently beyond the reach of all medicines except palliatives, recommended him to see Mr. Price. At this period the symptoms of stone seemed permanently marked, and a sound was accordingly introduced, when a calculus of large size was readily detected. In a few days he was sounded with still greater care, and the nature of the affection under which he was suffering being more clearly defined, he was recommended to undergo an operation, especially as his life was fast ebbing out, and the pain was daily becoming more unbearable. Lithotrity was for several reasons an inappropriate operation, and accordingly lithotomy was adopted.

On April 5th, the man having been placed under the influence of chloroform by Dr. Anstie, the lateral operation was performed. At the first scoop with the forceps, six or eight small pea-like stones were caught and removed. At the next manipulation of the forceps, six more were taken away, and, at a later stage of the operation, the two calculi represented in the accompanying sketch were extracted. In drawing the larger of these two stones through the prostate, some difficulty was experienced by reason of one or more of the spines which surrounded the calculus catching in the glandular track. There was little or no bleeding, and the patient was removed to bed. He quickly rallied, but did not pass a good night. On the second and third day after the operation, he declared himself better, and was doing well; but, on the evening of the fourth day, he complained of a heavy, dull pain in the hypogastric space. He slept, however, comfortably during the night; little urine passed by the wound; and the next day, retention having occurred, Mr. Price drew off the urine, which was stale, strongly ammoniacal, and rather bloody. Later in the day the instrument was again introduced through the natural passage, and retained in position. At this time the man was much lower, the bowels had lost their natural tone, bed-sores began to form, the wound was sloughy and unhealthy, and the rectum was destroyed at one spot by ulceration. A restless night was passed, and the man died the next day at four P.M. No post-mortem examination was allowed.

The accompanying woodcut represents (somewhat smaller)



the two largest of the fourteen calculi. The larger of the two is not quite spherical, but nearly so; its surface is surmounted with some eight or ten spines, varying from an eighth to nearly a quarter of an inch in length, and an eighth of an inch in thickness, which give to the calculus the appearance of a

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spiked shot. The smaller stone has likewise these spikes or spines in the course of formation.

On examining the composition of the calculi, they are *all* found to be composed of lithic acid, which has formed around a nucleus of oxalate of lime or mulberry, and become covered with phosphate of lime and other phosphatic salts—at least the larger ones, the smaller retaining the smooth and glistening appearance of uric acid. On making a section, the above composition was determined, and a commonly-received opinion, that the spines on the larger stone were due to the peculiar crystallization of oxalate of lime, controverted. The spines appear to be wholly composed of lithic acid, and their formation is most beautifully seen on examining the section. It is difficult to arrive at the correct mode or cause of formation of these spines. It is, however, probable that the stones might have remained for long in the pelvis of the kidney, from which undoubtedly they came, although the patient had never suffered from irritation of the kidneys or ureters. It has been suggested that the peculiarity of form is due to the stone being long resident in a vesical pouch; but the readiness with which it was caught shows that such, indeed, if any other proof were wanting, could not be the case.

The two largest calculi are figured, as their peculiar form and condition are more readily perceived.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

DISLOCATION OF THE CRYSTALLINE LENS INTO THE ANTERIOR CHAMBER OF THE EYE DURING A FIT OF SNEEZING; SUCCESSFUL EXTRACTION.

(Under the care of Mr. JABEZ HOGG.)

THROUGH the kindness of Mr. J. J. Skegg, house-surgeon to this hospital, we place upon record the following rare and most interesting case. A violent fit of sneezing appears to have dislocated the crystalline lens into the anterior chamber of the eye, causing subsequent pain of the most agonizing character, which for a time nearly drove the patient out of his mind. A good recovery was made after the extraction. Amongst the causes enumerated by various writers as giving rise to displacement of the lens are, falls on the soles of the feet or on the head, violent blows on the temple or other parts of the head, and direct injury to the globe of the eye. The present case is probably one of the first, if not the first, recorded in which it arose after a fit of sneezing, in an eye disposed to such an accident. The case likewise shows the value of the ophthalmoscope in determining the cause of the indistinct vision in the other eye, which had been previously unsuspected.

A. B——, aged thirty-six, a German, had always been myopic. Two months ago, the sight of the left eye became unusually acute, so much so that objects appeared as though seen through a magnifying-glass, the nose seeming to him very prominent, and thereby causing much discomfort. On the 18th of April he was taking a walk, the sun shining strongly on his face, when suddenly he felt as though blinded in the left eye; he immediately put his hand up and rubbed it. It should be stated that just previous to this he had a violent fit of sneezing. The sight of the eye was not lost, but he became very near-sighted. He was seen by Dr. Grasemann soon after the accident, and by his advice he consulted Mr. Hogg. The lens was distinctly seen in the anterior chamber, and had a most beautiful appearance. Mr. Hogg recommended the pupil to be kept dilated by atropine, and the patient to remain in the recumbent position; but, however, he would not consent to the confinement. On the 26th of April inflammation set in, with photophobia, and the night was one of most intense suffering, so much so that he attempted to jump out of the window. Leeches were applied to the temple, morphia taken in large doses, and subsequently chloroform administered, but without alleviation of the extreme pain. On the 27th, nine days after the accident, he was admitted into the hospital, when Mr. Hogg extracted the lens under chloroform. The operation was obliged to be very quickly performed, as the anæsthetic produced very alarming symptoms. At seven P.M. he was comfortable and free from pain.

April 28th.—Had a good night, without the administration of an opiate.

29th.—Still remains easy and free from pain.

30th.—Did not pass quite such a good night, but on the whole he is going on well.

May 4th.—To-day the eye was opened, and found to be progressing favourably.

11th.—A small piece of the iris has cicatrized in the wound of the cornea. To be gently touched with the nitrate of silver, and a drop of sweet oil applied to the eye afterwards. The sight remains very good.

13th.—Being very anxious to go out, he was discharged, and has since quite recovered.

The lens, after extraction, was perfect and transparent, apparently uninjured, except in form. When the eye was first examined—that is, two days after the accident—neither the vessels of the retina nor of the choroid were changed, or in any way congested. The lens, in the anterior chamber, pressed upon the iris, producing considerable concavity, and, acting as a foreign body, was the cause of the ciliary neurosis and torturing pain. It should be mentioned that the sight of both eyes, more especially that of the right, had been weak for several years, for which he had consulted more than one ophthalmic surgeon in his own country; but, until he was examined with the ophthalmoscope by Mr. Hogg, he was not aware that one half of the lens in the right eye was opaque; consequently, he could only see through the crescentic half of the lens on the nasal side; and this at some future time will require extraction.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 6TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

HYDATIDIFORM BODIES FROM THE UTERUS.

DR. ROUTH exhibited a specimen of hydatidiform bodies from the uterus. The history of the case was as follows:—Mrs. B——, aged thirty-five, a laundress, consulted Dr. Routh on the 22nd of March, suffering from menorrhagia, with slight procidentia. She had weaned her child on the 15th of July last, on the day preceding which the catamenia occurred. They did not again recur till the beginning of October. She, however, believed herself pregnant. The discharge persisted, off and on, till the time when she sought advice, never ceasing for longer than four days at a time. On the 1st of May she was examined: diagnosis—a blighted ovum of two or three months. She miscarried the next day, Dr. Clark, of Adelaide-terrace, Notting-hill, attending her. There was a good deal of hæmorrhage. A large number of hydatidiform bodies escaped during the miscarriage; and a considerable number were found, as usual, attached by small pedicles to the membranes; these were of a pinkish hue, and contained an albuminous fluid of an acid nature. The case did well.

ENORMOUS FIBROUS TUMOUR OF THE UTERUS.

Dr. GRAILY HEWITT exhibited, for Dr. R. Uvedale West, of Alford, a very large fibrous tumour connected with the uterus. The patient, a married woman, aged fifty-three, died from hæmorrhage. The tumour had existed for nine or ten years. Menstruation had been profuse, though somewhat irregular, up to a year ago, when it ceased. The tumour, connected, but not very intimately, with the cervical part of the uterus, and of an irregularly globular shape, measured forty-two inches in circumference, and sixteen in diameter; it weighed forty-two pounds. On examining the tumour, Dr. Graily Hewitt had ascertained that its structure was that ordinarily found in fibrous growths connected with the uterus. The vagina appeared to have been drawn upwards and narrowed considerably, so much so that the os uteri could not be reached by the finger. It seemed probable that the fatal hæmorrhage resulted from rupture of one of the very large vessels which passed into the pedicle of the tumour, and which lay close to the vaginal wall.

Dr. GRAILY HEWITT also exhibited two other specimens of Fibrous Tumour of the Uterus, in each of which several tumours were attached to the uterus by pedicles of varying length. These latter specimens were exhibited for the purpose of showing the extent to which tumours originating in the uterus were occasionally separated from that viscus.

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A DESCRIPTION OF TWO FŒTAL MONSTERS.

BY T. H. TANNER, M.D.,

ASSISTANT-PHYSICIAN FOR THE DISEASES OF WOMEN AND CHILDREN TO KING'S COLLEGE HOSPITAL.

The first specimen which the author exhibited was an excellent example of a double monster. In this obstetrical curiosity all the parts were in duplicate, with the exception of the thoracic and abdominal cavities and their contents. The organs of generation—those of a female—were complete in each infant. There was one umbilical cord and placenta.

After some observations on the origin of these bodies, attention was directed to the second case, which proved to be a good example of congenital umbilical hernia. The fissure in the abdominal parietes, though large, was seen to be limited to the epigastric region above the umbilical cord. This is just the part which naturally remains the longest open; but in the present instance an arrest of development had prevented the closure at that stage when a portion of the abdominal viscera is contained in the sheath of the umbilical cord. Below the umbilical region the integuments were in a healthy condition. The hernial sac had been formed of two coats—that is to say, externally by the amnion, and internally by the peritoneum. They had ruptured, so that the contents of the hernia were shown to have consisted of the intestines and liver, while at the upper part was the heart.

CYSTIC WITH MALIGNANT DISEASE OF THE OVARY.

Dr. PRIESTLEY exhibited an ovarian tumour removed from the body of a patient who had died in the Samaritan Hospital with all the symptoms of peritonitis caused by perforation. The tumour was united at its inferior portion with the posterior surface of the uterus. Here was a quantity of deposit, supposed to be of a cancerous nature, which was breaking down into the peritoneal cavity, and had effected an opening into the bowel. The intestines were glued together by recent lymph, and the interior of the largest ovarian cyst was lined by beautiful meshes of the same material. He considered a further examination necessary to determine if the softened deposit were really cancerous.

ON PHLEGMASIA DOLENS.

BY W. TILBURY FOX, M.D., (UNIVERSITY MEDICAL SCHOLAR.)

The paper commenced with the statement that the general prevailing opinion that phlegmasia dolens was a disease dependent upon inflammatory changes (the result of local or general causes) in the vessels was too limited. The author passed in review the various states in which phlegmasia dolens occurred—viz.:

1. As the sole local disease—ex., after abortion, removal of polypi, &c.
2. As part of a general disease, (*a*) either of virus origin—ex., puerperal fever, erysipelas, dysentery, &c.; (*b*) or abnormal nutrition—ex., cancer, phthisis, &c.
3. As complicating other local diseases—ex., iliac abscess, dislocations, suppressed menstruation, &c.

A principle was then noted, clearly defined, upon which its evolution depends—namely, the existence of obstructive disease in both veins and lymphatics. The causes of this obstruction might be ranked as extrinsic and intrinsic in regard to the vessels: the extrinsic being compressed under the head of pressure from without; the intrinsic, all producing coagulation, being subdivided under the heads of—

1. True phlebitis conjoined with angioleucitis.
2. Thrombosis.
3. A mixture of these twain.
4. Preternatural coagulability of the blood doubtful (merely a favourable condition).

The main point insisted upon was that phlegmasia dolens, except in its epidemic form, is in the majority of cases a pure thrombus, produced by sudden absorption of morbid fluid, the (compensating) effect of sudden loss; the class of cases in which it occurs—viz., diseases accompanied by breach of surface—ex., after labour, cancer, phthisis, dysentery, after removal of polypi, being especially favourable to such an occurrence. This mode of production applies equally well to many cases of œdema, which pressure leaves unexplained, the difference between the two cases being that in phlegmasia dolens the lymphatics are involved in addition to the veins.

The PRESIDENT observed that the subject of phlegmasia dolens was one of considerable extent and intricacy. The peculiar tense swelling of a limb known by this name occurred under different pathological forms, and arose from different causes. In some cases it arose from venous, in others from lymphatic, obstruction. He had lately seen a case of phlegmasia dolens affecting the arm of a patient with a remarkably feeble circulation, although a fine healthy woman to look at. It was precisely one of those cases of coagulation in the veins which Dr. Humphry of Cambridge had lately described in his excellent paper. He had followed Dr. Humphry's practice of giving ammonia for the purpose of dissolving or breaking down these coagula, and in the present instance had combined it with bark with the best effects. He had also lately seen a singular case, in a man of temperate habits, not only affecting the right arm so that he could scarcely put it into a sling, from the impossibility of bending it, but implicating also both sides of the neck and face. He had availed himself of Dr. Burrows' great experience, who, after a careful examination of the case, and having ascertained the absence of sound on percussion and auscultation over a circumscribed space corresponding to the anterior mediastinum, had diagnosed the presence of some malignant disease in that direction, which had compressed some of the large venous trunks. He could not help thinking that the rapid and enormous swelling from venous congestion which followed the bite of a venomous snake was in great measure due to the coagulation of blood in the veins of the bitten part. There could be no doubt that phlegmasia dolens was frequently caused by the absorption of putrid matter, as seen after labour and occasionally after malignant disease of the uterus. In this latter case it never occurred whilst the patient had strength to sit up and walk about; but when the advance of the disease confined her to the horizontal posture, the putrid discharges collected in the vagina, and absorption was apt to follow.

Dr. GRAILY HEWITT had devoted considerable attention to the subject treated of in Dr. Fox's elaborate paper. There were two questions for solution—the one being the *nature* of the pathological changes which take place in phlegmasia dolens; and the other the *cause* of these changes. With reference to the nature of the changes observed, he conceived that they consisted in coagulation of the blood within the veins, alone, and he could not admit that the lymphatics were primarily or necessarily affected. The arguments used by the author, on this point, did not appear to him by any means convincing: the fact that phlegmasia dolens had not been observed in certain cases of obliteration of the lower cava, did not of necessity support the view of the question put forward by the author. The appearances presented were due to coagulation in the veins, and almost complete obstruction to the circulation. These changes were now known, chiefly in consequence of the researches of Virchow, to be due, not to phlebitis, but to coagulation. Then as to the cause of the coagulation, the author had, he believed, correctly, as well as ingeniously, explained that it might be produced by the action of septic matter introduced into the cavity of the veins; but he would himself explain the occurrence of coagulation in the veins in that series of cases, or certainly a large proportion of them, coming under the notice of practitioners in midwifery, in another way. Two years ago he had published in THE LANCET some remarks "On Coagula formed in the Veins during the Puerperal State," and of several causes there alluded to as leading to the coagulation in question, he would now refer only to two—one of these being deficient contraction of the uterus after delivery; and the other, the occurrence of hæmorrhage. The influence of deficient contraction was very important. The uterine sinuses remaining patent were necessarily filled with coagula, and these coagula, of small size normally, were, in cases of deficient contraction, much larger. The coagulation spread upwards from these nuclei, and, when the iliac veins became invaded, the phlegmasia dolens occurred. The existence of these large, loose coagula, he would remark, also favoured the introduction of septic matter. Then, again, in cases of hæmorrhage, the tendency to the occurrence of coagulation in the veins was, as he had endeavoured to explain, increased; but he believed that this resulted rather from the loss of contractile power in the uterus, the effect of the hæmorrhage, than from absorption of septic matters. Hæmorrhage, undoubtedly, favoured absorption, although, perhaps, not to the extent insisted on by the author. The recognition of the effect of imperfect contraction of the uterus in inducing coagulation, he conceived to be of great importance in practice; and he believed that phlegmasia dolens would be rarely observed if steps were always taken to secure due contraction of the organ after delivery.

Dr. DRUITT said that phlegmasia dolens was usually treated of as an obscure and intricate disease, but that most of the obscurity arose from the unfortunate circumstance that it had been too much treated as if it were a puerperal disease solely, and had not been viewed in its true relation to other diseases; whereas it was by no means confined to the puerperal

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state; and, instead of being altogether *sui generis*, it was but one specimen of a very large and natural pathological family. Certainly the author of the paper before the Society had not fallen into the former of these errors; on the contrary, the Society had to thank him for a very copious and interesting collection of cases occurring from various causes besides parturition; but, as regards the true pathological place of the disease, the author seemed to have just missed seeing it. It appeared to him (Dr. Druitt) that it was impossible to regard phlegmasia dolens otherwise than as one member of that class of pathological exudations which includes also the diffuse inflammation of the areolar tissue, the phlegmonous erysipelas, carbuncle, and the effects of snake-bite, which last the author had alluded to, although he did not seem to appreciate the fact that it afforded a complete solution of the phenomena of the disease under consideration. A poison introduced into the areolar tissue, whether locally or through the medium of the circulation at large, was all that was required to explain the phenomena. What was there more wonderful in phlegmasia dolens than there was in the fact that a small portion of decaying lobster introduced into the stomach sufficed to cover the skin with the large white blotches of urticaria? or that a small portion of virus introduced under the cuticle will produce the enormous swelling of erysipelas or diffused inflammation? or, again, that a snake-bite will cause a whole limb to swell suddenly and enormously? The analogy of these cases to phlegmasia dolens is absolutely perfect. In one case, which the speaker published in the "Surgeons' Vade-Mecum," a gentleman had a small, old sinus in the ham; this festered; the matter putrefied; swelling ensued, spreading upwards as well as downwards, till the limb was of enormous size, tense, and firm; symptoms of general pyæmia followed, and death. Now in this, as in the other analogous examples, could it be said that obstruction of the veins or lymphatics was the essential condition of the disease? Surely not; for obstruction of veins and lymphatics might exist without phlegmasia dolens, — and exudation, which was the essence of phlegmasia dolens, might exist without venous obstruction. It was quite a return to the pathology of the sixteenth century to assert that obstruction was the cause of a true pathological exudation. Obstruction must always produce its mechanical effects, such as œdema; but there was no obstruction which could account for the production of phlegmonous erysipelas or carbuncle, and the assumption of obstruction as the cause of phlegmasia dolens was unnecessary. Solidification of the blood in the veins occurred in erysipelas as in phlegmasia dolens, but only as a concurrent effect. The true pathology of the disease was that which the author had touched, without grasping—namely, that a poison, having been imbibed from a wound or ulcer, produced not merely coagulation of blood in veins, but that yet undefined change in the relation of the blood and tissues which caused a peculiar exudation. No one, in the present state of pathology, can pretend to define that condition absolutely; but if any one thing appeared at the present day certain, it was that not mere obstruction, or any other change in what was called the "action" of bloodvessels and absorbents, could generate a true pathological exudation, to which class the disease under consideration belongs.

Dr. BARNES thought that the paper was an excellent example of the advantage of seeking for illustration of what might appear a special subject in the wide range of general pathology. Obstetric science had lost much from the narrow exclusive manner in which it was cultivated. While the author deserved praise for his research, he (Dr. Barnes) could not, however, but feel surprised that no reference had been made to the valuable essays of Mr. Henry Lee and Dr. Mackenzie. The essay of Dr. Mackenzie especially must be regarded as the most admirable and complete contribution to the pathology of phlegmasia dolens yet published. The speaker did not agree in the suggestion that hæmorrhage disposed to phlegmasia dolens by favouring imperfect contraction of the uterus, and the consecutive propagation of the coagula formed in the sinuses to the pelvic veins. Hæmorrhage acted, in his opinion, by increasing the absorbing function. The treatment by ammonia referred to by the President, he had found the most useful. Since the researches of Dr. Mackenzie this plan was established on a sound pathological basis.

Dr. FOX, in reply to the objections of Dr. Graily Hewitt, said he could not disallow the lymphatics a share in the disease. Would Dr. Hewitt explain the difference in the character of the swelling in obliteration of the inferior vena cava and the innominate vein, (for there was a difference; in the latter case the swelling was different from œdema, and more like phlegmasia dolens,) except upon the fact that the lymphatics were obliterated in the case of the innominate? Then, again, Dr. Rigby's well-known case (*Medical Gazette*, 1835), where no disease but that of the lymphatics existed, was surely sufficient to establish the participation of the lymphatics. In regard to the theory of the production of phlegmasia dolens, Dr. Hewitt's explanation would only account for the puerperal cases, and not those of cancer, phthisis, dysentery, ulceration, &c. The other objections of importance came from Dr. Druitt, who denied the mechanical cause of the disease. Well, what answer could be made to such cases as that described in the paper, where a cancerous tumour pressed on the iliac vessels, and where phlegmasia dolens appeared, with great pain; but when the tumour descended into the pelvis, and got up behind the bladder to the other side, the pressure being removed, the phlegmasia dolens went at once, with the pain. With regard to the other point which Dr. Druitt said the author had missed, —namely, the pathological state, the exudation into the cellular tissue—it was far too important a subject to be introduced into the paper cursorily, because it involved all the late views of Virchow, but it should be dealt with specially. All discussion turned upon the use of fibrin in the economy. Virchow, Zimmermann, Cappie, and Simon believe it to be a result of change of cellular tissue (an early condition being fibrogen), and brought to the blood by the lymphatics. That fibrin was not excrementitious seemed evident from the following:—1. Its use in the economy and capability of organization. 2. Its mode of production—namely, result of elaborative (digestive and glandular) act, and oxidation of albumen (Gairdner). 3. Its chemical composition, unlike waste products (ex. urea). If fibrin were excrementitious, albumen must be so too. 4. Its relation to the pale corpuscles, being increased or decreased in direct ratio with them. 5. Its relation to connective tissue, as shown by Liebig; hence it is the pabulum of areolar tissues. 6. In the lower animals we see corpuscles existing before fibrin in the blood; in the articule series we get fibrin, and with it the colourless nucleated cell; and seeing always that the pale corpuscles keep in the blood-stream outside—i. e., next the walls,—it seems not unlikely, indeed certain, that the pale corpuscles are related to the tissues outside in preparing the fibrin for the *connective* tissues. Where areolar tissue is, there are lymphatics, and *vice versâ*; hence there must be some close connexion. It seems that when the arterial blood reaches the areolar tissues, the latter draw upon it for pabulum, and the excess is removed by the lymphatics (which keep the balance of nutrition correct). Obstruct, as in phlegmasia dolens, the lymphatic circulation, and you get hypertrophy of the cellular tissue and gelatinization in the areolæ. As to Dr. Druitt's assertion that the vessels are not at all concerned, that was a new pathology. How would he explain a simple case of hypertrophy from congestion the result of pressure? The author had not made a microscopic examination of the juices exuded from the limb in phlegmasia dolens.

Reviews and Notices of Books.

Small-pox and Vaccination Historically and Medically Considered: an Inquiry into the Causes of the recent Increase of Small-pox, and the Means for its Prevention. By ALFRED COLLINSON, M.D. pp. 85. London: Hatchard.

THIS is a book of facts, and Dr. Collinson in the first sentence of the "Introduction" has very appropriately expressed his objects in publishing it—"The purpose of the following pages has been to develop, if possible, the causes of the increase of small-pox, and to point out the means whereby vaccination, its only sure preventive, may be restored to its pristine efficacy." He further remarks that "the subject is one not merely of professional or scientific interest, but of the deepest moment to the public at large;" and it is really to be hoped that this pamphlet will find its way into all quarters where it might be useful in promoting the benevolent views of its author. Dr. Collinson has, as he states, endeavoured to collect and present to the reader "the pith and marrow" of the information which he has found scattered over an infinity of histories, treatises, reports, and statistical returns. His industry deserves the highest praise. He has quoted the more important summaries of the opinions of observers in all parts of Europe; and, in particular, he has paid a due tribute to the labours of Mr. Simon, referring espe-

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cially to the mine of information furnished by that gentleman in his most valuable Report on Vaccination to the Board of Health in 1857, in another general Report in 1858, and a shorter one to the Privy Council (of which he is the medical officer) in 1859.

The author commences his task by giving a sketch of the history of small-pox and its progress through the world, and he shows the vast extent and frightful effects of its ravages, clearly proving it to be one of the most destructive plagues that ever devastated mankind. To this part of the work we cannot devote more space than to state that, notwithstanding, from certain hints in ancient writers, the small-pox is supposed to have been known in times of antiquity, the first distinct notice of that disease is to be found in the writings of the historian Procopius, who asserts that in 544 it broke out in Egypt. The first recorded case in Europe is probably that of Elfrida, daughter of Alfred the Great, in the tenth century; and Rhazes, the Arabian, who lived in the same century, was the first author who wrote clearly and expressly on the disease. From that period, it appears to have spread rapidly over the known world. No rank was exempted from its ravages. Even at the end of the seventeenth century, its virulence retained its pristine force so much that it is mentioned, as proving how powerless the best medical aid of the day was against its inroad, that six immediate relatives of William III. fell victims to this terrible malady. As the first means of mitigating its severity, the author refers to inoculation, introduced amongst us at the commencement of the eighteenth century. He shows, however, that the result was unsatisfactory in this respect, that while giving security to the individual, that practice maintained the existence of the disease, and tended to its increase, and so, on the whole, was mischievous to the community. A picture is drawn of the unprotected condition of the public throughout the eighteenth century, at the close of which the discovery of vaccination held out to mankind a prospect of relief, which has been more than realized by its wonderful results.

Next is given an account of the vaccine disease amongst cattle, followed by the interesting history of the great discovery. The author remarks that "It had been known from an early period amongst the great dairy-farms in Gloucestershire, that cows were affected with a peculiar pustular disease, which could be transferred to those who milked them; and a belief prevailed in the dairies, that the milkers thus affected might be exposed in any way to the contagion of small-pox, and yet escape that disease." He traces the profoundly interesting experiments of the immortal Jenner up to the crowning success of the brilliant theory which his genius suggested, and which his experiments realized—the proof that inoculation with the vaccine virus might be perpetuated from one subject to another. There is, however, a singular circumstance connected with this portion of the inquiry, which is not generally known. The matter of the "grease," a disease to which the heels of horses are liable, when transferred to the human subject, produces a pustule similar to the vaccine, and equally protective against small-pox. The fact was proved experimentally by Jenner himself. The author states—

"It now appears certain that there are at least four animals—namely, the horse, the cow, the sheep, and the goat (and to these the pig and the ape may probably be added), which are affected with a disorder which may be conveyed to man by inoculation, and thus becomes capable of defending him from a malignant form of the same disease—namely, the small-pox of the human subject."

Then we have an amusing account of the reception of the discovery, and of the excitement occasioned by it, in the medical world. Next follows a brief history of the rapid progress of vaccination, and its immense results in reducing the ravages of small-pox. In 1799, a knowledge of Jenner's discovery and the practice of vaccination were conveyed to Geneva, Hanover, and Austria; in the following year to France; in 1801, to Spain, Denmark, Sweden, and Russia; subsequently to Italy, most parts of Germany, and Poland; in 1802, to Greece; in 1803, to Turkey and Asia; it having been introduced practically into North America in 1801, and into the Spanish American possessions in 1803. In little more than six years after its promulgation it was known in every clime! Such was the formidable nature, then, of the terrific plague which vaccination superseded, that the suffering nations caught promptly and eagerly—as well they might—at the astounding means of protection which had been providentially placed at their disposal.

Dr. Collinson then proceeds to the interesting question—What is the vaccine disease? Clearly and indubitably, according to the proofs adduced, it is small-pox itself which, mitigated by its passage through the cow, is introduced by vaccination into the human system; and, by thus undergoing a mild form of the disease, the constitution is protected against its future recurrence.

The labours of Mr. Simon have enabled us to ascertain what reduction in the mortality from small-pox has resulted from vaccination. In London during the eighteenth century the mortality from variola was at the rate of 3000 to 5000 per million of population per annum; during the ten years from 1846 to 1855 it was under 340 per million. The committee of the Epidemiological Society published that whereas during the half-century preceding vaccination, out of every thousand deaths from all causes an average of 100 arose from small-pox, in the ten years ending 1850 the deaths from that disease were only 16 per thousand; and that while before any protection the deaths from small-pox were as 42, during the period of inoculation with that disease they rose to 54, and since that in which vaccination has been practised they have sunk in London to the average of 14. Dr. Farr states that in 1854 the mortality from small-pox, measles, and scarlatina combined was only half as great as that formerly occasioned by small-pox alone. Dr. Collinson mentions that during the twenty-eight years previous to the discovery of vaccination, there died in Sweden from small-pox 2050 annually per million; whereas the rate during forty years after the discovery was only 158: in Westphalia it was before this period 2643; after, 114: in Bohemia, Moravia, and Silesia, before, 4000; after, 200: in Berlin, before, 3422; after, 176.

"In other words, the fatality of the disease is in Denmark but an eleventh of what it was; in Sweden, little over one-thirteenth; in Berlin and large parts of Austria, one-twentieth; in Westphalia, but a twenty-fifth. In the last-named country there now die of small-pox but four persons where formerly there died one hundred."

Dr. Collinson then proceeds to consider the causes of the recent outbreaks of small-pox, and traces them to—

1st. Defective vaccination.

2ndly. Deterioration of the lymph used in vaccination from long descent.

3rdly. The want of an adequate supply of good vaccine matter.

4thly. The want of Government interference, and of efficient legislation, to enforce the universal practice of vaccination.

Defective vaccination he ascribes to the use of vaccine lymph taken from imperfect pustules. He enumerates the various causes from which such imperfections may arise, and points out the rules of Jenner for the selection of the true or pure vaccine lymph.

Dr. Collinson enters into the very important question—whether vaccine lymph has a tendency to deteriorate by transmission through a succession of human bodies. He refers to the inadequacy of the present supply of lymph to meet the exigency of the demand. This would appear to be in a great measure owing to the diminution of the resources of the National Vaccine Establishment, if not to the neglect of the managers of that institution in not obtaining fresh supplies of virus from the cow. That the efficacy of the lymph may undergo deterioration by continued transmission through human bodies may be accounted for on the following grounds:—

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medical practitioner, and the vaccination duly certified—to the medical officer or practitioner appointed by the union or parish, in order that the child may be vaccinated. On the eighth day following, the child is again to be brought to the medical officer or practitioner, who, if the vaccination has been successful, is to give a certificate to that effect, and transmit a duplicate to the registrar of births and deaths of the sub-district. The registrar, having the means of comparing the number of vaccinations with that of births, is, in the event of any child not being vaccinated within eight days after its birth, to give notice to the father or mother, or person having care of the child, to take the child to the medical officer or the practitioner appointed for vaccination; and omission, after such notice, to take the child to be vaccinated, as also to take it for inspection on the eighth day after vaccination, renders the party liable to a penalty of 20*s*.

"A moment's reflection will show, that for the purpose of coercion the law is insufficient. The only person who has the means of ascertaining whether vaccination has taken place on every birth is the registrar of births and deaths, who, by comparing the register of births with the medical certificates of vaccination, is at once able to ascertain whether vaccination has in any case been omitted. Unfortunately, the supervising control of this officer is confined to giving the notice already referred to at the end of eight days from the birth. The Act, however, allows three months to the parents, and four months to a person having the care of a child, to fulfil the requirements of vaccination. But no further duty is cast on the registrar, or, indeed, on anyone else, of instituting any inquiry to see whether all children born in the district have, in fact, been vaccinated. Again, although the Act imposes a penalty, there is no one whose duty it is to enforce it in case of disobedience. The consequence of these omissions is that, to a great extent, the Act remains a dead letter. Now, I would venture to suggest that a duty should be imposed on the registrar of comparing the register from time to time with the certificates of vaccination, and of reporting to the parish officers the cases in which vaccination has been neglected; and that a duty should be cast on these last-mentioned officers to summon the offending parties before magistrates, with a view to their conviction and the infliction of the penalty. It may also well be questioned, whether the maximum of the penalty is not too low; and whether provision ought not to be made for a further conviction, with increased penalties, on non-compliance within a further short period; and so from time to time, until the law has been obeyed."

These suggestions are well entitled to receive the attention of the Government and the Legislature, as it is quite evident that the law does not at present provide an adequate safeguard against the ravages of a most terrible malady.

"No reasonable objection, it is apprehended, can be raised to coercive legislation in a matter so vitally affecting the well-being of the whole body of the community. Infants, unable to secure to themselves the means of future safety, are entitled to be protected against the possible neglect or culpable indifference of parents. Where the safety of all is involved, it cannot be questioned that the State is justified in interfering with the freedom of individual action to insure the common safety, and protect the whole body of society from the danger of pestilence and death.

"From what has been said in these pages, the following practical conclusions may, it is submitted, be drawn:—Vaccination, if properly conducted, may be made the means, if not of actually extirpating small-pox, at all events of reducing that disease within such narrow limits, as that it shall no longer be a source of general danger and alarm. To attain this great result, certain conditions are necessary: that the process of vaccination shall be conducted by practitioners perfectly acquainted with, and careful to observe, the requisites essential to its success; that the lymph used shall be of perfect quality; that vaccination shall be, without exception, universal. We are further warranted in concluding, that the unsuccessful results of vaccination, and the consequent increase of small-pox, are to be ascribed to unscientific administration of the remedy, either in the use of imperfect lymph, or in inattention to the indications, from which alone a successful result may be assumed to have been secured;—to the want of universal vaccination, either owing to a deficiency of lymph, or to the absence of a thoroughly-effectual system of coercive medical police.

"On the other hand, we may comfort ourselves with the conviction, that the remedy is within our own power. The praiseworthy measures recently taken by the Government for

securing in future the thoroughly-scientific performance of vaccination, will, it may be hoped, insure that important desideratum. The use of lymph taken from imperfect sources will be checked, when practitioners have become impressed with the necessity of discriminating between the perfect and imperfect, and have acquired, by proper training, the power of judging between them. Above all, experiment and science, having established the fact that, by passing the virus of small-pox through the body of the cow, the virus of cow-pox may be artificially obtained, identical in characteristic properties with that obtained from the spontaneous disease of the animal, a supply of fresh and perfect lymph may be at all times procured commensurate with the public requirement. Lastly, there seems no reason to doubt that a slight amendment only of the law will suffice to insure the uniform practice of vaccination throughout all classes of the people.

"While, therefore, we ought not to shut our eyes to the fact that the recent increase of small-pox affords a well-founded ground of public anxiety, and is sufficient to call for the vigilant attention of those whose province it is to watch over the sanitary condition of the country; yet, on the other hand, we may rest assured that there is no reason for despondency, or ground to doubt that, by the application of prompt and energetic measures, wholly within our power, the efficiency of vaccination may be established in all its integrity; and so, the dire calamity of epidemic small-pox may, under the blessing of Providence, be averted from this and future generations."—pp. 79–85.

Our limited space obliges us, as a rule, to quote but briefly from the works which are reviewed in this journal; but on this occasion our extracts are of unusual length, in consequence of the vast importance of the subject under consideration, and the very judicious and able manner in which it has been treated by Dr. Collinson. His pamphlet has been published at a very opportune period, and the whole question is one which ought, without delay, to engage the serious attention of the Legislature. It really is a public scandal and a discredit to our civilization, that in this country, where the great and brilliant discovery of vaccination was made, the measures for its propagation have been less efficient than those in several foreign countries. In the hope that some really effective legislation will take place on the subject in the present session of Parliament, we take leave of the question at this time, strongly recommending the admirable pamphlet of Dr. Collinson to the perusal both of the profession and the public.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE discussion on the mode of action of iron generally, and the perchloride in particular, was continued, on the 5th inst., by M. Trousseau, whose address occupied the whole of the two hours allotted by the Academy to its weekly debates. The Professor of the Hôtel Dieu made a long differential analysis of the two pathological conditions, anæmia and chlorosis, and of the therapeutic action of iron in each. The whole object of his discourse was to disprove the theory of the chemical school,—the "*chimiatres*," as they are called,—who hold that the curative agency of iron, in both classes of diseases, is owing to the reconstitution of the blood by the direct absorption and chemical combination of this mineral with its elements. In anæmia, he remarked,—such anæmia, for example, as can clearly be traced to loss of blood, as after flooding,—the normal and physiological condition can be perfectly re-established, without the administration of a single grain of iron, by generous diet and plenty of fresh air.

In chlorosis, M. Reveil has proved, by chemical investigation, that there is no want of iron in the blood; that the same quantity is found to exist during a chlorotic attack as afterwards, when the patient has completely recovered. And though M. Trousseau admits that steel is almost a specific in this complaint, he cannot allow that this beneficial result is to be attributed to any chemical appropriation by the blood of the mineral administered. Young girls are often suddenly affected with chlorosis, who, so far from losing too much blood, have *retained* more than Nature intended them to do. A sudden chill during the course of the catamenia has checked the discharge, and produced chlorosis. Proper medical treatment dispels the chlorosis by reproducing the menstrual flow, clearly demonstrating that this condition did not depend upon a diminution in quantity of the blood or its elements.

During the critical examination of the chemical treatment of diseases, M. Trousseau commented on Dr. Garrod's work "On Gout and Rheumatism," and scouted the idea of the uric acid diathesis, and its neutralization by an alkaline treatment. He cited an experiment of M. Claude Bernard, which he considers as conclusive on this point. By introducing into the stomach of a dog, through a fistulous opening in the abdominal wall, a few drachms of carbonate of soda, and then testing with litmus paper, M. Bernard found that the subsequent reaction was far more powerfully acid than usual, and that the result attained was exactly the contrary of that which had always been taken for granted. Consequently, M. Trousseau continued, when a tendency to the generation of certain abnormal acids by the stomach is removed by alkaline treatment, this change must be attributed to some other *modus operandi* than that of simple chemical action.

After a very lengthy amplification of these views, the Professor concluded by stating it as his conviction that the empirical method, the result of experience and experiment, was the surest and soundest after all, and protested against the acceptance, as scientific truths, of certain theories which could hold their ground neither practically nor controversially. This verdict against the chemical school of therapeutists from so important an authority has set the Academy by the ears, and we may expect next week to hear some of the champions of the party attacked reply in its defence.

M. Piorry, physician of the Charité, some years ago astonished the medical public by the announcement that the discutient action of the sulphate of quinine upon an engorged spleen was almost instantaneous; and that, on percussing the region of the enlarged organ, *thirty seconds after the administration of a potion containing a certain dose of this drug*, a considerable diminution might be observed in its size. This theory he delighted to demonstrate by mapping out with coloured chalk the limits of the spleen, and then requesting some bystander of sceptical aspect to convince himself of the fact by testing with his own fingers the striking alteration produced so rapidly by a wine-glassful of quinine mixture. Not a few of your readers, some even of the incredulous St. Thomas stamp, have been thus converted to a belief in the magical influence of bark in dissipating engorgement of the spleen with a "presto-pass" charm that rivals Robert Houdin, or Anderson, the Wizard of the North. To-day, however, comes a Marplot, a dispeller of these pleasant illusions—prosaic M. Nonat. He takes the same coloured chalk pencil to the bedside of a patient suffering from ague, draws the same pretty sketch of his engorged spleen, gives the patient a drink of water only, and finds the organ reduced within the limits of the pretty sketch to the same extent that M. Piorry did when administering his bitter draught; explaining the same by saying that, as the stomach is in the habit of contracting its walls upon receiving the stimulus of an ingestum, the spleen, which is perched like a coachman on the dickey at its left side, follows the contracted organ, and its surface is thus withdrawn in part from contact with the abdominal walls. This is too bad, and M. Piorry has to swallow his long-cherished quinine theory in the shape of a bitter pill.

A work, from the pen of Dr. Sée, on the connexion between chorea and rheumatism, more especially that form of the latter which affects the heart and its enveloping membrane, has lately appeared, and is well spoken of. That an intimate relationship exists between these two pathological conditions was observed some years ago by Dr. Bright; and some cases are cited by him, if I recollect rightly, in the "Guy's Hospital Reports." M. Trousseau, I am told, goes a step further, and maintains that rheumatism in the parent is often, by hereditary metamorphosis, transmitted to the child under the form of chorea. The question is one replete with interest—as must, indeed, be all those which fall within the still obscure and ill-explored domain of nerve-function.

Paris, June 11th, 1860.

EXTRAORDINARY LONGEVITY.—The obituary of the *Times* of Tuesday last contains the names of six persons whose united ages amounted to 547 years, giving an average of ninety-one years and two months to each. There were three males and three females; the youngest was a gentleman aged eighty-six, and the eldest a lady aged one hundred years.

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THE LANCET.

LONDON: SATURDAY, JUNE 16, 1860.

THE practice of the law relating to the admission in evidence of the declarations of dying persons has a special interest for medical practitioners. We need not do more than advert to the numerous cases of death by violence or poison in which justice would be frustrated were not dying declarations admissible. In such cases medical practitioners are liable to be called upon to give evidence. It will frequently happen that a medical opinion must determine the circumstances under which a declaration coming under this description should be taken. It should be borne in mind that the law is justly jealous of any departure from the ordinary rules of evidence. The admission of dying declarations is held to be a marked departure, only to be justified by grave and exceptional conditions. The Lord Chief Baron POLLOCK has recently declared "that the admissibility of such evidence at all is an anomaly "and an exception to the general rule and law of Eng-"land, and it ought not to be extended." It may be stated that the two main securities for the truthfulness of evidence are—first, the solemnity of the oath taken by witnesses in courts of law, and the liability to prosecution for perjury if they be found to swear falsely; and, secondly, the subjection to cross-examination. In the case of dying declarations the latter security is altogether wanting, and a very serious defect it is. Those who have had much experience in courts of law will know that a skilful cross-examination is frequently of striking use in eliciting the truth and correcting error in the case even of a conscientious witness; and all must place the highest value upon this ordeal as a check upon the utterer of false testimony. In regard to the first test, also—the oath, —it must be remembered that it is only on the hypothesis that a person feeling himself to be dying, and that he is on the point of answering for the truth of his statement before a higher than earthly tribunals, is assumed to be in a position equivalent to that of taking an oath. Viewing human nature as we find it, there can be no doubt that a declaration made under such circumstances is, as a rule, at least of equal value with that of an ordinary statement on oath. But men have been known to die with false accusations against others upon their lips; and it is therefore obvious that the jealousy with which the law regards this kind of evidence is justified.

Acting in this spirit, the admissibility of dying declarations has been considerably restricted within recent times. In Lord MANSFIELD'S time, a century ago, it was held that "any de-"claration *in extremis* was admissible on the ground that the "solemnity of the occasion was equivalent to a declaration on "oath." The opinion that this rule still holds its full application is prevalent with the public. But the rule, as we shall see, has been considerably restricted. In the recent case of REGINA *v.* HIND, the question was distinctly brought forward. The prisoner was tried for feloniously using certain instruments upon the person of a woman with intent to procure her miscarriage; and on the trial, a statement made by the woman when dying was offered in evidence. It was objected to on the part of the prisoner, but was admitted by the judge. The prisoner was convicted, and the point was reserved. The objection taken was that, although a dying declaration might be admissible under certain circumstances, the rule was not applicable in the present case. It was argued that the subject-matter of the inquiry was not principally the death of the deceased, but something collateral—that is, the declaration of the victim went to prove that the prisoner used instruments for the purpose of procuring abortion, and her death was not the subject of inquiry before the Court.

The Lord Chief Baron POLLOCK confirmed the correctness of this argument. He ruled that the dying declaration of the woman was improperly admitted in evidence, and the conviction was quashed. The rule to which he adhered was that laid down by Chief Justice ABBOTT in MEAD'S case, where he said that "evidence of this description is only admissible where the "death of the deceased is the subject of the charge, and the "circumstances of the death form the subject of the dying "declaration."

The practical teaching of this case as regards our profession is, to take care, first, that the person making a "declaration" shall believe himself to be in a dying state; and, then, that the circumstances causing the death are the subject of the dying declaration. It remains for the lawyers, subsequently, to see that the death of the deceased is the subject of the charge upon which the declaration is tendered in evidence.

To everybody, except some nervous and delicate females and a few males with very susceptible and untameable stomachs, a moderate sea voyage is one of the finest tonics known. The rapid movement through the atmosphere, the change from latitude to latitude, the constant breathing of a pure undefiled air, the complete relaxation of mind and muscle, the novelties of sea-life and nautical manœuvring, soon begin to work wonders upon body and mind. The complexion becomes clear, the eye bright, muscular movement easy, quick, and vigorous, and the appetite keenly sharpened. The nervous, worn-out, exhausted, irritable person finally becomes fat, lazy, and *insouciant*. For the victim of commerce, the votary of fashion, and the devotee of literature and science, we say there is nothing like a sea voyage to bring about that necessary and perfect "moulting process," as SCHULZ calls it, which eventuates in an almost rejuvenescence. But there is another class of sufferers, besides those we have named, to whom a marine life, for a time, is a great blessing. This is made up of such as have been obliged to spend several years of their life in a hot, tropical, or malarious country. Reduced by remittent or jungle fever; worn out and worried by recurring hepatic, splenic, or intestinal affections; unstrung by climate, exhausted by excesses—a trip to the Cape and back, to Australia, a cruise even in the Bay of Bengal, or on the Red Sea, in the Adriatic or Mediterranean, will often produce almost marvellous results. Now, as Government has lately taken advantage of the beneficial influence which altitude has in re-invigorating the broken-down constitution of the soldier upon the plains of India, by establishing those hill sanitaria to which we have more than once drawn attention, why should it not proceed a step further, and try a Marine Sanitarium—say, at first, for Bengal?

This suggestion is based upon a perusal of some notes made

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by Staff-Surgeon KIRWAN,* on a recent trip in charge of medical invalids, moving by water from an up country station to Calcutta. He tells us that the residents of Calcutta frequently avail themselves of a temporary stay on board the steam-tugs and pilot-ships of the river Hoogly. They find they reap great advantage from such a change, and consider it cheaply bought at the price of twenty rupees a day; and no doubt it is far from an unpleasant medicine for the restoration of health. Mr. KIRWAN proposes to try some such method with our Indian troops, suggesting that the result and value of the plan might be tested in a practical and expeditious manner, by putting some of the sick on board the Hoogly vessels, so wisely patronized by such as are their own masters, and prudent enough to adopt the practice. As far as feasible, the Government pilot-ships, properly fitted up, might be employed as floating sea-barracks, to which invalids could be conveyed by the numerous unemployed dooleys and river steamers. Mr. KIRWAN's idea is, hygienically or medically viewed, unimpeachable; how far it is financially and otherwise practicable, it would be as yet premature to decide. His grand project is to establish a Marine Sanitarium at Calpee, composed of a fleet of first-class troop-ships. His proposition is based upon the belief that the timely enjoyment of sea air in trips to Penang, Port Blair, Ceylon, or other advisable ports, would so thoroughly restore the health of many soldiers as to obviate the necessity for a longer voyage. Their services would hence be preserved to the State during the time now lost under the present system in visits to England. It receives further support, too, when we consider that the length of time unavoidably occupied in the chartering and fitting of ships, and in making other suitable arrangements for the conveyance to England of a number of invalids, unfortunately renders impossible the removal of some who need it most, and deprives many others of the increased benefit which the change would afford them if it took place at an earlier stage of their disease. The expedient under consideration would relieve invalids from the necessity of waiting, perhaps, six months before they can inhale the sea air, pronounced essential for the recovery of their health, and would thus prove a simple means of reducing the mortality of European troops serving in India. Any expense attending the organization indicated, would, therefore, be compensated by the benefits derived from it. Should, however, the saving effected in the passage-money of invalids requiring but a short trip to sea, and the value of lives now often lost in "waiting for the order" for removal, not be deemed sufficient reasons for establishing a fleet of troop-ships, we may urge the use to which Mr. KIRWAN shows such vessels could be applied—viz., in relieving regiments at periods shorter than hitherto. We quite agree with this painstaking officer, that it is a question worth solving, whether the value of the lives that would be saved by frequent trips, and by the beneficial effect which the knowledge of such frequency would have on the minds and constitutions of the soldiers, would not counterbalance the expense of a fleet of sea-barracks, useful at all times as hospital and troop ships. The despatch of troops to India and to our various possessions is now so certain to take place regularly, that to continue advertising for troop-ships, fitting them up, and, after a temporary but costly use, abandoning them, appears as anomalous as it would be continually to hire furnished land-barracks, and relinquish them after brief occupation.

* Suddenly ordered to China.

Still there is no saying how this view of the matter may square with the principles which, in the opinion of the Administration, should regulate Indian financial economy. These principles are evidently peculiar. In the annual accounts of India, *e. g.*, two highly-suggestive items are to be found: one is, "Passage and outfit for a governor, a member of council, staff officers, &c., £11,540;" the other, "For cultivation and manufacture of vegetable products in India, £45." A gleam of light, however, has lately pierced the gloom. Last Tuesday week Mr. LINDSAY moved, in the House of Commons, for a Select Committee "to inquire "into the organization and management of those branches of "the Admiralty, War-office, India-office, and Emigration "Board, by which the business of transporting, by means of "shipping, troops, convicts, emigrants, materials of war, stores, "and any other similar services, were now performed, with a "view of adopting some uniform system, under one consoli-"dated and responsible department."

But there are other reasons than those merely of an economic and medical character to be urged in favour of permanent sea accommodation for troops. We would, therefore, briefly observe, that the growing interests of England in the East may, at any moment, give rise to emergencies, calling imperatively for a rapid concentration of troops, and at such a crisis the delay attending a deficiency of sea carriage might result in national disaster. Finally, the startling rapidity of recent events shows that operations in India, China, the Cape, Persia, Egypt, or amongst nations even more westerly than the latter, will be materially influenced by the knowledge, that England could not be surprised in the situation of having her troops and troop-ships sixteen thousand miles apart from each other.

WITH much pleasure we refer our readers to the report of the inauguration of the bust of Sir JOHN PAKINGTON in the Haslar Hospital, at p. 607 of this week's LANCET. It would be an act of injustice to the chief speaker on this memorable occasion if we were to omit his own claim to distinction as one of the prime movers in the reform which has been effected in the position of the medical officers of the Navy. *He*, of course, was precluded from alluding to these services, but we have no such difficulty. As the dauntless surgeon of the *Eclair*, as the consistent and unflinching advocate of the rights of naval surgeons on all occasions, Dr. M'WILLIAM is entitled to the gratitude of his brethren. We have reason to know that he has brought to bear upon this question an amount of labour and practical knowledge which no other man was in a position to supply; and let it be known, to the credit of our most distinguished brother, that he has effected his objects by means and in quarters in which he has modestly suppressed his name. He has been an efficient worker, not only in the medical, but in the most influential political, journals for years past. In bearing this tribute to the valuable services of Dr. M'WILLIAM, we only render justice to a man who has attained an exalted position in his profession in virtue of the highest qualities, both of head and heart, which can adorn the name of a great medical and social reformer.

AT a very full meeting of the Fellows of the College of Physicians, held on Saturday last, the seat at the Medical Council, vacant by the resignation of Dr. WATSON, was filled up. The

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two candidates were Dr. ALDERSON and Dr. BURROWS. The choice of the majority fell upon Dr. BURROWS. We much regret that Dr. ALDERSON, whose skill in the management of collegiate affairs and gentlemanly bearing have earned him the respect of all, has not been chosen; but we doubt not that Dr. BURROWS will fill the office with dignity and efficiency. The election was determined by the prevailing spirit in favour of progress, and the desire to make the College more useful to the whole profession, which now animate the body of the Fellows. With this spirit, properly carried out, the ancient College bids fair to assume a popular position amongst our medical corporations.

IN another place we have stated that a Committee has been appointed to inquire into the expediency of, and the advantages which would result from, a well arranged and well-organized system of transport service under one great Board. We may now add that further improvements relative to the public services are gradually coming into play. The authorities of the Horse Guards have decided that the whole of the infantry reinforcements under orders to proceed to India shall be furnished, previous to embarkation, with a light-drab suit of clothing, fit for wear in the East. The suit decided upon consists of a very loose tunic or blouse, and trousers to match, the name applied to it being the "Khaki suit," and by which it is already known. Each man is also to be furnished with a flannel "cholera belt" for use in India. Colonel DAUBENY, Inspector-General of Army Clothing, too, has been to Paris to see how army clothing is made in France. In one establishment he found that 30,000 pairs of machine-made boots could be turned out every month. By a minute subdivision of sizes, every recruit in the French army can be properly and at once fitted with shoes. But whilst the French make twenty-four sizes of boots for their soldiers, we make but three. To one of these three sizes every English recruit must adapt his feet! No doubt there must occur as admirable adaptations in respect to shoe leather in England as there do in respect to mattresses in the East Indies. In the latter the amount of superficial space allowed to each European soldier whilst in the Government river boats employed there for the conveyance of troops is six feet by two feet, whilst the mattresses supplied to the men and invalids, especially whilst in these boats, are two feet eight inches in breadth by six feet four inches in length! What wondrous ingenuity must be exercised!

WE regret to observe that the Registration Bill for Ireland, now in the House of Commons, contains a penal clause similar to that which has called forth such just and unanimous indignation from our Scottish brethren. It enacts that the medical person who shall have been in attendance during the last illness and until the death of any person shall, immediately after the death, and under a penalty not exceeding forty shillings in case of failure, transmit to the assistant-registrar a certificate of the cause of death.

Such a course of proceeding is, we repeat, an outrage on private rights—an indignity especially undeserved in the case of a profession which has rendered such eminent services to the State, and will certainly tend to defeat the main object of the Bill. We trust our brethren in Ireland will offer it the same vigorous opposition which the enactment in the Scotch Act has met with in the North.

SUBJECT to some technical revision, the regulations relating to the education, examination, and admission of the new order of Licentiates into the College of Physicians have now received the sanction of the College. Arrangements will, no doubt, be made with all convenient speed to bring them into early operation. We see no reason why these should not be completed during the next month, so that the first admissions may take place not later than the opening of the ensuing winter session.

Medical Annotations.

"Ne quid nimis."

DR. BURTON AND THE LATE MR. FOWLER, OF CHATHAM.

A CAREFUL consideration of the full reports of the evidence delivered at the inquest on the late Mr. Fowler, of Chatham, to whose death, from the alleged effects of opium therapeutically administered by Dr. Burton, we have already referred, suggests some important considerations which did not arise out of the condensed reports elsewhere furnished. The extreme smallness of the quantity of opium ordered, the long intervals over which the doses were spread, and the well-known tolerance of such narcotics which pain induces, could not fail to attract particular attention; but the parties concerned seemed so clearly to have concluded, so unanimously to have agreed, and so definitely to have asserted, that death resulted from the poisonous effects of opium, that a *prima facie* concurrence in that belief has been very general. We think it, however, very desirable to analyze the grounds for such an opinion. First, as to the quantity of opium: it appears that from the commencement of the treatment up to Tuesday the 22nd of May—that is, in a period of ten days—the deceased had taken ten grains of morphia, and up to that date this remedy had neither produced its intended therapeutical sedative effects, nor had it induced any symptoms approaching to coma; on the contrary, the patient had not only suffered from the characteristic agonies of his disease—acute rheumatism,—but on the Sunday afternoon had presented a remarkable symptom, described by himself to Dr. Burton as "a complete paroxysm of pain—muscular pain, instead of simple pain in the joints." Beginning from the Tuesday the deceased had taken two-thirds of a grain of morphia, and at night half a grain, making the total quantity of morphia, a grain and one-sixth in a period of eight hours. He had besides, at eleven at night, three pills, containing altogether one grain and a half of opium. Up to this time there were no symptoms of any effect having been produced by the opium. Dr. Burton says, that when he then saw his patient, (at one o'clock on Wednesday morning,) he "was tossing about the bed in a great deal of pain." He then sent six pills, stated to have contained each one-third of a grain of opium, one to be taken every hour. Four of these were taken over a period of at least four hours. Dr. Burton was now sent for, and found his patient restless and excited, but dozing off to sleep every few minutes. In a short time he became insensible, convulsions came on, and he died.

Now, it must be remarked that these symptoms are not only inconsistent, from what is known of the influence of quantities of opium so small, but are entirely at variance with the known indications of poisoning by opium, in however large quantities administered. Particular stress must be laid upon the fact, that this patient, having all along exhibited marked restlessness, and having also been attacked at an earlier stage of his disease with severe muscular spasm and paroxysmal pain, and never yielding to the ordinary action of opium, suddenly died in severe convulsions. Under these circumstances, we are assured that nearly all pathologists, and, we may say, nearly

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all toxicologists, would concur in the necessity of seeking to elucidate the causes of death by a severe scrutiny of the post-mortem condition of the body, by a detailed examination of the internal organs, and by an analysis of the remaining portions of the medicines last taken. There were symptoms which might be produced by concurrent or secondary disease of the brain, heart, or kidneys. Yet we have no account of the condition of any of these organs, or of the blood or secretions, during life, or after death. Is acute rheumatism never complicated with rheumatic inflammation of the membranes of the brain—a disease which would end fatally, with symptoms closely resembling those above described? How often is it associated with acute inflammation of the valves and membranes of the heart? We cannot refrain from expressing our regret, that in the interests of justice, and of every one concerned, a full investigation was not made by means of a careful post-mortem examination. As the case stands, we are of opinion that the actual cause of death was not satisfactorily ascertained, and that the burden of the evidence was against the probability of its being due to opium-poisoning.

A CANCER NOT CURED.

CANCER-CURERS have too often tested the hollowness of the bubble reputation to do more than excite the indignant and prophetic ridicule of the profession by their much-vaunted nostrums. The recent death of the Rev. Henry Erskine Head, from the spread of the cancerous affection of which he was the unhappy subject, affords a painful comment on the vain pretensions of a secret method of curing cancer announced some months since with dangerous prominence in the columns of *The Times*. For a moment Mr. Head was buoyed up by the belief that a temporary improvement in his condition, when under the treatment of the Rev. Mr. Reed, afforded just grounds for a hope of a permanent cure, which the more candid and experienced judgment of some eminent metropolitan surgeons unhappily forbade him to entertain. The improvement was, as expected, but of short duration. The cavernous ulceration extended from the pharynx to the roof of the mouth; during its progress he narrowly escaped death by hæmorrhage from some large vessels—a characteristic danger of the mode of treatment to which he was subjected; and he died in aggravated suffering. The remedy to which he submitted proved to be no remedy at all. As other sufferers from this grievous malady have been induced, by the discussion raised on the subject, to pass through the same ordeal, it is at least due to all who have been or might be influenced by those delusive statements that the fatal result of this sad case should be prominently placed before them. Once more, too, a voice should be raised to warn the uninitiated public of the grave suspicion which should always attach to secret medicines or nostrums of any kind, and especially to those which are introduced to the general public through the medium of the newspapers, before having been submitted to instructed professional criticism.

THE NIGHTINGALE FUND.

THE proceedings of the Committee of this Fund have been marked by a dilatory and feeble indecision, which we have refrained from criticizing, because we have concluded that the ill-health of the lady in whose honour it was subscribed may influence unfavourably the accomplishment of any large and useful scheme for applying this great sum. Miss Nightingale is too strongly entitled to the affectionate respect of all who are interested in hospital administration not to claim at our hands a delicate abstinence from comment on the unsatisfactory results as yet achieved in her name—if, indeed, we are to assume that the Committee of the Fund are guided by her wishes. But there is certainly some reason to complain that no public statement has yet been made of the full intentions of the managers, or the reasons for delay. The first public manifestation of activity which we have observed on the part of the Nightingale Fund Committee is in the issue of an announcement which gives no very favourable idea of the make-shift manner in which that Fund is likely to be applied. After this protracted inactivity, the Committee announce to women desirous of being trained as hospital nurses that they have made arrangements with the authorities of St. Thomas's Hospital for giving a year's training to women between twenty-five and thirty-five years of age, for whom they will provide, free of expense, board and lodging in the hospital, with "tea, sugar, and washing, and a certain amount of outer clothing." A payment is offered to them of £10 for the year. They are to be placed under the charge of the matron, and will be instructed by the sisters and the resident medical officer. At the end of a year, if their training shall have been found satisfactory, their names will be entered on the Committee's register, and they will be recommended for situations as hospital nurses.

No doubt this is a very satisfactory arrangement to the authorities at St. Thomas's Hospital, who cannot be too grateful to the friend who negotiated such a treaty. But we cannot see that any public benefit whatever will be derived from the plan. Clearly, but a small number of nurses can be turned out by this very expensive machinery. The Committee undertake to pay to each of a number of females the wages of a second nurse at St. Thomas's Hospital, with the view of recommending them subsequently as nurses to other hospitals. If the nursing at St. Thomas's Hospital were of a very peculiar kind, and it was desired to proselytize the nurses at other hospitals by introducing the new type elsewhere, it might be possible to appreciate the motives of this scheme. It appears to us, regarding it without any esoteric inspiration, as an elaborate and expensive plan for wasting large funds to do that which is already very well done without them. Not more than a dozen nurses in a year can be turned out on this scheme, and they will not be in any respect, that we can learn, superior to the already existing class of nurses. Hitherto these nurses have acquired the hospital training in the same way, being paid for their services by the hospital authorities. The Nightingale Fund Committee become now, in this respect, the cashiers for the board of St. Thomas's Hospital, which we do not understand to be at all impoverished or destitute of funds. This was not the way in which the subscribers understood the duties of the Committee, and so far as this scheme is developed it appears to be open to every kind of objection.

HEALTH-REPORTS.

ATTENTION is not, we think, sufficiently given to the importance of preparing medical reports of sickness, as well as of death, in each district to which a medical officer is attached. The weekly, quarterly, and annual reports of Dr. Farr to the Registrar-General attract, most deservedly, considerable attention by the skill with which large masses of facts and collections of figures are grouped, analyzed, and developed into grounds for the deduction of general principles. The weekly reports of the local officers of health to their respective boards have another kind of interest. They deal with a smaller number of facts and figures, but for this reason they are enabled to treat them with greater minuteness and more searching accuracy. Placed in contact with the conditions they describe, and personally cognisant of many individual cases of which the characteristic features disappear when tabulated in skeleton outline, they often find themselves in a position to throw out corrective hints which serve to modify the effect of their absolute statistical statements. We may particularly refer to the monthly reports of Dr. Dundas Thomson to the Marylebone vestry, which frequently contain much valuable and interesting comment; and as an instance of their quality we extract the following remarks from the report last issued:—

"A paralytic woman of ninety-two died in the workhouse. A male aged ninety-one died in George-street, Portman-square.

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On strict inquiry, such ages are often found to be much exaggerated, and usually there are no means of checking the statements of the patients or their friends from the absence of registration in former times. Eight octogenarians paid the debt of nature, and of these four resided in the Cavendish district, which I have frequently mentioned in my reports as containing as healthy a population as any in the rural parts of England. As regards the entire parish, however, we must beware of hastily concluding that healthiness prevails because a few individuals are endowed with constitutions which wonderfully resist the dangerous influences which surround them; as well might we attribute the escape of the vigorous swimmer from drowning to the same cause. We should never forget that more than one-half of our population die before they have attained their twentieth year, and that it is to an increase of the numbers who survive this period, rather than to isolated cases of longevity, that we must refer for specific evidence of the improvement of the public health. Sanitary science can do much for the removal of nuisances that arise from the earth and contaminate the air which we breathe and the water which we drink, but it can only point out the importance of avoiding the influence of weather by sheltering the person by proper clothing and by the judicious use of warm but not stimulating food and drink. Parents must learn to preserve their infants from exposure to cold before we can expect that the lives of many infants can be saved. Four distressing suicides have been recorded during the month. A female of unsound mind threw herself from a window, and three males committed suicide by hanging. In cases of unusual gloom or eccentricity relatives and attendants should always be suspicious of such results, and obtain the assistance of those who are accustomed to watch the diseased mind. The waywardness of insanity is apt to irritate the sane, but kindness is the only true permit to the human heart in all mental phases."

INAUGURATION OF THE BUST OF THE RIGHT HON. SIR JOHN PAKINGTON, BART., G.C.B.,

IN THE

MUSEUM OF HASLAR HOSPITAL.

THE medical officers of the Royal Navy have honoured themselves by the graceful compliment they have just paid to Sir John Pakington, in placing his bust by Marochetti in the Museum of Haslar Hospital. It will be in the recollection of our readers that the Right Hon. Baronet, while First Lord of the Admiralty, obtained for the medical officers a Royal Warrant, which, if fairly dealt with by the Admiralty and those in command, cannot fail to meet all reasonable requirements of the department, and to render medical employment in the Navy quite as desirable as in any other service.

The inauguration took place on Tuesday, the 5th instant, in presence of Captain Superintendent the Hon. George Hastings, C.B.; the Baron Marochetti; the medical officers of the hospital and their families; the medical officers of her Majesty's Fleet in harbour and at Spithead; several families of the neighbourhood; and the deputation from the committee of the Pakington testimonial, consisting of Dr. Dobie, R.N.; Dr. Rees, Deputy Inspector-General; Dr. Nelson, R.N.; Dr. Beith, R.N.; and Dr. M'William. There were altogether about 100 persons present.

Dr. Nisbet, the Inspector-General of the Hospital, having introduced the deputation to the Captain Superintendent,

Dr. M'WILLIAM gave the following address:—Captain Superintendent, Ladies, and Gentlemen,—We come here deputed by the medical officers of the Royal Navy to place the bust of Sir John Pakington in the museum of this hospital, in commemoration of an event of signal importance to that department of the service to which they belong. I need scarcely say that I refer to the Order in Council for the medical officers of May 13th, 1859—an act of grace which we owe to her Majesty on the recommendation of the Admiralty, when Sir John Pakington was First Lord, and which has already been productive of great benefit to the service, as well as to those officers whom it more immediately concerns. I have said that on the important occasion to which I have alluded the presidential chair at the Admiralty was occupied by Sir John Pakington; and for that reason alone, had there been no other, the medical officers would have considered the erection of his bust in this great establishment as the most fitting mode of recording the event in question, and of expressing their gratitude to him under whose auspices it was achieved. But there were other reasons which weighed with the medical officers in the course they have taken; and, although this is not the place where I can enter into them, I cannot here altogether conceal that, wholly apart from all political considerations, the accession of Sir John Pakington to office at the Admiralty was hailed with much satisfaction by the medical officers. They were impatient, and to my mind justly impatient, of their inequality of position with their medical brethren in other departments of the public service; and they felt that, under a statesman who had distinguished himself as the advocate of education and of other measures for the promotion of human improvement, no interest of the navy, no class of medical officers, was likely to suffer from want of due inquiry and consideration. It is not for me to speak of other improvements and reforms which were conceived, and, so far as time allowed, carried into execution, by the Right Hon. Baronet while at the Admiralty; and I shall therefore confine myself to what he did for the medical officers in issuing that Warrant, which, by a fair interpretation of its conditions, is capable of realizing their most sanguine hopes and desires. In requesting permission of my Lords of the Admiralty—a permission which was most promptly and courteously granted—to place Sir John Pakington's bust here, we felt that no place was so appropriate for its reception as Haslar Hospital—the chief of naval hospitals—an institution, moreover, associated with some of the greatest triumphs of nautical medicine. It was here that Lind—justly designated by Sir Gilbert Blane as the father of nautical medicine—a century ago, sent forth some of those remarkable works which, by first clearly pointing out what attention to the simple laws of nature could effect, contributed so largely to the health and comfort of our seamen, and consequently to the efficiency of the navy, and have given him a high place amongst the benefactors of mankind. It was here also, some years later, that the able, energetic, and warm-hearted, but ill-rewarded Trotter, physician to the fleet under Lord Howe, gave to the world those plans of sanitary and administrative reform in our hospitals and fleets that have proved of lasting benefit to his country. Seldom have such talents, with such zeal, been devoted to the public service as were those of Trotter. A main object of his life finds emphatic expression in the dedication of his "Medicina Nautica"—"To Earl Howe, Admiral; the flag-officers, captains, and other officers of the fleet,"—where he says, "It has been my wish to make the duties of the medical profession subservient to those who have earned laurels for you and given security to their country." To have been the means of raising the health of the navy from the lowest standard—a standard which long made a ship-of-war an object of aversion to seamen—to a degree that has now no parallel amongst any other class of men; to have enabled the Channel fleet, the very existence of which was at one time endangered by the terrible ravages of scurvy, to keep at sea, in a state of health and high efficiency, at a most momentous period in the history of this country; to have laid down a code of health adapted to all time, to all classes, and to all climates,—are surely no mean titles to glory; and that glory, so honourably earned, has been awarded by posterity to the illustrious names of Lind, Blane, and Trotter, whose peers in their own department, when we except Sir John Pringle and Jackson in the army, have been produced by none of our public services, either before or since their day. Coming down to later times, we have the honoured name—with a reputation far beyond European—of Sir John Richardson, the undaunted traveller, the man of science, and the skilled and humane physician. This museum, in which he long and usefully laboured, is of itself a monument of his devotion to those branches of science which he has illustrated. And did it not misbecome me to speak of those still in office and authority, I could, with advantage to my case, dwell upon the high professional attainments, the long and eminent services, the rare administrative powers, and the untiring solicitude for the welfare of the service, which characterize our present Director-General, and which, as they have beneficially influenced the past, augur favourably for the future of the department. I might here advert to such names as Lord Brougham and the Duke of Richmond in the House of Lords, and Boldero and Wakley in the Commons, who have benefited the service by their advocacy of the cause of naval medical officers. It will, however, be sufficient if you will bear with me while I bring under your notice, in a very few words, those statesmen who, while holding the office of First Lord of the Admiralty, did not think it unworthy of them to inquire into the condition of the

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medical department, and make such changes and improvements as the occasion required. And prominently in the foreground of such a view stand the first Lord Melville and Sir John Pakington. The bust of Lord Melville, executed by Chantrey, was placed here by a generation of our brethren now almost passed away, commemorative of him who, as First Lord of the Admiralty, obtained in 1805 an Order in Council for the medical officers, which in that day was properly regarded as the greatest boon ever granted them. To Sir Francis Baring and Sir Charles Wood, who, in 1850 and 1855 respectively, held the office of First Admiralty Lord, the gratitude of the medical officers is also due, for the improvements effected in the department while under their rule. Those who read the Warrant of Lord Melville in 1805, and that, as well as the speeches in Parliament, of Sir John Pakington in 1859, will find between those statesmen a remarkable identity of object and purpose, even of the language used on each of the two occasions—certainly an identity of view as to the course to be taken in respect to the medical officers. Both statesmen, in framing their respective Warrants, appear to have felt that it was their especial privilege, as well as duty, to provide for the care of our gallant sailors—subject to the baneful influences of climate, and to the horrors of war—medical attendance not inferior to that enjoyed by the civil portion of the community. They, in fact, were actuated, not alone by the comparatively narrow motive of advancing the medical officers in rank, privilege, and emolument, but also by the higher consideration, that the just elevation of those officers was conducive to the welfare of every other class of officers, indeed of the whole naval service, and consequently of this country, which, in the hour of need, looks to the navy as its main protection. For these reasons, it has seemed to us, that this bust of Sir John Pakington, executed by the Baron Marochetti, and alike admirable as a work of art and as a faithful representation of the Right Hon. Baronet, can nowhere so appropriately stand as in this museum in companionship with that of Lord Melville, who was, like himself, the friend and benefactor of the medical officers of the Royal Navy.

Captain HASTINGS made an appropriate reply, in the course of which he stated that he had much satisfaction in being present at this inauguration; and that he considered Haslar Museum as the most fitting place for the reception of the bust of Sir John Pakington.

Dr. DONIE, in thanking Captain Hastings for honouring the occasion by his presence, trusted that, if not contrary to the usage and rules of the service, he would be so kind as to convey to my Lords of the Admiralty the sincere acknowledgments of the committee for the prompt and courteous manner in which their lordships had acceded to their request to place Sir John Pakington's bust where it now stood.

Captain HASTINGS said he should have much pleasure in complying with the request of the deputation.

All present were unanimously of opinion that the bust, which rests upon a pedestal of red granite, was admirable alike as a work of art and as a true representation of the Right Hon. Baronet.

A large party, including Captain Hastings, Baron Marochetti, and the deputation, were entertained at dinner by Dr. Nisbet.

Correspondence.

"Audi alteram partem."

MEDICAL TITLES AND SCOTCH M.D.s.

To the Editor of THE LANCET.

SIR,—This old sore has been again ripped up by a contemporary, and Professor Christison, of Edinburgh, again appears as a would-be dictator. It is very amusing to those who know. Aware that the worthy Professor would be only too happy, some one wearing a northern degree writes to ask the Professor's views. The Professor, eager for another fling at the licentiates of the College of Physicians, writes with an amusing affectation of candour and impartiality, as if it was not already well known that he is a leading partisan of the Scotch Universities, and the no less partisan journalist writes as if he did not know it. What the Professor and his very small and dissolving band of supporters wished, it will be recollected, was not that the licence of the College of Physicians should be given this way or that way, but that it should not be open to students or practitioners at all, but only to university graduates; that the College, in fact, should commit suicide, by abdicating the position and career assigned to it by the Medical Act. And all for the sake of the little knot of professors who have the giving of the degree in the University of Edinburgh; that the university degree might then be the only medical licence to be had in Edinburgh. Thus not only enriching said professors, but giving them an excuse for continuing the degree on its low footing. What would the London College of Physicians or Apothecaries' Society think if the English universities wished them to give their practitioners' licences to none but university graduates, in order that the English universities might licence the general practitioners? This, however, is the policy of Professor Christison and his colleagues.

If the Professor and his allies had thought it illegal under the Medical Act for *any* registered practitioner to put "Dr." before his name, it is probable they would have tried it in law before now, instead of merely crying out and entreating colleges (which they did their best to injure) to come to their help. I write for the purpose of pointing out to the Professor and his colleagues a simple way by which they may retain the title of Dr. for university graduates, the power of which lies entirely in their own hands, if they will. It is simply to set about making the Scotch degree of M.D. such that the profession and the public will respect it—such that, like the English and the Irish degrees, it may be really an academic degree—that it may really imply superior academic attainment to that of the licentiate of the colleges; making it, in short, a genuine article. Instead of doing so, Professor Christison and his colleagues have dragged down the Edinburgh M.D. degree to the level of a mere respectable general practitioner's medical licence. The preliminary examination of the College of Surgeons of Edinburgh, it is well known, has long been actually more extensive than that of the University of Edinburgh, amazing as the fact may appear to Englishmen; and now students have to pass a much more extensive preliminary examination for the L.R.C.P. or L.R.C.S. licences than for the Edinburgh M.D. For the latter, only a bit of Latin translation is required; for either of the former, there are English grammar, arithmetic, mathematics, natural philosophy, and Latin. And it is not an uncommon thing for a student, who has passed the university Latin, to be plucked for Latin at the College of Physicians and Surgeons' examination. Nor has the improved preliminary examination, proposed by Professor Christison and his friends for the university degree, anything academic about it, compared with the preliminary examination for the L.R.C.P. or L.R.C.S. The student who has passed either of the latter says, "This is very hard; I have passed a much more extensive and difficult classical and literary (academic) examination than my neighbour the M.D.; I am much more of a real *doctor* than he is; and yet, forsooth, he is to be called 'Dr.' and I am not." And the beginning student says, "It is no use bothering to pass this preliminary examination of the Colleges of Physicians and Surgeons, I will go for the university degree; and besides the easier preliminary, I shall get the doctor's title into the bargain!"

Now, can this state of matters be defended? Will Professor Christison get up in the Medical Council, amongst educated men, and argue that this, or anything like it, is the right footing for a university degree to be on? There has been no difficulty in keeping the Edinburgh surgeons' examination, not only equal to, but higher than, that for the London surgeons. Why, then, should the examination for the Edinburgh M.D. be so far behind that of the London M.D. It is no wonder, then, that the Edinburgh College of Physicians contents itself with a declaration that it neither authorizes nor encourages its licentiates to call themselves "Dr." How can it be expected to enter on a crusade against its own licentiates for the sake of preserving that title to the crowds of unacademic graduates whom the Scotch universities persist in sending forth, and who have themselves no moral claim to the doctor's title?

I believe that there are only two ways of it: either Doctor must everywhere be a genuine article—must either be a really academic distinction—a great deal more than an ordinary general practitioner's medical licence, so as to make it be respected by the profession, and confined by them to university graduates; or it will be given to and taken by every medical practitioner, and the graduates of those universities whose degrees really are academic will be distinguished, not by the prefix of Dr., but by adding the name of their university, as M.D. Lond., or M.D. Oxon., and being known as such.

I believe, therefore, that Professor Christison and his friends hold the remedy, the only remedy, in their own hands. Let us see whether they choose to apply it. Meantime, let them

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first put their own house in order, and wisely avoid throwing stones so long as their own roof is so very brittle.

As to the title of the L.R.C.P.s, I think they are wrong in policy to take the prefix of Dr.; "Physician" is really better. There are, it seems, some highly-starched persons in the London College of Physicians who wish to prevent their future licentiates from using the word "Physician." To try this piece of folly would be merely again playing into the hands of the Edinburgh College, and the London College has already got a severe lesson not to be behindhand in doing the right thing. Were the College of Surgeons to ask its licentiates not to use the word "Surgeon," would it do F.R.C.S.s or the College any good? "Surgeon" being on every door throughout the country does not hurt or grieve Mr. Lawrence or Mr. Fergusson.

An English practitioner of high standing, who lately passed the Edinburgh College of Physicians, told me he despised putting Dr. on his door or card; that he didn't choose to use a title which some disputed, and because he considered "Physician" much the better of the two. His door-plate has neither Dr. nor Mr. on it, but simply "A—— B——, Physician and Surgeon." He has hit the nail on the head, and I advise all L.R.C.P.s and L.R.C.S.s to do likewise. They will have the two best professional titles going, to which they alone can lay claim; and they may let the profession and the public give them any title they like.—I remain, Sir, your obedient servant,

June, 1860. EDINENSIS.

CAN A WOMAN REMAIN IGNORANT OF HER PREGNANCY UP TO THE TIME OF HER DELIVERY?

To the Editor of THE LANCET.

SIR,—The following case I can vouch for as decisively affirmative upon the above medico-legal point:—

On the 24th ultimo I was summoned to Mrs. R——, aged twenty-eight, married, with one child four years old. She stated that for the last twelvemonth she had been ailing, and considered to be in a consumption; that a month or two before last Christmas she began to vomit blood, and, continuing to do so, she in March last consulted Dr. Tyler Smith, who, to her great surprise, pronounced her to be seven months pregnant. Up to the time of her labour the catamenia had been quite regular; she had suffered from none of the ordinary sympathetic ailments; had been sensible of no alteration in the breasts; and, notwithstanding Dr. Tyler Smith's opinion, she had not been able to detect any enlargement of her abdomen, or any sensation whatever of the child's movements. Had she not been informed of her pregnancy, she would undoubtedly have remained ignorant of her situation till the very last.

The liquor amnii was abundant, and the child a full-grown lively boy. I am, Sir, yours, &c.,

Henrietta-street, Covent-garden, JAMES DUNCAN, M.B.
June 12th, 1860.

*** We have known similar cases in which married women, who had previously borne children, did not believe they were pregnant until delivery was at hand.—ED. L.

THE "MARSHALL HALL METHOD" IN THE LATE GAS-POISONING CASES AT LIMERICK.

To the Editor of THE LANCET.

SIR,—On reading the cases of gas-poisoning which lately occurred at Limerick, and which are quoted in THE LANCET of the 9th inst., a letter was addressed to Dr. Gelston, inquiring what were the remedial means so perseveringly and successfully employed by himself and Dr. Bourke. The following extract from his reply will be read with interest:—

"Your surmise is quite correct as to the remedial means used in the cases alluded to being those recommended by that able (and I regret to say, deceased) physician, Dr. Marshall Hall. I sent no report of the matter to any journal, but can add that numerous cases have been restored to life in this town at our various hospitals by the use of Dr. Marshall Hall's valuable suggestions. ROBERT P. GELSTON, M.D.

Limerick, June 7th, 1860."

The account which appeared in the *Dublin Freeman* states that the operations resorted to were continued above three hours, until at length the children were pronounced out of danger.—I am, Sir, your obedient servant,

J. HIGGINBOTTOM, F.R.S., F.R.C.S.

Nottingham, June 11th, 1860.

THE LARYNGOSCOPE.

To the Editor of THE LANCET.

SIR,—As it would appear, from some recently published notices in THE LANCET of the laryngoscope, that Dr. Johann Czermak, of Pesth, claims to be its original inventor, we think it our duty to state that, so long as fourteen years ago, we made an instrument on exactly the same principle for the late Mr. Avery, of Charing-cross Hospital.

This instrument, as well as the lamp and other speculæ invented by Mr. Avery, were exhibited by us in 1851; and we beg to subjoin the extract from the Exhibition Catalogue, vol. i., p. 478. We are, Sir, your obedient servants,

Strand, June, 1860. JOHN WEISS & SON.

(*Extract.*)

"Avery's lamp and reflector for examining the ear, throat, and different canals of the body."

Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Friday, June 8th, the following Members of the College were admitted into the Fellowship:—

Frederick William Headland, M.D., 37, Margaret-street, Cavendish-square.
Nicholas Tyacke, M.D., Chichester.
William Harcourt Ranking, L.M. Cantab., Norwich.
William Davies, M.D., Bath.
Alexander Bryson, M.D., Barnes, Surrey.
Sir Henry Cooper, M.D., Hull.
Thomas Graham Balfour, M.D., 10, Sumner-place, Onslow-square.
Charles Morehead, M.D., Bombay.
Thomas Evans, M.D., Gloucester.
Charles E. Brown-Séquard, M.D., 61, Wimpole-street.
Henry Hurry Goodeve, M.D., Stoke Bishop, near Bristol.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, June 7th, 1860.

Barnes, William Edgar Gross, Newbury.
Butler, Thomas M., Guildford.
Carmichael, John Richard, Blyth, Northumberland.
Clift, George, Redruth, Cornwall.
Corin, William John, Redruth, Cornwall.
Hudson, Robinson, Bishop Wearmouth.
Tofts, Henry, Cambridge.
Williams, Evan Evans, Llandyssil, near Carmarthen.

The following gentlemen also on the same day passed their first examination:—

Dooley, William, Liverpool.
Edwards, Walter, Hampton, Devon.
Skrimshire, John Truscott, Sloane-street.

For an Assistant—

Rawcliffe, John Lingard, Meltham.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the board on the 13th instant:—Edward Vizard, St. Nicholas-street, Scarborough; *Daniel Corbett, Clare-street, Dublin; John Knox Chisholm, Queen-street, Edinburgh; Charles De Lessert, Waterloo-road, Wolverhampton; Robert Ransom, Verulam-place, St. Leonards-on-Sea; *George Stothart Penny, Rodney-terrace, Cheltenham; John B. Lindsey, Castle-street, Dover; *Joseph Walker, Holles-street, Cavendish-square; Frederick Charles Allen, Gloucester-gardens, Camden-road Villas; Edward Hope Tweed, Brook-street, Hanover-square; William Henry Wonfor, Sackville-street; and James Bell, Blackfriars-street, Perth. (Gentlemen with an * before their names are members of the College.)

CAMBRIDGE UNIVERSITY.—The following degrees were conferred on the 7th inst.:—Doctor of Medicine: Charles Penfold Ingram, Trinity. Bachelors of Medicine: Reginald E. Thompson, Trinity; Thomas Sheldon Green, Caius.

HARVEIAN ORATION.—The oration in memory of Harvey will this year be delivered by Dr. Page, of St. George's Hospital, on Thursday, the 28th instant, at four o'clock.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. McWhinnie has resigned his appointment at this institution. Other changes are currently spoken of as likely to take place. A close contest was expected between Mr. Holden and Mr. Savory; but we understand that the latter gentleman has withdrawn.

DR. BROWN-SÉQUARD has been elected a Fellow of the Royal Society.

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MEDICAL EXAMINATIONS AT OXFORD. — Dr. Ogle and Dr. Rolleston, the Linacre Professor of Physiology at Oxford, commenced their medical examinations on Monday last, in the new Museum.

JOHN HUNTER.—At a large meeting of the John Hunter Statue Committee, at the Royal College of Surgeons, on the 6th instant, it was decided that the execution of the marble statue of the immortal Hunter should be entrusted to Mr. Henry Weekes, A.R.A., and that when completed it should be placed in the museum of the College. It is the intention of the committee that Sir Joshua Reynolds's portrait of the great original, his *chef d'œuvre*, should be followed as nearly as practicable by the sculptor.

UNIVERSITY COLLEGE HOSPITAL.—A dinner, in aid of the funds of this hospital, was held at the London Tavern, on the 7th inst.,—Lord Brougham in the chair, supported by Sir Francis Goldsmid, Bart., M.P., Q.C., Sir Edw. Ryan, Lord Belper, Dr. Roget, Dr. Thorowgood, &c. The Chairman made an eloquent appeal in behalf of the funds of the hospital, which are now encumbered by a debt of £5360,—70 out of the 200 beds being unoccupied from want of means. The whole of the fees to hospital practice and of the medical schools were devoted strictly to the purposes of the hospital. During the last twenty-six years they have amounted to upwards of £57,000. This enormous sacrifice is what no public institution should demand at the hands of its officers, and the liberality of the staff is beyond all praise, although we are by no means sure that it is judicious. The subscriptions and donations for the evening amounted to £2718.

QUEEN'S HOSPITAL, BIRMINGHAM.—The election of two surgeon-accoucheurs to this hospital took place on the 11th instant, under the presidency of Thos. Lloyd, Esq., Mayor, at the Town Hall, Birmingham. The polling continued from one till four o'clock, and at the close the report of the scrutineers (Mr. W. J. B. Scott and Mr. A. Biggs) was as follows:—Dr. Suckling, 63; Mr. Clay, 41; Dr. Hinds, 26; Mr. White, 18. The Mayor thereupon declared Dr. Suckling and Mr. Clay duly elected. Mr. W. J. B. Scott being called to the chair, Mr. Jacob Phillips proposed, and Mr. Geo. Taylor seconded, a cordial vote of thanks to his worship for his impartial conduct in the chair, which was carried with acclamation.

THE DWARF CORN-CUTTER. — We have to record the death of a person, although not of our own profession, of great reputation as an operator. The lady to whom we refer (Mrs. Seymour Hill) practised her profession for upwards of thirty-five years as a chiropodist at York-gate, Regent's-park, and realized a large fortune. Her fee for the extraction of any number of corns at home or at the patient's house was five shillings, and under no circumstance did she ever demand more. Unlike the set of corn-cutters who infest the metropolis and other large towns, who cut off mites of cuticle at the *moderate* charge of two guineas each, she carried on her business in the most honourable manner. Mrs. Hill was sent for twice to France to operate on the feet of Napoleon III. and the Empress Eugénie. She also attended the principal members of the aristocracy of this country, and would have been commanded to the Palace had it not been for her diminutive size and peculiar appearance, she being only three feet ten inches high, and of a very plethoric habit. We cannot allow Mrs. Seymour Hill to pass away without affording our testimony as to the straightforward way in which she practised her calling. Mrs. Hill has left, amongst other legacies, £200 to the Asylum for Idiots, Red Hill.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The thirtieth annual meeting of this Association is fixed to take place at Oxford, on Wednesday, the 27th inst., and following days, under the presidency of Lord Wrottesley and the Earl of Derby; the Vice-Chancellor of the University of Oxford (Dr. Jeune), the Duke of Marlborough, the Earl of Rosse, the Bishop of Oxford, the Dean of Christ Church (Dr. Liddell), Dr. Daubeny, Dr. Acland, and Professor Donkin, as vice-presidents. The time for holding this great scientific gathering has been fixed three or four months earlier than usual; and it is anticipated, from the forward state of the new Museum, and following so closely upon the Commemoration, which generally attracts crowds of visitors from all parts of the kingdom, that the meeting will be one of an unusually brilliant and successful character. The proceedings will commence on the afternoon of the 27th inst., in the Sheldonian Theatre, when it is expected that his Royal Highness Prince Albert (who presided over the meetings of the Association at Aberdeen last year), will attend and resign the presidency, after which Lord Wrottesley will deliver the inaugural address. The subsequent days will be occupied with the meetings of the several sections; and on the afternoons of Friday and Monday, June 29th and July 2nd, there will be general discourses in the theatre, one of which will be delivered by Professor Walker, "On the Present State of our Knowledge of the Physical Condition of the Sun." One great feature of the meeting will be the evening *soirées* in the Museum, which is rapidly approaching completion, and, from its capacious size and the interest which attaches to it, is admirably adapted for the purpose. The last of these meetings will be especially devoted to the exhibition of microscopes, and Dr. Acland and Mr. Gray, of Exeter College, who have undertaken the care of the exhibition, have received numerous promises of assistance from several of the most eminent microscopists and opticians throughout the country. Another evening will be occupied with electrical experiments. Letters of invitation have been issued to all the members of the Association, to the number of upwards of 2000, and there is reason to believe that the meeting will be well attended by the representatives of science in England as well as abroad.

COLLEGIATE ELECTIONS.—We understand that no new candidates have been proposed in opposition to Messrs. Hodgson, Kiernan, and Partridge, the retiring members of the Council of the Royal College of Surgeons, who will no doubt be re-elected.

BELFAST MEDICAL SOCIETY.—The thirty-fourth anniversary dinner of this Society took place on the 7th instant, the chair being filled by Dr. Murney. There was a numerous attendance, and the proceedings were altogether of a most interesting character.

INQUESTS ON THE ORIGIN OF FIRE. — THE QUEEN *v.* HERFORD.—An important cause relating to the right of coroners to hold inquests respecting the origin of fire was tried in the Court of Queen's Bench this week, before Lord Chief Justice Cockburn, and Justices Wightman, Crompton, and Blackburn. The Solicitor-General appeared for the Coroner for Manchester, Mr. Herford, followed by Mr. Wheeler and Mr. Fonblanque; and Mr. Mellish supported the rule for a prohibition. The arguments were able and elaborate. The judgment was unanimous in favour of a rule absolute for a prohibition, on the ground that the jurisdiction had lapsed from long disuse. The practice of holding inquests in cases of fire without homicide was revived by Mr. Serjeant Payne, the Coroner for the City of London.

VACCINATION AT CAMBRIDGE.—The dreadful disease of small-pox has been raging in Cambridge to a considerable extent recently, and consequently the Board of Guardians have at last issued notices stating that parents neglecting to have their children vaccinated would be subjected to a penalty, although these functionaries for a long time thought they had no power to enforce such penalty. The public have taken the precaution to avoid the consequences of disobedience to the law, and, as might be expected, a large number are being daily vaccinated, adults as well as children, and this especially in the populous parish of St. Andrew the Less. Dr. Seaton, the inspector appointed by the Privy Council, has visited Cambridge, and attended the meeting of the Board. He stated that in 1858 six thousand five hundred persons had died from small-pox; and that in the same year the vaccinations in Cambridge were thirty-four per cent. on the births, and in 1859 twenty-eight per cent. Dr. Seaton had found vaccination much neglected in Cambridge, and of course the children were liable to the small-pox. He suggested the issuing of public notices cautioning the people, and an investigation of the children. He further suggested that the medical officers within the union should be informed that they made themselves liable to be indicted for misdemeanour if they neglected to send in the certificates of vaccination.

CHOLERA AT MALAGA.—An official notice has been issued by Lloyd's agent at Malaga, confirming the announcement of the presence of cholera there, and stating that that port, city, and neighbourhood have just been officially declared as infected with epidemic cholera morbus, and that the sanitary authorities have determined to issue foul bills of health to all vessels clearing out from Malaga from this time until it shall please Divine Providence to dispose the cessation of the malady.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 9TH.—The returns of London for the week that ended last Saturday show a total number of 969 deaths, and a decrease on that of the previous week, which was 1004. The mortality from small-pox continues to show a tendency to decrease; 15 deaths from this disease were returned last week. Scarlatina was fatal in 22 cases, and diphtheria in 9. At the present time measles is considerably more fatal than any other zymotic disease, 51 children having died from it.

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THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Ve find that a Bill under the following title is now before Parliament:—"An Act for consolidating the Acts relating to the Widows' Fund of the Royal College of Surgeons of Edinburgh, for regulating the future Management of the said Fund, and for other purposes." We have not had time to examine the measure with any great degree of care, and doubtless its objects are good enough. Clause 14, however, is rather peculiar:—

"Every contributor who shall marry after having attained the age of fifty years, shall, upon each such marriage after the age of fifty years, if his age shall exceed that of his wife, pay to the collector of the fund, for the benefit thereof, a tax of three pounds sterling for each complete year that the age of such contributor shall exceed that of his wife."

On what statistics is the penalty for a man above fifty years marrying a young wife founded?

?. *S.*—The expense of an outfit for an assistant-surgeon, including uniform, barrack portable furniture, such as bed, bedding, &c., ought to be well covered by £100. After a gentleman has passed the competitive examination in London, he is allowed 5*s.* a day until he passes the final examination for assistant-surgeon. He is also provided with quarters.

Ve extract the following extraordinary letter from the columns of the *Morning Advertiser* of Wednesday last:—

"THE LONDON HOSPITALS AND HOMŒOPATHY.

"*To the Editor of the Morning Advertiser.*

"SIR,—I see by an advertisement that the present income of St. George's Iospital is still 'quite inadequate to meet the necessary expenditure; and if he public do not, by increased subscriptions and donations, enable the governors o meet this deficiency, they will be compelled to close several of the wards.'

"Now, Sir, you must excuse me in endeavouring to draw your attention and hat of the public to the shameful, if not sinful, neglect by our hospitals of an nproved mode of medical practice, which would lessen mortality, curtail the uration of disease, and reduce the present expenditure to a most desirable imit. It seems to me that the great learning, industry, and profound acquirenents of hospital physicians and surgeons could not be directed to more beneeent ends.

"From statistics now before me, it appears that an ordinary allopathic hosital expends on account of drugs and medicines alone in one year upwards of 1000 in the treatment of the same number of sick who would be more speedily nd efficiently restored to health at a cost scarcely exceeding £200, were they reated according to the principles of Hahnemann. Surely this of itself is nore than sufficient to urge hospital physicians and others to inquire fairly and onestly into the merits of this system, which has long ceased to be an experinent. It has been practised with success at the Hôpital Ste. Marguerite and Beaujon, two of the first-class hospitals in Paris. Large hospitals are specially evoted to the practice in Germany. In America, within the last few years, vards have been appropriated for the practice in the ordinary hospitals, in one f which (the Chicago) the success has been so decided that the allopaths have een obliged to evacuate.

"I have recently endeavoured to enlist the sympathies of eight of our prinipal London hospitals by liberal proposals, though as yet my efforts have not een successful. As it is now in my power, through the munificence of a hilanthropic capitalist, to increase my previous offers, published in your ournal on the 29th ult., to a very considerable extent, I will thank you to give hem publicity.

"If St. George's Hospital will appropriate for three years, under my direcion, 50 or more beds for homœopathic practice, from which comparative tatistical results between homœopathy and allopathy could be deduced, I am repared to provide the necessary funds and medicine. Should the trial of hree years warrant the continuance of the practice, we undertake to endow 0, if not more beds. My conviction is that, long before the end of three years, unds would be forthcoming to endow not less than 100 beds, if any confidence s to be placed in promises. As a guarantee, however, that the pecuniary part f the present proposal shall be duly and faithfully met, I beg to give the name f my friend, Mr. Henry Edmund Gurney, of Lombard-street.

"A similar offer has been communicated to Lord Brougham on behalf of the Iorth London or University College Hospital, which seems to have 70 beds onstantly vacant from the want of funds.—I am, Sir, yours, &c.,

"Brook-street, Grosvenor-square, June 11, 1860." "D. WILSON.

Can it be possible that funds will be raised by such an invitation, when for the legitimate purposes of our hospitals they are, as stated, withheld? What will come of this scheme we know not, and certainly the letter itself would not have been inserted in this place had there not appeared in it the reference to Mr. Henry Edmund Gurney.

: *A. D.*, (Manchester.)—No instance has ever been known of gonorrhœa making its appearance four weeks after connexion. Leucorrhœa (not lucræa) is a disease incidental to females. The symptoms complained of by our correspondent are most probably caused by excess.

rgota.—Such a qualification cannot be registered.

dinburgh.—It was thought desirable in the memoir of the late Professor Lizars to omit all allusion to the unfortunate dispute in which he was engaged some years since. Criticism upon it now is unnecessary.

THE NEW LICENTIATES.

To the Editor of THE LANCET.

SIR,—It appears to me to be scarcely acting with justice to the former licenates and present members of the Royal College of Physicians to introduce, nder the honoured title of licentiates, persons in general practice.

We have always been accustomed to look upon a L.R.C.P. as a pure physian, and to apply that title to a general practitioner seems somewhat objeconable. I would suggest that the general practitioners who enter the College ould in place of "licentiates," be called by some other title, as "associates," hich, while still showing that they are associated with the College, would not ad to any mistake as to the rank of the former licentiates.

I am, Sir, your obedient servant,

June, 1860. M.D. Edin.

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An Inhabitant of Chatham.—It appears to us to be impossible that any coroner could have refused to hold an inquest in such a case. Without doubt, if the report be correct, the coroner is liable to an indictment and to removal from his office for so obvious and unjustifiable a breach of duty. True, he may allege that the magistrates most unjustly deprive him of his fees; but that is no reason why he himself should act unjustly towards the public. The question between the magistrates and coroners is simply one of fees. The question between the coroner and the public is one of duty imposed by an oath of office. The magistrates have no power whatever to prevent a coroner from holding an inquest in any case; the discretion as to taking it rests with the coroner alone; but in a case of violent death, both the common and statute law impose on the coroner the necessity of impanneling a jury, should he be required to issue his warrant.

Lunacy.—The Bill will probably be again brought before the House of Commons considerably modified. The "suggestions," which contained valuable hints, should be forwarded to Mr. Walpole. There is no reason to suppose that any opposition will be offered to wholesome legislation in the quarter to which our correspondent alludes. The real difficulties of the question are due to causes with which the promoters of the Bill are thoroughly acquainted.

THE SOCIAL STATUS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Army Surgeon," does not make a correct inference when he states that the "half-caste medical subordinates in India" pass the examinations at the College because these latter are so "simple and easy." That these young men are successful in obtaining the diploma of the Royal College of Surgeons is a fact highly creditable to them, but by no means discreditable to the College. They study for four and five years at Indian medical schools, which are equal, if not superior, to the provincial schools of this country,* and which are recognised by the College. They come to England furnished with all the certificates required by the regulations of the College, and some of them enter a London hospital for a session or a year or two previously to undergoing examination. That men so prepared should successfully pass through the ordeal of the double examination is assuredly no proof that such examination is "simple and easy," nor that the College is brought into discredit by admitting them. Almost all of them who have come over have been equally successful at other examinations (far more difficult than those at the College of Surgeons) for degrees and public appointments, and some, I believe, have been admitted members of the College of Physicians. Their success has been manifestly achieved by their own industry and talents, and it is invidious and unmanly to attribute it to the simplicity of examinations.

One who has lived in the colonies can well understand the feeling with which "Army Surgeon" regards the admission of native and "half-caste" medical men to the membership of a College to which he, the "Army Surgeon," belongs, and their elevation, in fact, to a footing of professional equality with himself. The Court of Examiners, not having been abroad, does not entertain any prejudice against the educated natives and coloured men of our Indian possessions, and it is further a matter of indifference to the Court whether candidates for the diploma have been educated at the "Government expense," or have discharged the "mechanical duties of preparing returns and dispensing medicines," or have "proceeded from the East or West Indies,"—most absurd objections to make to their admission,—provided they furnish proof that they had received the necessary education. That Indian medical students are more appreciated in England than they are in the land of their birth and education, is simply due to the circumstance that the narrow and ungenerous prejudices that Englishmen are apt to acquire abroad are not sympathized in by Englishmen at home.

Your obedient servant,

June, 1860. ALPHA.

* Perhaps the superb Medical College of Calcutta is equal to any in London.

A Member of the Association.—We had not an opportunity of attending the special general meeting of the London Medical Registration Association; but we are informed that the resolution for appointing a barrister or solicitor—that is, a member of the legal profession—as the paid Secretary was adopted. This is what we have been told; but we cannot believe the statement. Should such an error have been committed, it may be set right at the annual meeting in November next.

Inquirer.—The course of professional study commences at the time of apprenticeship. Those who were articled previously to the 31st of October, 1859, would be exempt.

A Prescriber.—The preparation of the medicine is said to be secret; but an analysis of it has been given in this journal. It contains morphia, hydrocyanic acid, and chloroform. No secret remedy can be recommended by us.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I have just returned to the Secretary of the Consolidated Life Assurance Company the following answer to an application for a medical report on one of my patients, finding that the Company is one of the *advice-gratis order*.

I am, Sir, yours, &c.,

Alford, June, 1860. R. U. WEST, M.D.

[COPY.]

"Alford, June 8th, 1860.

"SIR,—I gather from the tone of your application that I am to answer your long string of questions about Mr. —— 'for *his* benefit;' that you wish to have the answers without paying me a fee. In that case, as I should be acting exclusively as his *advocate*, I should without any hesitation answer *all* the questions favourably to him. But although you say 'for his benefit,' I know that that is not what you mean; you want 'correct' answers for *your own* benefit. I decline furnishing such answers without a fee. I do so on principle.

"I am, Sir, your humble servant,

"R. U. WEST.

"To the Secretary, Consolidated Life Assurance Company."

A Superintendent of an Asylum.—The water-bed in which the patient at the Colney Hatch Lunatic Asylum was accidentally drowned was not of the ordinary kind as sold in London, as it had received an "improvement," invented by one of the officers—not medical—of the establishment. When the water had escaped from the bed which had burst, it could not flow from the boarded frame-work in which the bed had been lodged, there having been no apertures for its exit in the boarded sides or ends of the frame.

A Disappointed Pupil should address his complaint to the Treasurer of the Hospital.

Senex.—Under the new bye-laws of the College, there are now only "Fellows" and "Members." The Licentiates of former years are now Members. There will be no Extra-Licentiates when the actual members of this class shall have died out. The term Licentiates is about to be revived in favour of the General Practitioners to be admitted under the new regulations.

SINGULAR KIND OF EXPECTORATION.

To the Editor of THE LANCET.

SIR,—I have just now a most singular case under my care, and am anxious to know if any of my professional brethren have ever seen or heard of a similar one.

A man, aged forty, subject for some years to occasional attacks of hæmoptysis, was seized the other day with his usual symptoms, but along with the blood he expectorated a considerable quantity of mortary-looking matter, mixed with numerous hairs, some short and fine, others long and well-grown. The solid stuff under the microscope showed indications of cells, but was mainly composed of granular material, soluble in ether. In short, he appears to be expectorating the contents of an encysted tumour, such as would be no novelty in the scalp.

At some future period I will, with your permission, relate the history and progress of the case; but I have troubled you with this note now, in order to elicit if possible an account of any similar observations.

I am, Sir, yours obediently,

Boroughbridge, June, 1860. LEONARD W. SEDGWICK, M.D.

P.S.—I should have stated that physical signs clearly point to the upper part of the left lung as the seat of the mischief.

A. B. D.—1. The classical subjects for the matriculation examination, January, 1861, are—Homer, Odyssey, Book IX.; Sallust, Conspiracy of Catiline. There is no special French book indicated.—2. W. A. Case, Esq., M.A., University College, London.

Querist.—The appointment is most likely in the hands of the county magistrates.

J. A. L. F.—It is a matter of opinion. Under some circumstances it is, no doubt, a desirable addition to other qualifications. This would be the case, we think, in a country district.

THE communications of Mr. G. P. Girdwood, "On Three Cases of Phlebitis occurring in Patients affected with Syphilitic Poison," and Mr. Weedon Cooke, "On Cut-Throat," are unavoidably postponed.

CAN A PHYSICIAN BE A BANKRUPT?

To the Editor of THE LANCET.

SIR,—A person passed the Royal College of Physicians of Edinburgh in February, 1860. In May, 1860, he petitions in a Court of Bankruptcy as a *druggist*. Now, according to the regulations for the licence of the R.C.P. Edin., no person must sell drugs or keep a chemist's shop.

Will you kindly answer me the following questions:—Can he petition as a druggist, being L.R.C.P. as well? If a druggist, would he not forfeit his licence?

I have written to Dr. Haldane on the subject, and he has not replied to my inquiry, which leads me to suspect that the licentiates of the College of Physicians of Edinburgh may do as they like with regard to shops, and that they may be traders or non-traders as occasion requires.

I am, Sir, your obedient servant,

Bletchley, June, 1860. ROBERTUS.

A Sufferer should consult a respectable surgeon, and avoid the advertising impostors. The malady is easily cured. The symptoms named are, no doubt, produced in the manner described.

An Anxious Inquirer.—1. The æther sulph. comp.—2. At the signing of the indentures.

A BRIEF notice of the late Thomas Poyser, Esq., F.R.C.S., shall appear in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Burrows; Dr. Grally Hewitt; Mr. B. Sheppard, Nottingham; Mr. Longhurst, Goruckpore, India, (with enclosure;) Dr. Gairdner, Edinburgh; Mr. Richard Barwell; Dr. T. C. S. Corry, Belfast; Mr. Collyer, (with enclosure;) Mr. Davies, Newcastle Emlyn; Mr. Mumford; Dr. Bird, Stockport; Mr. Skaife, (with enclosure;) Mr. Hodgson, (with enclosure;) Mr. Edwardes; Mr. Pressat, (with enclosure;) Mr. M'Ray, (with enclosure;) Dr. Laing, (with enclosure;) Mr. Cripps, (with enclosure;) Mr. Hyde, (with enclosure;) Mr. Frew, (with enclosure;) Dr. Thompson, (with enclosure;) Mr. Cottart, (with enclosure;) Mr. Brodhurst; Mr. Evans, Shrewsbury, (with enclosure;) Capt. Tuke, (with enclosure;) Mr. Kitching, Wakefield, (with enclosure;) Mr. Mann, (with enclosure;) Mr. Wimberley, (with enclosure;) Mr. Ravenscroft, (with enclosure;) Mr. Nicolson, (with enclosure;) Mr. Antey, (with enclosure;) Mr. Mercer, Wadhurst, (with enclosure;) Mr. Evershed, (with enclosure;) A. B., (with enclosure;) A Sufferer; A Constant Reader; Senex; Enquirer; A Member of the New Sydenham Society; An Anxious Inquirer; Lupulus; Ergota; A Superintendent of an Asylum; An Inhabitant of Chatham; &c.

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:E JONGH'S
ler of Leopold of Belgium)
N COD-LIVER OIL.

PINION OF
'EREIRA, M.D., F.R.S., F.L.S.,
London, Physician to the London Hospital, &c. &c.

:o find from you, when I had the pleasure of ere interested commercially in Cod-liver Oil. ie best analysis and investigations into the f be the Purveyor of this important medicine. in venturing to fulfil your request, by giving Oil of which you gave me a sample, because ysical and chemical properties of this medicine as yourself, whom I regard as the

: to your application. The Oil which you gave me was of the very finest quality, rties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured. very faithfully yours,

" (Signed) **JONATHAN PEREIRA,**
" Finsbury-square, London, April 16th, 1851.

NEES AND AGENTS,
O., 77, Strand, London, W.C.

Andersons' Oil of Horse-Chestnuts.

The Profession are cautioned against spurious imitations. Messrs. Andersons have subjected to careful chemical analysis several samples, and find them to be composed principally of Ether with Caustic Potash. Messrs. A. were the first introducers of this invaluable remedy for Gout into England.

LIQUOR CASTANEI (Solution of Horse-Chestnuts)—safe, agreeable, and efficacious in Gout, &c., in doses of 2 to 4 drachms.

LITHIA WATER, prepared from the written directions of Dr. Garrod; 3s. per doz. to the Profession.—ANDERSONS, 30, Duke-street, Manchester-square.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

London, 2, Chester-place, Hyde-park-gardens, 1860.

I have for some time past extensively

prescribed Sir JAMES MURRAY'S FLUID MAGNESIA, and think very highly of its remedial powers in various diseases, more especially in Gouty Affections, Lithic Acid Deposits, and derangements of assimilation tending to the development of acid products in the system. Latterly I have almost exclusively prescribed the Recarbonated Solution, which possesses the advantages of being not only more medicinal, but at the same time more palatable.

(Signed) F. W. MACKENZIE, M.D., M.R.C.P.,
Senior Physician to the Western General Dispensary.

"PULVIS JACOBI VER., NEWBERY'S."
INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.
45, St. Paul's Churchyard, London.
Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.
Please to prescribe it as—" *Pulvis Jacobi ver., Newbery's.*"

CHLORODYNE.
ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing

CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

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Bastick's more Certain Forms of REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Important to the Medical Profession.

GLOVER & CO., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of first-class quality, at a very low figure.—Price Lists may be had on application.

19, Goodge-street, London.

Pharmacie Française, 57, Princes-street, Leicester-square.—LE MAOUT, Chemist, from Paris.—Médicamens Spéciaux—Remèdes Raspail—Ricord's Medicines, French patented—Capsules Le Maout, and all French Medical Articles.—Prescriptions accurately prepared.

Alcohol as a Medicine.—Members of the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 87, Post-office, Bolton, Lancashire.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. B. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Leecher, 60, Bartholomew-close, E.C.

Chlorodyne.—R. Freeman, Pharma-ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering Iodide of Iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of mod fying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jouzeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Vitties, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Bouheiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Aërated Lithia Water.—Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.: Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs. Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.

Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Struve's Seltzer, Fachingen, Vichy, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH & CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

Dr. Caplin's Electro-Chemical Bath ESTABLISHMENT, 9, York-place, Baker-street, Portman-square, for the Extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Liquor Folii Ricini, for increasing the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Pepsine.—M. Boudault begs to state, that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May be also had of the Author, 277, Oxford-street. Price 6d.

W. Twinberrow begs to draw the attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.;) also to his Liq. Taraxici, Liq. Galii Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Œgle Marmelos, or Indian Bael), for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand.—*Ext. Laricis Europ.*—BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2, Edwards-street, Portman-square.

Importer of pure KAMEYLA, used universally in India as an Anthelmintic.

H. Breidenbach, Perfumer to the Queen, begs to inform the Profession they can be supplied Wholesale with single bottles of

Lavender Water,	Old Windsor Soap,
Eau de Cologne,	Violet Pomade,
Jockey Club Bouquet,	Forget-me-not Bouquet,

Cold Cream, &c. &c.

H. BREIDENBACH, 157 B, New Bond-street, W.

Jones's Flesh Soap for the Toilet or NURSERY.—One Shilling the Packet.

Most beneficent for producing a Clear, Soft, and Healthy Skin.

To be had at JONES'S old established Candle, Soap, and Italian Warehouse, near the Turnpike, Islington.—Established 1794.

Williams and Son's Pure Glycerine SOAP, analyzed by Dr. HOFMANN, F.R.S., and Professor REDWOOD, Ph. D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
THE EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

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Dr. Belloc's Lozenges and Powder of Medical Vegetable Charcoal, approved of by the Imperial Academy of Medicine of Paris, for the Cure of Indigestion and Constipation, and of all the Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.—General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

The Pulvis Jacobi Verus, prepared by WILLIAM HOOPER, 24, Russell-street, Covent-garden, from its identity with the more costly preparations and its acknowledged efficacy as an Antimonial, merits the patronage of those gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand, for Public Institutions, has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

Engineering, Surveying, Architecture, &c. — PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c. — For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

Mr. G. W. Hind has resumed his PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

A M.D. Lond., who is connected with one of the London hospitals, Prepares Gentlemen privately for the Preliminary Classical and Mathematical and subsequent Medical Examinations of the Apothecaries' Hall, College of Surgeons, and London University.—Address, M. D., care of A. D. Bottomley, Esq., Ship-broker, 62, Gracechurch-street.

University of London.—A Gentleman who has himself taken the Scholarships in Comparative Anatomy and in Surgery, the Exhibition in Anatomy, and other high honours, Prepares Gentlemen for the First and Second M.B. Examinations, or for the E.I.C. Examination, either separately or in class. Terms £12 12s.—Address, M.B., care of J. Matthews, Esq., 8, Eccleston-terrace, Belgrave-road, S.W.

Anatomical Demonstrations for First M.B. EXAMINATION.—Mr. CHRISTOPHER HEATH, F.R.C.S., Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT, specially adapted to this Examination, during JULY. The Demonstrations will be given daily, from 4 to 6 P.M., at the Westminster Hospital, commencing on Monday, July 2nd. Fee, Five Guineas.

Royal Medical Benevolent College.—The Rev. F. R. PENTREATH, M.A., Second Master, receives into his house a limited number of BOARDERS. A few Vacancies at Midsummer.—Apply to Rev. R. Thornton, D.D., Head Master, or to Rev. F. R. Pentreath, South-street, Epsom.

University of London.—Notice is hereby given, that the FIRST EXAMINATION for the Degree of BACHELOR of MEDICINE, for the present year, will commence on Monday, the 6th of August.

The required certificates must be transmitted to the Registrar fourteen days before the commencement of the Examination.

By order of the Senate.

Burlington House, June 9th, 1860. WM. B. CARPENTER, M.D., Registrar.

University and King's College, ABERDEEN.—The Examination of Candidates for the Degree of M.D. will be commenced on Tuesday, July 31st, and continued daily till finished; immediately after which the Graduation will take place. Those who intend to become Candidates are requested to forward their diplomas and other documents to the Professor of Medicine on or before July 21st.

REGULATIONS.

Practitioners who possess a Licence or Diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, or from the Faculty of Physicians and Surgeons, Glasgow, and who have been engaged for at least five years in the practice of Medicine, after the receipt of the Diploma, will be admitted to Examination on producing their Licence or Diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University, or at an Academy of acknowledged reputation.

Practitioners who commenced their medical studies before October, 1840, and who have not had their Diploma for five years, will be admitted to Examination on producing, along with their Diploma, evidence of attendance at the Classics, and of having been engaged in the study of Medicine for four years, during which they must have attended, in a recognised School of Medicine, the following—

SIX MONTHS' COURSES.		THREE MONTHS' COURSES.	
Anatomy	Two courses.	Dissections	Two courses.
Chemistry	One course.	Practical Chemistry ...	One course.
Materia Medica	One course.	Medical Jurisprudence	One course.
Surgery	One course.	Clinical Surgery... ...	One course.
Institutes of Medicine and Physiology ...	One course.	Botany...	One course.
Practice of Medicine...	One course.	Clinical Medicine ...	Two courses.
Midwifery	One course.		

In addition to the above, every Candidate must have attended for two years the Wards of an Hospital containing 100 beds; and, during three months, a Shop or Dispensary for the compounding of Medicines.

June, 1860. ANDREW FYFE, M.D., Professor of Medicine.

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REGULATIONS

OF THE

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH,

RESPECTING THE

EDUCATION, EXAMINATION, AND ADMISSION OF CANDIDATES FOR THE LICENCE OF THE COLLEGE.

1. EVERY applicant for the Licence to Practise Medicine, granted by the Royal College of Physicians of Edinburgh, shall present a Petition in the prescribed form, copies of which will be supplied by the Secretary.*

2. Every applicant, before being taken on trial, shall satisfy the Council—

(A) That he is twenty-one years of age.

(B) That he is not under articles of apprenticeship to any surgeon, apothecary, or other master.

He shall also submit for the examination of the Council a statement of his studies, as well in Literature and Science as in Medicine.

In the event of his claiming exemption from the Preliminary Examination on the ground of having passed one of the corresponding Examinations provided in Law 6, he shall present a certificate to that effect.

In the event of his claiming exemption from the Preliminary Examination on the ground of being a Master or Bachelor of Arts of any recognised University, he shall lodge his diploma or other credentials for inspection by the Council.

3. Every applicant for the Licence of the College, unless he claim exemption under Law 8, must produce satisfactory evidence that he has been engaged in the study of Medicine during a period of at least four years, and that he has attended the following Courses at a University, or at some Medical School, recognised by the College:—

			Duration at least
Anatomy	1 Course	...	Six months.
Practical Anatomy	1 Course 2 Courses	... ...	Six months, or Three mths. each.
Botany (unless taken as a branch of preliminary study)...	1 Course	...	Three months.
Chemistry	1 Course	...	Six months.
Practical Chemistry	1 Course	...	Three months.
Materia Medica and Pharmacy ...	1 Course†	...	Six months.
Physiology or Institutes of Medicine	1 Course	...	Six months.
Practice of Medicine...	1 Course	...	Six months.
Clinical Medicine	extending to	...	Six months.
Principles and Practice of Surgery...	1 Course	...	Six months.
Clinical Surgery	1 Course	...	Three months.
Midwifery	1 Course	...	Three months.
Medical Jurisprudence	1 Course	...	Three months.
Pathological Anatomy	1 Course	...	Three months, or
General Pathology	1 Course	...	Three months.
Practical Pharmacy	1 Course	...	Three months.

The applicant must also produce evidence of having attended the practice of a public Hospital (containing not fewer than 80 beds) during a period of not less than twenty-four months, twelve of which must have been spent in attendance on the Medical wards.

The applicant must also have attended at least six cases of Labour under the superintendence of a qualified Medical Practitioner, either in a recognised Maternity Hospital, or a Dispensary where Midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the Practitioner under whom he attended.

The applicant must further (in conformity with the Regulations of the Privy Council) produce a certificate from a registered Practitioner of his acquaintance with the phenomena of Vaccination, and of his competence to perform the operation.

4. Every applicant for the Licence of the College, unless exempted under Law 6, must pass the Preliminary Examination in Literature and Science before being admitted to the Professional Examination; and candidates are strongly advised by the College to pass this Examination before entering on their Medical studies.

The subjects of this Examination will be—

A. ENGLISH:
Writing a Passage to Dictation.
Explaining the Grammatical Construction of the Passage written.

B. ARITHMETIC:
The ordinary Rules of Arithmetic, including Vulgar and Decimal Fractions.

C. MATHEMATICS:
The First and Second Books of Euclid; Algebra to Simple Equations inclusive.

D. LATIN:
Translating a Passage into English from some Latin Author, the book being announced the year previously.
Rendering a Passage in English into Latin, the uninflected forms of the Latin words being supplied.

After August, 1861, every applicant for the Licence must also pass a satisfactory Examination on one subject in each of the two following divisions:—

1. Greek, French, Italian, or German.
2. Mechanical Philosophy, or Logic and Metaphysics.

The following branches, though not enjoined, are recommended for study:—Comparative Anatomy, Natural History, Geology.

5. It shall be competent for the Council of the College, on a petition from any Student of Medicine about to enter on his professional studies, or from such Student at any period during his professional studies, to remit him to the Examiners on Preliminary Education, who shall thereupon take him on trial touching his proficiency in those branches of general knowledge specified in Law 4; and, should he pass such Examination to the satisfaction of the Examiners, to exempt him from all further examination on those subjects.

6. Masters and Bachelors of Arts of any British or Foreign University, whose Course of Study may, from time to time, be approved of by the College, shall be exempted from such Preliminary Examination; and also those who have successfully undergone Examination by the National Educational Bodies, or by any of the Licensing Boards recognised by the Medical Act, provided the course of education and the subjects of examination be equivalent to those included under Regulation 4.

7. The Council of the College, on the petition of any Student of Medicine to be admitted a Licentiate, shall examine the evidence of his having attended the curriculum of professional study required by the College; and, if they are satisfied, shall remit him to the Examiners on Professional Education, who shall examine him in those branches specified in Law 3.

8. Licentiates of the Royal College of Physicians of London, or of the King and Queen's College of Physicians in Ireland, who have been admitted after Examination; Licentiates in Surgery of one of the Royal Colleges of Surgeons, or of the Faculty of Physicians and Surgeons of Glasgow, of five years' standing; or Licentiates of an Apothecaries' Company of five years' standing, who do not deal in Drugs, will be required to undergo Examination in the following subjects only:—Practice of Medicine and Pathology, Materia Medica, Midwifery, and Medical Jurisprudence.

N.B.—Candidates applying under this Law must, before being admitted to Examination, send with their petitions testimonials (to be approved of by the Council) from at least two well-known Medical Men; and, if reported on favourably by the Examiners, their applications shall be laid by the Council before the College, and decided upon by ballot, a majority of two-thirds of those who vote being necessary to declare the applicants duly-elected Licentiates.

9. The Examiners in Preliminary Education shall be chosen by the Council, from time to time, according to the subjects professed by the applicants.

10. Should the Examiners in Preliminary Education not be Fellows of the College, the President or Vice-President, or one at least of the Examiners of the College, or, failing these, some Fellow of the College appointed by the Council, shall be present at the Examination.

11. The Examiners of the College, annually chosen at the Election Meeting, shall conduct the Professional Examination of applicants.

12. The Examiners shall have power to conduct the Examinations at such times and places as they may select, and to adjourn them as often as may seem advisable.

13. The Examinations shall be conducted either as a whole, at the conclusion of the Course of Study, or in parts, according to the following arrangement of subjects, and at such times as may be prescribed by the Council:—

1. Anatomy, Physiology, Chemistry, Botany (if the applicants have not been examined in it as a branch of Preliminary Education).
2. Materia Medica and Pharmacy, Pathology and Pathological Anatomy, Surgery.
3. Practice of Medicine, Midwifery, Medical Jurisprudence.

14. The Examination shall be conducted partly *viâ voce*, partly by written papers; and, whenever practicable, shall consist in part in the examination of persons suffering under disease.

15. At the conclusion of each Examination, the Examiners shall decide, by a simple majority of those present (the Chairman having both a deliberative and a casting vote), whether the result of the Examination has been satisfactory. If the decision of the Examiners be favourable, the applicants shall be declared duly-admitted Licentiates of the College, and their names shall be intimated at next Meeting of the College.

16. All applicants for the Licence must lodge their fees with the Treasurer previously to presenting their petition.

17. The Entrance Fee payable by a Licentiate shall be Ten Guineas. In the case of a candidate being unsuccessful at his Examination, the sum of Two Guineas shall be retained to meet the expense of Examination.

The fee of Ten Guineas may be paid in separate sums as follows:—

For the Preliminary Examination, ten shillings, not to be returned in the case of unsuccessful candidates.

For each of the two first Professional Examinations, three pounds.

For the third Professional Examination, four pounds. In the case of each Professional Examination, one pound shall be retained from unsuccessful candidates, to meet the expense of Examination.

In name and by authority,

D. R. HALDANE, M.D.,
Hon. Secretary.

Edinburgh, June 5th, 1860.

* By the Charter of the College (1681), Doctors of Medicine of British Universities are entitled to be admitted as Licentiates on exhibiting their diplomas to the President and paying the usual fee.

† This Course will be accepted for three months, provided the School at which the candidate has studied does not afford an opportunity for attending a six months' Course.

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Copies of the Regulations can be obtained at the India Office.

The Medical Class at Chatham will commence in October next.

India Office, June 1st, 1860.

South London Ophthalmic Hospital, 6, St. George's-circus, Southwark.—The Committee of the Hospital will proceed to the Appointment of a MEDICAL ASSISTANT, legally qualified, on Monday, the 2nd of July. The duties and salary of the office may be learned of the Hon. Sec., David Woolf, Esq., 17, King-street, Cheapside, to whom applications and testimonials are to be sent in on or before June 20th.

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Civil and Military Hospitals.—Military Lunatics. — The Linacre Professorship at Oxford. — A Sanitarian at Tasmania 625
The Nightingale Fund 626
GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION. —Minutes of Meetings of June 14th, 15th, 16th, 18th, and 19th 627

CORRESPONDENCE.

Registration of Deaths (Scotland) Bill..... 631
French Hospital Study 631
HOUSE OF COMMONS.—The Army Medical Department. — Infectious Diseases 632

MEDICAL NEWS.

Medical Aid to Garibaldi 620
Prize Question..... 626
The Cancer Poison..... 632
Pass-lists of the Royal College of Surgeons and Apothecaries' Hall. —St. Thomas's Hospital. — Oxford University.—Appointments. — Death of Professor Taddei. — The Sussex Lunatic Asylum Cemetery. — Testimonial to a Medical Practitioner. — Royal College of Surgeons. — The Medical Officers of the Channel Squadron. — Medical Meetings in Dublin. — The New Medical Act.—Medical Law in Tasmania. — The New French Codex. — Health of the Metropolis 633
OBITUARY.—Wm. Piers Ormerod, Esq., F.R.C.S.—Thomas Poyser, Esq., F.R.C.S. 634
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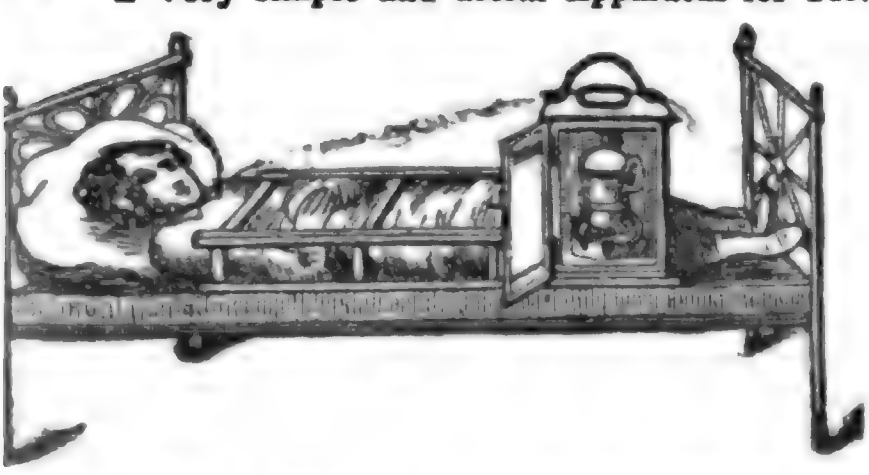

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producing a paraplegia, the narcotic that should be chiefly employed to relieve pain is opium, and so also in cases of paraplegia due to a disease of the stomach, the liver, the kidneys, the pleuræ; but even in all these cases, belladonna may be used with profit if united with opium, if it is not often employed, and especially if strychnine is also used at the same time. I could not insist enough upon the importance of the necessity of never using belladonna without employing at the same time strychnine and opium, or at least strychnine, in cases of reflex paraplegia. I must repeat also that in this affection, when belladonna is employed, its use ought not to be a constant one; and, if the patients are not very costive, opium ought always to be the principal narcotic used to alleviate the external irritation that causes the paralysis.

II. The means of increasing the nutrition of the spinal cord may be placed into two groups—the medicinal and the physical. As regards the first group, we know but one remedy that really deserves confidence: it is strychnine.* We shall not discuss here the theories of the mode of action of this powerful poison and medicine; we shall only state our own views, and mention some of the principal facts concerning its action.

It is generally believed that strychnine acts on the spinal cord as an excitant—i. e., in the same way as the application of galvanism, of heat, of a caustic, or a mechanical irritation. This is a great error; strychnine is not able to produce the least excitation on the spinal cord. The experiments of Van Deen, of Dr. Marshall Hall, those I made ten years ago, alone, or with my pupil, Dr. Bonnefin, and those recently published by M. Martin-Magron and M. Buisson, in their most important paper, "On the Comparative Action of Woorara and Strychnine,† cannot leave the least doubt on this point. It is only in increasing the reflex faculty of the spinal cord that strychnine seems to cause convulsions. This vital property of the cord reaches such a very high degree, that any external or internal excitation brings on a reflex tetanic contraction, the violence of which, according to a well-known law, is in proportion to the degree of the reflex faculty. So long as the spinal cord does not receive some kind of excitation, however powerfully poisoned by strychnine it may be, there is no convulsion. I have seen frogs, deprived of respiratory and voluntary movements, (after the extirpation of the brain and the medulla oblongata,) remaining hours, days, and even a week, without the least convulsion so long as they were not touched, although they were poisoned by a large dose of strychnine; but the least touch produced in them the most powerful reflex tetanic spasms.

How does strychnine act to produce this augmentation in the vital property of the spinal cord? In two distinct ways—1st, in increasing the amount of blood in the spinal cord; 2ndly, in acting in a special and direct manner on the tissue of the cord. As regards the first mode of action, we shall only state here that it is a positive fact that the quantity of blood circulating in the spinal cord is very much increased, and that consequently its nutrition is also increased. As regards the second mode of action, the admirable researches of MM. Martin-Magron and Buisson have established beyond doubt, that even when the spinal cord does not contain any blood, strychnine directly applied upon, or in that organ, increases so much its vital property that reflex tetanic spasms may be produced.

These two modes of action of strychnine explain how this alkaloid acts in cases of reflex paraplegia. The amount of blood in the spinal cord, and the reflex faculty of this organ, are very much diminished in this affection. Therefore strychnine must have a great curative power in such a malady, and it must be employed with persistence so long as the paraplegia lasts. The teachings of theory in this respect agree perfectly with those of practice, as there are a great many cases observed by others or by myself, which I might relate, to show the therapeutical power of strychnine in the reflex paraplegia.

When used together with opium, the dose of strychnine must be a small one—i. e., from one-fortieth to one-thirtieth of a grain a day. When used alone, its dose may be one-twentieth of a grain a day. When employed together with belladonna, the dose must be larger on account of the antagonistic action of belladonna on the spinal cord.

We shall insist, by-and-bye, on the importance of making use of strychnine persistently in almost all cases of paraplegia in which there is no inflammation or no congestion of the spinal cord or its membranes. We shall only say now, that the use

* Many poisons seem to act as strychnine does on the spinal cord, as we have ascertained by a great many experiments. Amongst these poisons are, morphia, nicotine, picrotoxine, cyanuret of mercury, sulphuret of carbon, chloride of barium, oxalic acid, &c. (See the thesis of my pupil, Dr. F. Bonnefin, "Recherches sur l'Action Convulsivante des Poisons," Paris, 1851.)

† See Journal de la Physiologie de l'Homme, &c., Nos. vii. and viii., 1859, and Nos. ix. and x., 1860.

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of this remedy ought to be suspended, for a few days, whenever it produces spasms.

Besides strychnine, there is another remedy which has often proved useful in cases of reflex paraplegia: it is sulphur. Graves employed it internally; we prefer, with several French physicians, to employ it in a bath, so that, on the one hand, we avoid its influence upon the functions of the digestive canal, and, on the other hand, we have the benefit of its stimulative action on the skin. It is the sulphuret of potash which is made use of in that way; four or five ounces for the ordinary amount of water for a general bath. A wooden or zinc bath ought to be employed, instead of the common tin bath.

The other means to be employed with the view of improving nutrition in the spinal cord, are the following:—

1st. *Position of the patient in bed.*—I have seen benefit result, in three cases of reflex paraplegia, and in two cases of hysterical paraplegia, from having directed the patients to lie flat on the back in a soft and warm bed, while the head and upper limbs and the bend of the knees were placed on high and hard pillows. In these cases there was a marked diminution of the paralysis every morning, and also, though in a less degree, in the course of the day, after the patients had assumed that position for one or two hours. This result, which I expected from the theory of these affections, may be readily explained if we admit that theory. We suppose there is a contraction of the bloodvessels of the spinal cord, and it is therefore easy to understand that, by diminishing the amount of blood in the head and limbs, we force, as it were, through the agency of gravitation, a larger quantity of this fluid through the bloodvessels of the spinal cord, and consequently increase the nutrition of this organ.

2nd. *Application of cold and heat to the spine.*—To those patients who can bear the application of very cold water to the spine, I prescribe the use of a douche thrown with great force all along the dorsal and lumbar regions of the spine. The douche should be applied for one minute or a minute and a half; it ought to be supplied with a small jet, and the temperature of the water should be between 40° and 50° Fahr. I need hardly say that the spine must be rubbed hard with a warm flannel immediately after the application of the douche. In patients who cannot bear the cold douche, a very warm douche should be made use of. I sometimes make use of alternate applications of cold and heat, either with sponges—one soaked with ice-water and another with water at 100° Fahr.—or a towel folded somewhat like a cravat, the two ends of which are wet, one with ice-water, the other with warm water; the spine being struck with either end of this towel alternately.

3rd. *Application of revulsives.*—Graves, Leroy d'Etiolles, jun., and all the writers on the reflex paraplegia, agree in stating that revulsives, issues, &c., applied on or near the spine, are utterly useless. I would not go so far; but I can state that they are hardly worth the trouble they may give. Graves insists upon the importance of the application of revulsives to the skin of the lower limbs. There is no doubt that applications of croton oil, of mustard poultices, of blisters, &c., to the skin of the thigh or of the calf of the leg, have often been employed with apparent benefit in the reflex paraplegia.

4th. *Application of galvanism to the spine.*—If we could pass a powerful current through the spinal cord, this mode of treatment would certainly prove very useful in the reflex paraplegia; but, as shown by the experiments of Dr. F. Bonnefin,* we can hardly succeed in really passing a weak current through the cord; it is almost entirely through the excitation of sensitive nerves and a reflex action that we act upon the nutrition of the cord by galvanism. In those patients who can bear pain, a very powerful excitation of the skin along the spine, by interrupted currents, may be of service.

III. The means of preventing the ill-effects of rest in nerves and muscles, which would naturally take place in proportion to the degree of the paralysis, consist essentially in the application of galvanism and of shampooing to the lower limbs in cases of reflex paraplegia. To avoid muscular atrophy, and the consequent diminution of irritability, in that kind of paralysis as well as in almost any other kind, it is of the greatest importance to apply galvanism to the paralysed muscles. Two or three applications, of ten minutes each, in a week, may be sufficient, especially if shampooing be employed.

Besides the above means, it is of the utmost importance that the rest of the voluntary power over the paralyzed parts be exercised frequently, and also that the heat of the lower limbs be maintained or increased by artificial means.

As regards hygienic rules, they will be mentioned in the next Lecture, when I treat of various kinds of paraplegia which require nearly the same treatment as the reflex paraplegia.

* Journal de Physiologie, No. III., 1858, p. 346.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Gulstonian Lectures

FOR 1860.

ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

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LECTURE III.—(*Concluded.*)

III. The Theory of Spasm.

1. IN *catalepsy*, the state is closely akin to that of a corpse. The blood, indeed, is well-nigh stagnant in the vessels; and it may be necessary to apply the ear to the chest to know for a certainty that the heart continues to beat.

In *tetanus* there is no fever. All observers are agreed upon this point. It is found also, that the spasms are apt to become more general and more violent as the pulse weakens and the animal heat departs. The bouts of spasm, moreover, are distinctly coincident with paroxysms of difficulty of breathing; and in this way the spasm would seem to be connected, not with excitement of the circulation, but with a state in which the aëration of the blood is considerably interfered with. And, in the tetanus caused by strychnia, there is certainly nothing like vascular excitement; indeed, as we have already seen (p. 239), the experiments of Dr. Harley afford conclusive proof that the addition of a very minute quantity of the poison to the blood might be considered as equivalent to a loss of two-thirds of the whole amount of blood, inasmuch as it diminished by two-thirds the power which the blood has of absorbing oxygen, and so becoming arterial.

During the spasms of *cholera*, the skin is frigid, clammy, and blue, the breath cold, the pulse well-nigh imperceptible; and that the coincidence of this state of collapse with the spasm is more than accidental would seem to be evident from the fact that the spasms relax *pari passu* with the reaction of recovery.

In *hydrophobia*, the state of the circulation is the very opposite of fever, as is proved by the cold hands and feet, the perspiring skin, the quick and feeble pulse, the sobbing and sighing respiration, as well as by the fact that the agitation, spasm, and convulsion increase in violence as the circulation fails. It would seem also, that this very depression of circulation must be connected with the agitation, spasm, and convulsion; for, on looking over the histories of a large number of cases, I find that there was less agitation, less spasm, less convulsion where the circulation was less depressed than usual.

In *spasmodic ergotism*, so far as we know, the pulse presents no sign of excitement throughout the whole course of the malady.

In the "early rigidity" of cerebral paralysis, there may be at first no very evident alteration in the circulation, and the heat may not fall below the normal standard; but, before long, both pulse and heat fail in the paralysed parts. In "late rigidity," the local circulation is always feeble, and the heat in the part is kept up with difficulty.

In acute spinal meningitis there may be symptoms of active fever at the onset, but, if so, these symptoms very shortly lapse into those belonging to the typhoid condition. Usually, however, the symptoms have a typhoid aspect from the beginning, and the respiration is too laboured and imperfect to allow of a different state of things. In acute myelitis, the circulation

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provoked to excessive contraction by excessive stimulation of any kind. The facts, it would seem, are at complete variance with this idea, and in as complete harmony with that theory of muscular motion which was propounded in the first lecture. It would seem, in short, that the key to the pathology is supplied by the physiology, and that the physiology is confirmed and established by the pathology. It is the same story throughout.

II.—THE THERAPEUTICS OF CONVULSIVE DISEASES.

Arguing from the physiological and pathological premises, it may be inferred that the fact of tremor, or convulsion, or spasm, can, in no single instance, be urged as a plea for the adoption of "lowering measures." It may be inferred, indeed, that the great desideratum in every convulsive affection is a more vigorous circulation and a purer blood, and that the remedies to be sought after will be those which bring about these changes.

1. I know of no facts which show that a low diet is beneficial in epilepsy. On the contrary, I know of many instances where the patient has been undoubtedly benefited by the abandonment of such a diet. The meals, of course, must always be regulated so as to guard the stomach from an overload of food; but of the two evils, abstinence is more to be dreaded than repletion. It would seem, indeed, as if the stomach of a confirmed epileptic can never be allowed to remain entirely empty, without some risk of an attack. As a rule, also, stimulants, of one kind or another, would seem to be very serviceable. In some cases, it is true, malt liquors may be objectionable; but in these cases it will generally be found that unquestionable good will result from a proper allowance of sherry, weak brandy-and-water, or, better still, of claret. Indeed, I am satisfied that epileptics, and nervous patients generally, will have good reason to overlook the shortcomings of the recent treaty by which, at reasonable rates, they will be able to substitute the light wines of France for the fiery wines of Spain and Portugal, and the strong ales of our own breweries. Coffee, also, would seem to be a more suitable beverage than its less stimulating companion, tea, particularly at an early period of the day.

It is, no doubt, of extreme importance to prevent the accumulation of effete matters in the bowels, and to remove such accumulation when it has taken place; but whether purgatives are the proper remedies is not quite so certain. If the bowels do not act with sufficient regularity, there is, in all probability, some error in the diet—some excess of animal food, some deficiency of culinary vegetables and fruit; and the first thing to be done is, obviously, to correct this error. And this is often all that is wanted, if care be taken to explain to the patient that his bowels can act without purgatives, and that he need not—particularly if advanced or advancing in life—be altogether cast down if now and then they do not act every day. Indeed, if the diet be properly regulated, and this explanation made, the patient will generally have the satisfaction of finding his tongue clean, when he remembers to look at it, and of forgetting his stomach and bowels altogether. Or if the result be not quite so satisfactory, an occasional injection of cold water or brine, on getting up in the morning, will rarely fail to set matters right, and that without disturbing the digestion in any way, or producing disagreeable feelings of depression or irritability.

As to the rest, it appears to be advisable to order the habits in such a way as to save the strength as much as possible. Proper exercise is, of course, necessary; gymnastic exercises, by which the chest is expanded, and the respiratory capacity increased, are valuable adjuvants; but it is no less certain that muscular exertion upon or beyond the verge of fatigue must be looked upon as a common cause of the epileptic attack. As a rule, also, it would seem that epileptics require more than the average amount of sleep, to enable them to recover from the multifarious fatigues of the day and night.

The more strictly medical part of the treatment of epilepsy is a subject of no small difficulty. The treatment of the present day is very different from what it was when almost all disorders were referred to inflammation or over-action of one kind or other. Practically the lancet is now abandoned, and leeches are in a fair way of being left undisturbed in their swampy homes; practically, also, it has ceased to be the habit to distress the stomach and bowels by the frequent use of strong purgatives or emetics; and this change may be appealed to as an argument that "lowering measures" had disappointed the hopes of those who had tried them so long and so patiently, and who gave them up so unwillingly. Be this as it may, however, a great change has come over the treatment of epilepsy, and the remedies at present most in vogue in this country are

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certain preparations of zinc, copper, and silver, particularly the oxide of zinc, and the ammonio-sulphate of copper.

The present fancy for oxide of zinc has been caught from M. Herpin, who has devoted a substantial volume to the purpose of showing that many cases of epilepsy may be cured by the vigorous and persevering use of this remedy. In this work, M. Herpin relates thirty-eight cases of epilepsy or epileptiform disease, in nearly all of which he gave the oxide of zinc; but, as I have elsewhere shown, the favourable opinion of this physician as to the virtue of this medicine is by no means borne out by an analysis of these cases. It would appear, moreover, that M. Herpin himself has become less confident than he was in 1852, when he wrote the work in question, for a more recent statement is, "que l'oxyde de zinc, ne cessant point d'être convenable pour les enfans et les vieillards, échoue très souvent chez les adultes." M. Delasiauve, who quotes these words, tells us that one reason for this change of opinion was the absolute failure of an experiment in the Bicêtre, in which one of the physicians of the establishment, M. Moreau, treated eleven adult epileptics in every particular after M. Herpin's method. M. Delasiauve also tells us that M. Herpin now gives the preference to the ammonio-sulphate of copper in the treatment of adults. I might argue, also, that his faith is even shaken in this remedy, for I have recently had more than one patient, who had previously been under him, in whose case he abandoned the copper after a very short trial, and trusted to a vegetable simple, of which I shall have to speak presently. Nor can I speak favourably as to the results of the trials, nine in number, in which I gave oxide of zinc after M. Herpin's method; and my experience in this respect agrees fully with that of my friend and colleague Dr. Marcet, who, more perhaps than any other man in this country, has put this mode of treatment to the test of experience. At the same time, it does not follow that zinc is of no value in epilepsy. On the contrary, the probability is, that it is a remedy of considerable value in the proper case and in moderate dose; and this opinion is not a little supported by the beneficial results which Dr. Marcet has recently found to attend its use in many forms of nervous excitability. Of the other preparations of zinc it is not necessary to speak, for there is every reason to believe that their action for good or evil is analogous to that of the oxide.

It is not easy to obtain any sound evidence of the value of the ammonio-sulphate of copper in epilepsy. Speaking of the cases recorded in his published work, M. Herpin says that, including relapses, he obtained eighteen cures in fourteen patients; but when these cures are fairly analyzed, they do not turn out to be a whit more satisfactory than those which he ascribes to the oxide of zinc. Nor do I know of anything thoroughly satisfactory in the experience of others. For myself, I ought scarcely, perhaps, to express an opinion, for I have never given the medicine a fair trial; but I have met with several patients who have taken it under the advice of other physicians, and of these I have no hesitation in saying, that not a few, on being asked how they were affected, have said that they felt more nervous while taking it, and that no beneficial change was produced in the fits.

With respect to nitrate of silver little need be said. I have had three patients under my care whose skin, before they saw me, had been tinged of a dismal grey colour, and whose fits had been worse, rather than better, during the time they were taking the silver; and many cases are on record which show that this evil may happen without any countervailing good.

"Of all the metallic remedies," says Dr. Watson, "I should prefer some preparation of zinc or iron;" and I believe there are signs of change of opinion in the minds of many thoughtful men, and that before long iron may be placed before zinc, and not after it. If, as has been said, the inferences from the premises is that the desideratum in epilepsy is a more vigorous circulation and a purer blood, it is to be expected that iron may not unfrequently be wanted; and this expectation is not belied by my own experience. At the same time I must confess that there are many cases in which this remedy fails to bring about any beneficial result, and where harm rather than good may be said to attend its use.

In many cases, also, another common remedy, which is not mentioned in Dr. Watson's chapter on epilepsy, and which is also overlooked by almost every other author, would seem to do good. This is quinine. But with this remedy, as with iron, it must also be confessed that there are other cases in which, to say the least, the good done is not unequivocal.

In a word, it is exceedingly difficult, in the present state of our knowledge, to decide as to the value of these remedies in epilepsy; but that zinc is no specific, and that the common tonics mentioned are not of themselves sufficient, must, I doubt not, be the confession of everyone who has had sufficient experience in the matter.

Where, then, must we turn for what is wanting? Is it to remedies of a directly stimulating character? Is it to remedies which may be supposed to purify the blood from certain matters which ought to be excreted, but which being retained produce a depressed or oppressed state of the circulation?

"If," says Dr. Watson, "I were called upon to name any single drug from which, in ordinary cases of epilepsy, I should most hope for relief, I should say it was the oil of turpentine. And I find that other physicians have come to the same conclusion. Dr. Latham the elder was, I believe, the first person who made known its efficacy in this disorder. Foville states that he has seen excellent effects from it. It is highly spoken of by Dr. Perceval in the 'Dublin Hospital Reports.' It is not given in large doses, but in smaller ones frequently repeated; from half a drachm to a drachm every six hours." And that turpentine is a valuable remedy in epilepsy, very valuable, I have no doubt whatever.

Another remedy which puts in its claim for approval is valerian. This is a very favourite remedy, both in this country and elsewhere, and its claims, though not equal to those of turpentine, appear to be in every way deserving of attention. Recommended by Aretæus and Dioscorides, and in use ever since, it was never other than a favourite remedy. Now the prominent action of valerian is that of a stimulant—an action depending upon the presence of a composite volatile oil, of which one portion is a volatile acid, capable of forming a salt with bases, and known under the name of valerianic acid; and it is a natural question, after what we know of turpentine, whether the stimulating action of the drug does not show that it may be efficacious, and explain the secret of its efficacy.

It is somewhat significant also, that the *selinum palustre* is one of the four principal remedies to which M. Herpin has pinned his faith; and not only so, but the one to which he gives precedence. These four remedies, ranked in the position belonging to them in an *ordre de mérite*, are—selinum palustre, ammonio-sulphate of copper, oxide of zinc, and valerian. Now, selinum palustre is an umbelliferous plant, of which several grammes may be taken at once; and, on questioning three or four patients who have taken it, the answer was that they were warmed and comforted by it. In other words, its action would seem to be that of a feeble stimulant.

Under these circumstances, therefore,—believing that a more active state of the circulation is a desideratum in epilepsy, and having these practical arguments in favour of turpentine and valerian,—a sufficiently natural question was whether camphor, naphtha, or ether in its various forms, or any of the stimulant gum-resins, or musk, or castor, or some other stimulant would be of use in epilepsy. Nor, if I can read aright the lessons of my own experience, is the answer different from what might be expected.

That camphor is often a very valuable remedy in epilepsy I have no doubt in my own mind. In doses of about three grains, twice or thrice a day, for a time, I have seen such results as to justify me in ascribing to camphor all the virtues belonging to turpentine, with this addition in its favour—that it is not unpleasant to the taste, and that it exercises, or seems to exercise, a directly quieting influence over the generative and urinary organs.

Naphtha also would seem to have the advantages, without the disadvantages, of turpentine. In doses of from half a drachm to a drachm, and taken for some time, I have often had what seemed to me unequivocal evidence of its beneficial action. As a rule, also, a patient soon becomes indifferent to the taste, particularly if it has been redistilled more than once.

Of the stimulant gum-resin, my experience is not very ample; but I think I have seen enough to satisfy myself that, in several cases, they are of considerable value. Of musk and castor I have no experience.

With respect to the different forms of ether, Hoffmann's anodyne, chloric ether, spirits of nitric ether, and so on, there can, I think, be no doubt as to their great value as occasional remedies; and the same may be said of ammonia. In the majority of instances, it is only to this class of remedies that we can trust for warding off a fit. In some cases, also, ammonia would seem to be of much use as an alkali in a point of view of which we have now to speak. But however beneficial stimulants may be, it is necessary to confess that they will not do all that is wanted. It would appear, indeed, as if something were wanted which will carry out the second indication, and ensure—what has been spoken of as—a purer condition of the blood. Nor are we here altogether in the dark.

"About fourteen months ago," wrote Sir Charles Locock in 1853, "I was applied to by the parents of a lady who had had

hysterical epilepsy for nine years, and had tried all the remedies that could be thought of by various medical men (myself amongst the number) without effect. This patient began to take *bromide of potassium* last March twelvemonth, having just passed one of her menstrual periods, in which she had two attacks. She took ten grains three times a day for three months; then the same dose for a fortnight previous to each menstrual period; and for the last three or four months she has taken them for only a week before menstruation. The result has been that she has not had an attack during the whole of the period. I have also tried the remedy in fourteen or fifteen cases, and it has only failed in one, and in that one the patient had fits not only at the times of menstruation, but also in the intervals."

In using bromide of potassium in these cases, Sir Charles Locock's object was to calm an erotic disposition, which attended and aggravated the epileptic symptoms, and this end may have been, and in all probability was, answered. But this is certainly not the only way in which this remedy acts beneficially. On the contrary, after trying it in scores of cases during the last two years, I can testify that bromide of potassium is a very valuable remedy in cases where there is not the slightest sign of an erotic disposition. I can testify, indeed, that this remedy has proved more or less serviceable in cases the most dissimilar in character—so serviceable that the name of Sir Charles Locock ought always to be remembered with gratitude by every epileptic, and by many suffering from other kinds of convulsive disorder. How to explain the *modus operandi* of this medicine is no very easy matter; but I am inclined to think that this, in part at least, is by an alterative action upon the blood analogous to that produced by iodide of potassium and common salt—an action by which, possibly, the blood may be kept free from compounds analogous to uric acid. And this I do, because for a long time I have found decided benefit from occasional doses of a mixture containing bicarbonate of potass and iodide of potassium, with or without a drop or two of tincture of colchicum or wine of white hellebore. At any rate, the alkaline character of the compound would seem to be necessary in some cases; for on looking over about thirty cases in which I tried bromide of iron, as well as bromide of potassium, I find that in the majority the latter preparation had a more beneficial action than the former.

At any rate there can be no doubt that a healthy action of the kidney, and of every organ by which the blood is kept in a state of purity, is essential to the successful treatment of epilepsy.

But, it may be asked, what is to be said of the thousand specifics which have been recommended from time to time? What, amongst others, of strychnia, belladonna, conium, cotyledon umbilicus, poudre de Neuchâtel, tracheotomy, and cauterizations?

Strychnia, as all know, was a favourite remedy with the late Dr. Marshall Hall; but the dose was attenuated to such a degree as to render it somewhat difficult to believe that much good came of it. Dr. Hall, indeed, distinctly allowed that harm is done if the dose be sufficient to produce the physiological effects of the drug.

Belladonna—a remedy recommended by Stoerk, and used some years afterwards by MM. Debreyne and Bretonneau—has been again brought into notice by M. Trousseau. M. Trousseau says he has employed this remedy for twelve years, and always had under treatment from eight to ten patients. He says, further, that of 150 persons so treated, 20 have been cured, or, at any rate, that their fits have not returned; and that M. Blache, who employed it during the same period in a large private practice, has met with a like proportion of successes and failures. It is a fair question, however, whether 13 per cent. of successes (which may, possibly, in part at least, be explained in a different way) can be regarded as sufficiently conclusive evidence in favour of the remedy; and this the more, as other practitioners, M. Delasiauve amongst the number, have been less successful. Judging from my own experience, my impression would be that belladonna is of very doubtful value.

Nor is a more favourable conclusion to be drawn respecting *conium*. I have tried this remedy in several cases, in small and also in full doses; but the result was no more satisfactory than that which had been already arrived at by Professor Schroeder Van der Kolk.

With regard to *cotyledon umbilicus*, it is not very easy to believe in any powers beyond those which may be derived from the imagination acting upon a new and innocent medicine. It is very possible, also, that some part of the benefit, where there has been any benefit, may be ascribed to the leaving off of some less innocent drug.

Poudre de Neuchâtel is a remedy which has some credit in Switzerland, and which has lately been brought prominently under our notice by having been given in some of the cases recorded by M. Herpin. And what is this remedy? It is none other than the powder of *taupe grillée*—in plain English, fried mole. It is, indeed, a relic of the days when animal remains, of a more objectionable character, fried or otherwise, were offered to the unhappy epileptic. In justice to M. Herpin, however, it must be said that he does not *believe* in this out-of-the-way remedy. He only tries it when other remedies have failed.

And certainly it must be allowed that *tracheotomy* does not realize all the original hopes of Dr. Marshall Hall. It does not prevent convulsion. It does not always, perhaps usually, make the convulsion slighter. It does not prevent danger, for (as I have shown elsewhere) of the few patients upon whom the operation was performed, three have died either in the fit, or in connexion with the fit, and of the three the opening was free from all obstruction, at least in one. The first two cases, indeed, were calculated to damp the hopes of anyone less sanguine than Dr. Marshall Hall. In the first case, the patient was a boatman, aged twenty-four, epileptic for seven or eight years, and whose fits were frequent and severe. The operation was performed by the late Mr. Cane, of Uxbridge, during a fit of "asphyxial coma," which had lasted nineteen hours. The relief was immediate, and for some months afterwards the fits were absent; but unfortunately for the credit of the operation, the patient, not liking the gurgling noise and the muteness consequent upon the unnatural opening in his windpipe, *had chosen to wear the tube with its opening carefully corked up*. This information I had from Mr. Cane himself. Very soon afterwards the man was lost sight of, having been discharged from his situation for drunkenness. In the second case, that of a woman, aged thirty-six, *death happened in a fit* about twenty months after the operation, and it is certain that the tube was open at the time. It is certain, also, that the fits continued after the operation, possibly a little less frequently and severely, but decidedly of the same character.

As to the value of *cauterizing the larynx*, it is less easy to come to a conclusion. Dr. Brown-Séquard says that a third of his epileptic guinea-pigs were cured by this mode of treatment, and that all the rest, with the exception of two or three, were relieved; and he suggests a similar mode of treatment in epilepsy. A little later, Dr. Eben Watson, of Glasgow, recommended a similar mode of treatment, and relates three cases—two by himself, and one by Dr. Horace Green, of New York—in which the treatment appears to have been carried out with benefit. Dr. Brown-Séquard also lays stress upon *cauterization in other parts*, as in the nape of the neck, and especially in the neighbourhood in which the aura originates, and he prefers the moxa or hot iron to milder measures. This practice, he tells us, proved very successful in his epileptic guinea-pigs. In a word, Dr. Brown-Séquard furnishes us with some additional facts in favour of *counter-irritants* as a means of cure in epilepsy; and not only so, but he gives a hint which may prove to be of some practical value, in pointing out the larynx, and the locality in which the aura originates, as sites in which "counter-irritation" *may be* especially serviceable. Now, the verdict of past experience is very much in favour of counter-irritants, and I can well believe that this verdict is true—true because the inflammation caused by the counter-irritant may for the time rouse the sluggish circulation of the epileptic towards a pitch of safety, and because the discharge may tend to rid the blood of some impurity; but my own experience in this matter is too limited to enable me to arrive at a sound conclusion.

With regard to the treatment of the epileptic fit, little need be said. As a rule, it will be only necessary to take care that the patient does not injure himself; that the head is not allowed to hang too low; and that any necklace or neckerchief be loosened. If salt be at hand, a spoonful may be put into the mouth; if water be within reach, a little may be sprinkled upon the face, though the advantages of such a practice are scarcely sufficient to compensate for the disadvantages and risks arising from wetted garments. In ordinary epilepsy, it can scarcely ever be necessary to have recourse to chloroform, as it may be in some prolonged epileptiform affections; but if the convulsive stage is unusually prolonged, no remedy would seem to be more appropriate and effectual.

In concluding these brief remarks upon the therapeutics of epilepsy, we may say with Marshall Hall—"There is no royal road to the cure of epilepsy. The idea of a remedy for the disease is unphilosophical; and the treatment should consist in a well-advised plan, embracing every means of good, and avoiding every means of harm."

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2. A single word must serve for what has to be said upon the therapeutics of other convulsive diseases. Where these diseases are of a chronic character, whether the convulsive symptom be tremor, convulsion, or spasm, it matters not which, there appears no reason for adopting an opposite plan of treatment to that which has appeared to be necessary in ordinary epilepsy. Nor does the case appear to be different where the convulsive symptom is associated with disease of an acute character. Inflammation, in itself, is no longer regarded as a sound argument for the adoption of lowering measures; and if inflammation in itself does not call for these measures, it certainly does not follow that a louder call is made by the occurrence of tremor, or convulsion, or spasm, before or after the inflammation. On the contrary, the natural inference from the premises is, that the convulsive movement might often have been prevented by more carefully husbanding the strength of the patient. According to the premises, indeed, the presence of tremor, convulsion, or spasm, would be a reason for transfusing blood, rather than for abstracting blood, except, perhaps, in one single case, and this is where, from the unusual prolongation and severity of the asphyxia in a first attack, there is danger of hæmorrhage into the brain and lungs. And certainly there is no practical objection to this view, for all must admit that we have no reason to be satisfied with the results of a lowering plan of treatment in acute convulsive disorders.

ON THE

PATHOLOGY AND TREATMENT

OF

SCROFULOUS DISEASES OF THE SYNOVIAL MEMBRANE OF JOINTS.

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(*Continued from page 595.*)

THE stages in which it appears desirable to divide scrofulous diseases of the synovial membrane are these:—

First stage.—That in which the synovial and subsynovial tissues are alone involved.

Second stage.—That in which the cartilage and the bone become involved.

Third stage.—That in which the new tissue either begins to consolidate into fibrous membrane or to degenerate.

In the previous paper on this subject, the true nature of the jelly-like growth was explained. The symptoms of the disease are so well known that we need enter no further into them than is necessary to point out the differences between this and the next stage. The disease is generally attributed to some slight accident, just as scirrhus is usually ascribed to some such cause; but there is no doubt that it generally arises, without any external provocative, as a painless tumefaction of the joint; and frequently this swelling is accidentally discovered after it has existed for several days, or even weeks. According to my experience, this form of commencement is that which marks the more distinctly strumous and intractable form of the malady; but in all cases, after a certain time, there supervenes pain, which is not severe, but of a dull, aching, and, as many patients complain, of a bursting character; increasing towards evening, when the person has been some time erect; and decreasing when the limb has reposed in a horizontal position. The form of the swelling is peculiar: not like that of acute synovitis, in which the position of ligaments is well marked; but, on the contrary, is characterized by want of shape. It tends to the round or oval form (the former most in the knee, the latter in the elbow), and conceals all the anatomical points and the configuration of the part, hiding the points of bone, ignoring the position of ligaments. The shapeless mass is soft, doughy, and quaggy; it does not fluctuate, but, on account of its extreme softness, presents a sensation which comes very close to fluctuation; it feels as though the material beneath the skin were not a fluid, but a semi-solid—a jelly, as, in fact, it is. The temperature of the part is only slightly increased.

This stage may continue for an almost indefinite period, but at some time the cartilages will become involved, and the second stage commences. The cartilages are not ulcerated by any eroding action of the synovial membrane, although the granulation which takes place from the internal surface overlaps them to more or less extent; but the inflammation spreads to those structures, and they undergo precisely similar actions—namely, cell-growth. (See my paper on the "Nutrition, Inflammation, &c., of Articular Cartilages," *Med. Chir. Review*, Oct. 1859; and that, also, on the "Relation between Synovitis and Ulceration of Articular Cartilage," in the *Edinburgh Medical Journal*, Feb. 1860.) This action, then, is an inflammation—i. e., hyperaction—of the nutritive machinery of the tissue, such as is the true nature of all inflammations. But there are no nerves in the cartilage to be affected by swelling or other result of its diseases; hence ulceration of their structure may, under certain circumstances, take place without giving rise to any painful symptom. We find such a breach of tissue in old persons who gave no sign of disease during life; but these ulcerations are not produced by an active inflammatory disease which has spread from other structures to the cartilage—indeed, they are simply degenerations, and we find all the neighbouring parts healthy. Inflammation of the cartilages, on the contrary, is a painful disease, and produces certain symptoms which mark the second stage, although, as the pain is not situated in the cartilage (which has no nerves to feel pain), it is probable, if not certain, that ulceration has advanced some distance before we have any means of detecting its presence.

Mr. Toynbee pointed out, in 1841,* certain vessels which are formed during fœtal life in the epiphysal cartilage, and which, after ossification is complete, become the looped and anastomosing nutrient vessels of the cartilage. These vessels are situated beneath the articular lamella, and become, as I first pointed out, engorged and hyperæmic during this second stage of synovitis; and it is this engorgement that produces the set of pains which are characteristic of cartilaginous inflammation. The inflammation begins by cell-action in the cartilage, which produces the hyperæmia as a necessary sequence of demand for more nutriment; hence, when the hyperæmic pains come on, the inflammation is already established. The dull, aching pain, and that feeling of distension which is the pain *par excellence* of a strumous synovitis in the first stage, becomes now exchanged for a sharper, more severe form of aching, which is comparable to the pain of toothache; but, above all, this second stage is to be distinguished by starting or jumping of the limb when the patient is dropping off to sleep. The first appearance of these pains is the first certain sign that the cartilages are ulcerating. There is a symptom whereon much stress has been laid, but which I believe to be of very doubtful import—viz., tenderness on pressing the articular surfaces together. I have seen four cases in which this symptom was altogether absent up to the moment of removing the part, and yet have found extensive disease of the cartilage. Starting of the limb was present in all these instances. I have seen one case in which there was tenderness without cartilaginous ulceration. Hence this symptom is not to be relied on as proving that the cartilages are diseased; but I am not as yet prepared to say what exact condition, if any, it does indicate.

The supervention of starting of the limb is a much more reliable sign that the second stage of strumous synovitis has commenced, which, like the first, is with regard to time indefinite in its duration. It is marked by more severe symptoms; pus forms more abundantly in the cavity, and probably finds its way outwards; a more or less extensive portion of the cartilage and its articular lamella disappears; the cancellous cavities are laid open towards the joint, and from them begin to sprout granulations like those developed from the synovial tissue, while from the wear and tear of the disease hectic supervenes. The joint therefore is, as a frictionless apparatus, destroyed, and to speak of its destruction as a further action seems absurd; but let it be considered that the aim of the disease from the very first has been to fill up the cavity with granulations; even the destruction of the cartilage and laying bare the cancelli have this object. If it succeed ultimately, we do not call the joint destroyed, although it be immovable from anchylosis; but actions may take place, whereby the new-formed tissues and the neighbouring parts enter into the way of destruction.

The third stage consists of actions, either of which may be singly present, or either may predominate: the one is further development, the other degeneration of the granulations. Both may commence at any period during the course of the first two stages; but degenerations hardly occur, except when the disease has lasted a considerable time. They are of many sorts, but it would detain us too long to follow them out here. Suffice

* On the Organization and Nutrition of Non-vascular Animal Tissues. Philosophical Transactions, 1841.

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it to say that tubercle in the so-called tubercular synovitis (a rare disease) is thus produced; the tubercle is not a cause of the inflammation, but is formed from a product of that action. Abscesses in the periarticular tissues are produced by change of the granulation-cell into the highly generative pus cell. Fatty degeneration is frequent, and produces death of the degenerate and suppuration of the surrounding portion. If these take place in the tissue which springs from the bone, and occupies the cancelli, masses of the osseous tissue may slough and come away. With all this the disease spreads, abscesses form amongst the deep muscles, and the inflammation runs along the medullary canal.

The further development consists, as we have already seen, in an interstitial change of the cells into fibre-cells and fibres, and ultimately into new coarse areolar tissue. If this have been perfected during the first stage, the joint will be restored without further damage than a certain amount of thickening and difficulty of movement. If in the second stage, the state left will depend on the more or less advanced condition of that stage. If the cartilage have disappeared, the granulations from the bone and those from the synovial membrane are intermingled, and fill the cavity; they will, on becoming fibrous, form a strong but flexible bond of union between the bones—a false anchylosis; and if after a longer period the fibres ossify, a true anchylosis will be established.

Thus the condition in which this process will leave the joint, varying from a mere inconvenient thickening to utter stiffness, depends upon the stage to which the malady had previously advanced, and our endeavours must be therefore directed to bring on the developing action as early as possible; to convert the already formed granulations into fibrous tissue, and to prevent the further spread of the granulating process.

(To be concluded.)

ON

THREE CASES OF PHLEBITIS OCCURRING IN PATIENTS AFFECTED WITH THE SYPHILITIC POISON.

BY G. P. GIRDWOOD, ESQ., M.R.C.S.,
ASSIST.-SURGEON, GRENADIER GUARDS.

IN the autumn of 1857 I was called upon to attend a gentleman for syphilis. The primary sore was very slight, quite superficial, and healed up in the course of a few days. Within three weeks of my first seeing him a secondary eruption of maculæ made its appearance. This was treated with iodide of potassium and bichloride of mercury. Fissura in ano now made its appearance, from which my patient suffered very much; this misery, however, soon yielded to the application of black-wash and the administration of Plummer's pill. As time passed on the eruption disappeared, and was succeeded by an ulcerated condition of the mouth and fauces. The ulcerations soon healed, under the application of a solution of bichloride of mercury, of a strength of four grains to the ounce, painted on frequently during the day. The syphilitic poison, however, had now reduced him very much, and he was in a low, irritable state of system, when one morning, having been under treatment for three months, he showed me a small hardened tumour in the course of the long saphena vein of the left leg. This I found to be the result of inflammation of the vein. The swelling was situated opposite the lower end of the belly of the gastrocnemius muscle, and for about three inches above and below this point the vessel was hard and inflamed, and apparently obliterated. Bark and sulphuric acid were administered, good living was recommended, and blue ointment smeared along the course of the inflamed vein. The inflammation soon subsided, and in a few days the hardened cord representing the vein disappeared, leaving the vein in its normal condition. Two weeks passed, and then the saphena major of the left leg was attacked in a similar manner at the centre of its course. The inflammation in this fresh attack extended up to the saphena opening. The treatment that was adopted formerly soon checked the inflammation on this occasion also, but as the inflammation disappeared in the left leg, it appeared precisely in the corresponding place in the right leg. This diseased state of vein also quietly subsided, leaving the veins pervious as before. The patient is still suffering from syphilitic poison. This fact is evidenced by several maculæ that make their appearance from time to time, as also by a recurrence of the fissures in the anus. Now may I propound this question: Was this an attack of idiopathic phlebitis occurring coetaneously with a syphilitic state of the body? or was it an attack the result of the action of syphilitic poison? I have never heard that phlebitis has been noticed as a sequel to syphilis, and in my intercourse with others I have not found anyone who has noticed it as a result of the action on the system of this poison.

In January last, I was called upon to attend a man in the regiment to which I am attached, attacked with phlebitis of the saphena major vein of the left leg. The attack had come on without any cause that could be assigned. The man was in a weak, irritable state of body. He was treated in the same way as the patient whose case I have described, and the course of the case was almost identical. The left vein became a hardened cord for two-thirds of its length; this was gradually relieved under the treatment adopted; and as the inflammation in the left leg subsided, it was interesting to notice that the vein in the right leg was attacked. In the course of a fortnight this fresh inroad also was removed. On referring to the history of this man, I found that he had been under treatment for a small superficial syphilitic sore two months previously, which had healed in a few days. He had not taken mercury. The phlebitis was followed in a short time by an eruption of copper-coloured maculæ, which rapidly disappeared under the use of iodide of potassium.

In February of the present year, I was called upon to attend another case precisely similar. A small superficial sore on the glans penis healed rapidly without the exhibition of mercury, and was succeeded, in the course of three weeks, by an eruption of maculæ, accompanied by phlebitis of the left saphena major vein. The inflammation yielded readily under the same treatment as in the two previous cases, and appeared in the right leg as it yielded in the left.

There is an identity in these three cases which is remarkable. In each case the primary sore was small and superficial, and quickly healed without the internal administration of mercury. In not any one of the cases was there a bubo. In all three, the phlebitis attacked the left saphena vein first, and subsequently the right. In all three, the attack lasted nearly the same time, and yielded under the same treatment. In all three there was the same kind of eruption. In the first case, there was one symptom which was wanting in the other two—namely, a faltering condition of the pulse; this faltering condition of the pulse I have had pointed out as being a dangerous symptom in phlebitis, and leading to an unfavourable prognosis.

The identity in these three cases points, I think, to something more than simple coincidence; it looks very like cause and effect. It would greatly assist us in forming a conclusion as to whether we are to look upon phlebitis as a sequel to syphilis, if anyone reading these cases, and knowing of others similar, would record them.

Wellington Barracks, 1860.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

CONTRIBUTIONS TO THE PATHOLOGY OF DISLOCATIONS OF THE SHOULDER-JOINT.

BY WILLIAM HENRY FLOWER, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO THE MIDDLESEX HOSPITAL.

THE object of this paper was to reconcile the discrepancies and correct the errors which are found in the descriptions of the dislocations at the shoulder-joint given by most English and foreign surgical authors. In the endeavours to accomplish this object, three methods of investigation were adopted:—

1. An original examination of the symptoms of recent examples, and of the published records of cases.
2. Experiments upon the dead subject.
3. Examination of all the specimens which illustrate the subject preserved in the anatomical museums of London.

A table was appended of thirty-two recent cases, contributed

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by house-surgeons of several London and provincial hospitals, according to a form drawn up by the author; the principal aim having been to obtain an accurate record of the symptoms, with measurements, in a number of cases in which the exact position of the head of the humerus, so far as it could be ascertained by external examination, was established. An account of the examination of forty specimens of dislocation at the shoulder-joint, contained in the various anatomical museums in London, formed the second table. In entering upon this part of the investigation, care was taken to exclude cases that may have been the consequence of disease; and, with this view, the differential characters of the changes produced by chronic rheumatic arthritis and by unreduced traumatic dislocation were pointed out.

The general results of the inquiry were given in observations upon some of the special forms of dislocation, of which the following are the most important:—

1. *Subglenoid.*—"Downwards and forwards; the head of the humerus placed in front of the inferior costa of the scapula, below the glenoid fossa." The cases contained in the appended tables appeared conclusively to confirm the observations of Malgaigne, and the modern French school, that this form of dislocation is comparatively rare—an opinion opposed to that of the majority of English, German, and earlier French authors. Of the thirty-two recent cases in Table 1, five were assigned to this variety; and of the forty specimens in Table 2, but three, even if one were included which was properly an intermediate form between this and the subcoracoid; in all, eight out of seventy-one. The author remarked that it was difficult to understand how the wide-spread error of regarding the subglenoid as the typical form of dislocation at the shoulder-joint should have been so long maintained. A simple process of reasoning upon the anatomical structure of the part would suffice to show that, whenever the humerus is thrown from its socket, it will, almost of necessity, be drawn upwards until it is arrested, either by the coracoid process in front, or the spine or acromion behind. Even in the dead subject, when the humerus is dislocated by fixing the scapula and forcibly elevating the arm, it is almost always drawn up close against the under surface of the coracoid process; *à fortiori*, in the living, must the action of the deltoid, coraco-brachialis, and biceps cause it to assume this position. In fractures about the neck of the humerus the action of these muscles in raising the lower fragment had long been recognised.

2. *Subcoracoid.*—"Forwards and slightly downwards; on to the neck of the scapula, in front of the glenoid fossa, and immediately under the coracoid process." Under this term were included two varieties, which Malgaigne considers distinct, and designates respectively "subcoracoid" and "intracoracoid." The author observed that, although there are doubtless characters by which well-marked cases of either can be determined, the difference between them is slight, and being rather of degree than of form, there seems no practical advantage in retaining it in our classification. The anatomical characters of this form of dislocation, when recent, were fully described in the paper, as were also the changes which take place in the ends of the bones when left long unreduced, the latter being illustrated by a diagram. The causes of subcoracoid dislocation, as illustrated in the twenty-seven cases in Table 1, were as follows:—Direct falls upon the shoulder in eleven, upon the elbow in four, upon the hand in five; while in seven cases the cause is of exceptional or doubtful nature. Symptoms: The arm was elongated in ten, unaltered in six, and shortened in eleven; the greatest elongation being one inch, the greatest shortening seven-eighths of an inch. The vertical circumference of the shoulder was increased in all. The elbow in every case projected more or less from the side, was directed backwards in eight, forwards in nine, and in the middle line, or in a position not recorded, in ten. The arm was rotated somewhat inwards in seventeen, outwards in three, and either unchanged or not recorded in seven. In about half the cases the head of the bone was felt in the axilla, without moving the arm from the side; in the other half, only after the limb was abducted; but in all the head of the bone was felt through the anterior wall of the axilla, either immediately or not more than half an inch below the coracoid process, the only real diagnostic sign of this injury.

3. *Subclavicular.*—"The head of the os humeri placed below the middle of the clavicle, and on the sternal side of the coracoid process." The frequency of this form of dislocation has been much overrated in consequence of the subcoracoid not having been recognised as a common variety. A dislocation that was not subglenoid was supposed necessarily to be subclavicular. The cases in which the position of the bone exactly corresponds with the above definition of Sir A. Cooper must be very rare indeed, although there are a sufficient number on record to prove the existence of this as a distinct variety. There is no preparation in any of the London museums which shows it.

In conclusion, the author stated that all original and unbiassed observation seemed to point to the subcoracoid as the typical position of the head of the bone in traumatic dislocations of the humerus, and a general recognition of this fact would, in his opinion, be an important step in the process of eradicating many of the difficulties and errors in which the pathology both of the injuries and diseases of the shoulder-joint had hitherto been involved.

Mr. BRODHURST inquired the author's experience as to the length of time after the occurrence of dislocation, that reduction could be effected, and the motion of the joint restored. A case was recorded that had occurred in the practice of Pritchard, in which, under the influence of chloroform, dislocation had been reduced at the end of fourteen weeks. In a case which had come under his own (Mr. Brodhurst's) care, he reduced a dislocation at the end of six months. The motion of the joint was as yet imperfect, but was being gradually restored, notwithstanding that the deltoid was atrophied, and the great pectoral muscle considerably shortened. He had been informed by Dr. Keppell, that that gentleman had succeeded in reducing two cases of dislocation of the shoulder—one of seven months', the other of fourteen months' duration. In both cases the motion was satisfactorily restored. It would be interesting to determine the condition of the shoulder-joint after dislocation had existed for so long a period. In a case which had occurred in his practice, dislocation was reduced with great facility. The adhesions were broken through in two or three minutes. The proceeding was followed by no bad results, and in two days the man was able to leave the hospital.

Mr. FLOWER had not been able to determine the condition of the joint after dislocation had existed for a long period. Specimens were exhibited in several of the London hospitals, but to scarcely any of them was there any history attached.

Dr. WALL remarked, that when articular surfaces were removed from their cavities, it was generally understood that the latter became more or less obliterated. It was remarkable that no difficulty should be experienced in getting the head of the humerus back into a cavity which for six months had been more or less preoccupied. This was more particularly the case when the adhesions which dislocated bones acquired were taken into consideration. He should be glad of some explanation on this point.

Mr. SKEY observed that when the head of a bone had been out of its place for a period of from four to five or six months, there was no doubt that it formed adhesions of a very decided character. In long standing cases, and under ordinary circumstances, it was all but impossible to reduce a dislocation without the adoption of some previous steps to break down the adhesions. This was a somewhat elaborate process, but could always be done without difficulty. The specimens in the various museums were taken from the dissecting-room, and were of long standing, affording no criterion of the condition of the parts in cases of comparatively recent date. In cases in which the glenoid cavity had been deprived of the head of the bone for a few months only, he had yet to learn that any such pathological change had taken place on the surface which was incompatible with the reduction of dislocation.

Mr. BRODHURST said that in the case to which he had referred, no difficulty was experienced in breaking through the adhesions, nor in retaining the bone *in situ* after the reduction had been effected.

Mr. CHALK, in corroborating the statement of Mr. Brodhurst, expressed his opinion that it was most probable the patient would recover the complete use of the joint.

In reply to a question from Dr. WALL, Mr. BRODHURST said that the "click" which accompanied reduction was distinctly heard.

Mr. SKEY, in a case in which reduction had been effected after an interval of five months, had distinctly heard the "click."

MEDICAL AID TO GARIBALDI.—Mr. J. Sampson Gamgee has sent to Dr. Wonastier two chests, containing a large assortment of medicines, instruments, medical appliances, and comforts for the relief of the sufferers in Sicily. Mr. Gamgee has for some time past been laudably exerting himself in obtaining donations for the medical aid of Garibaldi's army from Birmingham and its neighbourhood.

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Reviews and Notices of Books.

On Obscure Diseases of the Brain and Disorders of the Mind: their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M.D., D.C.L. Oxon., &c. pp. 721. London: Churchill.

(THIRD NOTICE.)

THE latter portion of Dr. Winslow's work is exclusively devoted to the consideration of Cerebral Pathology. It completely exhausts the subject, in the same manner as the previous seventeen chapters, relating to morbid psychical phenomena, left nothing unnoticed in reference to the mental symptoms premonitory of cerebral disease. The physical indications are now brought prominently forward. These embrace—1. Morbid Phenomena of Motion. 2. Of Speech. 3. Of Sensation. 4. Of the Special Senses. 5. Morbid Phenomena of Vision, Hearing, Taste, Touch, and Smell. 6. Morbid Phenomena of Sleep and Dreaming. 7. Of Organic and Nutritive Life. The work is concluded by a comprehensive chapter on the General Principles of Pathology, Diagnosis, Treatment, and Prophylaxis. Without a perusal, it is scarcely possible to form a just notion of the elaborate and complete manner in which Dr. Winslow analyzes each of these important sections. Disordered Function of the Cerebro-Spinal System, as manifest through Motion, is viewed in relation to—1. Its Impairment. 2. Loss. 3. Exaltation. 4. Perversion. Affections of Motility are investigated, as in their origin, being—1. Cerebral. 2. Spinal. 3. Peripheral. In a similar manner the several other chapters are each so arranged that, for the purposes of reference, no difficulty exists in ascertaining the author's views respecting any isolated or complicated fact likely to arise in the diagnosis or treatment of the extensive class of diseases to which the work is devoted. In Chapter XVIII., Dr. Winslow enters on the consideration of General Muscular Debility, as evidence of early incipient cerebral change, or as symptomatic of impending paralysis; and cites numerous remarkable illustrations of its phenomena. He subsequently considers a state of Muscular Tremor, Spasm, Convulsion, and disordered Condition of the co-ordinating Motor Force. The various forms of Epilepsy are analyzed, and the principles which determine their separate diagnosis discussed at considerable length. Particular attention is directed to the pseudo and hidden types of Epileptic Disease, Epileptic Vertigo, and Nocturnal Seizures accompanied with slight muscular convulsions. The premonitory symptoms these severally present are fully set forth. Affections of the Tongue and Muscles of the Mouth, Disorders of the Nervo-Muscular System resulting in Paralysis Agitans, and Disease of the Spinal Cord, are each investigated as evidencing perverted conditions of motility or presenting symptoms whereby the seat and nature of obscure morbid actions may be determined.

The nineteenth chapter, on the Morbid Phenomena of Speech, is replete with interest. Dr. Winslow divides the subject, and considers it in the following order:—1. Cerebral Localization of Speech. 2. Irregular Action of Articulation. 3. Impairment and Loss of Speech. 4. Morbid Imitative Movements of Articulation. 5. Involuntary Articulation. Some idea may be thus formed of the searching analysis which has been made of this important portion of the subject. The graphic style in which the work is written cannot be too highly spoken of. In asserting that its manner is worthy of its matter, we recognise the erudition of an accomplished scholar as well as the reasoning of a philosophic physician. Who that has had experience will fail to appreciate the fidelity and force of the following observations?—

"In the incipient stage of disease of the brain, the patient, if he has not lost all power of articulation, will be observed, occasionally, to stammer, and his words are sometimes half formed, and *clipped*. He also shows signs of great embarrassment when speaking. He commences a sentence without finishing it, either forgetting what he intended to say, or having a difficulty in using the right word to express the conceptions originating in his mind. How frequently does this paralysis of *ideas* precede for a length of time all other evidences of vocal muscular loss of power? This cerebral affection is considered by some to arise from a failure of memory; but such, I think, is not the fact. It is a paralysis of *ideas* which I have seen to exist for a long period antecedently to any actual and noticeable loss of muscular or sensorial power. The patient has, however, in many cases a clear notion of what he *wishes* and *means* to say, but is either unable to, or has extreme difficulty in, pronouncing the words characteristic of his thoughts."

Of the many cases which illustrate this particular condition, we affirm that there is not one but contains practical suggestions of the highest value. We quote in illustration:—

"A literary gentleman, whose vocation in life was that of a public lecturer, noticed for nearly *eight* weeks before he was seized with paralysis that occasionally, whilst speaking, he lost for a second or two all power of articulation. This occurred on five or six occasions previously to an attack of decided hemiplegia. This patient had taxed his powers of mind to their utmost by lecturing twice, and often thrice, a day. But independently of this amount of literary labour, he had been exposed to much anxiety respecting family matters, and this had produced restless and, in some instances, sleepless nights."

The Morbid Phenomena of Sensation next come under review. These Dr. Winslow considers as they are found amongst the early and premonitory symptoms of cerebral affections. He investigates them—1, in their exaltation; 2, impairment; 3, perversion or vitiation. The exaltations of special sensibility, as observed in vision, hearing, taste, and touch, to indicate incipient stages of cerebral inflammation, are contrasted with conditions which causes of a purely local character are capable of originating. Referring to vertigo as an indication of disease, Dr. Winslow writes:—

"In all affections of the brain, the sensation of illusory movements, termed vertigo, or giddiness, stands prominently forward among the significant and important incipient symptoms. In some respects it is more characteristically diagnostic of serious cerebral disease, organic and functional, than that of headache, even in its more acute form of manifestation. If the vertigo be clearly an idiopathic encephalic affection, and not, as is often the case, symptomatic of some form of stomach, heart, hepatic, visceral, renal, or blood disease, we may infer that the state of the brain is entitled to careful pathological analysis and earnest therapeutic consideration."

Medical authorities are divided in their estimate of the value of headache as a symptom of organic disease of the brain. Dr. Winslow observes:—

"It may be affirmed, as a *postulate*, that all organic diseases of the brain are accompanied by vertigo, headache, acute and chronic, or by some abnormal physical sensation within the cranium. Cephalalgia, however, may be considered as an almost invariable accompaniment of all cerebral affections. This symptom is rarely absent, particularly in the early or acute stage of the encephalic disease. In some forms of tumour, and in those obscure alterations of tissue connected with general paralysis, the patient often positively denies that he has headache, or ever was subject to any cerebral pain or uneasiness. I have, however, after minute inquiry, generally ascertained that cephalalgia has existed, but been forgotten by the patient, arising in many instances from an impairment of intelligence and loss of memory. In cases of advanced general paralysis and chronic softening of the brain, the patient stoutly maintains that he is quite free from all headache, and will not admit that he suffers from vertigo or any description of uneasiness within the cranium, but his actions clearly demonstrate that there exists an hyperæsthesia of the brain."

This chapter, and that which immediately follows, on the Morbid Phenomena of the Special Senses, abound with practical observations of the highest value. Those incipient symptoms of softening of the brain which are of the greatest importance for the purposes of diagnosis in its curable stage are pointed out with great minuteness and accuracy, while at the same time the necessity for practical caution in forming a differential diagnosis is forcibly impressed on the investigator. Dr. Winslow writes:—

"In estimating the value of all morbid evidences of the

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special senses supposed to be symptomatic of brain disease, we must carefully consider their normal state, making proper allowance for any previously existing idiosyncrasies in their mode of action."

This may appear to be an observation which would suggest itself to each inquirer, and yet the neglect of the caution it conveys has in many cases proved the source of the greatest amount of mischief where unnatural manifestations and exquisite conditions of the sense of seeing, hearing, touch, and taste, existed quite apart from disease of the brain.

Dr. Winslow proceeds to consider the more characteristic symptoms of centric cerebral amaurosis connected with organic diseases of the brain and disturbances of the cerebral circulation, and investigates the ordinary premonitory or associated symptoms, by means of which we may be facilitated in our diagnosis of *cerebral* from *sympathetic* conditions of morbid vision. "Derangement, perversion, or aberration of sight," Dr. Winslow considers, "will be found more frequently symptomatic of disease of the brain, than impairment, loss, or exaltation of the function of vision." He remarks:—

"Such morbid states of the eyes vary from slight disturbances and irregularities of sight to actual illusions, *oculo spectra*, and phantasms. The physiognomy of the eye is peculiar in these cases of brain disease. This symptom should be accurately observed. The eyes present occasionally an unnatural brightness, and the vision an intensity of power, when the patient's attention is concentrated upon any object, or if engaged in exciting topics of conversation."

The Morbid Phenomena of Hearing observable in the early stage of affections of the brain are frequently of an exactly opposite character. Dr. Winslow states that "Occasionally, amongst the incipient symptoms of cerebral disease, there is a sudden paralysis of the auditory nerve, destroying all sense of sound;" and again, "In the incipient stage of certain affections of the brain the hearing often becomes painfully acute;" while in a third case the hyperæsthesia of hearing causes the patient "to hear noises and voices appreciable only by himself—a condition of disordered acuteness often witnessed for some time previously to the patient manifesting any observable *alienation* of intellect characterized by illusions or hallucinations."

The Morbid Phenomena of Sleep and Dreaming, as identified with and intimately dependent upon the state of the brain, and the varied affections of the sensorium (functional as well as organic), are carefully considered. Dr. Winslow distinguishes between insomnia resulting from a pathological condition of the brain, and that which, connected with mental derangement, arises from "a complete absorption, abstraction, concentration of the thoughts, and pre-occupation of the mind, in some terrible and fearful form of illusion, or frightful type of hallucination, that has firmly seized upon the imagination."

The Morbid Phenomena of Organic and Nutritive Life are considered in their relation to—1. Digestion and Assimilation. 2. Circulation. 3. Respiration. 4. Generation. In describing the functional derangements which the stomach exhibits in the early stages of insanity, Dr. Winslow carefully distinguishes between closely similar affections arising from widely different causes. Having detailed the symptoms which mark the sympathy existing between the brain and organs of digestion, he writes:—

"In tumours of the brain, the patient will be often heard to complain not only of irritability, but of a disposition to vomit. The nausea so induced in a remarkable manner resembles that preceding or accompanying sea-sickness. The patient is rarely, if ever, actually sick, but he constantly feels so at the stomach. This sensation of nausea is occasionally observed more prominently manifested on first rising in the morning. The patient, when washing, or whilst shaving, will be suddenly stopped by an inclination to vomit. A person who was troubled by this symptom, caused by a cerebral tumour, remarked that it appeared as if he were constantly rolling about in a boat at sea, or repeatedly under the influence of small doses of tartar-emetic or ipecacuanha. I have observed this symptom in some cases of abscess of the brain. A gentleman, who died suddenly of this disease, was annoyed for some months previously to his decease by a troublesome and depressing sensation of nausea. For some time this symptom was supposed to arise from disordered state of the stomach, and he was treated for this affection. After examining the case several times, I diagnosed disease of the brain (tumour). There were associated with the nausea severe vertigo, and paroxysmal attacks (somewhat localized) of headache. The cerebral abscess was considered to be the effect of a severe injury inflicted upon the head by a fall from a horse whilst hunting ten years previously."

We are thus brought to the concluding chapter of this remarkable work.

To attempt to enter on the General Principles of Cerebral Pathology, Diagnosis, Treatment, and Prophylaxis, as Dr. Winslow details them, would be to open the volume anew, and retrace the vast experience it unfolds. All that modern science can suggest is laid before the reader. It is enough for our purpose to quote Dr. Winslow's observation, that

"In all acute affections of the brain and disorders of the mind, the cure and life of the patient depend—1, *upon the speedy detection of incipient symptoms;* 2, *upon the accuracy of the diagnosis formed as to the nature of the cerebral affection;* 3, *upon the immediate application of the remedial treatment.*"

The truth of this assertion must irresistibly impress itself on those who read this volume. There is, however, one class of pathological conditions we are unwilling to pass over in silence. Dr. Winslow asks:—

"Do we estimate in a manner commensurate with its grave and vital importance the necessity of watching with the most scrupulous care the cerebral symptoms that follow all mechanical injuries to the head? I am satisfied that a vast amount of organic, chronic, and incurable disease of the brain and disorder of the mind can be directly traced to this cause. ..... Repeatedly have I had cases of epilepsy bidding defiance to all treatment, tumours, abscesses, cancer, softening of the brain, as well as insanity in its more formidable types, under my care, whose origin could unquestionably be traced back, for varying periods of one, two, five, eight, ten, fifteen, and even twenty years, to damage done to the delicate structure of the brain by injuries inflicted upon the head."

The incipient symptoms of softening, as also of paralysis of the brain, are described at great length by Dr. Winslow. He has accurately detailed the stealthy, insidious, and, if unchecked, fearfully destructive progress of these types of cerebral disease. He has graphically photographed, as it were, the gradual advance of these sad maladies from their commencement—loss of memory, impaired powers of attention, defective continuity of thought, vacillation of will, confusion of ideas, depression of spirits, irritability of temper, irregularities of articulation, misuse of words, headache, vertigo, sensation of numbness, muscular debility, loss of vital stamina, the symptoms of actual bodily paralysis, mental imbecility, and at last idiocy. It is gratifying to hear from a physician of Dr. Winslow's high reputation and extensive experience of disease of the brain as well as of the mind, that softening and paralysis of the brain admit of easy cure, provided they are recognised and skilfully treated in their incipient stages. What an amount of bodily suffering and hopeless mental imbecility might be prevented if the practical and scientific views proposed in Dr. Winslow's work were generally diffused throughout all ranks of society!

Dr. Winslow points out the difficulties which the practitioner has to encounter when attempting to cure the more severe forms of chronic brain and mental disease, if apparently fixed and established in the head. These affections of the material organ of thought must be detected and firmly wrestled with on the threshold—that is, in their premonitory stage—before trifling and curable functional "disorder" passes into incurable organic "disease."

It is impossible to overrate the benefits likely to result from a general perusal of Dr. Winslow's valuable and deeply interesting work.

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THE LANCET.

LONDON: SATURDAY, JUNE 23, 1860.

THE Medical Council has resumed its sittings. The constitution of the body has undergone but little change. Dr. BURROWS has taken his seat as representative of the College of Physicians, in the room of Dr. WATSON resigned; and Dr. JAMES WATSON has also resigned the representation of the Glasgow Faculty of Physicians and Surgeons. His place has been filled by Mr. GEORGE WATT. The reports of its proceedings, which we publish at page , glance at, but do not conclude, several important subjects. Committees have been appointed for the order of business, finance, the consideration of amendments in the Medical Act, and another for the consideration of special claims for registration. It was also determined to refer to a Committee the task of examining the returns made by the different bodies in Schedule A, and of reporting upon, in regard to each of these, how far the course of study and examination required by each is calculated to secure the requisite skill in candidates for the efficient practice of their profession. We must wait for the presentation of the Report of this Committee to the Council, in order to form a clear opinion as to the views of this body regarding the professional qualifications that ought to be exacted from candidates for admission into the profession.

Another matter brought under notice by the Metropolitan and Provincial Inspectors of Anatomy was dismissed on the ground that the subject does not lie within the province of the Council. The Inspectors are of opinion that the Anatomy Act would work better if the Medical Session were to commence on the 1st of November instead of the 1st of October. The change may be worth consideration; but there are other things to be considered besides the working of the Anatomy Act. No step can be taken in so important a matter without consulting the teachers in the Schools.

The Council, also, with strict legal precision, repudiated all interference in the matter complained of by Mr. W. W. MORRIS, who states that he had been threatened with prosecution for assuming the title of "surgeon," he being a Licentiate of the Apothecaries' Society, but not possessing a surgical diploma. It is obvious that the Council cannot interpose to stop legal proceedings, which are beyond its cognizance. It is undoubtedly a matter for regret that a qualified medical practitioner should be selected for prosecution, whilst there is such ample scope for vindicating the rights of the profession and the interests of the public, by arresting the career of undoubted pretenders. Such a course is of questionable utility on other grounds. The recent decision in the case of PEDGRIFT *v.* CHEVALLIER must render it difficult, under present circumstances, to obtain a verdict against any person for using the title of "surgeon."

The Pharmacopœia Committee has presented its report. Some progress has been made towards issuing the National Pharmacopœia. The work must necessarily entail great labour, and we should regret to see any portion exhibit evidence of haste. Some hope is expressed that it may be ready by the end of the year. As to the publication, we sincerely trust the Council will not repeat the error into which it fell in bringing out the Register. There can be no occasion to make a large profit by the sale of the work. It is important, for the sake of diffusing it as widely as possible, that the cost should be low.

Two very important matters have been discussed and decided. The question of the right of the Apothecaries' Hall of Ireland to grant a title to practise Medicine has been revived. The opinion expressed by the Council in their resolution of August 9th, 1859, has been adhered to, since the Act from which the powers of the Hall are derived contains no provision or authority for examining in Medicine.

The case of RICHARD ORGAN was brought forward. This person attended, with his solicitor, under a protest. He disputed the right of the Council to erase his name from the Register after having once admitted him. The Council, nevertheless, thought otherwise, and resolved,—"That it has been "proved to the satisfaction of this Council, that the entry of "the name of RICHARD ORGAN on the Register has been fraudu-"lently and incorrectly made;" "that RICHARD ORGAN is "judged by this Council, after due inquiry, to have been "guilty of infamous conduct in a professional respect;" and further, "that the General Council do hereby adjudge that "the name of the said RICHARD ORGAN be erased from the "Register, and do by this order direct the Registrar to erase "his name from the Register accordingly."

Many questions of great interest still press for the attention of the Medical Council. There are difficulties in the working of the Act, which it will be expected to solve, or to remedy by obtaining an amended Act.

The future Reports will, it is hoped, convey more information to the profession as to the subjects under consideration and the contemplated proceedings. The Council works a little too closely. It would benefit by freer intercourse with the profession, and by more open discussion.

THE metropolitan *flaneur* has frequent opportunities of utilizing his constitutional perambulations by studying the geological structure of the London crust. For the repair of paving, the laying down of pipes, the construction of drains and sewers, sections are made in various places, revealing to our observation the strata as they lie from depths of one or two to fifty feet. The more superficial strata invite our attention with especial frequency and force. These appeal, and not pleasantly, to sight and smell. When the outer deposit of granite—which constitutes, in the North, the "backbone of the earth," and is used by us for the construction of an epidermis—has been peeled off, and the pickaxe and spade have made a little way down the surface, we are soon made acquainted with an earthy stratum of intensely black colour and suffocating odour, having a thickness of several feet. So offensive is the stench and so revolting the aspect of this pest-stratum, that enthusiastic indeed must be the local geologist who would venture to examine very closely into the heterogeneous elements which enter into its composition. But there is one constituent with which he cannot avoid making acquaintance. As soon as the surface is disturbed, one might imagine oneself transported to the retort-house of a gas factory. The quantity of coal gas that escapes into the soil is something almost incredible. We feel astonished that the gas companies are not ruined by the enormous and never-ceasing loss they sustain. Mr. SPENCER, who has carefully investigated this matter, calculates that the total loss by

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leakage from the pipes is about nine per cent. of all the gas distributed. In round numbers, according to this chemist, 630,000,000 cubic feet of gas are annually absorbed into the street-earth of the metropolis. If the gas companies, in the recklessness of superfluity and the despotism of monopoly, thus choose to throw away so large a proportion of their produce, it is not to be assumed that the public has no concern in the matter. Independently of other reasons for restricting this waste, we may be quite sure that so long as the companies pay dividends, the consumer pays for what the companies waste as well as for what he burns.

Some years ago the subject of the impregnation of the street-earth by gas was pointed out by Dr. LETHEBY as a serious nuisance, and not without danger to the public health. Our local surveyors and Medical Officers of Health have become familiar with the stench. They trace it in the soil whenever the surface is disturbed. They find it filling the sewers and adding virulence to the other compounds generated in those conduits. Instances are known where the workmen employed in constructing or repairing sewers have been poisoned, nearly unto death, by the coal-gas thus found where it ought not to be. Through all the openings communicating with the sewers, such as street-gulleys, ventilating-shafts, and house-drains, this deleterious gas is liable to be discharged to the annoyance and injury of the community. It also contaminates the water of the surface or gravel wells, which not unfrequently is so strongly charged with gas as to be very perceptible to both taste and smell. But the mischief does not stop here. Property is seriously attacked. The water companies share with sewer commissioners and gas companies the use and occupation of the sub-granitic stratum. The water-mains are rapidly corroded and converted into a soft plumbago-like substance; and it is observed that this change takes place only in those localities where the soil has become charged with gas. When the iron pipes are brought into contact with the black soil of the metropolitan streets, saturated with gas, they rapidly decay, and become rotten in about ten years. This change proceeds from without inwards, and is different from ordinary oxidation. It is due to the action of sulphur. Mr. SPENCER is of opinion that the sulphur is derived from two sources—namely, the sulphuret of carbon in the coal-gas, and the gypseous constituent of the soil. The hydrocarbons of coal-gas decompose the sulphate of lime contained in common earth; and the sulphur compound thus set free, together with the ammonia and the fœtid constituents of the coal-gas, form with the soil an acrid alkaline liquid, which is abominably offensive, and capable of attacking the metal of the street-mains with most destructive effect. No wonder the water companies complain of their bed-fellows. It is also quite probable that we pay a little more for our water as well as for our gas in consequence of the rapid destruction of the mains due to the laches of the gas companies.

We are further reminded by Dr. LETHEBY that the mischief is progressive and accumulative; and that, therefore, all the attendant evils of this waste are increasing. What, then, is the remedy? We answer that, if the gas companies cannot be convinced of the practical expediency of preventing this leakage on grounds of economy, then must they be compelled to prevent it. Long experience has taught us to pay no heed to the common argument of nuisance breeders, that as it is their evident interest to obviate loss of valuable produce, they may be confidently trusted to abate the nuisance if the thing can be done. It may be that gas companies find it less costly to suffer a considerable leakage to go on than to provide more expensive gas-tight pipes, the more especially as the price of gas sold to consumers is no doubt fixed to cover the loss by leakage. Assuming the cost price of the manufacture of gas to be eighteen-pence per thousand cubic feet, the loss in money is estimated at £47,000 a year. The companies should be compelled to save this sum for the public benefit, if not for their own.

How can this be done? That it can be done is already a matter of fact and experience. In the first place, it is quite possible to supply gas freer from ammonia and sulphur compounds. In the next place, it is equally possible to use pipes with tighter joints. In Liverpool, Manchester, and Leeds, the latter remedy has been applied. The ends of the pipes are turned and bored, and fitted into each other by grinding like a stopper into a bottle. Thus leakage has been prevented. We may remark that if this care be found to answer in towns where coal is comparatively cheap, it must be still more desirable where the raw material is dearer, as is the case in London. There are several Gas Bills at this moment before Parliament. We think the time is opportune for introducing clauses for rendering it compulsory upon gas companies to use pipes with tight joints. With a rapidly concentrating population, it is becoming daily a matter of more pressing moment to eliminate every possible source of aërial contamination.

WE have not yet heard a word deserving the name of argument in explanation or justification of the clauses in the Registration Bills for Scotland and Ireland which propose to exact certificates as to the cause of death under penalties. Had the English Act, which has been in operation for twenty years, been shown to have failed for the want of a similar clause, the introduction of the provision, although even on such an hypothesis of questionable justice and expediency, would at least have been intelligible. But the English Act, as we have before said, is a great and a striking success. It is an example of what may be accomplished by a liberal reliance upon the public spirit of the medical profession. We believe that fully ninety-six per cent. of all the deaths occurring in England and Wales are certified. And this is done without compulsion and without reward. Is there a bureaucrat to be found who imagines that the introduction of a penal clause into the English Act would bring up the certified deaths closer than this? To obtain responsible professional testimony as to the causes of the mortality in the community which shall leave only three or four per cent. unaccounted for, is a result which the most despotic centralistic Government might envy. We are shortly to have assembled in Congress amongst us representatives from all the Governments in Europe, who will compare the modes adopted in different countries to collect the vital statistics of the people. It may be confidently anticipated that the English tables will occupy a foremost place for completeness and trustworthiness.

The clause as it now stands is as follows:—

"The medical person who shall have been in attendance during the last illness and until the death of any person dying shall, within one calendar month after the death of such person, and under a penalty not exceeding 40s. in case of failure, to be paid by such person making default, transmit to the Registrar a certificate of death in the Form (F) to this Act annexed."

As the clause originally stood, the "medical person" was

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greater health and comfort. Gymnasia are now provided for the soldier, and well-devised cooking apparatus, widely contrasting with the old days when the soldier might have complained,

> "Que le vent souffle au nord, ou qu'il souffle au midi,
> C'est toujours du bouilli, mais jamais du rôti."

MILITARY LUNATICS.

WE had occasion lately to draw attention to the treatment of the lunatic soldiers of the army, and especially to that of a poor soldier who had become a lunatic in consequence of wounds he had received in the service of his country. This case came on for hearing before the Mayor at Rochester. The man was sent adrift in the streets of Chatham, with a non-commissioned officer in plain clothes to watch him, in order to prevent him doing an injury to any passing stranger. This was by no means a very efficient precaution, and the principle of action appeared to us discreditable to the military authorities. The parish overseers of Rochester refused to support so great a strain upon their local resources as the maintenance of the lunatic soldiers discharged from the military hospitals. Some evidence was taken before the Army Sanitary Committee, when Sir J. Liddell told the Committee that in the navy a sailor was taken care of from the moment of his aberration till the period of his restoration to reason. Colonel North mentioned this fact in the House of Commons in the Committee on the Army Estimates, and, referring to the new hospital at Netley, asked whether it was the intention of the Government to afford accommodation for the lunatic soldiers of the army in that hospital, a portion of which the Committee had recommended should be set aside for the purpose. Mr. Sidney Herbert said that it had been thought, on the whole, that a better security for the proper treatment of military lunatics would be obtained by placing them in well-regulated private asylums, which were supervised by the Lunacy Commission. At any rate, we recognise with satisfaction that the military authorities are now prepared to accept the responsibility of treating these unfortunate persons, whom they had previously decided on turning into the streets.

THE LINACRE PROFESSORSHIP AT OXFORD.

THE election of Dr. Rolleston to the lucrative and important position of Linacre Professor of Physiology and Anatomy at Oxford will, we hope, prove beneficial to medical interests in that University. Dr. Rolleston is both able and willing to devote all his time and energies to the performance of his duties, and it will depend much upon the manner in which they are carried out whether the medical schools of Oxford be revivified and the University attain a renewed character for efficient medical education. Everything has yet to be organized in connexion with this chair; meanwhile great facilities are offered by the kindness of the Dean and Chapter of Christchurch, the trustees of the late Matthew Lee, M.D., of Christchurch, who have signified their readiness to offer the physiological and anatomical collections formed at the cost of his trust fund as a loan to the University, to be deposited in the University museum under the charge of the Linacre Professor, on the following conditions:—

"1. That the collections be preserved and kept in order at the expense of the University.

"2. That each specimen and bottle be conspicuously marked with a label specifying that they are the property of Dr. Lee's trustees.

"3. That the whole or any part of the collection may be reclaimed at any time by the trustees.

"4. That the Lee's Reader of Anatomy at Christchurch have the right of using the collections freely, and of giving instruction in the museum in a room to be assigned by the Linacre Professor; and if he require any series of specimens for use at Christchurch, the Linacre Professor shall be bound to send such series at his demand.

"5. That members of Christchurch be admitted to the same

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rights and privileges in respect of the lectures of the Linacre Professor that they now enjoy in respect to the lectures of the Lee's Reader in Anatomy at Christchurch."

In a Convocation held on Thursday last, it was proposed that the said collections be received by the University under the above specified conditions; and that the Vice Chancellor be authorized to return the thanks of the University to the trustees.

A SANITARIAN IN TASMANIA.

A FILE of the *Hobart Town Daily Mercury* of March, 1860, has been transmitted to us, containing an important series of articles by Dr. Swarbeck Hall, on the sanitary condition of some large orphan schools there. These articles are not such as we can transfer to our columns, since they deal rather with the application of well-recognised principles of dietetics and sanitary science to a large establishment, in which they were apparently somewhat negligently carried out. But it is due to Dr. Hall that we should notice with the appreciation which they certainly merit his searching analysis of the defects of the sanitary management of the institution in question, and his enlightened acquaintance with the latest reported conclusions published in this country. The reports of the Sanitary Commissioners, the tables and reports of our great military schools and public asylums, are all laid under contribution to illustrate the necessity for proper variation of diet, for frequency of meals, augmentation of food, and improvement in lavatories, drains, and ventilation. The highest reward of these efforts has been gained in the appointment of a Commission, who have adopted the most essential reforms indicated by Dr. Hall. The Tasmanian Queen's Orphan Schools number from 400 to 500 children, all under one roof. The death-rate, on an average of eighteen years, has been sixteen per annum, while amongst an equal number of colonial children of the same average age the mortality has been only between two and three per annum. Nevertheless the authorities governing the asylum appear to have vigorously resisted any inquiry into the causes of the excessive mortality, and to have resented the active protests of Dr. Hall as a personal insult. It is gratifying to find the far-off members of our London Colleges maintaining their high position as disinterested guardians of the public health, and successfully carrying out these functions under circumstances of difficulty and obloquy.

THE NIGHTINGALE FUND.

WE have received, from a correspondent possessing ample means of information, details which somewhat modify those general impressions respecting the application of the Nightingale Fund, that would seem to have been warranted by the statements to which we referred last week.

The hospital selected (St. Thomas's) will only be reimbursed the extra expenses involved in its use as a training school for nurses. Fifteen probationers will be received forthwith. They will be boarded and lodged in the hospital, under the supervision of a "sister," and separately from the rest of the staff of nurses. After satisfactorily completing their term of service, they will be registered as nurses in connexion with the Nightingale Fund. The training of the probationers will be conducted by the resident medical officer, the matron, and the sisters of the hospital; under the systematic visitation and inspection of the Committee, Secretary, and a lady visitor of the Fund, who will visit the wards in which the probationers are training at hours to be fixed by the Treasurer and other authorities of the hospital.

Our correspondent, who vouches for the accuracy of these statements, appends to them some remarks in defence of the arrangement proposed:—

"It is quite right that the management of such a Fund should be carefully scrutinized by the medical press. The illustrious lady whose deeds it is intended to commemorate and perpetuate may, indeed, be perfectly well able to protect herself against a job on the part of the authorities of any institution. And even did she unite with her active benevolence less of that keen insight into motives which adds the wisdom of the serpent to the harmlessness of the dove,—or even were her friends and advisers too simple to bargain aright,—it might be doubted by those conversant with the management of the City hospitals whether they can justly be charged with rapacity or greed. In like manner, considering that Miss Nightingale has diverted into this channel the grateful offerings of the public to herself personally, any undue querulousness or blame of the details she thought fit to adopt would savour of that invidious spirit of inquiry typified by the proverb which forbids you to 'look a gift-horse in the mouth.'"

But though publicity is as useful and harmless in this as in every other such matter, still, without going so far as to say the arrangement made was the very best, there are so far *primâ facie* grounds in its favour as that it ought not to be disturbed or thwarted by a hasty and premature condemnation.

How are nurses to be trained except in hospitals? And of hospitals, surely THE LANCET, which first enforced due publicity on the proceedings of the civil hospitals, cannot challenge the assertion, that, if only on the ground of their being perpetually watched by the profession and its journals, these institutions have a claim prior to that of the military hospitals.

The selection of the particular hospital is, of course, another matter. But it would scarcely have been possible to begin so complex an experiment in a dozen institutions at once. And when we come to consider the requirements of number of patients, general organization, existing staff, room for residence, &c., it is clear that the managers of the Fund must have found their choice soon narrowed to comparatively few of the many metropolitan hospitals.

Why, out of two or three institutions having apparently similar claims, they chose St. Thomas's Hospital, as offering, on the whole, the most promising field for the commencement of their operations, is a question which they alone could answer in detail. But as it is difficult to see what interest they had in perpetrating a job, it might, perhaps, be as well to wait before accusing them of one. And though a physician or surgeon of one or other of the hospitals, where a few months ago they were making inquiries, might naturally be filled with astonishment that they could have selected any institution but that in which he is himself so greatly interested, still he should pity and forgive. In seriousness, it is to be hoped none of us will show any jealousy in a matter which has for so many years pressed heavily on the moral, as well as intellectual, being of our profession. Miss Nightingale has shown her countrymen, and the whole civilized world, a new line of usefulness, which, humanly speaking, will save unnumbered lives. To borrow an illustration especially belonging to our century—she has surveyed the first railway; conceded and overcome vested interests; acquired possession of the ground; and is now ready to begin. The work is, however, serious enough; miles of hard cuttings through class prejudices; tunneling under mountains of sheer ignorance; embanking and draining of soft, quaggy, sentimental benevolence. It will be pitiable if the very people most likely to benefit by the proposed railway make an outcry respecting the exact site chosen for its commencement—if Little Pedlington and Tutbury must quarrel as to which place ought to have been selected for the honour of turning the first sod! Even should the experiment now beginning not be extended, under the same auspices, to other hospitals, we shall all gain too much as practitioners, as students, and as well-wishers to these noble institutions, from the working of this little leaven which must ultimately leaven the whole lump, to justify us, on any but the very gravest reasons, in impugning the choice of those best qualified to judge, or in wishing the NIGHTINGALE FUND at this juncture, the very outset of its practical working, anything but a hearty "God speed!"

PRIZE QUESTION. — The Pharmaceutical Society of Turin offers a prize of £20 for the best essay on the following question: "Ascertain the quality and quantity of the principles contained in the seeds of the Ricinus Communis. Find out the cause of the marked difference observed in the mode of action of the seeds of the Ricinus and the oil extracted from it on the animal economy; and point out, if possible, the respective action of the isolated principles." A sample of the principles which the author may have succeeded in isolating should be sent with the essay. The latter, written in either Italian, French, or Latin, may be forwarded, before the 31st of December, 1861, to M. Chiappero Francesco, general secretary of the Society at Turin.

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GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING, JUNE 14TH, 1860.

Royal College of Physicians, London.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at two o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.—Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. Andrew Wood, seconded by Dr. Storrar, and agreed to,—"That the following members constitute the Business Committee: Dr. Andrew Wood (chairman), Mr. Teale, Dr. Embleton, Dr. Thomson, Dr. Corrigan."

2. Moved by Dr. Storrar, seconded by Dr. Stokes, and agreed to,—"That the further consideration of the subjects of General and Medical Education be referred to a committee of the whole Council."

3. Moved by Dr. A. Smith, seconded by Mr. Teale, and agreed to,—"That a Finance Committee be appointed, to report on the expenditure on the part of the General Medical Council, and all other matters respecting the financial affairs of the Council. The committee to consist of Dr. A. Smith (chairman), Dr. Alexander Wood, Mr. Nussey, Mr. Green."

4. Moved by Dr. Corrigan, seconded by Dr. Apjohn, and agreed to,—"That the Medical Council, having had their attention called to various defects in the Medical Act, which interfere with its efficient working, appoint a committee to report upon this subject before the close of the present session of the Council."

Resolved—"That the committee consist of the following members: Dr. Corrigan (chairman), Dr. Thomson, Dr. Storrar, Dr. Apjohn, Dr. Burrows, Dr. Acland, Dr. Andrew Wood, Mr. Green."

5. Moved by Dr. Storrar, seconded by Dr. Andrew Wood, and agreed to,—"That the Council resolve itself into a Committee on Education to-morrow, at two o'clock."

The President was compelled to leave the chair, which was then taken by Sir James Clark, Bart.

6. Moved by Dr. Andrew Wood, seconded by Mr. Teale, and agreed to,—"That a committee be appointed to consider special Claims for Registration. The committee to consist of Dr. Alexander Wood (chairman), Sir Charles Hastings, Dr. Bond, Mr. Syme, Dr. Leet, Dr. Embleton, Dr. A. Smith."

7. Letters having been read, addressed by the Metropolitan and Provincial Inspectors of Anatomy to the President of the Medical Council, suggesting that, with a view to the better working of the Anatomy Act in England, the Council should recommend that the medical session in London should commence on the 1st of November, instead of on the 1st of October, in each year,

Resolved—"That answers should be returned, stating that the subject does not lie within the province of the Medical Council."

8. Moved by Dr. Alexander Wood, seconded by Dr. Acland, and agreed to,—"That the Council meet at one o'clock to-morrow for the purpose of considering the case of Richard Organ, and that their law advisers be requested to attend, to give such information as may be required."

9. Memorials were read from the Medical Protective Associations of Ulster, and of the County and City of Cork, recommending a separate Medical Register for Ireland.

Moved by Dr. Alexander Wood, seconded by Mr. Green, and agreed to,—"That the Medical Act does not authorize the publication of separate Registers for each division of the United Kingdom; but that the memorials be referred to the committee appointed to report upon the defects in the Medical Act."

10. A letter having been read from Mr. William Whytehead Morris, complaining that he had been threatened with prosecution for assuming the title of surgeon, he being a licentiate of the Apothecaries' Society of London, and not possessing a surgical diploma, it was directed that an answer should be returned, stating that the subject of his communication is not a matter in which the Medical Council can interfere.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, JUNE 15TH.

Mr. GREEN took the chair, at one o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Williams, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.—Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

1. The Council met at one o'clock, in accordance with the resolution of yesterday, and had a conference with the solicitors in reference to the case of Richard Organ.

2. Moved by Dr. Alexander Wood, seconded by Dr. Christison, and agreed to,—"That the written questions put to the solicitors be preserved, along with their answers, which the Registrar should be instructed to obtain in writing."

3. A letter was read from Dr. James Watson, resigning his seat in the Council, as representative of the Glasgow Faculty of Physicians and Surgeons.

The Council then resolved itself into a Committee on Education; Sir BENJAMIN C. BRODIE, Bart., President, taking the chair.

1. Moved by Dr. Storrar, seconded by Dr. Alexander Wood, and agreed to,—"That the President be requested to act as chairman to the Committee on Education."

2. Moved by Dr. Storrar, seconded by Dr. Corrigan, and agreed to,—"That resolutions 6 and 7 of the 3rd of August, 1859, in relation to Education, be now read."

"(6.) That for the purpose of guiding the Council in coming to a determination, in conformity with Sect. 20 of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their fellowships, licences, and degrees have been communicated to the Council, a committee be appointed to prepare a report, laying down a minimum of examinations, and subjects of examinations, without which no qualification will be held, by the Council (Sect. 20), such as to secure the possession, by persons obtaining such qualification, of the requisite knowledge and skill for the efficient practice of their profession; and that it be an instruction to the committee to report on the expediency, or the reverse, of this Council recommending what, in their opinion, would constitute a sufficient course of general and professional education."

"(7.) That a committee be appointed to examine the returns by the different bodies included in Schedule (A); to report in regard to each of these as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their profession; and to report to the Council. As also in regard to the most effective machinery for superintending the examination, so as to secure that they should conform to a standard of examinations in general and professional education considered sufficient by the Council."

3. Moved by Dr. Corrigan, seconded by Dr. Storrar, and agreed to,—"That the communications received from such universities and corporations as have forwarded observations to the General Council on the Educational Report of last year, transmitted to the bodies enumerated in Schedule (A), be now read."

Communications were read from the following bodies:—Royal College of Surgeons, Edinburgh; University and King's College of Aberdeen; University of Marischal College, Aberdeen; University of Glasgow; Faculty of Physicians and Surgeons of Glasgow; Queen's University of Ireland; University of Dublin; King and Queen's College of Physicians in Ireland; Royal College of Surgeons of Ireland; Apothecaries' Hall of Ireland; Society of Apothecaries, London.

Copies of printed regulations were laid before the committee from the above-mentioned bodies, and from the Universities of St. Andrews, Cambridge, Oxford, and London; Royal Colleges of Physicians of London and Edinburgh; and the Society of Apothecaries, London.

Mr. Green reported to the committee that the Royal College of Surgeons of England would shortly forward their report.

4. Moved by Dr. Corrigan, seconded by Dr. Smith, and agreed to,—"That such parts of the report of the Educational Committee of August 11th, 1859, as relate to general education, be first considered."

5. Moved by Dr. Corrigan, and seconded by Dr. Bond,—in lieu of the first recommendation of the Educational Com-

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mittee, viz.,—"That all students pass an examination in general education before they commence their professional studies,"—"That all students pass their examinations in general education previous to, or within the two first years of their professional studies, except such students as may be exempted from such examination, as hereinafter provided."—The motion was negatived. Confirmed—B. C. BRODIE.

MINUTES OF MEETING, JUNE 16TH.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at two o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Williams, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.—Dr. F. Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

Mr. George Watt, having produced his commission from the Faculty of Physicians and Surgeons of Glasgow, took his seat in the Council as representative of the Faculty.

1. Moved by Dr. Andrew Wood, seconded by Mr. Teale, and agreed to,—"That it be remitted to the Business Committee to prepare a report as to the form in which new members shall take their place, both in the Branch Councils, and in the General Council."

2. Dr. Christison presented the Report of the Pharmacopœia Committee.

Moved by Dr. Storrar, seconded by Dr. A. Smith, and agreed to,—"That the Report of the Pharmacopœia Committee be received and printed in the minutes."

Report of the Pharmacopœia Committee, June 16th, 1860.

"The Committee appointed by the General Council of Medical Education and Registration beg to submit to the Council the following Report of the progress made towards the completion of the 'British Pharmacopœia.'

"The British Pharmacopœia consists of two parts, and an Appendix. In the first is contained a list of all substances employed in the treatment of disease. It is, in fact, a complete list of the materia medica. Each substance is introduced, with its Latin or scientific name, the English translation of the same, its definition, and its source. These constitute the really official portion of the first part. It is, however, proposed to append to each article some of the more important characters by which it may be recognised, and the tests by which its purity may be ascertained; and, lastly, the names of the different officinal preparations into which it enters as an important ingredient, will be enumerated. This part of the Pharmacopœia has been completed, as far as the number of substances to be introduced is concerned; and has been divided into three portions, which have been allotted to the different sub-committees.

"The Dublin Committee have made considerable progress in their third part, and also completed some of the more important processes for the metallic preparations.

"The Edinburgh Committee have devoted considerable attention to their part of the work, and could finish it in a short period of time.

"The London Committee have completed about half their share, and the remainder is in a forward state. Specimen pages, illustrating the mode in which this portion of the work is proposed to be framed, have been prepared for submission to the committee.

"The list of the materia medica, or first part of the Pharmacopœia, is necessarily, for various reasons, in a less advanced state than the second half; but it is, at the same time, the portion which may be speedily finished, when the various groups of officinal preparations are framed. Its completion requires little or no experimental inquiry, but necessarily demands that the Galenical preparations should have been definitely determined upon.

"The second part of the British Pharmacopœia consists of different groups of the preparations of substances contained in the first, together with the processes for preparing the metallic or other chemical drugs. The proposed groups, often named Galenical, are the following:—The acids, confections, cataplasms, decoctions, enemata, extracts, honey &c., infusions, liniments, lozenges, mixtures and mucilages, ointments, plasters, pills, spirits, syrups, tinctures, vinegars, waters, and wines.

"To the Edinburgh Committee have been allotted the cataplasms, decoctions, honeys, lozenges, plasters, syrups, and waters.

"To the Dublin Committee, enemata, infusions, mixtures and mucilages, pills, tinctures, wines, and ointments.

"To the London Committee, the acids, confections, extracts, liniments, powders, spirits, and vinegars.

"Each group, when completed by any committee, has been sent to the other committees, received their comments, and then revised by the committee who originally framed it.

"The secretary of the Edinburgh Sub-Committee reports that all the groups specially allotted to it have been drawn up and transmitted for revision to one or other of the associate committees, and that this committee has likewise commented upon the mixtures and mucilages, infusions, powders, confections, enemata, and ointments; and, lastly, it has re-examined most of its own groups, after receiving the comments of the other committees.

"The Dublin Committee has constructed all the groups allotted to it; has transmitted them to the other committees; has received the comments of the associate committees upon the ointments, enemata, infusions, mixtures and mucilages, and replied to them.

"It has also considered and reported upon the acids, honeys, lozenges, confections, powders, decoctions, waters, and plasters, received either from the London or Edinburgh Committees.

"The London Committee has framed all the groups allotted to it, with the exception of the extracts; this group has been deferred, in order to allow experiments to be made during the present summer season; but it is now in a very forward state, and will soon be ready for transmission to Dublin and Edinburgh.

"The London Committee has also carefully revised and commented upon all the groups received from Edinburgh and Dublin; in fact, upon all the Galenical groups, with the exception of the tinctures and wines; and, lastly, it has revised some of its own preparations, after having taken into consideration the criticisms of the associate committees.

"A portion of the second part of the Pharmacopœia has been set up in type, for the purpose of being submitted to the Committee.

"Having passed over in review the work which has already been accomplished by the Pharmacopœia Committee, it remains to be shown what is still incomplete, and the probable time required for its completion.

"To complete the second part of the Pharmacopœia, a few weeks only would be required, as far as the Sub-Committees are concerned.

"The first portion of the work might probably occupy a month or two longer, requiring some points to be arranged by conference; and lastly the Appendix—which will contain the substances employed only in the preparation of chemicals, but not themselves used as medicines, together with the tests for the detection of the qualities of drugs—might be estimated to occupy about a month.

"Should the Sub-Committees continue to work diligently, it is probable that the work might be prepared for press by the middle or latter end of November; but to ensure this, it may be necessary that at least one meeting of the General Committee, formed by deputies from the different Sub-Committees, should be held previous to that time."

Dr. Christison further reported from the Pharmacopœia Committee, that the Committee had felt it advisable to refer to the General Medical Council for instructions as to the powers of the Committee in certain parts of the business entrusted to them by the Council. The Council were of opinion that the Committee had rightly interpreted their powers. In connexion with this opinion, Dr. Christison, as requested by the Pharmacopœia Committee, moved the following resolutions, which were seconded by Dr. Storrar, and agreed to by the Council:—

"1. That it be remitted to the Pharmacopœia Committee, either to dispose of the forthcoming edition of the British Pharmacopœia to a publisher or publishers, or to publish the edition as the property of the General Medical Council, according as the Committee shall judge to be expedient."

"2. That, in the event of the Committee resolving to sell the edition, the Executive Committee of the General Medical Council shall have the power to grant, in favour of the publisher of the work, such title in the property of it as the General Council can grant."

"3. That the sum of £500 be voted by the General Medical Council, in addition to the vote of November 24th, 1858, towards defraying the current expenses of the Pharmacopœia Committee."

3. The following letter was read, addressed to the Registrar of the General Medical Council:—

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"War-Office, June 4th, 1860.

"SIR,—I am directed by the Secretary of State for War to transmit to you the accompanying papers in reference to the claims of Licentiates of the Apothecaries' Hall of Dublin, to enter for the competitive examination for the appointment of assistant-surgeon in the army, together with the opinion of the Attorney-General thereon.

"Mr. Herbert will be glad to be furnished with the opinion of the General Medical Council upon the question thus raised.

"I have the honour to be, Sir, your obedient servant,

"EDWARD LUGARD.

"The Registrar of the General Medical Council.

"Requested that the enclosure be returned."

The enclosure was returned, being the case on behalf of the Governor and Company of the Apothecaries' Hall of Ireland, and the opinion of the Attorney-General of England thereon, which had been previously sent to the Council.

Moved by Dr. Leet, and seconded by Mr. Syme,—"That the licence of the Apothecaries' Hall of Ireland is a legal qualification to practise medicine."

Amendment, moved by Dr. Alex. Wood, and seconded by Mr. Lawrence,—"That it does not appear to the Medical Council, that the Act of the Apothecaries' Hall of Dublin confers on the licentiates of that body any right to practise medicine. That, in the opinion of the Council, the inclusion of the title of licentiates of that body in Schedule (A) of the Medical Act, does not confer any new powers on that body. That the Council, therefore, adhere to the opinion expressed by them on the 8th of August, 1859."

The debate was adjourned, on the motion of Dr. Corrigan, to Monday, at one o'clock.

Confirmed—R. CHRISTISON.

MINUTES OF MEETING, JUNE 18TH.

Dr. CHRISTISON took the chair, at one o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Stokes.

Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

The adjourned debate on the Dublin Apothecaries question was resumed.

1. Amendment moved by Dr. Corrigan, and seconded by Dr. Stokes,—"That the General Medical Council having again carefully considered the subject referred to in the letter from the War Office, of 23rd March, 1860, addressed to the secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of 9th August, 1859, which is as follows: 'That it is the opinion of this Council that the licence of the Apothecaries' Hall of Ireland is not equivalent to a degree or licence in medicine from a university or college authorized to grant such, as from a perusal of the Apothecaries Act, 31 Geo. III., there does not appear to be any provision or authority for examining in medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries Act, sect. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorized to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an apothecary without any examination in medicine.'"

The debate was adjourned on the motion of Dr. Corrigan.

2. Moved by Dr. Andrew Wood, seconded by Mr. Teale, and agreed to,—"That the consideration of the course of proceeding in the case of Richard Organ, and the reading of certain documents connected with it, take precedence of the orders of the day."

A memorial was read, addressed to the General Medical Council by the York Medico-Ethical Association, relative to the case of Richard Organ.

3. Moved by Mr. Teale, seconded by Dr. Alexander Wood, and agreed to,—"That the memorial of the York Medico-Ethical Association be entered upon the minutes."

"*To the General Council of Medical Education and Registration of the United Kingdom.*

"We, the undersigned members of the York Medico-Ethical Association, having been informed that the name of Mr. Organ, of Cawood, near Selby, Yorkshire, is still on the Medical Register; and understanding, also, that on the occasion of a recent trial the merits of his case were not decided, owing to his not having received the requisite notice—most earnestly and respectfully urge upon the Medical Council to proceed with the consideration of his case; and should it be found that he is without any legal qualification to practise, to take the proper steps to remove his name from the Register.—G. Shann, M.D., President; T. Simpson, M.D.; W. E. Swaine, M.D., F.R.C.P.L.; Caleb Williams, M.D.; W. D. Husband, F.R.C.S. Eng., &c.; Alfred Ball, M.R.C.S.E.; Wm. Matterson; Wm. Proctor; John J. F. Marshall; Temple C. Paley; John B. Pritchett; Wm. Reed; Thos. W. Burkett; Henry Keyworth; James Allen; Edward Allen; S. W. North; B. Dodsworth; Wm. Anderson; Isaac Mennell Williams; Henry Crummack; George Hornby; John Wightman; Henry C. Hare; Geo. Clark; Oswald A. Moore, *Sec.*"

The following letter was also read, addressed to the Registrar by the solicitor of Mr. Organ:—

"10, Symonds-inn, W.C., 15th June, 1860.

"SIR,—I regret the decision of the Medical Council, communicated in your letter of the 12th inst.; and as it appears that they are determined to take upon themselves the determination of the legal construction of an Act of Parliament, without competent assistance, it is proper that I should shortly state, for their information, the grounds on which Mr. Organ wholly disputes their jurisdiction to strike him off the Register, and the course which it has become necessary that he should take.

"The notice of the 28th May last, received from you, points to the exercise of an authority given to the Council under the 26th section of the Medical Act, and also under the 29th section of the same Act. Mr. Organ is advised that neither of these have any application to his case. The 26th section evidently points to cases of incorrectness, &c., coming before the Council by way of appeal from the acts of the Registrar.

"Mr. Organ's name was put upon the Register by the act and order of the General Council itself, in exercise of the special authority given to them under the 46th section.

"This order was made after due deliberation and inquiry, both, as it seems, of the University of Jena, of the Poor-law Board, and after receiving further information and evidence from Mr. Organ himself. If there was any incorrectness in putting Mr. Organ's name on the Register (but which Mr. Organ wholly denies), it was the incorrectness of the General Council itself. And Mr. Organ is advised that, having once exercised this authority, and decided the matter, the Council cannot reopen the inquiry on the suggestion, either by themselves or any other party, that they came to a previous incorrect conclusion; and that the 26th section gives no colour of authority to such a proceeding.

"With respect to the 29th section, it hardly requires a legal mind to perceive at once that it can only apply to misconduct of *registered* medical practitioners, or, in other words, to misconduct committed *after registration.* Now, as the only suggestion of misconduct on the part of Mr. Organ relates to matters alleged to have occurred before he was registered, it is evident that the Council can have no authority whatever to go into such an inquiry.

"Having thus put the Council fairly in possession of the grounds on which their jurisdiction is disputed, it only remains for me to state the course which Mr. Organ will adopt. In order not to show disrespect to the Council, he will attend in pursuance of their summons; but as he would compromise his position by becoming a party to the inquiry, and offering any evidence, he will refrain from doing so, and will only attend the inquiry under protest.

"It is right I should also give notice that, if his name should be wrongfully erased from the Register, he will look to the Council for compensation for any damages which he may sustain therefrom, and take such proceedings for this purpose as he may be advised.

"I remain, Sir, your most obedient servant,

"JAMES FLUKER.

"Francis Hawkins, Esq., M.D.,
Medical Registration Office, 32, Soho-square, W."

The solicitors of the Council being present, Richard Organ and his solicitor were called before the Council.

The Chairman then stated the charges against Richard Organ, in the following words:—It is charged against you, that you are not possessed of any qualification entitling you to registration under the Medical Act of 1858; that certain of the representations contained in your memorial to this Council, dated 12th January, 1859, are untrue; and that your name has been incorrectly placed on the Register;—and further, that you have been guilty of conduct infamous, in a professional respect,

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in endeavouring to obtain, by fraudulent means, a diploma from the Royal College of Physicians of Edinburgh.

The solicitor of Mr. Organ having refused, in the terms of his letter previously read, to offer any answer to them, and having repeated the protest contained in that letter, Mr. Organ and his solicitor were requested to withdraw.

4. Moved by Dr. Alexander Wood, seconded by Dr. A. Smith, and agreed to,—"That Mr. Organ be recalled, and that the evidence in support of the charges be read in his presence."

Mr. Organ and his solicitor having been recalled, the whole of the evidence in proof of the charges was read.

Mr. Organ was then asked whether he had any answer to offer in refutation of the evidence which had been read. Whereupon Mr. Organ's solicitor declared, on the part of Richard Organ, that he declined to take any part in the proceedings of the Council, relying upon the letter above quoted, which he again read.

Mr. Organ and his solicitor then withdrew.

5. Moved by Sir C. Hastings, seconded by Dr. Alex. Wood, and agreed to,—"That it has been proved to the satisfaction of this Council that the entry of the name of Richard Organ on the Register has been fraudulently and incorrectly made."

6. Moved by Dr. Storrar, seconded by Mr. Teale, and agreed to,—"That Richard Organ is judged by this Council, after due inquiry, to have been guilty of infamous conduct in a professional respect."

7. Moved by Dr. Storrar, seconded by Dr. A. Thomson, and agreed to,—"That the further consideration of the case of Richard Organ be adjourned till to-morrow, at two o'clock."

The adjourned debate on the Dublin Apothecaries question, after having been again resumed, was further adjourned on the motion of Dr. Storrar.

It was resolved—"That the Council meet to-morrow, as a Committee on Education, at twelve o'clock."

Confirmed—B. C. BRODIE.

MINUTES OF MEETING, JUNE 19TH.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair, at two o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes. Dr. Francis Hawkins, *Registrar*.

The minutes of the last meeting were read and confirmed.

The solicitors of the Council being present—

1. Moved by Mr. Teale, seconded by Dr. Alexander Wood, and agreed to,—"That it having been proved to the satisfaction of the General Council that the entry of the name of Richard Organ has been fraudulently and incorrectly made on the Register, the General Council do by this order, in writing, direct that his name be erased from the Register."

2. Moved by Mr. Green, seconded by Mr. Nussey, and agreed to,—"That Richard Organ, having been judged by this General Council, after due inquiry, to have been guilty of infamous conduct in a professional respect, the General Council do hereby adjudge that the name of the said Richard Organ be erased from the Register, and do by this order direct the Registrar to erase his name from the Register accordingly."

3. Moved by Dr. Storrar, seconded by Mr. Syme, and agreed to,—"That a copy of these orders, signed by the President in the Chair, and countersigned by the Registrar, be transmitted to Richard Organ."

The adjourned debate on the Dublin Apothecaries' question was resumed.

Dr. Alexander Wood was allowed to withdraw the amendment which he had moved on the 16th of June—viz., "That it does not appear to the Medical Council, that the Act of the Apothecaries' Hall of Dublin confers on the licentiates of that body any right to practise medicine;—That in the opinion of the Council, the inclusion of the title of licentiates of that body in Schedule (A) of the Medical Act does not confer any new powers on that body;—That the Council, therefore, adhere to the opinion expressed by them on the 8th of August, 1859," in order that the amendment moved by Dr. Corrigan, on the 18th of June, might be substituted for it—viz., "That the General Medical Council, having again carefully considered the subject referred to in the letter from the War-office, of the 23rd of March, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their Resolution of Aug. 9th, 1859, which is as follows:—'That it is the opinion of this Council that the licence of the Apothecaries' Hall of Ireland is not equivalent to a degree or licence in medicine from a university or college authorized to grant such, as from a perusal of the Apothecaries Act, 31 Geo. III., there does not appear to be any provision or authority for examining in medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries Act, sect. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorized to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an apothecary without any examination in medicine.'"

The amendment moved by Dr. Corrigan and seconded by Dr. Stokes was put to the vote, and carried.

Dr. Storrar required that the names of the majority and minority should be entered on the minutes.

Majority: Mr. Green, Dr. Acland, Dr. Bond, Dr. Alexander Wood, Dr. And. Wood, Mr. Watt, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Stokes.—*Minority:* The President, Dr. Burrows, Mr. Nussey, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir J. Clark, Sir C. Hastings, Dr. Christison.

4. Moved by Dr. Andrew Wood, and seconded by Dr. Christison,—"That the letter from Dr. J. Murray Macculloch, and the opinion of counsel on his case, be recorded on the minutes."

Amendment moved by Dr. Corrigan, and seconded by Dr. A. Smith,—"That the letter from Dr. Macculloch be inserted in the minutes."—Amendment carried.

"38, Castle-street, Dumfries, May 29th, 1860.

"SIR,—Although personally a stranger to you, I take the liberty of writing to you upon a matter personal to myself. I have observed from a notice, published in the *Edinburgh Medical Journal* for December, 1859, that it has been proposed to call the attention of the Medical Council, of which you are President, to my connexion with the case of Mr. Broatch, who was convicted under the Medical Act in September last year.

"I am anxious that my conduct should not be misunderstood; and as I am not aware whether the Council may think it right to take any official cognizance of the matter, I beg to solicit your impartial perusal of the facts, in order that with you, as the head of my profession, I may not stand under undeserved imputation.

"I do not trouble you with any of the personal and acrimonious discussion which has taken place. It may suffice to say that a great deal of enmity and ill feeling has been exhibited towards me, and I have no doubt I have myself been heated, and in some respects injudicious.

"The facts to which I beg your attention are these. The Medical Act, which fixed the date of its operations for the 1st of January, 1859, was not fully understood in the district of the county in which I resided (Dumfries.) Indeed, the only advertisement on the subject (which appeared only once in one of the local papers of the district), informing medical practitioners of the necessity for registration, was on the date of December 14th, 1858; so that a very short time was given to comply with the provisions of the Act.

"As one of the conditions of the registration, it was necessary to forward certain attestations of qualification, one of which was the signature of a medical man to a certificate purporting to state that the claimant had exhibited for the inspection of the signer his diploma or qualification.

"Knowing the object of the statute to be to prevent the operation of quacks and charlatans, under the cloak of professional titles, I regarded this as a mere matter of form with respect to medical men on whose qualifications no reasonable doubt rested, and I have reason to know that it was so regarded by the majority of the practitioners in this district.

"Mr. Broatch was one of the medical men of this district who did not hear of, or see, the advertisement of the 14th December, 1858, until nearly the entire interval had expired. He came to me a few days before the 1st of January, 1859, to sign his certificate. I asked him for his diploma, as the certificate stated that I had seen it. He told me that he had passed, and got his diploma in March, 1822, from the Edinburgh Royal College of Surgeons; that in 1826, before leaving Edinburgh, (where he first practised,) he had brain fever, was long ill and insensible, and that when he recovered, he found he had been robbed, his diploma having disappeared with the other things. Shortly afterwards, removing to Dunscore, he commenced practice again, and finding no special use for his diploma, he had neglected to apply for a duplicate or a certificate.

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A Bill is now under the consideration of the House of Commons to amend the Act 17 and 18 Vict., intituled "An Act to Provide for the Better Registration of Births, Deaths, and Marriages in Scotland," under the 41st section of which statute medical practitioners are compelled to render important services to the State without remuneration, and for non-obedience of the harsh enactment are liable to serious penalties. The offensive clause is, that "the medical person who shall have been in attendance during the last illness and until the death of any person shall, within fourteen days after the death of such person, and under a penalty not exceeding 40*s.* in case of failure, transmit to the registrar a certificate of such death in the form" given.

The corporation which I have named have energetically opposed the arbitrary law, feeling that all attempts to coerce, by Act of Parliament or otherwise, scientific or professional men to give gratuitously the results of their labours for the benefit of society are unjust in principle, baneful to the interests of science, and can end only in failing to effect the object for which they are ostensibly intended.

It has been suggested to me that the medical gentlemen of England might materially assist their neighbours by subscribing a petition to the House of Commons, praying that the clause quoted be expunged. The Glasgow Faculty of Medicine will give a form of petition, or any gentleman interested in the matter might draw one from the above statement of facts, and submit it for presentation to the member for his place. Perhaps before this letter is published the Bill now before the House may be read, and so the opportunity may be lost. However, the eventilation of our neighbours' complaint will do no harm, and may assist to stir a little sympathy, and excite co-operation and cordial understanding, which can bring about only good to the fraternity of doctors.

I am, Sir, yours most obediently,

Charles-square, June, 1860. EDWARD J. WOOD.

FRENCH HOSPITAL STUDY.

To the Editor of THE LANCET.

SIR,—The interesting remarks of your Parisian correspondent, on the subject of French Hospital Study, deserve the best attention of all who propose taking a "finisher" abroad. The advantages of a residence at any of the great continental schools are so often marred by inexperience and want of due arrangement of time, that the student not unfrequently finds the true benefit of his stay to coincide pretty exactly with the conclusion of his visit. Following, then, in the footsteps of "our own correspondent," permit another "old hand" to add a few notes to what has been already so well begun.

In the first place, let me caution the student against attempting too much. In Paris the facilities for improvement are so extensive that it is, perhaps, a little puzzling sometimes to know what to select; but, doubtless, after a day or two with each of its principal professors, it will not be difficult for each man to select the teacher most after his own heart. If, however, instead of doing this, he has a different hospital for every day in the week, and a constant change of lectures and clinical demonstrations, he will conclude his season with the reflection that he has frittered away his time and secured for his trouble nothing better than dim recollections and half-digested facts.

The hospitals in Paris which are above all others deserving of his attention, are those devoted to affections of special organs—as diseases of the skin, venereal complaints, and children's disorders, can there be studied on a vast and unrivalled scale. But the value of such study is very much enhanced by the *cours particuliers*, conducted by the "internes," at rates varying from thirty to fifty francs per month. By means of these excellent private classes, the student is afforded the best opportunity of thoroughly examining each variety of the disease; its leading features are pointed out and explained, and, in course of time, he is himself compelled to deliver his diagnosis on every case. Let him not, then, neglect to attend one or more of such courses, for, in addition to their professional value, the advantages in the way of French conversation which they afford are by no means to be despised.

Of course, on first arriving in Paris, a good deal of hospital attendance is lost from the difficulty that every fresh ear experiences in understanding French. But let him not despair; let him work away bravely, casting aside all English books, and taking every opportunity of familiarizing his ear with the unwonted sounds by a steady attendance upon the lectures of the Faculty of Medicine. And he will find that, by boarding

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in an English family, his ear is apt to lose ground, and, by hearing much of the old familiar language, to fall back in its appreciation of the peculiar French twang. When to this I add that the regular hours for meals will often prove very inconvenient, by breaking in upon hours of study, and that the opportunity of seeing character which cafés and restaurants so well afford will thus be lost, no one will be inclined to doubt that lodging is best adapted for Paris life.

I am, Sir, your obedient servant,

June, 1860. INVESTIGATOR.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FRIDAY, JUNE 15TH.

THE ARMY MEDICAL DEPARTMENT.

COLONEL LINDSAY rose to move that a humble address should be presented to her Majesty, praying that she would be graciously pleased to reconsider the 11th Clause of the Army Medical Warrant of October, 1858, as far as relates to its retrospective application to the medical officers at that time serving in the ranks affected, having due regard to the efficiency of the public service. The hon. and gallant gentleman said that the clause of the Warrant to which he objected provided that medical officers of the rank of surgeon-majors, surgeons, and assistant-surgeons should be placed upon the retired list when they had attained the age of fifty-five, and inspectors-general and deputy inspectors-general when they had attained the age of sixty-five years. He did not mean to attack the system of compulsory retirement generally; on the contrary, he believed that in future it would be of advantage to the medical profession. What he complained of was its retrospective application to those serving in the ranks affected at the date of the Warrant. The junior ranks would derive advantage from it, but they would obtain that advantage at the expense of their seniors. He admitted that the public good must be paramount to existing interests, but those interests ought to be respected where they did not clash with the public good. That principle was recognised in the reports of the commissioners upon promotions in the army, both in 1854 and 1858. The commission upon the sanitary state of the army, upon the report of which this Warrant was founded, did not express quite the same views. In recommending the alterations which they proposed, they said, "It is true that all general rules must occasionally press hard upon individuals; at the same time, they inflict no individual injuries, though they may produce individual hardships, for all are aware of the existence of the rule and the effect it may have." His case was that when these officers came into the service the rule which was proposed to be applied to them under this Warrant did not exist, and therefore they could have no knowledge of its effects. One gentleman, he believed it was Dr. Lucas, knew nothing about his removal from the service until he saw it announced in the *Gazette*. He would mention the cases of two or three officers who had suffered from the eleventh clause of this Warrant. An officer, who had been thirty years in the service, of which he had spent twenty-one years abroad, and thus lost his promotion to the rank of deputy inspector of hospitals, had been compelled to retire at the age of fifty-five, when in the full vigour of life and active in the discharge of his duties. In another case, an officer who was first on the list for promotion when the Warrant came out, and had actually been promised his step, was deprived of his prospects by the new Warrant. Dr. Sutherland had declared to several medical officers that if he had any idea of the amount of injury entailed by the retrospective action of the Warrant he would never have consented to it. These officers, if they were forced to retire, ought to be well compensated, as, by quitting the service, they forfeited the high pay and allowances to the enjoyment of which they had a right under a former Warrant speedily to look forward. The additional compensation which a retired staff officer of the first class was to receive amounted only to 1*s.* 6*d.* a day, whereas in the proposals just circulated by the Admiralty for the compulsory retirement of naval officers at the age of sixty the scale was much more liberal. It was there proposed that naval officers who would have been in receipt of 10*s.* 6*d.* a day should have their half-pay increased to 18*s.*, and those whose position entitled them to 12*s.* 6*d.*, would receive 20*s.* Some relief, he maintained, ought to be granted to the medical officers in the army from the arbitrary operation of this Warrant, and, if not restored to their position and prospects, they ought at least to receive the retiring allowance of the rank immediately above their own.

Mr. S. HERBERT regretted very much that he could not accept the view taken by the hon. and gallant member on this question. There was this broad distinction between the ranks of surgeon and surgeon-major and those of inspector and deputy-inspector-general, that the duties of the first were executive, while those of the latter were merely administrative; they neither practised nor operated. Both of the late Directors-General were anxious that compulsory retirement should take place in the higher ranks at the age of sixty-five, and in the lower at fifty-five, and believed that it would be attended with benefit to the profession. Retirement at a certain fixed period was less disadvantageous to medical officers than was generally supposed, as they set up in practice in civil life as consulting practitioners, and obtained a fair amount of practice. The medical officers themselves had always urged that they ought to be permitted to retire at fifty, which was some years earlier than the date fixed for their compulsory retirement. It was quite true that the retrospective effect of the Warrant must be felt by men already in the service, but otherwise they would have to confine the operation of a measure which was admittedly beneficial to those who were only entering the army. If, however, medical officers were to have the privilege of saying that they were prepared to accept the great advantages which were conferred upon them in the shape of increased pay as well as in rank, but that to any regulation operating in any degree to what they might consider their disadvantage they would not submit, and if such representations were to be yielded to, and no general rule laid down, inextricable confusion would be the result. The hon. and gallant gentleman had referred to individual instances of hardship, but that he did not think was the best way to come to a fair conclusion on the subject; and it should be borne in mind that there were several very excellent appointments which were placed at the disposal of those officers who were affected by the Warrant of 1858. There were, for instance, medical officers who were obliged to retire appointed to the College at Sandhurst, the Asylum at Chelsea, the Hibernian School, and also at Enfield. In conclusion, he had only to say that, if every motion of a nature similar to that which the hon. and gallant gentleman had made were assented to, he doubted whether £40,000 or £50,000 a year would meet the consequent expenditure. He was most anxious to do everything he possibly could in the matter, and the best course to pursue would, he thought, be to give the officers in question priority in claim to the different situations which might become vacant, and which they could fill. (Hear.)

Colonel DICKSON expressed his entire concurrence in what had fallen from the hon. and gallant member behind him with reference to those officers whose case he had brought before the House. In dealing with such cases, expense in his opinion ought never to be allowed to outweigh the claims of justice.

The motion was then withdrawn.

MONDAY, JUNE 18TH.

INFECTIOUS DISEASES.

Lord RAYNHAM asked whether regulations could be made for enforcing the detention at the hospitals of carriages used for the conveyance thither of persons suffering from infectious diseases until proper certificates had been given of their having undergone sufficient purification?

Sir G. C. LEWIS said that by the existing Police Acts there was no such power, and therefore it was impossible that such directions could be given without further legislation by the House. The subject, however, had not escaped the attention of the police, so far as the present powers extended. There had been provided a carriage for the conveyance of infectious cases; for instance, for the removal of any policeman afflicted with infectious disease, or any prisoner, or any person infected in a similar manner who might be in a lodging-house and subject to the control of the police. Anyone in parochial authority, or having any special interest in it, who might desire to see the carriages which were being provided by the police, might receive admission upon application being made to Sir Richard Mayne.

THE CANCER POISON.—Dr. Lemarchand, formerly a naval surgeon, has just died at Landerneau, (Department of Finistère, France,) at the age of fifty-eight, in consequence of a puncture with a suture needle, which had lain some time in a wound made for the removal of a cancerous tumour.

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deputation of gentlemen from the subscribers attended at Mr. Paterson's residence, and presented him with a purse of fifty sovereigns, and a very handsome invalid's reading-desk, upon which was engraved an appropriate inscription. The valued gift was received by Mr. Paterson with deep emotion, and duly acknowledged by him; and the deputation, on leaving, expressed their earnest hope that it might please Providence to restore him to health again, and that his valuable life might yet be spared for many years.

ROYAL COLLEGE OF SURGEONS.—The profession and the public generally will be glad to learn that on and after the 1st of October next, all candidates for the diploma of membership of this College will be required to produce, with their other certificates, one of having received practical instruction in vaccination from a recognised teacher. Some of the hospital schools are actively organizing arrangements for giving instruction in this subject. It follows, of course, that the instruction so given will obviate all pretext for the absurd Privy Council special diploma.

THE MEDICAL OFFICERS OF THE CHANNEL SQUADRON were entertained at a dinner last week in Edinburgh by the President and Fellows of the Royal College of Surgeons. The entertainment was intended as a professional and complimentary recognition by the Royal College of their brethren of the naval service. Advantage was also taken of the occasion to invite the militant medical officers of the staff and garrison. The chair was occupied by Dr. Douglas Maclachlan. In proposing the toast of "the medical officers of the navy," the President passed a high eulogium on the service. Dr. Deas, C.B., replied in a most eloquent speech for the navy. Dr. Anderson returned thanks for the medical department of the army. The evening was most interesting and agreeable, a large number of naval and military medical officers and most of the distinguished civil surgeons in Edinburgh being present.

MEDICAL MEETINGS IN DUBLIN.—Three important medical meetings were held on the 4th inst. in Dublin: 1, the annual meeting of the Irish Medical Association; 2, the annual meeting of the Medical Benevolent Fund Association; 3, the half-yearly meeting of the Association of Workhouse Medical Officers. The first was mainly occupied by resolutions bearing upon medical politics and education, with reference to Ireland. The second showed a very prosperous state of this highly useful Society, which has lately been honoured with the patronage and support of her Majesty, the Prince Consort, and the Viceroy. The third discussed the necessity of looking closely to the contemplated alterations in the Irish Poor-law Act. The whole of the fourth page of the *Evening Freeman* is filled with the reports of these three meetings. We congratulate our Irish brethren upon their energy in the work of benevolence, and their anxiety for professional improvements.

THE NEW MEDICAL ACT.—In a prosecution under this Act at the Belfast Police-court last week, it was decided by the magistrate, after a long argument, that the absence of the name of even a qualified practitioner from the Register was a sufficient ground for inflicting a fine. The defendant pleaded that he was a member of the Apothecaries' Hall of Dublin. The magistrate held that until he was registered, or an appeal had been made to a higher court, he must dispense no more medicines. The magistrate said, "We will postpone judgment for a month, and if 'Dr. Carew' gets registered in that time it will show more good sense and prudence on his part than spending his money on appeals. If he has the necessary qualifications, he will have no difficulty in getting registered." This decision seems not only to be consistent with common sense, but with the strict letter and meaning of the Medical Act.

MEDICAL LAW IN TASMANIA.—The Legislative Council of Van Diemen's Land some time since passed an Act for the protection of the public and the medical profession. The third section of the Act is as follows:—"And be it enacted that from and after the passing of this Act, no person shall do or perform, for fee or reward, or in expectation of receiving a fee or reward, any of the acts following—that is to say, practise as a physician, surgeon, or apothecary, or prescribe to be taken or administer any medicine, or do or perform any surgical act or operation, unless such person shall have received from the president, or some member of the Court of Examiners to be appointed under the authority of this Act, a certificate, under the hand of such president or member, that it has been proved to his satisfaction that such person is a Doctor of Medicine of some university, or that he is a physician, surgeon, or apothecary licensed or admitted as such by some college of physicians or surgeons, or by the Society of Apothecaries of

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London or Dublin, or unless such person shall have obtained, after an examination publicly held before such Court of Examiners, letters testimonial of such Court to practise as a physician, surgeon, or apothecary, upon pain of forfeiting, for every such offence, a penalty or sum not exceeding £100." This properly-stringent measure has been lately carried out by the mayor and other magistrates of Launceston. The offender was a Mr. Clarke, who for some years past has been practising as a physician without complying with the provisions of the statute. In this instance, the information was laid for the recovery of the full penalty. It appeared in evidence that Clarke had attended on a child, and prescribed for it on two occasions. He had taken a fee of 5*s.*; and when the child appeared to be in danger, refused any further assistance. The Court, after taking into consideration all the circumstances of the case, had arrived at the conclusion that it was their duty to carry into effect the simple, strict, and, perhaps, severe aspect of the law, and ordered the defendant to pay a fine of £100, and 13*s.* 6*d.* costs. Mr. Clarke was allowed twenty-four hours to pay the money into Court.

THE NEW FRENCH CODEX.—The Pharmaceutical Society of Paris is at present preparing the materials for the drawing up of a new codex, or pharmacopœia, with a view to facilitate the work of the committee shortly to be appointed by Government for the publication of that work.

UPWARDS of two hundred children at Great Yarmouth have been made fatherless by the appalling calamities consequent on the late storms.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 16TH.—The deaths in London, which had fallen to 969 in the first week of the present month, rose to 1064 in the week that ended last Saturday. This increase is probably due to the continuance of unusually cold, wet weather. Zymotic diseases that are fatal chiefly to children carried off 240 persons, the number who died in the preceding week having been 192. Measles rose from 51 to 63; small-pox, from 15 to 27. Three deaths from the latter disease occurred in the sub-district of Woolwich Dockyard, 3 in Plumstead, 2 in Rotherhithe. Scarlatina rose in the two last weeks from 22 to 28; typhus from 20 to 27. From measles there were 6 deaths in Islington West, 4 in Limehouse, 5 in Greenwich. Bronchitis and pneumonia also exhibit an increase.

Last week the births of 879 boys and 873 girls, in all 1752 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1495.

Obituary.

WILLIAM PIERS ORMEROD, Esq., F.R.C.S.

THIS gentleman, the fifth son of George Ormerod, D.C.L., F.R.S., and of Sarah, daughter of John Latham, M.D., was born in London on May 14th, 1818. There was little to remark in his boyhood. He disliked the ordinary school studies, and his teachers accordingly took little notice of him; but those who knew him best recognised in him, even then, an undercurrent of deep religious feeling, and an earnestness of purpose which needed only to be turned into a more congenial channel to produce abundant fruit.

From Rugby and the tutelage of Dr. Arnold, he went, in 1835, to St. Bartholomew's Hospital, where he was articled to Mr. Stanley; and he soon began in earnest the work of his life under the eye of his uncle, Dr. P. M. Latham, and with the guiding friendship of Mr. Paget—a friendship the effects of which in forming his character those only who knew him before can rightly estimate. In 1839 he was most highly distinguished at the annual examination for prizes. In 1840 he discharged the duties of house-surgeon under Mr. Lawrence, and an essay embodying some of the results of his observations during this period was honoured with the Jacksonian prize of the Royal College of Surgeons in 1842. On a change taking place in the medical school that year, he was appointed one of the demonstrators of anatomy.

His incessant labours in the wards and the dissecting-rooms began after a while to tell injuriously on his health, and he was compelled in 1844 to resign his appointment and retire into the country. The first results of his returning health appeared in 1846, when he published a volume of Clinical Surgery which he had found leisure to arrange; and in the summer of the same year he established himself in practice at Oxford, where he was shortly afterwards elected surgeon to the Radcliffe Infirmary.

For about two years he filled this situation most honourably and most happily in the friendship of his colleagues, Dr. Greenhill and Dr. Acland, when, in December, 1848, after a period of great hurry and anxiety, he was seized with an epileptic fit; and, the fits continuing, he was compelled to resign this appointment also, and to retire from practice altogether. The last ten years of his life were spent at Canterbury, where he lived with his friends, Mr. Reid and Mr. Andrews; and he died at the house of the latter on June 10th, 1860, the immediate cause of his death being hæmorrhage from laceration of a branch of the middle meningeal artery; the skull having been fractured by a fall at the beginning of an epileptic fit. At the time of his death he was forty-two years old.

A brief notice of these last ten years will not be without interest to many who are now actively employed in the practice of the profession which they learned with him. Shut out from the course of life for which he had so very zealously prepared himself, yet his energy and industry never flagged, and he had always a bright prospect before him of some useful purpose to which his knowledge might be applied—a cherished hope that he might serve his Saviour on earth as a medical missionary. He never repined at his affliction, nor grieved to think how he had been left behind in the world's struggle; but always spoke with the greatest pleasure of the success of all his pupils and friends, and entered warmly into any improvements in medicine and surgery.

But his bright future was not to be here. Unconscious himself of the gradual failure of his mind and memory, he lived cheerfully on till he was suddenly and painlessly removed after a few hours of insensibility.

Besides the "Clinical Collections in Surgery" already noticed, he was the author of "Questions in Anatomy for the Use of the Students of St. Bartholomew's Hospital," of a paper "On the Sanitary Condition of Oxford," published by the Ashmolean Society, of "A few Plain Words on Cholera," and of several articles in the *British and Foreign Medical Review*. He was a Fellow of the Royal College of Surgeons and of the Medico-Chirurgical Society.

THOMAS POYSER, Esq., F.R.C.S.

FOR fifty years Mr. Poyser had been the leading practitioner at Wirksworth and the adjoining district of Derbyshire. His mind was highly cultivated; and his extensive reading, added to his great experience, enabled him to bring to bear upon his profession all the known resources of our art. He had seen much and thought much, and has left valuable practical information in two ably-written papers which appeared in the *London Journal of Medicine*—"Cases and Dissections chiefly in reference to the Uncertainty of Diagnosis," and "Illustrations of the Difficulties which beset some Cases of Disease."

His kindness of heart, cheerful disposition, and warmth of friendship endeared Mr. Poyser to all who knew him; and it is no figure of speech to say that by a wide circle his loss will be long and deeply regretted. His death took place on the 11th inst., after a very brief illness.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th inst., at Bristol, the wife of M. Willett, Esq., M.R.C.S.E., of a son.

On the 16th inst., at Grange-road, Bermondsey, the wife of H. Cuolahan, Esq., M.R.C.S.E., of a son.

MARRIAGE.

On the 6th inst., at St. George's, Bloomsbury, John Shortt, M.D., M.R.C.P., &c., of the Madras Army, to Ellen Julia Anne, only daughter of the late Alexander Blyth, Esq., Surgeon of H.M.'s ship *Unité*.

DEATHS.

On the 5th inst., at Lynedoch-crescent, Glasgow, M. S. Buchanan, M.D.

On the 19th inst., at Edinburgh, Andrew Anderson, M.D., formerly Surgeon in H.M.'s 92nd Highlanders.

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The late Mr. Avery's Inventions.—We beg to call the attention of Mr. Weiss, whose letter we printed in the last number of this journal, to the first notice we gave of the laryngoscope, (THE LANCET, April 28th.) He will there see that we were not unmindful of the claims of the late Mr. Avery, whose inventions were ever highly appreciated by the profession and ourselves.

A. B. C.—He could not attach M.D. to his name. He can call himself "Dr."

DISCHARGE OF CARBONACEOUS MATTER FROM THE NARES, ETC.

To the Editor of THE LANCET.

SIR,—In your impression of October 15th, 1859, you did me the honour to publish a few observations "On Two Cases of Unusual Discharge of Carbonaceous Matter from the Nares and Intestines," occurring, in each instance, in the person of married women.

I was in hopes that the publication of these remarkable cases might have invited some of your readers to suggest an explanation of phenomena so unusual; but in this hope I have been disappointed. Under the head of "Foreign Department," in your journal of the 26th ultimo, you have published some observations of a case which naturally arrested my attention, as affording the nearest approximation to my own that has yet come under my notice. I shall be excused, perhaps, if I give a condensed version of the account:—

A young lady, aged nineteen, after having been rather painfully excited, noticed black stains on her eyelids. Towards the end of last year, M. Hardy, Physician to the St. Louis Hospital, found her in the following state:—"Cutaneous aspect of upper and lower lids, on both sides, covered with a greyish-black layer, which, examined closely, looked like *coal-dust*. By passing a piece of linen moistened with oil on the lids, a dark spot like lamp-black was left on the linen. After this cleansing process, the eyelids looked normal, even when examined with the magnifying glass. Two hours afterwards the lids were black again. All kinds of applications used to prevent this secretion have successively failed. Some members of the Medical Society of the Hospitals of Paris (before whom the case was brought) thought there might have been some deception in these cases."

In an earlier part of the details it is recorded that "this peculiar complaint, although hardly known in other parts of France, has been observed seven or eight times at Brest, always upon women, belonging to various ranks of society."

In my own case, while there was no possible motive for deception, I had the surest guarantee of the existence of what I described, in my personal observation of the sooty or carbonaceous discharge from the nostril, renewed over and over again, after being cleansed away from the part before my eyes.

I remain, Sir, your obedient servant,

M. BROKE GALLWEY,
Surgeon-Major, Royal Artillery.

Woolwich, June, 1860.

Medicus.—There was no objection to C. D. seeing the patient in the interest of the Society; but he should have first communicated with A. B. A contrary line of conduct would be discourteous and unprofessional.

G. T. M., (Edinburgh.)—Surgeons to some of the prisons; colonial surgeons; Inspectors of Prisons, Mines, and Factories; Commissioners in Lunacy.

THE SOCIAL STATUS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Neither your correspondent, "Army Surgeon," nor "Alpha," seems to have arrived at a correct conclusion regarding the admission of natives and half-castes to the membership of the Royal College of Surgeons. It is not necessary to suppose either that the examinations are particularly easy, or that those gentlemen are so talented as "Alpha" appears to think them. To arrive at the truth, let us ask what is the nature of a College examination? It is a test of the amount of knowledge acquired from books and lectures, and to pass which requires only steady *cramming*. Now, the native and half-caste characters differ from the European in so far that their memories are, generally speaking, much more retentive, and that to them consequently *cramming* is a much easier process. I believe that if a dozen European students were pitted against a dozen natives or half-castes for a mere *cram*, they would be distanced with ease. But, on the other hand, this superior gift of memory is compensated for by a total want of judgment, which renders them (with but few exceptions) incapable of applying their knowledge in cases of novelty or difficulty. Place now our dozen Europeans and our dozen natives or half-castes in an hospital ward, and put them through a thorough clinical examination, and the superiority of the former will become manifest.

To talk of the Indian medical schools as superior or even equal to those at home is, begging "Alpha's" pardon, a pure absurdity. The Medical College Hospital at Calcutta is superb as a building; but, without wishing in any way to disparage the school, I do not think it can be for a moment compared with those in this country.

I am, Sir, yours, &c.,
OMEGA.

June, 1860.

WE have received a letter from *Mr. John Lancelot*, Shadwell, condemning the prescribing of secret remedies. We need hardly say that we coincide in the views of our correspondent.

Kent.—The disease is curable. He should apply to any respectable surgeon. The stamp shall be returned if our correspondent will send his address.

CAN A PHYSICIAN BE A BANKRUPT?

To the Editor of THE LANCET.

SIR,—Though not a medical man, I am a constant reader of your journal, and am amply repaid for its perusal by the valuable information I receive. I am occasionally tickled by the difficulties in regard to Scotland and Scottish matters expressed by correspondents, and the letter of "Robertus," in your last week's impression, is an example. I cannot tell him whether a physician can be a druggist, having due regard to the laws of the degree; but I can inform him that a physician can be made a bankrupt. Every person subject to the laws of Scotland can be made a bankrupt, whether trader or non-trader. This has been the law here for some years, and I believe that a provision to the same effect is looked upon by all parties as one of the most valuable enactments in the law of bankruptcy for England, now before the House of Commons.

I am, Sir, your obedient servant,
LAWYER.

Edinburgh, June, 1860.

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Adjutor Medicus.—The subject of his communication is under consideration by the Council. If apprenticed prior to the 8th of December last, or if he enter to hospital practice in October next, he will be exempt from the new regulations.

An Apprentice.—The indentures will be received by the Apothecaries' Society.

THE NEW MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—The law as recently laid down by the judges amounts to this: that a man who calls himself a surgeon is presumed to be a surgeon, and cannot be convicted under the Medical Registration Act unless the falsehood of his pretence to that title can be demonstrated. Thus it would appear the law is as bad as ever. What an anomaly!—what pseudo law-makers our statesmen are! The *onus probandi* that a quack is not possessed of a diploma or other qualification, which justifies him in representing himself to be a regular practitioner, rests on the prosecutor! In order to bring to justice a usurper of a medical or surgical diploma, it is necessary to prove a negative! This will be good news to all the quacks, who have been deterred from calling themselves doctors or surgeons for fear of the fine of £20. It may have been observed that, subsequently to the enactment of that measure, the nostrum-vendors, whose advertisements disgrace the columns of too many of our newspapers, &c., have been very guarded and particular in the denominations which they have ventured to assume.

The sole check which the Medical Act opposes to the practices—that is, the medical practice—of these persons is the disability under which it places them to sue for the amount which they have charged their dupes for worthless advice and pernicious medicine; but this is a small advantage. The quack, in this case at least, has his remedy against the non-solvency of the "afflicted" who may have consulted him. It is comprised in the formula—"no pay, no attempt at a cure." Thus the Medical Act, as it stands, is abortive—of no available benefit to the legally-qualified practitioner, who had much better have paid his registration fee to the Medical Benevolent College.

Trusting this gross state of the law may be soon remedied, and that the profession will rise as one man, and demand from the Legislature an amendment to the Act, wherein the law shall be more distinctly defined, and one which shall be more consonant with the spirit of the age,

I am, Sir, your obedient servant,

London, June, 1860. JUSTICE.

*** On referring to a paragraph of news in the present number of THE LANCET, it will be seen that the Legislative Council of Tasmania have succeeded in passing an Act, which is sufficiently simple and stringent to meet the difficulties which the members of the profession have to encounter in that country. We have reason to know that in Tasmania the Act is productive of great benefit. It can surely not be difficult to introduce into the Medical Act such a clause as will not only be consistent with common sense, but satisfactory even to the most crotchety lawyers. The interests of the public demand that such a clause should be introduced, and it is clearly the duty of the General Medical Council to take such steps as will ensure such clause becoming part of the law of the land.—ED. L.

Constant Reader, Mr. C. P.—The apprenticeship will be regarded as the commencement of the professional education.

S. L. G., L. R. Coll. Phys. Ed.—He is entitled by law to call himself a physician.

MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—I have just noticed a letter with the above heading in your impression of the 26th May. I am sorry to have to inform your correspondent that he cannot enforce payment of the fee for the treatment of the fracture. Similar cases occurred to one of my colleagues, Mr. Ransom; and in reply to his inquiry, the Poor-law Board distinctly stated that the medical officer is not bound to attend any case without a proper order for his attendance; but that if he chooses to attend without an order, the guardians are not obliged to pay him the fee.

Mr. Ransom and myself have both resolved not to attend *any* case without an order, and I think if this plan were generally adopted, we should have more chance of obtaining justice, as the relieving officer must then have to choose between following the instructions of the guardians or rendering himself liable to a verdict of manslaughter, in the event of death without medical attendance, he having to rise occasionally in the night for the purpose of giving or refusing orders. Besides, your correspondent will find the subject more fully noticed, with a letter of mine, in Mr. Griffin's last pamphlet.

I am, Sir, your obedient servant,

Causeway, Cambridge, June, 1860. JAS. T. BECK, M.R.C.S.

A Plaintiff.—The Medical Register will be taken as evidence in a court of law that he is entitled to recover. It is advisable that our correspondent should tender the Register in proof of his being a properly qualified practitioner.

UNPROFESSIONAL ANNOUNCEMENTS.

To the Editor of THE LANCET.

SIR,—Allow me to call your attention to the enclosed, and to ask you if such should be allowed. This is truly trying to *elevate* the profession, and would at the first glance be thought to emanate from some druggist; but no doubt you will feel surprised to know that the name of the party in question is entered in the Medical Directory as follows:—"M.R.C.S. 1856; L.S.A. 1854; Surg. City of London and East London Dispensary; Dist. Med. Off. St. Luke's; Fell. Obst. and North London Med. Socs.; Mem. Hunt. Soc."

Yours respectfully,

Hoxton, June, 1860. ANTI-QUACKERY.

"Mr. Bletchly has determined, for the benefit of the poor resident in his district, who are unable to pay a large sum for medical attendance, but at the same time are desirous not to become a burden to the parish, to supply them with all necessary medicines and attendance as follows:—Children, 1s. per week; adults, 1s. 6d. ditto; midwifery, 10s.

"7, Commercial-place, City-road."

Chirurgus.—There is no arbitrary line of distinction between medical and surgical cases. Some partake of both. It is still a *quæstio vexata* whether the disease in question should be regarded as a medical or a surgical malady.

Dr. H. Osborn.—Under the circumstances of the case, it would be better not to publish the communication.

Mr. J. W. Curron.—The subject is noticed in another part of our impression. The publication of the letter thus becomes unnecessary.

Pill-box, (Bromsgrove.)—He is not entitled to append M.D. to his name.

DR. TWEEDIE'S LECTURES: PULVIS JACOBI VERUS.

To the Editor of THE LANCET.

SIR,—Dr. Tweedie, in his last "Lecture on Fevers," writing on the exhibition of the "Pulvis Jacobi Ver." in certain conditions of the patient, makes a parenthetical caution that our preparation of that medicine should be used. The importance of this direction cannot be overrated, and you will perhaps afford us space to caution the profession, through your valuable columns, upon the matter.

This preparation, to which reference is made, still possesses those qualities which obtained for it such celebrity in the middle of last century, and is prepared *always* by one of the members of our firm from the only recipe (in the doctor's writing) extant, which has never left our possession since it was furnished to our great grandfather, who was partner with him.

During the last twenty-five years, however, imitations have been brought forward, having no pretension to genuineness, in which the code of dose is so different to that habitually prescribed by Dr. James, and others who adopt our medicine in their daily pharmacopœia, that it becomes necessary to particularise "Newbery's" in the prescriptions, as the chemist too often dispenses the pulvis antimonialis of the Pharmacopœia, when no such direction as above mentioned is given. We are, Sir, your obedient servants,

St. Paul's-churchyard, London, June, 1860. F. NEWBERY AND SONS.

Anxious.—Under proper management, the disease is amenable to successful treatment. The advertising impostors will fleece him both of his health and his money.

A. B. C.—He cannot recover for the medicines supplied, and must sue simply for his attendance.

Mr. Arthur Taylor.—Mr. Bourjeaurd's address is Davies-street, Berkeley-square.

Mr. G. F. Boddington.—We will make inquiries on the subject of the letter, and communicate the results in a private note.

SWALLOWING PEBBLE-STONES.

To the Editor of THE LANCET.

SIR,—The following case appears to me so remarkable, as displaying the power which nature possesses in removing from the system any foreign bodies with which it may be burdened, that, with your permission, I have considered it not unworthy of occupying a small space in your valuable journal:—

In the month of August of last year, Charles B——, a child of six years old, residing in this village, swallowed within the space of a few hours the enormous number of 160 pebbles, of various shapes and sizes, the largest, at a low estimate, equalling the size of a small walnut. They weighed, as ascertained after evacuation, over seven ounces. No medicine was administered, but simply by peristaltic efforts were they ejected from the bowels. Some difficulty was experienced during their passage through the anus, the child being compelled to assist himself by using his fingers. No ill effects happened at the time; but I may add that the occurrence has left behind a relaxed condition of the sphincter ani, thereby prohibiting at times the poor child from retaining his fæces. I am, Sir, your obedient servant,

Isleham, Cambridgeshire, June, 1860. W. A. RACKHAM, M.R.C.S.

A Foreign Graduate.—The question will probably be settled during the present session of the General Medical Council.

Juvenis, I.—1. He is exempt.—2. Yes.—3. Subject to certain regulations, he will have that privilege.

Junius.—Such a qualification cannot be registered.

THE letter of our Paris correspondent is unavoidably postponed until next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Henry Bennet; Dr. E. J. Wood, Glasgow; Mr. Charles Townsend, Birmingham; Mr. J. R. Shorto, Southampton; Mr. Collins, Lofthouse; Dr. H. Bakewell, Deptford; Messrs. Castle and Lamb; Mr. Longhurst; Mr. F. Abbott, Hobart Town; Dr. Swarbeck Hall, Hoberton; Mr. Joseph Maclise; Dr. C. J. B. Aldis; Mr. Theoph. Smith; Dr. H. Osborn; Mr. G. S. Robinson; Mr. A. B. Steele, Liverpool; Dr. Daniel Hooper; Dr. Deeneux; Mr. Mumford, (with enclosure;) Dr. Beith, (with enclosure;) Dr. Robertson; Mr. Fleischmann; Mr. Nicolson, (with enclosure;) Mr. Whitehead, (with enclosure;) Dr. Buist, Cardiff; Mr. Hunter, (with enclosure;) Mr. Evans, (with enclosure;) Mr. Ridsdale, (with enclosure;) Mr. Bowker, (with enclosure;) Mr. Beaumont, (with enclosure;) Mr. Mason, (with enclosure;) Mr. Thompson, Launceston, (with enclosure;) Mr. T. W. Clarke, (with enclosure;) Mr. Poole, (with enclosure;) Mr. Edwards, (with enclosure;) Mr. B. Smith, Wolverhampton; Mr. Jackson, Stockport; Dr. Wilme; Messrs. Newbery and Sons; Mr. John Lancelot; Surgeon, (with enclosure;) Medicus, (with enclosure;) Pudor; Lawyer, Edinburgh; Impromptu; An Old Subscriber; Omega; M.D. Edin.; Anti-Quackery; Adjutor Medicus; A Plaintiff; A Foreign Graduate; Junius; A. B. C.; A Pupil of St. Bartholomew's Hospital; An Apprentice; Anxious; Pill-box, Bromsgrove; G. T. M., Edinburgh; &c. &c.

THE *Wolverhampton Spirit of the Times*, the *Hobart Town Daily Mercury*, the *Sherborne Journal*, and the *Edinburgh Daily Courant* have been received.

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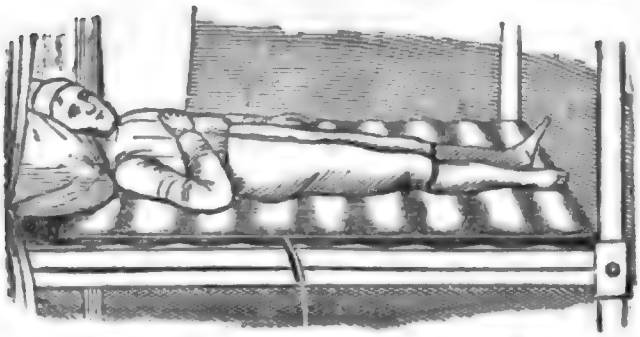
HOOPER'S HYDROSTATIC BEDS AND WATER CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.



Hydrostatic Bed, for an ordinary Bedstead.

Hydrostatic Bed, of intermediate size.

(The Width of the Bedstead should accompany an Order.)

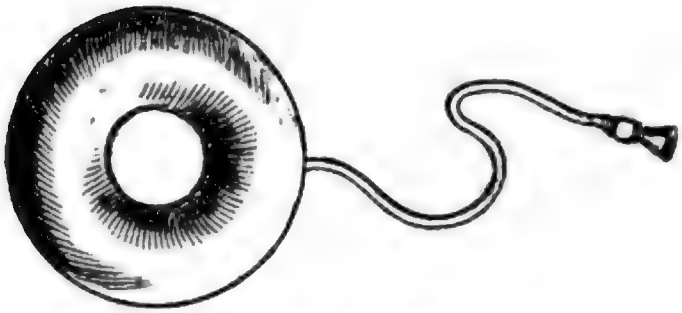
FOR

BED-SORES,
CONSUMPTION,
DROPSY, FEVERS,
FRACTURES,
PARALYSIS.

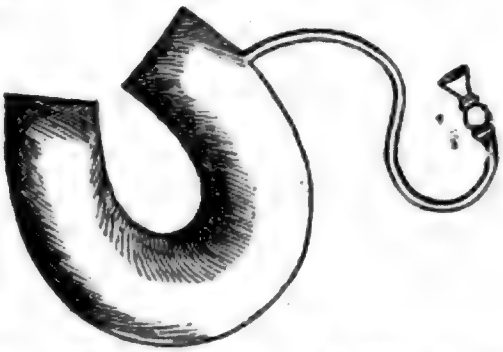
Form of Cushion for general purposes.

FOR

SPINAL DISEASES,
SLOUGHING SORES,
ALL INVALIDS
AND
BED-RIDDEN PATIENTS.



Circular Cushion, for sitting on.
Can be had with or without a Hole in the Centre.



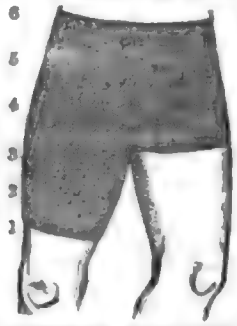
Horse-shoe Cushion, for preventing Bed-Sores over the Sacrum.

Cushion for applying Hot Water to the Stomach or Feet, and for affording Relief to the Ankle, Heel, or Elbow.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.

1
KNEE CAP AND ANKLE SOCK.



ABDOMINAL SUPPORTER AND THIGH-PIECE.

1
STOCKING BELOW THE KNEE.

Constructed of a light material, giving comfortable and permanent pressure.

HOOPER'S URINALS.

WITH VALVE TO PREVENT LEAKAGE.

For Invalids and Railway Travellers.

Waterproof Sheeting, greatly reduced in Price.——**Elastic Bed-Pan or Receptacle,** for Invalids.
Hydrostatic Enema, simple and inexpensive.

WM. HOOPER, Operative Chemist, 7, Pall-Mall East; and 55, Grosvenor-street, London.

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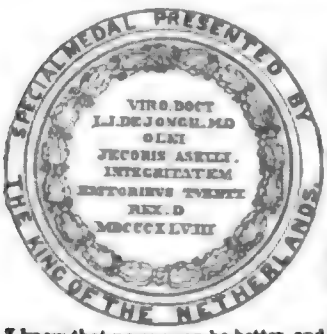
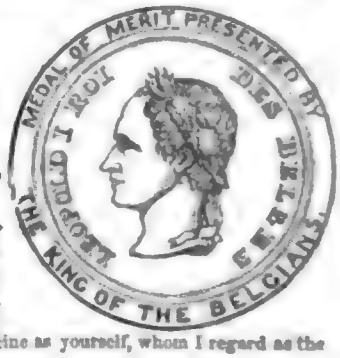


DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

The late JONATHAN PEREIRA, M.D., F.R.S., F.L.S.,

Professor at the University of London, Physician to the London Hospital, &c. &c.

"My dear Sir,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the Author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that, for medicinal purposes, no finer Oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) **JONATHAN PEREIRA,**

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1861.

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Carbonate of Bismuth, preferable to

the Trisnitrate, being more miscible with fluids, and compatible with the Alkaline Carbonates; dose, 5 to 10 grains.

Fluid Confection of Senna. The price of this preparation has been reduced to meet the general wish.

Confection of Senna Ph. L., which does not ferment.

Syrup of Iodide of Iron with Sarsaparilla, invaluable in Strumous Affections; 2 fluid drachms contain 5 grains of Iodide of Iron; dose, 1 or 2 teaspoonfuls, diluted or not.

Tannate of Glycerine, a powerful Astringent, miscible with water in any proportion.

Ammonio-Phosphate of Iron in soluble scales; dose, 4 to 10 grains.

Tannate of Bismuth in powder; dose, 4 to 10 grains.

FISHER, SON, & HASELDEN beg to direct the attention of the Profession to the above valuable preparations, as prepared by them in their Laboratory,

18, Conduit-street, Regent-street, London, W.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.

COD-LIVER OIL with IODIDE of IRON, &c. &c.

The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 2s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—BERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Dugong Oil; its Value in Consump-

tion and Scrofula: being most agreeable, and superior to Cod-liver Oil in its results. Vide Pamphlet advertised by J. McGrigor Croft, Esq., M.D., M.R.C.P. Lond., late Senior Medical Officer of her Majesty's Ceylon Rifles, Staff-Surgeon to H.M.F., and Hon. Physician to the Middlesex Volunteer Artillery Corps. To be obtained only of the Author, Mandarin Villa, 8, Abbey-road, St. John's-wood, London. Price 7d. post free.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, Bond-street and all respectable Wholesale Druggists and Patent Medicine Houses.

Health, Pure Air, and Fresh Water.

CONDY'S PATENT FLUID is harmless and inodorous. Depending on the presence of Nascent Oxygen, Nature's true and only purifying agent, it disinfects and purifies everything, solid, liquid, or aëriform, and forms, when diluted, an invaluable lotion, which does not stain the finest linen. In bottles, green, 6d., 1s., and 2s.; crimson (stronger and purer), 1s., 2s., and 4s.

CONDY'S PATENT HEALTH POWDER is also harmless and inodorous, depending on the same principle, and destroying all smells in the same manner, in lieu of disguising them. In bottles, 1s., 1s. 6d., & 3s.; and in casks, 1 cwt., 36s.

LIQUOR POTASS. PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
LIQUOR MAGNESIÆ PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.
LIQUOR CALCIS PERMANGANATIS (CONDY). Gr. ij. ad ℥ i.

Solutions of pure Permanganates, for internal and external use. Antiseptic and Tonic. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

Wholesale and Retail Agents: J. Bell and Co., 338, Oxford-street, London; F. Squire, 277, Oxford-street; Savory and Sons, Bond-street; Morson and Son, Southampton-row; Butler and Crispe, 4, Cheapside; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; J. Mackay, 131, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.—Chemical Works, Battersea, S.W.

Andersons' Oil of Horse-Chestnuts.

The Profession are cautioned against spurious imitations. Messrs. Andersons have subjected to careful chemical analysis several samples, and find them to be composed principally of Ether with Caustic Potash. Messrs. A. were the first introducers of this invaluable remedy for Gout into England.

LIQUOR CASTANEI (Solution of Horse-Chestnuts)—safe, agreeable, and efficacious in Gout, &c., in doses of 2 to 4 drachms.

LITHIA WATER, prepared from the written directions of Dr. Garrod; 3s. per doz. to the Profession.—ANDERSONS, 30, Duke-street, Manchester-square.

Oil of Horse-Chestnuts.—Caution.

Messrs. REW & CO. are compelled to caution the Profession against the purchase of spurious Oils which are sold as Oil of Horse-Chestnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address as under.

LIQUOR CASTANEA EQUINA. This preparation of the Horse-Chestnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, two to four drachms.

LITHIA WATER, LITHIA AMMONIA, and LITHIA WITH POTASH, prepared by the directions of Dr. Garrod. These Waters are most agreeable in flavour, and strongly effervescent. 5s. per dozen, with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. REW & CO., Operative Chemists, 282, Regent-street, London.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.—30, New-street, Dorset-square.

Pilules de Hogg à la Pepsine, pure

ou unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with the PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated, Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

The great hindrance to the more extensive satisfactory treatment of disease by means of this agent has been the difficulty of obtaining Acidulated Pepsine in a pure state, and administering it in an agreeable form, without destroying its wonderful properties.

Mr. HOGG, Pharmacien, 2, Rue Castiglione, Paris, has not only been fortunate enough in preparing pure Pepsine in large quantity and in a convenient form (Resino-Balsamic coated Pills), but also in uniting most successfully this valuable agent with *pure Iron reduced by Hydrogen* and the *Proto-Iodide of Iron.*

In the report of the Committee, composed of Messrs. Longet, Londe, and Bouchardat, appointed by the Imperial Academy of Medicine of Paris to examine the merits of Mr. Hogg's Preparations, it is stated, "that Pepsine combined with Iron or its Proto-Iodide modifies by its digestive powers the irritating qualities which have so often prevented Physicians prescribing these medicines for delicate and nervous temperaments before the introduction of these valuable Preparations of Mr. Hogg."

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is sole Agent for these three Preparations in the United Kingdom.

Sold in bottles, 2s. 9d. and 4s. 6d., of 50 and 100 pills. See Pamphlets, sent gratis on demand.

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: EXTRAORDINARY EFFICACY OF
S BROWNE'S
MY MEDICAL STAFF)
O D Y N E.
EDATIVE, ASTRINGENT, ANTI-SPASMODIC, DIURETIC.

:mony of the exceeding value of this New Remedial Agent.

ropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the

omparable Chlorodyne! The best idea I can give you of my estimate of its
ances of it, and, as each ounce contains about fifty adult doses, I have given at
r independent of a large quantity which I have prescribed, and the patients
e, and its effects totally dissimilar to those of opium or any other English
o ensure its best effects. Out of the many hundreds of patients for whom I

d diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an
t heavenly state of repose.
ases of phthisis; eight of these patients had been examined by other Medical
nature of the disease does not rest upon my testimony alone. They were all
e. Two of the cases were in the last stage—i.e., cavities had formed in the
in the second stage—that of softening; in five of these hæmoptysis was a
ell. Five of them have quite recovered; the others, with one exception, are

that form of the disease attended with laryngeal complication—i.e., irritation of
hese cases I can speak of it as a remedy of the highest value.
round the umbilicus, it is invaluable; one dose, or at most two, being sufficient.
e most marked in cases of hæmorrhage, which it will arrest almost instanta-
affords relief in a very short period.
't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea
ith which you may successfully combat disease in many of its forms, and those
l anodyne properties, it also possesses remarkable chemical ones, and has a
es of secondary sores and indolent ulcers assume quite new features, when the

with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From H. LEE HOGG, Esq., Surgeon, Toddington.

"SIR,—I am much pleased with the action of Dr. J. Collis Browne's Chlorodyne. One day last week I was sent for in a hurry to visit a man suffering intense agony. I concluded he was passing a renal calculus, and I was correct. I at once gave him thirty minims of Chlorodyne, which caused almost immediate cessation from pain; and ten minims every four hours. The man passed a calculus as big as a small pea; and I have heard nothing more of him. I have also employed it in a case of severe after-pains with very satisfactory results; also in cases of asthma and bronchitis with marked benefit."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarized antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. B. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

'E; disappointment will result from any other.—See the Manuscript Signature.

uantity of 10 *Ounces carriage free.*

'PORT, Operative and Pharmaceutical Chemist,
BLOOMSBURY-SQUARE LONDON.

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NATURAL MINERAL WATERS OF VICHY.—The VICHY WATERS COMPANY having the grant from the French Government for the exclusive right of sale of these waters, bottle them at the springs, and consign them direct in their genuine state to their English Depôt, 27, Margaret-street, Cavendish-square. The efficacy of these Waters in Stomach, Liver, and Renal Diseases, Gout, Rheumatism, Diabetes, &c., are too well known to need comment. The PASTILLES or LOZENGES, which are so celebrated for promoting digestion, prepared from the saline constituents of the Waters at the Vichy Laboratory, and the Salts for drinking or for a bath, can also be had at

The LONDON DEPOT, 27, MARGARET-STREET, CAVENDISH-SQUARE, and at all the most respectable Chemists and Druggists.

Bastick's more Certain Forms of REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. *Vide* THE LANCET, Feb. 12.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

New Remedies introduced by Messrs. CURTIS & CO.

SYR. QUINÆ FERRIQUE SUPERPHOSPHATIS.

SYR. QUINÆ FERRIQUE SUPERPHOSPH. CUM STRYCHNIÆ PHOSPH.

Both tested and highly valued for their regenerating effects in extreme debility, &c.

The attention of the Medical Profession is also invited to Messrs. CURTIS & Co.'s

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859 (vide THE LANCET, June 11th, 1859).

"University College Hospital, Oct. 26th, 1858.

DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to far exceed all other preparations of the kind.

HENRY HEMSTED, M.R.C.S."

Ergot has more recently been given in some forms of "OPHTHALMIA" with favourable success, as will be seen from the following:—

"30, Devonshire-street, Portland-place, May 26th, 1860.

DEAR SIR,—Will you be so good as to deliver to the South London Ophthalmic Hospital two more bottles of your Solution of the Ergot of Rye, as, having met with some rather remarkable results from the first sample you sent me, in some cases of 'OPHTHALMIA,' I wish to give the remedy a more extensive trial.—Yours very truly, J. ZACHARIAH LAWRENCE.

To Mr. Curtis, Chemist, 48, Baker-street, W."

Manufacturers of all the Preparations from British Medicinal Herbs.

Orders received at the Manufactory, 15, Crawford-street, and at 48, Baker-street, London, W.

West-end Dispensing Establishment.

(NOTICE OF REMOVAL.)

Messrs. CURTIS, in returning their sincere thanks to the Profession for past favours during many years of unremitting energy at their former House of Business in Crawford-street, beg to inform the Profession that, in consequence of a considerable increase in their Business, they have removed the DISPENSING and FAMILY BRANCH of their Trade to more eligible premises (No. 48, BAKER-STREET), which are replete with every convenience for carrying on an extensive Business, the arrangements being such as must ensure accuracy and punctuality in despatch, so essential to the mutual interest of the physician and patient.

48, Baker-street, W., Jan. 1st, 1860.

N.B.—The Wholesale and Manufacturing Branch is carried on, as heretofore, at No. 15, Crawford-street, W.

Pharmacie Française, 57, Princes-street, Leicester-square.—LE MAOUT, Chemist, from Paris.—Médicamens Spécieux—Remèdes Raspail—Ricord's Medicines, French patented—Capsules Le Maout, and all French Medical Articles.—Prescriptions accurately prepared.

Alcohol as a Medicine.—Members of the Medical Profession are respectfully invited to give their opinions, whether, if in any cases of disease Alcohol be considered indispensable, it could not, for such cases, be compounded and sent (as other drugs are) by the Apothecary? And if not, why not?—Communications to be addressed, Box 67, Post-office, Bolton, Lancashire.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

Aërated Lithia Water.—Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also by the same makers as usual—Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Hogg's Lithia Water, Super-CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.

Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.

Seltzer, Vichy, Pulina, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 8, Albion-place, Hyde-park-sq.

Struve's Seltzer, Fachingen, Vichy, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH & CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

Kent's Pharmaceutical Preparations of BRITISH MEDICINAL HERBS.—These Preparations have received universal approbation, and gained first Prizes at the London Great Exhibition in 1851, the Paris Exhibition of 1855, and also the New York Exhibition. They may be obtained of Mr. W. Kent, Walsham-le-Willows, Suffolk; or of his Wholesale Agents, Mr. W. H. Pucklee, Chemist, 86, New Bond-street; or Mr. C. F. Buckle, 3, North-place, Gray's-inn-lane, London.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper on Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James' Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James' Fever Powder is sold at a price within the reach of all.

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.

Price for Dispensing,—quarter ounce, 3s. 4d.; one ounce, 9s.

Please to prescribe it as—"*Pulvis Jacobi ver., Newbery's.*"

CHLORODYNE.

ADDRESS TO THE MEDICAL PROFESSION.

Physicians, when prescribing CHLORODYNE, believe that their patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results. And why? Because the word Chlorodyne is dishonestly and piratically applied to compounds in imitation of, or substituted for, the only genuine—viz.,

DR. J. COLLIS BROWNE'S CHLORODYNE.

Dr. J. C. BROWNE discovered and named this extraordinary remedy, and confided its manufacture solely to J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury; therefore the assumption of the name or title of the word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing using the words Dr. J. COLLIS BROWNE'S Chlorodyne.

Price to the Profession, 3s. per fluid ounce, and in quantity of 10 ounces carriage free. The genuine bears a red stamp, with the words Dr. J. COLLIS BROWNE'S Chlorodyne, in white letters, over each bottle, and the signature of J. T. DAVENPORT on the label inside.

Engineering, Surveying, Architecture, &c.—PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c.—For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

Royal Medical Benevolent College.—The Rev. F. R. PENTREATH, M.A., Second Master, receives into his house a limited number of BOARDERS. A few Vacancies at Midsummer.—Apply to Rev. R. Thornton, D.D., Head Master, or to Rev. F. R. Pentreath, South-street, Epsom.

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Royal College of Surgeons of England.

Notice is hereby given, that on and after the 1st of October next, all Candidates for the pass-examination for the Diploma of Member of this College will be required to produce a Certificate of Instruction in Vaccination.

20th June, 1860. EDMUND BELFOUR, Secretary.

Anatomical Demonstrations for First

M.B. EXAMINATION.—Mr. CHRISTOPHER HEATH, F.R.C.S., Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT, specially adapted to this Examination, during JULY. The Demonstrations will be given daily, from 4 to 6 P.M., at the Westminster Hospital, commencing on Monday, July 2nd. Fee, Five Guineas.

Operations.—Army, Navy, and India

EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or, with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

The Queen's College, Birmingham.

The appointment of PROFESSOR of CHEMISTRY, and the appointment of MEDICAL TUTOR at Queen's College and ASSISTANT-PHYSICIAN at Queen's Hospital, having become vacant, Gentlemen proposing to become Candidates will send in their applications, accompanied by testimonials, on or before Friday, June 29th. The endowment of the latter appointment is £40 per annum, paid half-yearly; rooms in College (without board); half the fees arising from the Demonstrations, and the entire fees from the Junior Classes.

June 5th, 1860. WILLIAM SANDS COX, Dean of the Faculty.

Headley Incorporation. — Appointment of MEDICAL OFFICER for the DISTRICT and WORKHOUSE.

The Guardians of the Poor of this Incorporation, at a Meeting to be held at the Board-room, Headley Workhouse, on Monday, the 2nd day of July next, at 12 o'clock at noon, will proceed to the Election of a MEDICAL OFFICER for the District and Workhouse. Salary, about £100 per annum.

Medical Practitioners must have the requisite qualifications, and residence within the district would be preferred.

Applications and testimonials, with certificates of qualification, to be sent to the Board-room, addressed to the Chairman, on or before the 2nd day of July aforesaid. By order of the Guardians,

JAMES BRIDGER, Clerk, &c. &c.

Macclesfield Dispensary. — Wanted,

a HOUSE-SURGEON to the above Institution. Term, three years, to commence on the 1st September next. Salary, £100 per annum, with suitable apartments, fire, and candles. By the rules of the Institution, it is provided that no person be admitted a candidate who is not a Member of the College of Surgeons in London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Hall. Further particulars may be had on application to the Secretary. Testimonials to be produced on or before Saturday, July 21st, and the Election will take place on Thursday, July 26th, 1860, in the Town Hall, at Eleven o'clock in the morning. MATTHEW BURGESS, Hon. Sec.

Glamorganshire and Monmouthshire

INFIRMARY and DISPENSARY.—Wanted, for the above Institution, a legally-qualified HOUSE-SURGEON. Salary, £100 per annum, with furnished apartments in the house, coal, candles, and attendance. Applications, stating qualifications, and accompanied by testimonials, to be addressed to the Committee, care of Dr. Buist, at the Infirmary, on or before Tuesday, the 3rd day of July.

Cardiff, June 14th, 1860.

Wakefield General Dispensary and

CLAYTON HOSPITAL.—Wanted, a HOUSE-SURGEON to the above Institution, who is a Surgeon and an Apothecary, duly registered under the Medical Act, 1858. Salary, £100 per annum, with residence at the Dispensary, attendance, coals, and gas.—Applications, enclosing testimonials, to be addressed to the House Committee, at the Dispensary, on or before the 5th July next. By order of the Committee,

June 20th, 1860. WILLIAM KITCHING.

South Staffordshire General Hospital.

MATRON.—A Vacancy having occurred in the office of MATRON to this Institution, the Vice-Presidents and Directors will proceed to the Election of a competent person to fill the same on Tuesday, the 24th day of July next, at Eleven o'clock in the morning.

Candidates, who must be unmarried or widowed, and between thirty and fifty years of age, must send in their applications and testimonials, to the care of the Secretary, on or before Monday, the 9th day of July next. Personal attendance will not be required unless requested by letter.

The salary will be £40 per annum, with board, washing, and suitable apartments. By order of the Weekly Board,

Wolverhampton, 19th June, 1860. BENJN. SMITH, Secretary.

South Staffordshire General Hospital.

HOUSE-STEWARD.—The Vice-Presidents and Directors will proceed to the Election of a competent person to fill the office of HOUSE-STEWARD to the South Staffordshire General Hospital, on Tuesday, the 24th day of July next, at Eleven o'clock in the morning.

Candidates, who must be unmarried or widowed, and between thirty and fifty years of age, must send in their applications and testimonials, to the care of the Secretary, on or before Monday, the 9th day of July next. Personal attendance will not be required unless requested by letter.

The salary will be £40 per annum, with board, washing, and apartments; and the party elected will be required to live in the house, and to find security in the sum of £100 for the faithful discharge of his duty.

By order of the Weekly Board,

Wolverhampton, 19th June, 1860. BENJN. SMITH, Secretary.

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University of London.—Notice is hereby given, that, by the resignation of Dr. Rigby, the office of EXAMINER in MIDWIFERY in this University is Vacant.

The Election to this Office will take place on Wednesday, the 25th July next; and candidates must announce their names to the Registrar on or before the 16th July.

By order of the Senate,

Burlington House, June 18th, 1860. WM. B. CARPENTER, M.D., Registrar.

St. Pancras Royal General Dispensary, 26, Burton-crescent.

Patroness—Her most gracious Majesty the Queen.
President—His Royal Highness the Duke of Cambridge.
Treasurer—E. W. Wadeson, Esq.

A Vacancy having occurred in the office of SURGEON to this Charity, by the resignation of Dr. J. Henry Thomas, now elected Physician-Accoucheur, notice is hereby given, that a Special General Meeting of the Governors will be held at the Dispensary-house, on Thursday, the 5th day of July next, at 10 o'clock in the forenoon precisely, to Elect a Successor. Should there be a contest, the ballot will commence at 10 o'clock, and close at noon precisely.

The Committee will meet on Thursday, the 28th day of the present month, for the purpose of admitting candidates, who must be Members of the Royal College of Surgeons, and not practising Pharmacy.

Gentlemen wishing to become candidates are requested to send in their applications to the Dispensary on or before the 27th instant, and to attend, with their testimonials, at the Dispensary-house, on Thursday, the 28th instant, at 10 o'clock in the morning precisely. T. E. BAKER,

26, Burton-crescent, June 15th, 1860. Hon. Secretary.

Epilepsy.—There is a Vacancy for One in the advertiser's Establishment for Young Subjects of Epilepsy. A removal from the parental home is generally found in such cases essential to any beneficial change, their peculiar requirements, both physical and mental, demanding competent and unremitting attention. The advertiser, having for several years received a limited number so affected to reside in his family, and under his personal superintendence, with very satisfactory results, would be glad to give full particulars to any medical gentleman or parent desiring the same.—Address, F. S., Block's, Stationer, Hampstead, N.W.

Private Lunatic Asylum, Middlefield HOUSE, near Aberdeen, under the management of RICHARD POOLE, M.D., F.R.C.P.E.—There are at present a few Vacancies. Terms per quarter, from thirteen guineas upwards. The patients, when able, enjoy the society of the family.

Middlefield House, June 19th, 1860.

Mental Affections.—A Lady, experienced in the treatment of such cases, and who has had the care of a Young Lady for the last three years, wishes for a similar charge. Her House is suitably situate, with a large garden, in the neighbourhood of Regent's-park. The highest references will be given.—Address, A. Z., Seal's Library, Circus-road, St. John's-wood.

To Invalids.—A married Medical Man, residing in a pleasant country town in the Midland Counties, who has until lately had the management of a first-class Private Lunatic Asylum, is desirous of receiving as a single Patient into his own house, which is well adapted for the purpose, a NERVOUS or MENTAL INVALID, who, whilst requiring skilled and careful supervision, is not in such a condition as to necessitate the restraint and restrictions inseparable from an Establishment for the Insane. Terms, including carriage exercise, from £200 per annum upwards, according to the nature of the case and the accommodation required. Address, Medicus, care of Mr. Carter, High-street-place, Nottingham.

To be Disposed of, a Country Practice, with income from £300 to £380 per annum, and capable of being much extended. Terms moderate.—Address, P. G., THE LANCET Office, 423, Strand, London, W.C.

For £850 cash.—To be Sold, with six months' Introduction, a bonâ-fide PRACTICE in a leading thoroughfare, two miles from St. Paul's. Established twenty years. Receipts last year upwards of £1200. Satisfactory reasons for leaving given.—Apply by letter to T. B., Medical Protection Society, 43, Lincoln's-inn-fields.

Death Vacancy.—The death of a gentleman in GENERAL PRACTICE, who has been for the last eighteen years in a populous manufacturing district, offers a good opening for an active Practitioner, of good address, who may be inclined to make an arrangement with the widow, including a fair money payment on entrance.—Letters to be addressed S. B., THE LANCET Office, 423, Strand, W.C.

Rare Opportunity.—A Gentleman obliged, from reasons he will explain, to relinquish a PRACTICE of £600 per annum, in a beautiful locality a few miles from London, will Introduce a Successor on very moderate terms. Any party ready to enter upon it immediately may address Medicus, 234, High-street, Borough, London.

Medical Practice.—To be Disposed of, a long-established and extensive PRACTICE, in a populous and wealthy agricultural district in the east of Scotland. Average professional Income, £900 with little opposition. To a Practitioner of respectability and experience, this will be found a peculiarly favourable opening, and, with such, liberal arrangements will be made as to entry, rent of excellent new dwelling-house, with stabling, coach-house, &c.—Apply to G. W., Esq., THE LANCET Office, 423, Strand, London, W.C.

To Surgeons, &c.—From ill-health of occupant, a good Opening in a Country Village, three hours' rail S.E. from London. Public Appointments of about £90 a year obtainable. Private Practice small, but can again be easily extended by a healthy person. Surgery, if desired, can be converted into an Open one. Premium only £80.—Address, M. R. C. S. E., care of Messrs. Gale and Oldfield, Bouverie-street, Fleet-street, London, E.C.

To Surgeons and Chemists.—To be Disposed of, in a populous neighbourhood and leading thoroughfare West, a handsome commanding SHOP, well adapted for a Surgeon who wishes to commence Practice through Retail, or for an active Chemist and Druggist. Terms moderate.—A. Z., 43, Baker-street, Portman-square.

To Surgeons and Chemists.—A SURGEON'S PRACTICE and RETAIL to be Disposed of, in a crowded City thoroughfare, established fifty years, the proprietor having taken another practice some distance away. A young gentleman with a qualification would do well. Coming in very low.—Apply to Mr. P. Roberts, Wholesale Druggist, 6, Suffolk-lane, Upper Thames-street.

To Surgeons and Chemists.—To be Disposed of, an old-established PRACTICE, with Retail Business combined, situate in a leading thoroughfare of a populous district. The Shop is handsomely fitted, and the Dwelling-house is replete with every convenience. Rent and taxes moderate. None but principals treated with.—Apply to Mr. H. Sowdon, Auctioneer and Business Agent, 4, Commercial-place, Old Kent-road, S.E., and 20, Moorgate-street, E.C.

A Practice of £500 per annum, connected with a Branch Retail, in a pleasant London district, is for Disposal, with Partnership Introduction. The Practice is easily and safely transferable, and offers to a young Practitioner numerous advantages. One and a half-year's purchase in cash will be required. No agent will be treated with. Address, A. B., care of housekeeper, 10, Buckingham-street, Adelphi.

Partnership.—Wanted, a Share in a GENERAL PRACTICE, for a M.R.C.S. and L.S.A., aged twenty-nine, in or near London. He is fully conversant with all the duties of the profession, and has good testimonials. Can pay from £300 to £500 immediately, and allow the greater part of the first year's receipts to be retained by the vendor, and, if necessary, make any further payments out of the Partnership, having an income sufficient to keep up an establishment.—Address, W., THE LANCET Office, 423, Strand, London, W.C.

Partnership is Required by a doubly-qualified Gentleman, where the advertiser may Purchase either a Third or One-half of the Business. An agricultural district preferred.—Address, F. Lesson, Esq., 1, Barnsbury-grove, Barnsbury, London, N.

A M.D. Edin. and Surgeon to an Hospital in a provincial town, desiring change of residence, wishes to meet with a gentleman who can guarantee £100 or £150 per annum the first two years, either from Appointment or Practice, with prospect of increase. A suburb of London, or a good educational town, preferred.—Address, W. E., THE LANCET Office, 423, Strand, W.C.

In consequence of ill-health, the Succession is open to an old-established PRACTICE, near the City, of a most reliable and genuine character, averaging, with some appointments, from £900 to £1000 in actual cash receipts, and with scope for very considerable increase by an energetic person. The double qualification and the command of £1000 are necessary to an effective transfer, which would be unusually secure, as the vendor is willing to associate his name and services with it for an unlimited period, and also include a beneficial Lease and Fixtures of a very desirable, commanding 10-roomed Residence, with surgery, waiting-room, stable, coach-house, and manservant's room attached; built expressly for a medical man, and fitted up with every convenience.—Apply (confidentially) by letter to Medicus, care of George Walker, Esq., 6, Bank Chambers, Lothbury.

To the Medical Profession.—To be Let, a commanding CORNER RESIDENCE, replete with every convenience, situate in the highly respectable and rapidly improving neighbourhood of Mildmay Park, about three miles from the City, of easy omnibus access, and three minutes' walk from a railway station; presenting an opening for the above profession seldom offered. Rent £65.—Apply to Mr. Chappell, Auctioneer, &c., 167, City-road, E.C.

Medical.—Wanted immediately, an ASSISTANT, single, who can Visit, Dispense, and attend Midwifery. Salary £50 a year. Also, a JUNIOR ASSISTANT Wanted.—Apply personally, with unexceptionable references, to Mr. Kelly, 60, Fetter-lane, before 11 A.M. or after 7 P.M.

A M.R.C.S.E., L.S.A., and L.M., (registered,) aged thirty-two, who has had considerable experience in every branch of the profession during the last ten years, wishes for an ENGAGEMENT with a General Practitioner, with a view to Partnership, who, from ill health or other causes, is desirous of being relieved of the more arduous duties of practice.—Address, M. B., THE LANCET Office, 423, Strand.

A Gentleman with the double qualification, aged twenty-eight, thoroughly acquainted with his business and of active habits, is desirous of an Engagement as ASSISTANT; with prospect of ultimate Partnership or Succession preferred. Unexceptionable references given as to competency, character, &c.—Address, P. J., THE LANCET Office, 423, Strand, W.C.

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ESTABLISHED A.D. 1838.

Messrs. Lara and Walters,
(late LANE and LARA,)
MEDICAL AGENTS, ARBITRATORS, and ACCOUNTANTS,
6, PUMP-COURT, TEMPLE, E.C.

PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

MESSRS.

LOCKWOOD, LOCKWOOD, & SYMES,
MEDICAL AND CHEMICAL AGENTS AND VALUERS,
1, BURWOOD PLACE, EDGWARE ROAD, HYDE PARK, LONDON, W.,

transact for Gentlemen in the Medical Profession every description of Agency connected with their Practices, Estates, or other property.

Terms for attendance in any part of the United Kingdom may be ascertained on application.

Office Hours, 10 to 5. Established 1840. Agents to the Globe Life and Fire Insurance Company.

Medical Agency, 34, Terrace,
TOWER-HILL, LONDON, E.C.
Conducted by F. G. MOORE, M.R.C.S. Eng.

The PURCHASE and SALE of Practices, Businesses, and Partnerships negotiated. ASSISTANTS, PUPILS, and APPRENTICES provided. VALUATION of Stock, Fixtures, &c.; and all business matters connected with the Medical Profession transacted on moderate terms.

Business hours, 10 to 5.

North of England Medical and CHEMICAL AGENCY OFFICE.—Gentlemen of the Medical Profession, wishing to go abroad, can receive Appointments to the Charge of Ships' Passengers proceeding to various parts of the world by applying to G. CECIL, (Successor to C. Edmonds,) 11, Bath-street, Liverpool.

Surgical Instruments kept in stock. Medical Practices and Chemists' Businesses Disposed of. Valuations effected. Medicine Chests and Portable Surgeries fitted-up to order.

Any particulars given on application, or forwarded per post on receipt of a stamp.

To Medical Men. — To be Sold, a Position connected with the Shipping interest of Liverpool, in a first-rate locality, for a trifle (say £150). A man who wishes to cultivate a Practice, and has means sufficient to meet a proper introduction from the old-established Chemist holding the premises, will find this a bonâ-fide matter, worth something like from £400 or £500 per annum, clear of all expenses.—Apply to G. Cecil, Medical Hall, Bath-street, Liverpool.

£500 to £600 per annum. — For immediate Transfer, with twelve months' Partnership Introduction, a well-paying PRACTICE, held by the present proprietor thirty years. The House is Freehold, vendor's own property, and may be either rented or purchased. The neighbourhood is populous, and it is an agricultural and manufacturing district. Only one other surgeon within seven miles. The double qualification will be necessary.—Apply to J. HOWNER, Esq., 50, Lincoln's-inn-fields, W.C.

Assistantships. — Wanted imme- diately, Three Qualified Gentlemen for Country Practices, as Resident Assistants.—Also, Four Unqualified Gentlemen, and Five Dispensing Assistants, for Town and Country Practices; two with a knowledge of Retail.—Apply, with testimonials, to Mr. Wilson, 26, Charles-street, St. James's-square, S.W.

Money.—Messrs. Schaller & Comrie, Partnership Agents, 30, Regent-circus, Piccadilly, are prepared to negotiate a Limited Liability PARTNERSHIP, which will afford very large interest on capital, without risk. Business is commercial, and not of a professional character.

A Dispensing Assistant desires a SITUATION, being an expert and accurate Dispenser; age about twenty; can be well recommended by Dr. Hancorn, 56, Shoreditch, London, N.E.

A Dispenser Wanted by a General Practitioner, to Dispense, keep the Books, &c. One able to attend an occasional case of Midwifery would be preferred.—Apply to Mr. Tipper, Stationer, 9, Arthur-street West, London-bridge.

Medical.—Wanted, a Dispenser for a Private Practice in the Country. Apartments and attendance are found.—Apply, giving age, references, and salary required, to Medicus, 79, Guildhall-street, Bury St. Edmunds. Applications not acknowledged within three days are declined.

Medical Transfer and Partnership.
30, Bucklersbury, London.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office hours, 11 to 4.

To be Sold, the advertiser having no further use for it, a most convenient PORTABLE SURGERY, completely fitted up with Drugs, Bottles, &c., and containing every requisite for Dispensing. A SURGEON'S LAMP, with fittings, to be also Disposed of. May be seen any day before 1 P.M. at 24, Oxford-terrace, Hyde-park, W. Letters to be addressed to F. W., as above.

Wanted, an Assistant, to Visit, keep Books, Dispense, and attend Midwifery; one not too juvenile-looking. Salary £40 a year.—Apply to R. S. Bowker, Esq., Surgeon, Appleby, near Atherstone, Warwickshire.

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On Asthma, its Pathology and Treatment. By H. Hyde Salter, M.D., F.R.S. 642

Can a Woman remain Ignorant of her Pregnancy up to the Time of her Delivery? 643

LEADING ARTICLES.

The Proceedings of the General Medical Council 644

Vaccination in the Camp at Shorncliffe 645

Statistical Congress 645

MEDICAL ANNOTATIONS.

Aid for the Wounded in Sicily. — Sanitary Lectures at the South Kensington Museum. — Rheumatism, alleged Damp Beds, and Law.—Two Sides to a Case. — A Surgeon Justified. — The Aquatic Tombstone at Hyde-park-corner 645

General Council of Medical Education and Registration. —Minutes of Meetings of June 19th, 20th, 21st, and 22nd 647

Parisian Medical Intelligence 654

House of Lords. — Adulteration of Food and Drink Bill 656

House of Commons. — Local Boards of Health Bill. — Municipal Corporations (Ireland) Act Amendment Bill 656

MEDICAL NEWS.

Pass-lists of the Royal College of Physicians and Apothecaries' Hall. — Royal College of Surgeons. — St. James's Palace: Honour of Knighthood conferred upon James Ranald Martin, C.B., F.R.S. — Appointments. — Examiners in Midwifery of the University of London.—St. Vincent's Hospital, Dublin. — Liverpool Medical Registration Association. — Association of Foreign Graduates.—University of London. — Supposed Discovery of the Origin of the Vaccine Matter. — New Surgical Periodical. —Medical Men in the House of Representatives of the New Italian Kingdom. — The Best Preventive of Hydrophobia. — Death of M. Lenoir.—Health of the Metropolis 656

Obituary.—Wm. Ogilvie Roberts, Esq., R.N. 658

Births, Marriages, and Deaths ... 658

Medical Diary of the Week 658

Notices to Correspondents 658

Index and Title-Page.

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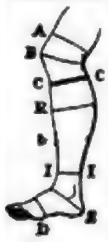

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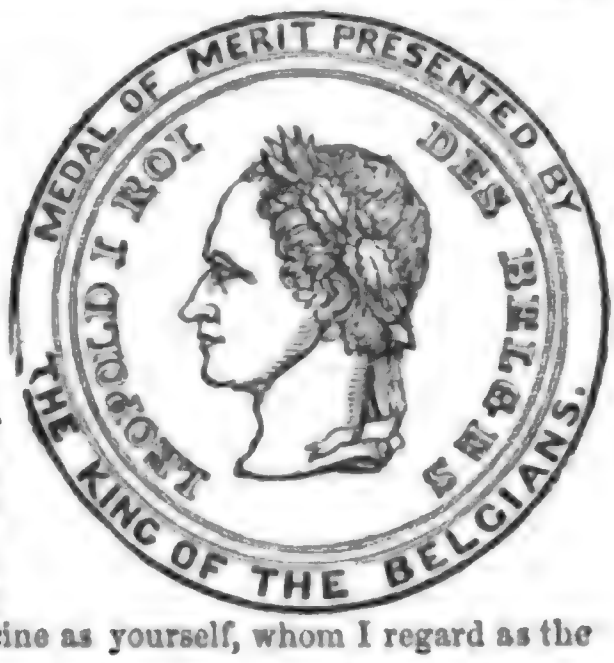

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CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.:

Citrate of Potash, containing 30 grs. Citrate of Potash & Iron, 30 grs. & 5 grs.

Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.

Seltzer, Vichy, Pulna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-place, Hyde-park-sq.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial patronage. The Pump-room and Promenade are now open for the 36th season. The bottled waters are sold at the Pump-room, and by GEORGE WAUGH & CO., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest medical testimonials may be obtained gratis.—CAUTION: Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label and red-ink stamp affixed to every bottle of Struve's manufacture.

Important to the Medical Profession.

GLOVER & CO., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS, of first-class quality, at a very low figure.—Price Lists may be had on application.

19, Goodge-street, London.

Liquor Hyoscyami.

Four times the strength of the Tincture (P. L.), and much superior in its uniformity of strength. Dose: 5 to 30 minims.

The uniform strength of this preparation being guaranteed will furnish to the Medical Profession a most effective and useful sedative.

Prepared only by D. R. LEWIS, Chemist, 104, High-street, Cheltenham.

Sold in bottles ... ... 4 oz., 3s.; 8 oz., 6s.; 16 oz., 12s.

Observe the Proprietor's Signature over the cork.

London Agent—Messrs. Evans and Lescher, 60, Bartholomew-close, E.C.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.;) also to his Liq. Taraxici, Liq. Galii Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Beke (prepared from the Ægle Marmelos, or Indian Bael), for Dysentery and Diarrhœa. W. T. has a large supply of INDIAN BAEL on hand.—*Ext. Laricis Europ.*—BOUDAULT'S PEPSINE imported in Original Corked Bottles by W. TWINBERROW, 2, Edwards-street, Portman-square.

Importer of pure KAMEYLA, used universally in India as an Anthelmintic.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,

And authorised by the Medical Council of St. Petersburg;

Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.

Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED to THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jonas's, French chemist, 48, Haymarket, London. In Ireland, at Mr. Vittins, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Briebetean, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

"VIOLETS" ALL THE YEAR ROUND.

Breidenbach's Wood Violet keeps

any time fresh as the blossom, and in any climate. Be careful to see on each bottle, "H. Breidenbach, 157B, New Bond-street." Price 2s. 6d. Also, Breidenbach's Forget-Me-Not, Farewell, Jockey-Club, and Sauve Bouquets; Breidenbach's Wood Violet Pomade, of all Chemists and Perfumers.

To Gentlemen.—Notice of Removal.

Mr. MILES has found it absolutely necessary to remove his Business to more spacious premises, which will enable him more fully to carry out the plan originated by him of making

TROUSERS AT SIXTEEN SHILLINGS PER PAIR;

and every article connected with his business in accordance therewith. Mr. MILES'S New Address is 73, BROOK-STREET (four doors west of Hanover-square).—No connexion with any other house.

S. W. Silver and Co.'s Outfitting

WAREHOUSES, 66 and 67, Cornhill, E.C.—OUTFITS for Australia, India, and China, for Naval and Military Officers, Cadets, Midshipmen, and civilians; clothing for gentlemen's home use—viz., Naval and Military uniforms and civilian dress of the best material and workmanship; shirts, hosiery, gloves, &c.; ladies' outfits; furniture for camp, barrack, cabin, and colonial use, embracing every variety of cabinet work, canteens, trunks, portmanteaus, &c., suited to all climates.

Manufactory, Silvertown (opposite H.M. Dockyards), Woolwich.

Save Half your Coals, Cure your

Smoky Chimneys, have a plentiful supply of Hot Water in the Kitchen, and a Warm Bath always ready, night and day, by using the

PATENT AMERICAN KITCHENER:

A cheap and perfect Cooking Range, which will cook for a large family at a cost for fuel of one shilling per week, and may be seen in operation daily at the American Stove Warehouse, 155, Cheapside, E.C.—Illustrated Prospectus free.

Handsome Brass and Iron Bedsteads.

HEAL & SON'S Show Rooms contain a large assortment of Brass Bedsteads, suitable for Home use and for Tropical Climates; handsome Iron Bedsteads with Brass Mountings and elegantly Japanned; plain Iron Bedsteads for Servants; every description of Wood Bedstead that is manufactured, in Mahogany, Birch, Walnut-tree woods, Polished Deal and Japanned, all fitted with Bedding and Furniture complete; as well as every description of Bed-room Furniture.

HEAL AND SON'S ILLUSTRATED CATALOGUE, containing Designs and Prices of 100 Bedsteads, as well as of 150 different articles of Bed-room Furniture, sent free by post.—HEAL & SON, Bedstead, Bedding, and Bedroom Furniture Manufacturers, 196, Tottenham-court-road, W.

THE QUESTION AT ISSUE:

Condiment or no Condiment?

First.—Is a saving of four shillings per week in the keep of a Horse, with better health, less grooming, and more work, worth fourteen feeds of THORLEY'S FOOD FOR CATTLE, costing only 1s. 3d.?

Second.—Is an increase of six quarts of rich milk daily per Cow worth two pennyworth of THORLEY'S FOOD FOR CATTLE?

Third.—Is a corresponding profit gained on Sheep, Pigs, and breeding and feeding stock generally, worth corresponding small outlays on THORLEY'S FOOD FOR CATTLE?

These are the GRAND QUESTIONS OF THE DAY, and to all of them Thorley's customers return him an affirmative answer—to the first, YES; to the second, YES; and to the third, YES. A pamphlet showing this, and a profit of from £100 to £500 per cent. on the use of Thorley's Condiment, will be sent free by post on application.

REDUCED PRICES.

Barrels, containing 448 Feeds, with measure ... ... 40s.
Cases, " " " in Packets ... ... 45s.
Carriage paid to any railway station in the United Kingdom.

JOSEPH THORLEY, the Inventor and Sole Proprietor.

Offices: 77, Newgate-street, London; to whom all Post-office orders must be made payable.

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TURE, &c. — PRACTICAL INSTRUCTION given in Surveying, Levelling, Civil Engineering, Architecture, Building, Draughting, Measuring, Estimating, &c., in a short Course, on moderate terms, including FIELD WORK, use of INSTRUMENTS, &c. — For Prospectuses, apply by letter to L. A., 24, Guildford-street, Russell-square, London.

Royal Medical Benevolent College.—

The Rev. F. R. PENTREATH, M.A., Second Master, receives into his house a limited number of BOARDERS. A few Vacancies at Midsummer.—Apply to Rev. R. Thornton, D.D., Head Master, or to Rev. F. R. Pentreath, South-street, Epsom.

To Parents and Guardians. — A

General Practitioner residing in Shropshire, and holding very extensive parochial appointments, is anxious to meet with an educated and gentlemanly Youth, as a PUPIL. He would have every opportunity of becoming conversant with the routine of General Practice. The highest references required and given. For particulars preparatory to a personal interview, address, W. B., Post-office, Bishop's Castle, Salop.

Mr. Mapleson, Dentist (Cupper to

the Queen), has REMOVED to 71, Wimpole-street, Cavendish-square.

Mr. Mapleson's Pamphlet on the Mechanical Treatment of Cleft Palate may be had on application at his residence.

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The Medical Benevolent Fund.—The

ANNUAL GENERAL MEETING of the Subscribers will be held at Mr. CHURCHILL'S, 11, New Burlington-street, July 10th, at 3 o'clock P.M., to receive the Annual Report, Financial Statement, to Elect the Committee, &c.

June 27th, 1860. WILLIAM SELP, Secretary.

Association of Medical Officers of

ASYLUMS and HOSPITALS for the INSANE.—The ANNUAL MEETING will take place at the Freemasons' Tavern, London, on Thursday, the 5th of July, 1860, at *One o'clock*, under the Presidency of JOHN CHARLES BUCKNILL, M.D. Lond., F.R.C.P.

The Dinner will take place at Seven precisely, at the Freemasons' Tavern.

Members of the Profession desirous of admission into the Association are requested to communicate with the Hon. Secretary before the day of Meeting.

The following Papers will be read:—

1. On the Prospects of Physicians practising in Cases of Insanity, by Dr CONOLLY, D.C.L.
2. Suggestions towards a Uniform System of Asylum Statistics, by Dr. LOCKHART ROBERTSON.

The Rules of the Association, as adopted at the Annual Meeting, 1855, can be had on application to the Honorary Secretary.

C. LOCKHART ROBERTSON, M.B. Cantab., Hon. Secretary.

Hayward's-heath, Sussex, June, 1860.

Royal College of Surgeons of England.

Notice is hereby given, that on and after the 1st of October next, all Candidates for the pass-examination for the Diploma of Member of this College will be required to produce a Certificate of Instruction in Vaccination.

20th June, 1860. EDMUND BELFOUR, Secretary.

Mr. G. W. Hind has resumed his

PRIVATE CLASS at 29, Newman-street, Oxford-street. Hours, as usual, from 10 to 12 A.M., and 6 to 8 P.M.

M.D. St. Andrews.—Gentlemen can

be Prepared, either Privately or by Correspondence, for the September Examination, for which Candidates are recommended to commence reading at once.—Address, Medical Tutor, Lewis's Medical Library, 15, Gower-street North, W.C.

Anatomical Demonstrations for First

M.B. EXAMINATION.—Mr. CHRISTOPHER HEATH, F.R.C.S., Demonstrator of Anatomy at the Westminster Hospital, will give a Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT, specially adapted to this Examination, during JULY. The Demonstrations will be given daily, from 4 to 6 P.M., at the Westminster Hospital, commencing on Monday, July 2nd. Fee, Five Guineas.

Ladies' Sanitary Association.—

The Committee beg to announce that a

COURSE OF FIVE LECTURES ON SANITARY SUBJECTS

Will be delivered, by permission of the Committee of Council on Education, in the Lecture Theatre of the

SOUTH KENSINGTON MUSEUM,

On the following Wednesdays: July 4th, 11th, 18th, 25th, and August 1st, 1860, at Half-past Three o'clock.

Lecture I., July 4th.
By the Rev. JOHN ARMISTEAD, Vicar of Sandbach.
On Industrial Employments in Girls' Schools.

Lecture II., July 11th.
By Dr. EDWIN LANKESTER, M.D., F.R.S.
On Sanitary Defects and Medical Shortcomings.

Lecture III., July 18th.
By HENRY ROBERTS, Esq., F.A.S.
On Healthy Dwellings, and prevailing Sanitary Defects in the Homes of the Working Classes.

Lecture IV., July 25th.
By ERNEST HART, Esq.
On Dress and Social Habits in relation to Deformity and Disease.

Lecture V., August 1st.
By Dr. WILLIAM FARR, M.D., F.R.S.
The Arithmetic of Life.

Transferable Tickets of Admission, to the Course, price 4s.; to any single Lecture, price 1s.; to Schoolmistresses and Schoolmasters, half price. May be obtained at the Association's Office, 14a, Princes-street, Cavendish-square, W.; Messrs. Hatchard's, 187, Piccadilly; Messrs. Jarrold's, 47, St. Paul's-churchyard; at the "Englishwoman's Journal" Office, 19, Langham-place, Regent-street; and at the Stall for the sale of Catalogues in the Museum.

Members of the Association are entitled to one transferable ticket each, gratis. Members' annual subscription, 10s.

St. George's Hospital.—A Vacancy

having occurred in the office of ASSISTANT-APOTHECARY to this Institution, gentlemen who are Licentiates of the Apothecaries Company, and wish to become candidates, are requested to apply to the Apothecary for particulars. The Appointment is not restricted to Pupils of the Hospital.

June 27th, 1860.

Glamorganshire and Monmouthshire

INFIRMARY and DISPENSARY.—Wanted, for the above Institution, a legally-qualified HOUSE-SURGEON. Salary, £100 per annum, with furnished apartments in the house, coal, candles, and attendance. Applications, stating qualifications, and accompanied by testimonials, to be addressed to the Committee, care of Dr. Buist, at the Infirmary, on or before Tuesday, the 3rd day of July.

ardiff, June 14th, 1860.

Coventry and Warwickshire Hospital.

HOUSE-SURGEON Wanted.—Candidates must be Members of the College of Surgeons of London, Edinburgh, or Dublin; and must possess a medical qualification. Salary £100 per annum, with furnished apartments in the Hospital, coals, candles, and attendance. A Dispenser is employed.—Applications to be made and testimonials addressed to the care of the Hon. Secretary of the Hospital, Coventry, on or before the 6th of August next.—The duties to be entered upon forthwith.

Coventry, June 25th, 1860.

Medical Officers.—Ticehurst Union.

The Guardians will, at their Meeting at the Workhouse, on the 12th of July next, at half-past 10 o'clock in the forenoon, proceed to appoint a MEDICAL OFFICER and VACCINATOR for the parish of Ticehurst and the Workhouse, at the salary of £105 per annum, with the usual extra Medical and Vaccination fees in addition to the above salaries. Diplomas, testimonials, and certificates of registration to be produced by each candidate on the day of Election, and the offices to be entered upon immediately. For further particulars, apply to ROBT. TOURNAY, Clerk, &c.

Ticehurst, June 21st, 1860.

South Staffordshire General Hospital.

MATRON.—A Vacancy having occurred in the office of MATRON to this Institution, the Vice-Presidents and Directors will proceed to the Election of a competent person to fill the same on Tuesday, the 24th day of July next, at Eleven o'clock in the morning.

Candidates, who must be unmarried or widowed, and between thirty and fifty years of age, must send in their applications and testimonials, to the care of the Secretary, on or before Monday, the 9th day of July next. Personal attendance will not be required unless requested by letter.

The salary will be £40 per annum, with board, washing, and suitable apartments. By order of the Weekly Board,

Wolverhampton, 19th June, 1860. BENJN. SMITH, Secretary.

South Staffordshire General Hospital.

HOUSE-STEWARD.—The Vice-Presidents and Directors will proceed to the Election of a competent person to fill the office of HOUSE-STEWARD to the South Staffordshire General Hospital, on Tuesday, the 24th day of July next, at Eleven o'clock in the morning.

Candidates, who must be unmarried or widowed, and between thirty and fifty years of age, must send in their applications and testimonials, to the care of the Secretary, on or before Monday, the 9th day of July next. Personal attendance will not be required unless requested by letter.

The salary will be £40 per annum, with board, washing, and apartments; and the party elected will be required to live in the house, and to find security in the sum of £100 for the faithful discharge of his duty.

By order of the Weekly Board,

Wolverhampton, 19th June, 1860. BENJN. SMITH, Secretary.

Shepton Mallet Union.—Wanted, a

MEDICAL OFFICER, to take charge of the second district in this Union (vacant by the resignation of Mr. Robert Culling). The district comprises the following places—viz., East Pennard, East Lydford, West Lydford, Hornblotton, and part of Ditcheat (Lottisham); and contains an area of 6654 statute acres, with a population of 1462. The salary is £36 per annum, payable quarterly, exclusive of the sums paid for midwifery and vaccination fees, and for quarterly visits to pauper lunatics, which are as follows:—For each midwifery case the sum of 10s.; for each successful vaccination case the sum of 1s. 6d. (where vaccinated within two miles of the Medical Officer's residence), and the sum of 2s. 6d. for each successful case where vaccinated beyond that distance; for each pauper lunatic visited and reported upon quarterly, the sum of 2s. 6d.; and for each certificate of lunacy of paupers taken to the Lunatic Asylum the sum of One Guinea. No other extra medical fees are allowed. The Medical Officer will be required to reside in his district, and must be qualified according to the rules and regulations of the Poor-law Board. Candidates are requested to send their applications for the office, together with their testimonials, post paid, to me, on or before Monday, the 9th day of July next; and those persons whom the Guardians may be desirous of seeing will have notice to attend the Meeting of the Board of Guardians on Tuesday, the 24th day of July next, when the Election will take place. The person elected will be required to enter upon his duties immediately. By order of the Board,

GEORGE M. MACKAY, Clerk to the Guardians.

Dated, Shepton Mallet, June 27, 1860.

Chepstow Union.—Medical Officers.

The Board of Guardians of the Chepstow Union will, at their meeting, to be held at the Workhouse in Chepstow on Saturday, the 7th day of July next, proceed to the Election of Two MEDICAL OFFICERS and PUBLIC VACCINATORS for the undermentioned Districts—viz.:

The Caldicot District, comprising the Parishes of Caldicot, Ifton, Rogiett, Llanvihangel Rogiett, St. Brides Netherwent, Undy, Llanvair Discoed, Dinham, Caerwent, and Portskewitt, containing an area of 11,300 acres, with a population of 2099. Salary, £50 per annum.

The Shirenewton District, comprising the Parishes of Shirenewton, Itton, Llangwm Isha, Llangwm Ucha, Newchurch East, Newchurch West, and Howick, containing an area of 12,760 acres, with a population of 2243. Salary, £55 per annum.

These salaries will include all necessary medicines and appliances whatever except trusses. Fees for surgical cases will be allowed, also 15s. per case for attending cases of midwifery (when attendance is given under competent authority), and for successful cases of vaccination 2s. 6d. each.

The Medical Officers appointed will be required to commence their duties on the 9th July next, to observe the rules and regulations of the Poor-law Board, to make a weekly return to the Board of Guardians of sickness and mortality in the prescribed form, to attend their meetings when required, and to make such returns as may be called for by the Poor-law Board.

Medical gentlemen desirous of either of the appointments are requested to forward written applications, accompanied by testimonials, and such evidence of qualification as is required by the Order of the Poor-law Board, dated 10th April, 1860, to me, under cover, endorsed "Medical," on or before Saturday, the 7th day of July next, at Eleven o'clock in the forenoon, and attend at the Board-room at Twelve o'clock on the same day.—By order.

Union Office, Chepstow, 26th June, 1860. WM. COOPER, Clerk.

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ADELPHI, LONDON.—We, Messrs. HEINE & CO., introduce Assistants, Pupils, and Apprentices; and negotiate the Purchase and Sale of Practices, Businesses, and Partnerships. Communications strictly confidential. Office hours 10 till 4.

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The PURCHASE and SALE of Practices, Businesses, and Partnerships negotiated. ASSISTANTS, PUPILS, and APPRENTICES provided. VALUATION of Stock, Fixtures, &c.; and all business matters connected with the Medical Profession transacted on moderate terms.

Business hours, 10 to 5.

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Gentlemen requiring Appointments are invited to forward their names.

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PORTABLE SURGERIES for Medical Men in General Practice.

MEDICINE CHESTS for Ships and Passengers.—COMMISSIONS promptly executed.—The PURCHASE and SALE of PRACTICES.—VALUATIONS of STOCK and FIXTURES.—ASSISTANTS Provided.—F. G. MOORE, 34, Terrace, Tower-hill, London, E.C.—Business hours, 10 to 5.—Send stamp for reply.

To Medical Men without Incumbrance,

required to be in residence near London, to watch over the health of a family. There is a good opening for a Physician to practise in the neighbourhood. An outlay of £150 for a few months indispensable.—Address, with right name and residence, to F. W. F., care of Mr. Culliford, 22, Southampton-street, Strand.

To be Disposed of, a Country Practice,

with income from £300 to £350 per annum, and capable of being much extended. Terms moderate.—Address, P. G., THE LANCET Office, 423, Strand, London, W.C.

A Gentleman, doubly qualified, and

of middle age, accustomed to good society, requires an Introduction to an unopposed Village PRACTICE, of not less than £400 per annum, capable of increase; or the advertiser would join a gentleman where his share would not be less than that amount.—Address, M. D., Fisher's News-office, Bow-road, E.

Medical Practice.—To be Disposed

of, a long-established and extensive PRACTICE, in a populous and wealthy agricultural district in the east of Scotland. Average professional income £390, with little opposition. To a Practitioner of respectability and experience, this will be found a peculiarly favourable opening, and, with such, liberal arrangements will be made as to entry, rent of excellent new dwelling-house, with stabling, coach-house, &c.—Apply to G. W., Esq., THE LANCET Office, 423, Strand, London, W.C.

Practice Wanted, at Home, Abroad,

or in the Colonies.—A Gentleman (aged thirty, with the two London qualifications) is anxious to effect an arrangement with a General Practitioner who may contemplate early complete or partial retirement. No immediate payment is intended, but mutually profitable terms will be offered. The advertiser is familiar with all classes of practice, and conversant with three Continental languages. Very satisfactory testimonials and references submitted.—Address, Medicus, Money Order Office, High Holborn, London, W.C.

To Surgeons and Chemists.—To be

Disposed of, an old-established SURGEON'S RETAIL, in a populous thoroughfare in the City. An excellent opening for a beginner. An Introduction given. Premium very moderate.—Apply to Mr. P. Roberts, Wholesale Druggist, 6, Suffolk-lane, Upper Thames-street.

Partnership is Required by a doubly-

qualified Gentleman, where the advertiser may purchase either a Third or One-Half of the Business. An agricultural district preferred.—Address, F. Leeson, Esq., 1, Barnsbury-grove, Barnsbury, London, N.

Canonbury Park.—To be Sold or Let,

a very desirable Corner RESIDENCE, admirably adapted for the residence of a Medical Practitioner. There are five bed-chambers, drawing- and dining-rooms, breakfast-parlour, and the necessary offices. Rent, £80; or lease, 87 years (ground rent £10), price £1000.—Messrs. Debenham and Tewson, 80, Cheapside.—(Fo. 4533.)

To the Medical Profession.—To be Let,

a commanding CORNER RESIDENCE, replete with every convenience, situate in the highly respectable and rapidly improving neighbourhood of Mildmay Park, about three miles from the City, of easy omnibus access, and three minutes' walk from a railway station; presenting an opening for the above profession seldom offered. Rent £65.—Apply to Mr. Chappell, Auctioneer, &c., 167, City-road, E.C.

Medical Lodging House.—Country

Medical Gentlemen visiting London may, instead of going to Hotels, find excellent PRIVATE APARTMENTS in the House of a Medical Practitioner in one of the best and most central parts of the Metropolis. A First-floor, three rooms, handsomely furnished, and supplied with gas. Second-floor sitting- and bed-rooms. Single rooms also.—Address, 19, Keppel-street, Russell-square.

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PARTNERSHIPS and PRACTICES VALUED, and NEGOTIATED on Commission chargeable only to vendors; permanent Assistants provided, without expense to principals; professional differences arbitrated; books investigated, and accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the medical advisers and friends of patients.

Attendance from 11 till 4.

Nucleus of a good Practice in the best part of a large Provincial Town. Rent £45. £250 required for an effective personal Introduction to families who have paid the vendor during the last six months nearly £100, and a houseful of new and indispensable furniture. A Government appointment of £60 or £70 a year can also probably be secured.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

Nucleus of a good Practice at the West-end.—Any well-qualified Gentleman, willing to accept a short renewable Lease of an excellent and well-situated House at £100 per annum, will be introduced without premium to a Connexion which yielded in 1859 £150.

Apply to Messrs. LARA & WALTERS, 6, Pump-court, Temple, E.C.

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it is determined to discontinue it, it is better not to apprize the patient, or even the nurse, of the intention, but to withdraw the narcotic from the prescription, and to practise the harmless deception of administering to the mind only.

Mental imperfection, notwithstanding the frequent and often severe lesions of the brain in both forms of fever, is singularly rare. Mania or general incoherence is almost unknown as a sequence, and even should some slight impairment of intelligence remain after an unusually severe cerebral affection, it is, as far as my experience goes, temporary only, and in due time disappears. In some cases a certain degree of mental dulness, or incapacity to fix attention on matters which used to interest, after the general symptoms have vanished, may be perceptible, or perhaps the memory may be in some degree defective, but these are never permanent, and gradually disappear as the convalescence becomes established. Nor is *deafness*, so often present at some period of the disease, persistent; for although the sense of hearing may be dull even for weeks after the stage of convalescence, it is ultimately, with very few exceptional cases, completely restored—differing in this respect from the deafness resulting from the destructive otitis following the exanthematous fevers, and which generally permanently destroys the sense of hearing. It may, however, be necessary, when the deafness is protracted, to employ local remedies, with the view of stimulating the auditory nerve, or, should slight effusion have taken place around it, of promoting its absorption. Any of the ordinary counter-irritants may be applied behind the affected ear, or to the nape of the neck, such as the compound camphor liniment, sinapisms, or the most powerful liquor lyttæ.

Inflammation of the eye occasionally comes on after fever. It is sometimes confined to the conjunctival membrane; but it may be of a more severe character, involving the internal structure of the eyeball. Mr. Hewson* has given the details of cases of ophthalmia succeeding to typhus fever, and it has also been described by Dr. Jacob† and Mr. Wallace,‡ as having occurred after the Dublin epidemic of 1826, and after the Glasgow fever of 1843, by Dr. Mackenzie. It appeared likewise in a few instances after the Edinburgh epidemic of the same year, described by Dr. Cormack. I have seen it occasionally in the Fever Hospital, chiefly in children, whose constitutional powers were much impaired by want, and living in crowded, ill-aired dwellings. It seems to have occurred frequently in the Dublin epidemic of 1826–7; for Dr. Jacob states that he had met with seventy or eighty cases within the year, all being of the severer forms of internal inflammation of the eye. The ophthalmia comes on sometimes during the fever, but more frequently a few weeks after convalescence, or even much later, and is almost invariably confined to one eye. According to Dr. Jacob, the transparent parts are rendered more or less clouded and opaque, the circumference of the cornea assuming a whitish or grey appearance, presenting an opaque circle resembling the arcus senilis, and the anterior chamber of the eye appearing cloudy, probably from thickening of the membrane of the aqueous humour. The lens itself often becomes partially opaque, reflecting light falling obliquely upon it, and presenting an opaline amber colour, and in this way vision is apparently destroyed. The iris, too, becomes altered in colour, and loses its brilliancy, and though in some cases its motion is unaffected, in others it is sluggish, and the pupil more or less irregular. In some cases pus is deposited in the anterior chamber. As may be anticipated from the severity of the inflammation, vision is more or less impaired, some patients being only able to distinguish light from darkness, though it has been remarked that the imperfection of sight is not always in proportion to the extent of the inflammatory action, but often greatest in the mildest form.

In the cases observed by Dr. Mackenzie in the Glasgow epidemic of 1843, the attack of ophthalmia occurred at periods varying from three to sixteen weeks from the commencement of the fever. The character of the affection appeared to him to be congestion followed by inflammation of the internal parts of the eye, and especially of the iris and retina. The capsule of the lens, lining membrane of the cornea, and the sclerotic, subsequently became involved, the conjunctiva being but slightly affected. These appearances were accompanied by severe pain in and around the eye, aggravated during the night, considerable lachrymation, and dimness of vision. In some instances the inflammation was apparently limited to one or two textures only, as the lining membrane of the cornea and anterior crys-

* Observations on the History and Treatment of the Ophthalmia accompanying the Secondary Forms of Lues Venerea, pp. 109—114.

† Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians, vol. v.

‡ Medico-Chirurgical Transactions, vol. xiv., p. 286.

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talline capsule. In others, when the vital powers are much depressed, the cornea sloughs, the iris protrudes, the humours escape, and the organ is destroyed—an event I have occasionally witnessed in malignant typhus.

Dr. Jacob tells us that the treatment of this inflammation of the eye is not attended with much difficulty. Bleeding, locally or generally, in proportion to the urgency of the symptoms, blistering where there is much pain or intolerance of light, purgatives, antimonial medicines, and opiate stupes are obvious means of relief. Dr. Mackenzie, too, thinks that bleeding can rarely with safety be dispensed with, the recovery being very slow and uncertain when it is neglected. Some cases in children he treated by leeching; but in adults, venesection was always necessary.

The treatment must, however, depend on the circumstances of each individual case. In many, the powers are so depressed that even local depletion cannot be sustained. Blisters applied to the temple and forehead, warm fomentations to the eye, secluding the light, keeping the eye clean by frequent sponging with tepid water, and applying the linimentum calcis to the tarsal borders two or three times a day, embrace the local treatment, while the general strength is supported by suitable nourishment, and even wine, according to circumstances. Dr. Jacob speaks in favour of the extract of belladonna applied round the affected eye, and with this he combines calomel and opium until the necessary mercurial effect is produced. But I should hesitate, as a general rule, to exhibit mercury in these ophthalmic cases, and should anticipate better results from a mild sustaining plan, of which quinine forms a part, combined with soothing local treatment.

Pulmonary tuberculosis has been supposed to be one of the sequelæ of enteric fever; but although it may in some instances be a nice point to distinguish the one disease from the other, pulmonary consumption, so far as my observation goes, cannot be regarded as a sequel of either enteric or typhus fever. From the frequency of this disease in Britain, it may naturally be expected that consumptive persons should be attacked with fever; and it is moreover possible that if, in its progress, a pulmonary affection arise, the latent tuberculosis may become developed and pulmonary consumption established. In this way only can phthisis be fairly considered to be a consequence of fever of any form. It is a common circumstance in examining the bodies of persons who have died of fever, to find disseminated tubercles in the lungs and perhaps in other organs; but such appearances are in no way connected with the antecedent fever, except as a coincidence.

Bronchial catarrh.—When there has been a catarrhal or bronchitic affection of the lung during the fever, cough and expectoration often remain for some time after, depending on the persistence of the pulmonary disease in a subacute or chronic form. This generally subsides in time, but it should not be left unnoticed, and it is in such cases that direct tonics are specially useful—such as the various preparations of steel, quinine, or zinc—in checking the bronchial congestion on which the cough and expectoration depend.

Empyema, as a termination of pleurisy supervening on enteric fever, has been already noticed. It can scarcely be called one of the sequelæ, but as it may be the only remaining lesion and keep up an irritative secondary fever, it may be regarded as a consequence of the pre-existing enteric fever. When the amount of fluid is considerable, especially if it be purulent, there is little chance of its becoming absorbed, and it is almost hopeless to expect benefit from remedies supposed to promote absorption—mercury, iodine, or blistering. There is certainly one resource—evacuating the accumulated fluid by tapping the chest. But with what prospect of success!

Sweating.—Towards the conclusion of fever free perspiration often takes place, and has generally been thought to be critical; but when once established, it is apt to continue after convalescence and retard recovery of strength. It generally comes on in the night or towards morning, and has a sour, disagreeable odour; and as it is not only uncomfortable to the patient's feelings, but proves exhausting, it should be checked. The nitrate of bismuth, oxide of zinc, quinine, or the mineral acids, generally control it. Sponging the skin with vinegar and water twice a day should not be omitted, the patient being at the same time encouraged to leave his bed.

In the *gastric system* we occasionally observe indications that some part has suffered prominently in the course of the pre-existing fever. For example, after typhus, when the patient has previously been subject to dyspeptic irritation, the tone of the stomach is feeble, and requires that the diet be carefully regulated during convalescence. Even with due attention to dietetic management, the patient often complains of epigastric uneasiness after food, followed by flatulent distension and acidity. These symptoms may occur also after enteric fever under the same circumstance of previous tendency to dyspepsia; and you may remember that, in speaking of the lesions incidental to this disease, I stated that softening of the mucous membrane of the stomach was not uncommon, and that its existence might be suspected when there was unusual irritability of the organ, especially vomiting, at any period of the fever. The treatment of the milder forms of gastric disorder consists in allowing only such articles of food as the stomach can digest easily, regulation of the bowels, and the exhibition of light bitters, such as calumba or cascarilla, with the addition of small doses—five to ten minims—of the tincture of nux vomica two or three times a day. The severer forms, accompanied with vomiting, require the application of turpentine stupes, or a blister to the epigastrium, with the exhibition at intervals of the nitro-muriatic acid, and a single drop of Scheele's acid, in infusion of orange-peel. Creasote, alone or combined with laudanum or hydrocyanic acid, often answers well; and I have seen excellent effects, in obstinate cases, from bismuth or the nitrate of silver in minute doses.

Diarrhœa.—It is not unusual after enteric fever to observe the evacuations from the bowels continue thin and unformed. This may arise either from an irritable or congested state of some portion of the mucous membrane of the intestine, or from the intestinal ulcerations not having completely cicatrized. But it is always important to attend to this symptom, which interferes with the recovery of strength, and may, moreover, should it depend on ulceration, become ultimately of serious import. If it do not yield to strict regulation of diet, and opium in some form in an oleaginous or mucilaginous mixture, the treatment formerly recommended for this special intestinal affection must be resumed.

The *spleen* sometimes continues enlarged after convalescence from either enteric or typhus fever, occupying a larger space than usual in the left hypochondrium. In general, however, it gradually regains its natural dimensions under the prolonged use of quinine.

Pyæmia.—The pathology or nature of this affection is indicated by its name—admixture of puriform fluid with the blood. It was first described as a distinct disease in 1838, by Tessier, under the title of *purulent diathesis*. It is also known under the name of purulent infection.

Pyæmia may arise as a primary affection—that is, independent of, or not preceded by, any other disease (this is, however, rare); or, as in the greater proportion of cases, as the consequence of some acute specific disease, in which way it becomes one of the sequelæ of continued fever. It may also follow wounds or injuries of parts, and uterine phlebitis.

It is presented to our observation under different forms:—1, of disseminated abscesses in the subcutaneous cellular tissue; 2, of deposit of puriform fluid in serous cavities, especially in the larger joints; 3, of deposit of a similar fluid in the substance of internal organs—the lungs, liver, and spleen more especially. It occurs at all ages, often in the most insiduous manner without warning of its advent, in the form of one or more purulent deposits in the cellular tissue, which are often regarded as critical, and, when of small size, are generally absorbed. Although such collections of puriform fluid are seldom accompanied by much constitutional disturbance, when deep-seated and extensive, they induce an irritative secondary fever, which persists until the matter is discharged, either spontaneously or by surgical interference. But when the fluid accumulates in the joints, or, as more rarely happens, in the serous cavities of the chest or abdomen, or their contained viscera, the constitutional disturbance is severe. There is prolonged shivering, followed by intense heat of skin and flushing, acute headache, and, perhaps, delirium, rapid wiry pulse, intense thirst, and altered countenance. These symptoms are followed by acute pain in one of more of the larger joints, resembling rheumatism, to which succeed swelling and obscure sense of fluctuation, while on different portions of the skin erythematous patches sometimes appear. As the local affection proceeds, the symptoms of the accompanying fever become aggravated; the skin assumes, in many cases, a sallow or even icteroid hue, the pulse becomes weaker, the tongue more dry and brown, the teeth and lips covered with dark sordes, with evidently increasing prostration, restlessness and muttering delirium, or coma and subsultus. Such severe examples generally prove fatal before the end of the second week, sometimes earlier; but the patient may linger for weeks, and ultimately die from the purulent poisoning.

In regard to the precise nature of the purulent infection,

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which bears, in some respects, a strong analogy to erysipelas, though there be no question as to its origin in the admixture with the blood of some morbid product having a close resemblance to pus, there is much difference of opinion as to the precise nature of the morbid matter, as well as the mode in which it gets into the circulation. Tessier believed it to be some modification of the organism characterized by a tendency to suppuration in the solids and coagulable fluids. On this theory Dr. Jenner remarks,* that amid much that is pathologically erroneous, the doctrine appears to contain an important truth—viz., that in a certain number of cases the febrile disturbance is established before any local disease is set up, and consequently before any pus is formed, and, by inference, that the abscesses are, in such cases, merely the effects of a special alteration of the element from which that blastema is exuded out of which they are developed.

Sédillot affirms that the circulation of pus-corpuscles with the blood is the sole cause of pyæmia on the following grounds: 1, the invariable pre-existence of a centre of suppurative action; 2, the relation observed between the formation of pus in the veins, the passage of that liquid into the blood, and the development of pyæmia; 3, the presence of pus in the blood, verified by observation; and 4, the results obtained by the injection of pus into the veins of animals. Dr. Jenner disputes these conclusions, and adduces two cases to prove that pyæmia may exist without pre-existing abscess or ulcer, and denies that there is evidence of the relation between the formation of pus in the veins, its passage into the blood, and the development of purulent infection; or that pus can be detected in the blood: and as to the effects obtained by injecting pus into the veins of animals, he states that, as the symptoms and the situation of the disseminated abscesses are different in cases of purulent infection and artificially-induced pyæmia, it is improbable that the disseminated abscesses in the two have their origin in the same cause.

From these statements, it is evident that pathologists are not agreed either as to the origin and characters of the deleterious fluid, or the mode by which it becomes mixed with the blood.

In regard to the treatment of purulent infection, there is little to be done beyond combating urgent symptoms and supporting the strength by nourishment, wine, and quinine. Opiates to soothe the nervous excitement and procure sleep and relief from pain are indispensable, and should be given not only at bedtime, but at intervals during the day; while opiate fomentations are applied to the regions in which the purulent formations take place.

Neuralgia.—At the termination of an attack of fever, the patient sometimes complains of pain in the lower extremities, often limited to the soles of the feet, and evidently of a neuralgic character. In some cases there is marked hyperæsthesia of the cutaneous nerves, the slightest touch, such as passing the finger over the skin, giving pain more or less acute. In others, there is some degree of numbness or slight loss of power in the lower limbs, which alarms the patient while it lasts, but I have never known it permanent. It is seldom necessary to do anything in the way of treatment in either of these affections, which are only temporary, and disappear under the tonic treatment applicable to the period of convalescence. If the numbness and loss of power persist, small doses of the tincture or extract of nux vomica may be prescribed, with stimulating frictions of the affected part with the horsehair-glove, or an embrocation containing tincture of arnica and ammonia.

Anasarca.—Œdematous swelling of the lower extremities occasionally appears, and seems generally to depend on local weakness, the capillaries being unable to resist the gravitation of the blood when the erect posture is assumed. It is seldom necessary to interfere further than to place the limbs in a horizontal position until the strength is restored, and to give local support by a well-applied bandage.

It is well to be aware, however, that in some instances of anasarca consequent on fever, the urine, on being tested, exhibits albuminous impregnation, showing the anasarca, under such circumstances, to be connected with a congested condition of the kidney and atony of its secreting structure. The renal congestion and impoverished state of the blood permit the escape of serum with the urine, which consequently becomes albuminous, and it is thus that the disappearance of the albumen under the use of tonics is explained. The albuminuria thus induced may become more or less obstinate, and the secreting apparatus of the kidney ultimately spoiled; and hence the possible origin of Bright's disease from fever, and the importance that it should be detected in its early stage, and receive appropriate treatment.

Phlebitis.—There is another form of swelling of the lower extremities which occasionally appears in the convalescent stage. It is a painful swelling of one limb, analogous to the phlegmasia dolens of puerperal women. It occurs both in males and females, and was first described by myself in the thirtieth volume of the *Edinburgh Medical and Surgical Journal.* It is indicated by a sensation of stiffness in moving the affected extremity, which becomes uniformly enlarged and painful, especially at the inguinal region. The swelling has a white glistening appearance, without increased heat, and does not pit on pressure. It is possibly due to crural phlebitis, though I was at first inclined to ascribe it to inflammation of the areolar tissue, and this view was rendered probable by its terminating in two instances in diffuse suppuration; but as there has been no opportunity of examining the condition of the limb after death, this point is undetermined. It generally yields to the application of a few leeches to the groin and warm fomentations. The horizontal posture should be enjoined so long as the swelling continues. In the chronic stage, a well-applied bandage from the toes upwards is useful.

Gangrene of the extremities.—In malignant typhus, one of the most formidable sequelæ is gangrene of the lower extremities. It is of rare occurrence—at all events in the wards of the Fever Hospital. I have seen one or several toes, or a part of the foot, or even the lower third of the leg, become suddenly livid, and pass rapidly into gangrene. The gangrene is generally preceded by acute pain in the part, and on examination the integuments are of a dusky-red or pale-purple colour, and sometimes covered with vesications containing dark serous fluid. In some instances, there is no pain, and the first indication is given by the livid or almost black hue of the part, which is generally cold and without the slightest sensibility. It is said that gangrene may attack the upper extremities, but this I have never observed.

The immediate cause of the gangrene is doubtless some interruption to the circulation, either from the heart being so feeble that it is unable to propel the blood to the extreme parts, or from mechanical obstruction in the circulation of the affected limb.

The indications of treatment are, to limit the extent of the gangrene, and to aid the natural efforts in the separation of the mortified parts. Presuming that the gangrene depends on an imperfect supply of blood in the part from either of the causes stated, we are to endeavour to stimulate the general and local circulation. The former is best effected by administering powerful stimulants internally—wine, brandy, ammonia, chloric ether; while the latter object is promoted by enveloping the affected parts in cotton wool steeped in port wine or camphorated spirit of wine, and preventing evaporation by oil-silk. These applications are to be frequently renewed. When the gangrened parts show a tendency to separate, indicated by the formation of a line of demarcation, the parts should be enveloped in a warm poultice, sprinkled with camphorated spirit of wine, and renewed every few hours. In all cases of this kind, opium should be given in doses of half a grain, or a quarter of a grain of morphia, every six hours, or more frequently if there be great pain and nervous exhaustion, withdrawing the remedy or giving it only occasionally when the nervous system is tranquilized.

Bed-sores are a very troublesome and sometimes dangerous result of low fevers. They generally interfere materially with the convalescence, from the drain on the patient's strength, by profuse suppuration and consequent irritative fever. I have known them to be even the immediate cause of death. Though they seldom appear till the middle or latter stage of the fever, in corpulent subjects, or in cases in which from the prostration the patient is unable to change his posture, the parts which are subjected to pressure may give way at an earlier period. Bed-sores may form on the sacrum, trochanters, knees, ankles, or elbows, and even on the ears, scapulæ, or angles of the ribs. The skin covering those parts first inflames, vesication or detachment of the cuticle succeeds, the cutis loses its vitality, and an eschar or superficial cutaneous gangrene of varying extent forms, and becomes slowly detached from the surrounding portion of healthy skin, leaving a more or less deep excavated ulcer of unhealthy aspect, and sometimes exposing a portion of carious bone.

In the treatment of bed-sores, a point of importance is, that with the object of removing pressure from the inflamed or ulcerated parts, the posture should be frequently changed. Great relief is often afforded by keeping the patient on his

* Medical Times and Gazette, 1853.

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face, but better by placing him on the water-bed invented by Dr. Arnott, which is indeed indispensable in the management of bed-sores. I have seen an extensive inflammation of the sacrum, which would have probably soon ended in sloughing, disappear after the invalid was placed on the water-bed, which has superseded many inventions having the same object in view—removal of pressure.

If there be merely erythematous inflammation of the skin, the inflamed surface may be brushed over with collodion, either alone, or mixed with castor oil or cod-liver oil in equal proportions, or with a solution of bichloride of mercury in proof spirit, in the proportion of two grains to the ounce. I have also seen in the early stage good effects from a popular remedy—a solution of alum in any weak spirit; but still better results from a solution of nitrate of silver (ten grains to the ounce), or should a solution not be at hand, the parts may be penciled with solid nitrate of silver. If these local measures fail in preventing the destruction of the skin and subjacent cellular tissue, the separation of the mortified skin should be promoted by poultices, composed of bread and water, boiled carrots, or linseed, sprinkled with peat charcoal, and renewed three or four times a day; or what seems to answer well, by pledgets of lint soaked in warm water, and covered with oiled silk, which may be continued after the eschar has separated. If the ulceration look pale and unhealthy, it will be necessary to use a gently-stimulating application. It may be dressed with any of the balsamic preparations, such as Peruvian balsam and castor oil, in the proportion of one of the former to two of the latter, applied on pledgets of lint. Another plan is to apply the warm-water dressing, and, in addition, to wash the bed-sore night and morning with a solution of chloride of sodium, in the proportion of twenty to thirty drops of the concentrated solution to an ounce of water, or with a weak solution of chloride of zinc. Some prefer the nitric acid lotion (made by adding two drops of the concentrated acid to a pint of water), or the common black wash; others, a weak solution of the nitrate of silver (five grains to the ounce), once a day, the sore being afterwards covered with carded cotton-wool and oiled silk. If there be great pain in the sores, the solution of morphia may be added to any of the applications preferred, as well as given internally.

The tannate of lead has been strongly recommended by M. Autenreith, of Vienna, as an excellent application to bed-sores. It is made by boiling an ounce of oak bark in eight ounces of water, and adding a solution of the diacetate of lead, (liq. plumbi diacet.) The precipitate (tannate of lead) is collected on a filter, and, after being washed, is applied to the bed-sores, which are afterwards to be covered with a poultice. This dressing is to be renewed night and morning. It may also be used in the form of ointment (equal parts of the tannate of lead and axunge) spread on lint, the sores being afterwards covered with cotton wool and oiled silk.

The cod-liver oil has also been proposed as an application to extensive bed-sores with caries of bones. Lint soaked in this oil is to be laid over the ulcer, and renewed night and morning.

If, in the process of healing, the granulations become exuberant, they may be touched with a concentrated solution of sulphate of copper.

ON THE

PATHOLOGY AND TREATMENT OF SCROFULOUS DISEASES OF THE SYNOVIAL MEMBRANE OF JOINTS.

BY RICHARD BARWELL, ESQ., F.R.C.S. (EXAM.),
ASSISTANT-SURGEON TO CHARING-CROSS HOSPITAL.

(*Concluded from page 619.*)

THERE is no doubt that even the most chronic, insidious, and painless form of this complaint is, at least in the first stages, an inflammation; and hence, the joint must at once be placed at absolute rest. Some form of counter-irritant should be employed, and proper internal remedies to ameliorate the constitutional condition. This is not the place to enter into the reasons that would cause the choice of one counter-irritant more than another; but it is desirable to point out the disadvantages attending a certain plan too much in vogue. A patient applying with this disease is generally ordered a splint—perhaps leeches, or a blister; and after a time an issue is made, which is kept poulticed for a month or two, discharging all the while. Now it is evident that nothing can more conduce to the spread of the new tissue, whose encroaching growth constitutes the disease, than warmth and moisture, unless it be an indolent suppurating and granulating sore, such as an issue becomes a week or ten days after its application. If issues are thought desirable, they should be either kept open for only a short time after the separation of the slough, and another be made, or they should be touched again with the caustic potash, and so kept irritable. The former method has its disadvantage in the breadth of surface destroyed; the latter, in the depth to which the sore penetrates, and both in the very great pain produced by the treatment. Some persons have believed, and do still believe, that the amount of benefit is proportionate to the pain. This is a mischievous idea, since it leads to a cruel line of practice. The notion, no doubt, was obtained from the observation, that issues benefit mostly at first, and that in a short time their action becomes null, or absolutely injurious, since the constant discharge weakens the tissues, and tends to produce cell generation all around.

A much better, and a much less painful plan than the issue, is the actual cautery: it is one which I would wish to see much more generally used; but its application requires some practice, skill, and knowledge, since an unskilful use is apt to produce too great a destruction of skin, too deep a furrow, or other evils instead of benefits. If the means be judiciously employed in properly chosen cases, its action is marvellous, and now that chloroform prevents the immediate pain, the objections which caused it to be disused in England have disappeared.

The iron which I employ for this purpose is known as Rust's: it is simply a three-sided prism, mounted by one of its oblong facets to a curved handle. The edges are slightly blunted. An iron of this shape has bulk enough to retain the heat a sufficient length of time, and yet presents a small edge. Two irons ought to be used, as a white, not merely a dull-red, heat is desirable, and thus a change of instruments is necessary. While the patient is being placed under the influence of chloroform, the joint to be cauterized should be protected by strips of plaster, or of moistened lint, a good inch, or an inch and a half broad, leaving narrow intervals between each, where the lines of firing are to run. When anæsthesia is fully established, a white-hot iron is to be slowly, and with gentle pressure, passed three or four times along each space, until the skin be turned into a yellow-brown horny substance. Let it be particularly observed that the rays ought not to be nearer than an inch; the skin must not be divided by the iron; the heat must be sufficient to char the skin. This mode of using the iron was called by Percy, ("Pyrotechnie Chirurgicale,") "cauterisation transcurrente." We might name it linear cauterization. Rust, of Vienna, and Bonnet, of Lyons, employed it with great success. My own experience warrants me in speaking of it very highly. In the first place, it gives no pain whatever at the time of application, and when the effect of the chloroform has disappeared, still no pain from the cautery can be felt. Compare this with the torture produced by the potassa fusa, under which the patient will writhe for hours after the application. But not merely is the hot iron painless; it absolutely relieves pain. I applied it in a case of hip-joint disease, in which the patient was suffering so much that he dared not move; his face was anxious, and his nights all but sleepless. After he had recovered from the chloroform, he was laughing, talking, moving about in his bed, and wanted to get up. In a case of knee-joint affection, the same change from pain to painlessness followed the use of the iron, and the patient is now able to walk. The narrow charred lines made by the cautery begin to separate in from five days to a week, and come away between the fourteenth and twenty-first day. They should then be healed as quickly as possible.

The value of pressure in strumous synovitis cannot be too highly estimated, if the proper cases be chosen for its use; such, for instance, as those in which the swelling is soft and sluggish, in which a bursting pain is felt, and in which a sensation of cold is experienced. Dr. Scott, of Bromley, first used this plan with considerable success; he applied mercurials to the joints, and over them strapping plaster. The value of the treatment lies in the pressure. Mercurials are of little or no help; in strumous cases I believe they are even injurious. The *modus operandi* of this agent I believe to be, simply preventing the cells, through want of room, from generating afresh, and, therefore, constraining their organizing force to act in the production of tissue from the cells already formed, or in the absorption of those unfit for this purpose. I know no means at all comparable in their power of resolving strumous synovitis

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to the use of the actual cautery followed by pressure. If, for instance, on the knee-joint the lines have been drawn parallel to the axis of the limb, they will, on healing, contract very considerably like all scars of burns; and if to the pressure thus produced, be added that of strapping plaster, an almost irresistible power of resolution will have been gained. Indeed, unless the case be too far advanced, or too much supported by a vitiated constitution, it will yield to this treatment in a few weeks. The following case shows the value of this method:—

June 8——, aged six, a pale, strumous girl, has been suffering for twenty months from pain and swelling of the left knee, and was admitted into Charing-Cross Hospital under my care, (through the kindness of Mr. Hancock,) Dec. 9th, 1859. The knee is a good deal bent, the joint being round and shapeless; the child cries when it is touched, and when any attempt is made to move it.

Dec. 31st.—I drew four strias of linear cauterization, on, on either side the patella, and one an inch beyond each of these, and got the limb into a straight position. On recovering from the chloroform the child expressed no sense of pain, but sat up, and began to play with toys and other children in the ward.

On the third day the skin between the cauterized lines looked red and inflamed. On the fifth, some separation at the edge of the slough had occurred. The horny portion gradually separated, and on the 1st January, 1860, the lines left were simply clear lines of ulcer, which were dressed with zinc ointment, discharged very little, and gradually healed. The knee was much diminished in size; moreover, it could be pressed without producing symptoms of pain. It was, however, still swollen, and on the 23rd January, when the scar was quite sufficiently healed, the knee was tightly strapped, and a roller applied from the foot.

30th.—Strapping applied again, and towards the end of the week the child was dressed, and allowed to get about by aid of the sides of the bed and of a chair.

March 6th.—The child is able to get about so well that the mother insists on taking her out; promises to bring her to me amongst my out-patients. This she has hitherto not done.

Other cases showing the value of pressure might easily be given. I recorded three in THE LANCET for Dec. 20th, 1859. Several others proving the extreme value of this combination have occurred to me.

We now, however, come to a much-neglected question—one which is, perhaps, scarcely comprehended in regard to the treatment of strumous synovitis—viz., is the principle of perfect rest to be exchanged for that of limited motion at any period of the disease? If so, at what period? I say that this question is either not understood or is ignored in England altogether; while, in Lyons, M. Bonnet applied some practical suggestions to the answer.

I must, at the risk even of occupying much space, explain the principles whereon the value of passive motion, shampooing, &c., is based. When the cells, which have formed so abundantly in and around the synovial membrane, cease their generative activity, they remain for an indefinite period more or less passive. We know that the gelatinous condition thus produced may last for years without change, and that, being left undisturbed, the mass will, after a time, become the seat of abscess, cause destruction in surrounding parts, produce caries, &c.; or, in more favourable cases, it will begin to assume a fibroid character, and ultimately unite the two bones by anchylosis. Now, I have no hesitation in saying that, in the large majority of instances, the passive condition may be taken advantage of to induce a much more perfect, frequently an almost complete, cure of the malady; and that, by allowing it to continue, a much larger mass of disease is formed, much more tissue (periarticular, cartilaginous, or osseous) is implicated, and, therefore, even if the joint ultimately heal over, the cure is far from being as perfect as it might be made; and if degeneration set in, the ravages are unnecessarily widespread. Moreover, be it remembered, that if even a healthy joint be kept very long immovable, fatty degeneration of the cartilages is apt to come on, and even a sluggish inflammation of the synovial membrane. It must not be, however, for one moment imagined, that I would advocate movement of the joint at all stages of the disease. On the contrary, such treatment can only be beneficial during the above-named passive condition, and when all inflammatory signs have disappeared. Hence it is important to form a correct judgment as to this condition. It is well known that each joint, when inflamed, presents a certain spot in which pain and tenderness are much more marked than elsewhere; this is in every joint a fixed point—on the hip, behind the great trochanter; in the knee, the edge of the inner condyle, inside the ligamentum patellæ; in the elbow, at the back, over the head of the radius, and so on. Now, if the surgeon find that pressure upon these points produces no pain, he may begin to move the limb with perfect confidence and safety; and, as far as my experience goes in this treatment (already pretty considerable), with very great benefit. The movement must not, at the beginning, be violent or long continued; a slight passive motion, and that rigidly in the normal direction, a certain amount of rubbing and kneading with the hand, and then reapplication of the splint, are all that can be undertaken; and it may be a long time before it will be safe to abandon the patient's limb to his own management. I have also found it a useful plan, when it can be managed, slightly to change the angle of the splint at each reapplication.

The subject of angle at which the joint would be flexed, would naturally lead us to consider another subject—viz., the value, as an actual remedy for inflammation, of changing any vicious position in which the joint may lie. There is no room for doubting the diminution of the inflammation and of the pain after this has been done; and amongst my cases are one or two which were clearly benefited by this means. But this subject is too wide, and space too limited, for its discussion here.

The three methods more particularly named in this communication—viz., actual cautery, pressure, and passive motion, are neither original or new; but the first and last more particularly are not used frequently, nor with such discrimination and power as they might be. Much benefit would result from substituting these methods for the negative, if not injurious, treatment to which these strumous cases are too often subject.

Old Burlington-street, 1860.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE CLIMATE OF WORTHING: ITS REMEDIAL INFLUENCE IN DISEASE, ESPECIALLY OF THE LUNGS.

BY WALTER C. BARKER, M.R. LOND.,

MEDICAL OFFICER TO THE WORTHING DISPENSARY, AND MEMBER OF THE BRITISH METEOROLOGICAL SOCIETY.

THE author commenced by expressing a belief that in the present day, when that department of medical science which consists in the art of preventing disease justly holds so prominent a position, any information on the subject of climate, and especially on the peculiarities of one so near to the metropolis, and so easy of access from all parts of the kingdom, could not fail to be acceptable to the Fellows of the Society. He then proceeded to consider those laws which regulate climate generally, and to show that, in obedience to these, it must possess an atmosphere which the observations that have extended over a period of upwards of ten years prove it to have. He next pointed out the practical application of meteorological science, and then, after briefly alluding to the normal constituents of the atmosphere, stated that the subject of climate, instead of having relation to these, had reference rather to those atmospheric conditions or elements which exist in very variable proportions, these differences depending entirely upon the locality. These he included under five heads, viz.:—1. The temperature. 2. The humidity. 3. The pressure of the atmosphere, horizontal and perpendicular. 4. The ozone (?) 5. Other accidental ingredients. A short reference was also made to atmospheric electricity, the vegetation of the district, the instruments used, the purity of the air, the quality of the water, and the mortality of the town. Then the influence of atmospheric vicissitudes upon the system was discussed; and, lastly, the applicability of the climate of Worthing to particular diseases.

On the subject of temperature, the author first enumerated the causes which influence this—viz., the sun's rays, the proximity of the water to the land, the sheltered position of a locality, its geological character, its altitude, its aspect, and the humidity. He then proceeded to show that there was a close correspondence between the climates of Ventnor, South Devon, and Worthing, and a wide difference between these and the interior and north of England, especially as regards ranges of temperature—being in the former exceedingly small,

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chiefly on account of their exposure to marine influences, and in the latter large; the annual ranges being about 20° less on the south coast than in the interior—namely, 10° warmer in the winter, and 10° cooler in the summer, with quarterly, monthly, and daily ranges corresponding to these.

The subject of humidity and its importance was then referred to, and the well-known irritating effects upon the pulmonary organs of the north-east wind, and the soothing influence of the south-west wind; the former being dry and arresting secretion, the latter moist and favouring it. A summary was then given of the humidity of England in 1858, from thirty-seven observatories. Saturation being represented by 100, the mean humidity of the whole of England was 82; at sea-side places, 86; inland places, 81; and intermediate places, 83. The subject of rain was then noticed. The number of rainy days and the amount of rain that fell were found to be less at Worthing than at Ventnor and South Devon.

As to the pressure of the atmosphere, horizontal and perpendicular, the former, or that of the winds, was materially reduced by the sheltered position of the town of Worthing whilst the latter, as indicated by the barometer, is somewhat less, and its fluctuation greater, in the north than in the south of England, the difference being about one-tenth of an inch.

The subject of ozone (?) next engaged attention. On this, the author observed, great labour had been bestowed, with a view of elucidating its nature. The first principle with the winds teresting fact was the presence of this principle with those from the land; from off the ocean, and its absence with those from the land; and in order to prove that the mere direction of the wind had nothing to do with the presence or absence of this principle, he entered into a correspondence with several gentlemen at observatories both in England and America. He gave an extract from a communication from Scarborough, which showed that, the ozone winds were mainly S. and S.W., whilst at Worthing were E., or from any point between N.E. at Scarborough by another letter, from a gentleman who had and S.E.; observations during a voyage from England to Australia taken on the ill-fated *Royal Charter*, it appears that ozone is only present at sea. At Worthing the number of days on which ozone was present in 1858 was 305, and the daily average 4·4; whilst at Bedford, in the interior of England, it was present on 91 days only, and the average amount throughout the year was 0·9. The author therefore considered it as an established fact that the chief source of this principle is the ocean. The next discovery was the close correspondence between the amount of chloride of sodium in the air and rain-water and the existence of ozone (?) in the atmosphere. In the meantime careful observations were made to discover if any relation existed between it and electric phenomena, but with an entirely negative result. The conclusion arrived at from the above circumstances was, that the atmospheric principle to which the name of ozone has been given was free chlorine, developed by the decomposition of chloride of sodium. Experiments were then made by an aspirator, and during a month 1600 gallons of air were drawn through—first, a chloride of calcium tube filled with wool; secondly, a Woulff's bottle containing two ounces of water; thirdly, another containing a weak solution of potash. At the same time air was drawn through solutions of indigo, which were decolorized with a rapidity corresponding to the colouring of the test-papers. On analysis, however, no proof of free chlorine was given; still the author considers, from the above facts, that the balance of evidence is in favour of its being free chlorine, and not ozone.

Under the head of accidental ingredients, he noticed only two: chloride of sodium, which has been largely detected, and iodine, which, from having been found, in combination with bases, in sea-water, in marine plants and animals, and in several kinds of plants growing near to the sea, as well as from the odour of the ocean, may be fairly presumed to exist.

The subject of electricity was then referred to. The author affirmed that we have no proof that altered electric conditions of the atmosphere produce any influence whatever on the human system, all the effects that have been attributed to it being easily accounted for by altered temperature, humidity, and barometric pressure of the air.

The purity of the air was then considered, and its causes enumerated—viz., the small population of the town (about 6000); the extent of acreage over which this is distributed; the proximity of the hills to the north, and of the sea to the south; the character of the soil; the complete freedom from malaria, and therefore from intermittent fever; the absence of every kind of manufacture; and, lastly, the drainage of the town, which is perhaps the most complete in the kingdom. The excellent quality of the water was then mentioned. The death-rate of the town, as affording the best evidence of its sanitary condition, and to a great extent of its sanative influence, was given for ten years, the average being 16·3 per 1000; for the last three years, 15·9; and last year, only 14·5 per 1000.

The influence of atmospheric vicissitudes was then discussed. That of temperature, being well known, was only briefly noticed; that of humidity he showed by numerous examples, where this was marine or on land, it was free from the products of animal and vegetable decomposition, it was most conducive to the health and development of the system, and beneficial in the prevention, alleviation, and cure of pulmonary disease. The fluctuations in the perpendicular pressure of the atmosphere, as indicated by the barometer, occurring to the extent of about two inches, and representing an altered condition of pressure of about one pound on a square inch of surface, was also shown by several examples, both in health and disease, to materially influence the human system.

The uses and influence of ozone (?) were then noticed, which the author considered was the grand agent intended by our beneficent Creator to maintain the purity of the air; that whilst plants, during their vital activity, absorb the carbonic acid, and prevent its noxious effect, so the ozone combines with the other products of animal and vegetable decomposition, and thus the atmosphere is maintained in a state of constant purity, and the oxygen allowed to exert to the fullest extent its invigorating influence. With respect to its direct effect, we had no proof of this, but he considered it only reasonable to infer, from the well-known properties both of ozone and chlorine, that if there be any, it is that of a gentle stimulant to the lungs and air-tubes during the process of respiration.

Finally, he referred to the accidental ingredients—chloride of sodium and iodine; the first, he considered, also produced a stimulating influence on the lungs and air-tubes, and that the latter was an alterative tonic and stimulant to the system generally, and hence the benefit of a sea-side air in scrofula and its allied disease, pulmonary consumption.

The last paragraph was now approached—viz., the applicability of the climate of Worthing to the cure and alleviation of disease. In this he proceeded: From what has already been said of the nature of the climate of Worthing on the one hand, and the effects of vicissitudes of the atmosphere on the other, its sanative influence, and the diseases to which it is applicable, will be readily understood. From its small annual ranges of temperature, being warm in winter, and cool in summer, and being alike free from extreme dryness and extreme humidity; from its southern aspect, and from the doubly-sheltered position of its sea frontage from northerly winds, these being first diminished in their force by the hills to the north and north-east, and then by the almost uninterrupted line of buildings on the shore,—it may be considered to possess an atmosphere eminently adapted to establish the healing process in ulcerated lungs, and, also, to be equally beneficial in other diseases of these organs, as well as in chronic rheumatism, in renal diseases, and in every variety of scrofula; lastly, it is especially adapted for aged persons, children, and invalids from hot climates.

The author then concluded by alluding, in a few words, to the phenomena of respiration, to show the importance of those differences, however minute they may appear, which constitute the varieties of climate, and the beneficial influence which one may exert over that of another, and, also, the practical value of meteorological science in the treatment of those diseases which are especially benefited by climate—a knowledge of which was considered as necessary as acoustics in disorders of the ear, or optics in those of the eye; at least he affirmed it was an important aid in the treatment of these, and without which our best-directed efforts will often fail.

Reviews and Notices of Books.

On Asthma, its Pathology and Treatment. By HENRY HYDE SALTER, M.D., F.R.S., Assistant-Physician to Charing-cross Hospital. pp. 372. London: Churchill.

THE best-known writers hitherto upon "Asthma" have been such as have been martyrs to the complaint. Sir John Floyer, Dr. Bree, and Lefevre of the French marine, suffered much and wrote well. The author of the present volume is fitted for association with these eminent individuals; at least,

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we judge from the Preface that he personally knows "the horrors of asthma," and we may safely say that he writes well. There was ample room for a good treatise upon the disease in question, to be written by a scientific and practical physician, who should review our accumulated clinical experience by the light of modern physiology and pathology, and at the same time be enabled to add something derived from direct personal observation. The hiatus has been filled in a very satisfactory manner. No one who reads Dr. Salter's work can doubt for a moment that he is master of his subject. So far as science permits, a progression is here made, whether as regards the general clinical history, the pathology, or the treatment of this affection. We do not think anything further could be at present satisfactorily said. Independently of the merely professional merits of the book, however, we are bound to say that it is written in so fluent and natural a style as to render its perusal as pleasant as it is profitable. That the work will become popular there cannot be a doubt, and when we state that it has a right to take its stand side by side with Budd on the Liver, Brinton on the Stomach, Bird on Urinary Deposits, Fuller on Rheumatism, and Garrod on Gout, we award it a position to which it is in every way entitled.

For some time past the author has been laying before the profession, through the medium of different journals, the general views he has arrived at on the subject of asthma, and which form the more central ideas of this his substantive work. It may not be out of place, however, to briefly indicate here what are the leading principles which are once more affirmed. In the first place, Dr. Salter coincides with several well-known pathologists in maintaining that asthma is essentially a nervous disease, the phenomena of which depend upon a spastic contraction of the unstriped muscles of the bronchial tubes, and which contraction is of an excito-motory or reflex kind; that this is an idiopathic, uncomplicated spasmodic asthma existing in most cases, at first, unassociated with any necessary or essential anatomic lesion, but that, if it becomes established and repeated in the patient, then it has a direct tendency to disorganize. It hence results that asthma is constantly seen allied with prominent morbid structural alterations, such as changes of the bronchial tubes, of the lungs, of the heart, &c.; so that emphysema, for example, is not to be looked upon as the cause of asthma, but as the effect of it. The most obscure and difficult part of the subject is the *etiology* of the disease. The causes of it, however, must be regarded as of two kinds—viz., the causes of the paroxysms and the causes of the disease. The first are the immediate provocatives of the attacks, the second are the original and essential occasion of the asthmatic tendency. To seize the former is often an easy task; to point out the latter—that is to say, what has originally rendered the individual asthmatic, what it is that has disposed him from time to time to fall into the asthmatic state on the occurrence of the exciting cause of the attacks—is altogether as difficult. The author steers "a middle course between those who say that asthma has at the root of it some organic disease within the chest, and those who deny that genuine spasmodic asthma ever depends on organic lung disease, and maintain that it is always a pure neurosis."—p. 134.

Dr. Salter affirms that "asthma never kills;" at least he has never seen a case in which a paroxysm proved fatal. When a patient dies from the contingencies of the disorder, he does so from the organic changes in the heart and lungs which have gradually progressed.

As regards the prognosis of the disease, an unfavourable inference must be drawn from the persistence of expectoration, or from the presence of chronic cough. Both these symptoms show that the lining membrane of the air passages is the seat of organic change:—

"If the patient is young, the chest sound, the attacks short, the intervals long; if there is no permanent shortness of breath, no cough or expectoration; if the attacks are getting milder or rarer, and if the exciting cause is clear and such as may be obviated, then a favourable prognosis may be given..... If the patient is old, the lungs damaged, the attacks frequent and severe, the breathing never quite free, coughing and spitting constant, the disease apparently gaining ground, and the exciting cause occult or irremediable, then, *quoad* all or any of these circumstances, there is no alternative but to give an unfavourable prognosis."—p. 279.

The treatment of asthma, like that of all paroxysmal diseases, presents two phases—viz., one that pertains to the treatment of the dyspnœal fits, and one that relates to the treatment of the patient in the intervals. The therapeia of the former consist in the employment of certain depressants, sedatives, and stimulants, and the inhalation of particular fumes and gases. That of the latter is chiefly hygienic, being composed mainly of dietetic and regimental procedures and climatorial elements. All the points here involved, and numerous related topics, are, as we have before implied, most efficiently and clearly worked out by Dr. Salter. Whilst we are of opinion that he somewhat overrates the *novelty* and *originality* of many of his leading principles, as also his illustrations, we willingly allow that he has so treated his subject as to have furnished the profession with such a *résumé* of the nature and management of asthma as will place him amongst a high class of medical writers.

CAN A WOMAN REMAIN IGNORANT OF HER PREGNANCY UP TO THE TIME OF HER DELIVERY?

To the Editor of THE LANCET.

SIR,—In reply to the above query, contained in THE LANCET of June 16th, I beg to furnish you with an additional instance in confirmation of the possibility of such an occurrence.

In the year 1852, I attended a young married woman, aged nineteen, and delivered her of her first child, under the following circumstances:—I was hurriedly sent for to visit her, it being supposed that she was labouring under inflammation of the bowels. On my arrival, I found her free from fever and all inflammatory symptoms; but I had not been long with her before she had a violent labour pain; another, and another followed. I examined her abdomen, which I found somewhat enlarged. I took her mother aside, and expressed my fears that the patient would miscarry. She smiled, and said she was sure her daughter was not pregnant at all. She had never had any symptom of it, had never felt any motion as of a child in the womb, and no preparations had been made or were making in the way of providing clothes for the infant. I administered an opiate with the view of preventing the miscarriage; but on my return, two hours afterwards, I found labour had progressed steadily, and she was soon delivered of an exceedingly small infant, apparently still-born; but, by the use of the hot and cold bath alternately, I had the satisfaction of handing over to its unbelieving grandmother a living child, and I may add that it is now a strong, healthy boy, eight years old. This was certainly the smallest living infant I ever saw; it could not have been, from its appearance, more than six months and a half in utero.

On cross-examining the mother of the child, she assured me she had not the most remote idea that she was pregnant, and had never felt any movement or other peculiar feeling in the abdomen. The enlargement of the belly (which was not very great) she had never paid any regard to. Having been very delicate before her marriage, her catamenia had been extremely irregular, so that no exact data could be obtained as to the duration of the uterine life of the infant. The patient moved in the middle ranks of life, and was in every respect thoroughly trustworthy, and, from what I know of her, I feel assured she would conceal nothing from me. Being a married woman, she had no reason to conceal anything, but, on the contrary, felt proud of her offspring. In further confirmation of the unexpected nature of the event, I may mention that as it happened on the 1st of April, considerable difficulty was experienced with some of her friends in convincing them of its truth.

This case then, I think, proves that a woman *can* remain in ignorance of her pregnancy up to the *very* time of her delivery, and is perhaps worthy of a place in your columns.

R. SCOTT ORR, M.D.,
Dispensary Physician to the Glasgow Royal Infirmary.

Glasgow, June, 1860

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THE LANCET.

LONDON: SATURDAY, JUNE 30, 1860.

THE General Medical Council is actively engaged in its important labours. In our last impression, we adverted to the changes which had taken place in the *personnel* of the Council. Two seats had been vacated by the resignation of representatives. During the sitting of the 19th of June another vacancy was announced: the death of Dr. WILLIAMS, the excellent representative of the Royal College of Surgeons of Ireland, was communicated to his colleagues. To these changes we have now to add the resignation of Sir BENJAMIN BRODIE of the office of President, and the election of Mr. GREEN in his place. As no name in the profession is more venerated than that of the late President, we cannot doubt that the news of his retirement will be received with universal regret. All, however, will acknowledge that Mr. GREEN possesses many and high qualifications for the office, the least of which, perhaps, is that of having ample leisure.

The Council proceeded with the Report of the Educational Committee. The preliminary condition, requiring all students to pass an examination in general education before they commence their professional studies, was agreed to. Considerable discussion took place concerning the nature and extent of the education and tests to be undergone. A general agreement prevailed as to the propriety of accepting degrees in Arts, or certificates of having passed other minor Arts examinations of the British Universities, as sufficient evidence of proficiency to exempt candidates possessing one of these qualifications from any further test. For many reasons this association with the Universities is desirable. This possession of an academical certificate is a most fitting title of introduction to a learned profession. It serves to establish and maintain a constant friendly relation between the Universities and the medical profession. The education so ensured, being similar to that gone through by men destined for other pursuits, thus becomes a bond of common sympathy between medical practitioners and other educated classes. Whilst it will undoubtedly tend to raise the character of the profession, it will also increase its influence and consideration with the public. An amendment, the object of which was to constitute Boards of Examiners, to be appointed by the Branch Councils in London, Dublin, Edinburgh, and Glasgow, to test the general education of candidates for the medical profession, was, in our opinion, very properly negatived. In all these places there are Universities where the requisite certificate can be obtained. To multiply special Boards for the purpose of this special "little go" would be very injudicious. Although we may guess at the policy which prompted the proposal to establish one of these Boards at each of the towns of Edinburgh and Glasgow, and although it is the pride of Aberdeen that, like England, it possesses "twa Universities," we do not see why Scotland should require two Boards, whilst one was thought enough for England and one for Ireland.

In order to provide for the case of those candidates who have not been associated with a University, the Council wisely determined to throw upon the respective medical bodies the duty of establishing examinations in Arts. It reserves the power of approval of the examinations thus instituted. The general views entertained by the Council are well expressed in the following resolution, adopted on the proposal of Dr. STORRAR and Dr. ACLAND:—

"That, without professing to lay down any complete scheme of general education for persons intending to become members of the medical profession, the Committee recommend that the scheme of examination in Arts of the licensing bodies be as nearly as practicable similar to that of any one of the national educational bodies."

It is, however, held out as the consummation to be sought for, that eventually the examination in general education be left entirely to the examining boards of the national educational bodies (Universities) recognised by the Medical Council. We shall rejoice to see this realized.

The petition of Mr. JOHN BROATCH, who had been admitted on the Register on the testimony of Dr. J. M. MCCULLOCH, and subsequently struck off on the ground that his admission had been improperly obtained, to be restored to the Register, was rejected.

Another point gave rise to some discussion. In certain English medical institutions it is required as a qualification for election to offices that the candidate shall hold the licence of the Apothecaries' Society. It was resolved that this practice "is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public." It was contended, in opposition, that it was beyond the province of the Council to interfere with the medical institutions in respect to the qualifications they may require from their officers. We cannot help thinking that the resolution was uncalled for at the present time.

The Council has approved the Draft of a Bill for the further amendment of the Medical Act, promoted by the Colleges of Physicians of London and Edinburgh, and assented to by the King and Queen's College of Physicians in Ireland. The Bill is printed *in extenso* at p. 648. Want of space prevents us, on this occasion, from giving an analysis of its provisions. The clauses relate chiefly to the internal government of the London and Edinburgh Colleges, and involve the granting of new charters.

Dr. ALEXANDER FIDDES, a Fellow of the Edinburgh College of Surgeons, registered under the English Act, and practising in Jamaica, called the attention of the Council to clauses in the Colonial Medical Registration Bill which are at variance with the rights conferred by the Imperial Act. These clauses disregard the privilege of those registered under the Imperial Act to practise anywhere in the British dominions. The Council was informed that, under these circumstances, the Bill would not receive the sanction of her Majesty's Ministers.

The subject of the Registration of Medical Students was considered. It was determined that after October 1st, 1861, all medical students be required to be registered; and that no student beginning professional studies after September, 1861, be registered who has not passed an Arts examination.

The conduct of the Council of the College of Surgeons in admitting men who had not undergone due professional education, was brought under the notice of the Council by several memorials. The College was defended by Mr. GREEN. The most satisfactory part of his explanation consisted in the statement that this abuse came to a termination on March 1st.

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The Foreign Graduates' case was disposed of by a resolution which was strictly in accordance with the powers given by the Act, although, no doubt, not pleasing to the foreign graduates.

Next to this matter a homœopathic difficulty was discussed. Several holders of infinitesimal degrees, issued after equivalent examinations by sundry American homœopathic colleges, have applied to be registered. The consideration of the claims of these persons was postponed with the view of taking the Attorney-General's opinion upon the subject.

Further progress was made towards settling the regulations relating to the professional studies of candidates. The age of twenty-one years was fixed as the minimum at which any professional licence shall be obtained. It was determined that four years of professional study be required, and that the examinations be divided into two parts, to be conducted at distinct periods at least—the first to be passed after two years of study; the second after four years of study. As a general system of examination it was resolved that the examinations be conducted partly in writing, partly *viva voce*, and partly by practical demonstration.

The Report of the Sub-Committee on the subject of controlling the examinations of the various licensing Bodies by the Medical Council, was brought up, and its consideration deferred. It is proposed to try, in the beginning, how the work can be effected by an Inspector of Examinations, who shall not be a member of the Medical Council.

Other matters which were brought before the Council shall be noticed in the next number of THE LANCET. In the meantime, we refer our readers to the complete report of the proceedings which appears in the present number of our Journal.

MR. DUNCOMBE, M.P. for Finsbury, has moved for a "Return of the Names and Age of every Non-commissioned "Officer and Private Vaccinated in the Shorncliffe Camp "during the months of February, March, and April last; the "names of those who have since died; the conditions exhibited "in the arms of those who died; together with the number of "amputations adopted to save the life of those affected with "vaccination." We trust, therefore, if there be any cases in which vaccination, as performed at the camp at Shorncliffe, has been productive of evil results, that the history of those cases may at once be given to the profession and the public. It is desirable that these records should be published instantly, and full details of the cases given, in order that just conclusions may be arrived at by those competent to form correct opinions on the subject. This is the more necessary because it is not difficult to anticipate how injuriously such a motion as the foregoing would act upon the public mind if it were unaccompanied by such particulars as would render the cases complete. Amongst the ignorant and prejudiced, vaccination is not only misunderstood, but too often neglected. It is the bounden duty, therefore, of the surgeons on the spot to enlighten the public upon this matter, and to counteract, by every means in their power, the attempt of those who would foster dangerous prejudices against one of the most valuable discoveries with which mankind has been blessed.

THE metropolis is shortly to be the seat of an International Congress of a character and with objects widely different from those of the various political conferences which the present generation has seen. The representatives about to meet in London, although deputed by different Governments, do not assemble for the purpose of securing purely local interests at the expense of their neighbours. They come—the representatives of Science, which is of no country—to interchange those gifts of intellect which are more than twice blessed in their universal beneficence and never-ending fruitfulness. The object of the Congress is to promote the collection of statistics, especially those published officially by the different Governments, on the most approved methods and upon uniform bases, so as to admit of the international comparison of the results obtained.

The first meeting of the Congress was convened at Brussels by the Belgian Government in 1853; the second session was held in Paris in 1855; and the third in Vienna in 1857. In accordance with a determination adopted at Vienna, the Congress is now to meet in London.

Medical Annotations.

"Ne quid nimis."

AID FOR THE WOUNDED IN SICILY.

THE humanity of Garibaldi to the sick and wounded soldiers of the Neapolitan army has honoured even his high character, and added a new and unfading laurel to the crown of the most chivalrous commander of modern warfare. The memory of sickening cruelties and infamous oppression was only used to hush the passions which might retaliate the like injuries, and to conjure feelings of pity and compassion, which inspired acts of mercy. No soldiers ever deserved more compassionate and skilful tendance than the patriot warriors who fight under Garibaldi's flag, and have known how to succour the vanquished as tenderly as they have conquered them bravely. But many circumstances combine to rob them of that perfect nursing which is always the due of the wounded. The noble generosity of Garibaldi has encumbered him with wounded enemies, whose sufferings place them in the rank of friends. The barbarous bombardment of Palermo has added a long list of casualties, and the hurried preparations which this bold enterprise demanded have not permitted any extended supply of medical necessaries and instruments. The experience of the Crimean war demonstrates how large a stock is needed, and how great an amount of suffering accrues from deficiency of medical appliances. The greater the urgency, therefore, for speedy and immediate help. The heat of the Sicilian summer is an incident highly provocative of hospital gangrene and typhus—the two great scourges of the combined armies in the Crimea and of the French troops wounded in the late Italian campaign. Opium and quinine are the two sheet-anchors of the surgeon in combating these diseases; charcoal, chloride of lime, and the like antiseptics, are hardly less important; while lint, strapping, old linen, and rollers are of inestimable service in all military hospitals. It is suggested that Galenical preparations of the London Pharmacopœia, or such as have only a local reputation, might not, perhaps, be appreciated by the Italian surgeons officiating in the hospitals. But opium, quinine, chloroform, and simple drugs could not fail to be of use anywhere, and amongst any class of practitioners. The first lessons of human charity teach us to sympathize with the sufferings of the wounded in any cause; and it hardly needs the additional stimulus of sympathy with the patriotic devotion and chivalrous tenderness of the soldiers of Garibaldi to urge us to add our mite of help towards any effort to allay the pangs of the wounded and the misery of the sick. Some of the principal firms in London have promised handsome supplies. Amongst them are Messrs. Whicker and

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Blaise, Savory and Moore, Heather Bigg, Allen and Hanbury, T. Evans and Sons, Ferguson and Sons, F. Walters, and Lloyd Bullock, who have each made munificent contributions, amounting, in some instances, to the value of £50. We learn that, if forthwith collected, means will be found to despatch them immediately by a sure channel. Subscriptions can be most economically applied, since some very liberal offers have been made by the firms which have contributed gifts to furnish all purchased articles at prices from which the profits are deducted. It is a work of pure mercy in which political partizanship has no place, since these supplies will be employed to sooth impartially the sufferings of captured Neapolitans and of Sicilian patriots.

SANITARY LECTURES AT THE SOUTH KENSINGTON MUSEUM.

A WORLD which contains more millions of women than of men must be full of womanly work; albeit, in our days some doubt and controversy prevail as to the kind and quality of the work they can best do. One part of this problem the Ladies' National Sanitary Association are contributing to solve. The care of infants, the training of the young, the dominion of home, the healthy regulation of social habits, the supervision of the poor, and the tendance and instruction of the helpless and the ignorant, are, beyond doubt, large elements of usefulness within womanly spheres of activity. How much they offer of fruitful promise let the sad mortal lists of infantine decay—let the wretched homes of the poor, the unhealthy habits of the rich, the profligacy and the feebleness of the idle declare. Some part of this field these ladies strive to cultivate, and hope by their example and by their success to bring to their aid fellow-labourers. That nothing may be done in error or omitted in ignorance, they seek the help of all eminent sanitarians and philanthropists whose experience or whose skill can add accuracy to their operations, or give a new direction to their labours. With this end, they have enlisted the sympathies of some members of our profession, who will commence a short course of practical lectures on sanitary subjects on the Wednesday afternoons of July now approaching, and part of August, in the South Kensington Museum.

RHEUMATISM, ALLEGED DAMP BEDS, AND LAW.

SOME men take cold on very slight provocation. Brummel became *enrhumé* by being introduced into a coffee-room where there was a damp stranger. On the other hand, Mr. Lane has told all the world that he wards off coughs, colds, and rheumatism, with all the grisly band of attendant aches and pains, by a walk, through wind and rain, every morning round Hyde Park; and since Miss Nightingale's new book has appeared, all our fashionable folk sleep through nights of flood with bed-room windows open. Sir Henry Hoare would seem to possess a very unhappy constitution and a sad liability to colds, of which he is not indisposed to share the pecuniary pains with his innkeeper. Persons of this hygrometric quality must be bugbears to their entertainers. If an hotel-keeper were called upon to pay the doctor's bill for any of his guests who took cold within a week after leaving his house, he would be wise to retire quickly from his hostelry. Sir Henry Hoare slept, on the 23rd of January last, at an hotel in Swindon, intending to hunt in the morning; he felt chilly when he got to bed, and therefore rose and covered the bed with whatever he could find in the shape of clothing. Next morning he still felt chilly, had a warm bath, and followed the hounds. In the course of the day he felt that he was suffering from cold, and telegraphed home to St. James's-square for a warm bed to be made ready. When he reached this happy haven, his pains were developed into acute rheumatism; and there was ultimately a long doctor's bill to pay. Sir Henry sought to recover the amount of his loss and expenses. It appeared, however, in evidence that at the time all this happened he was recovering from an attack of gout; his bed had been twice warmed, there was a fire for some hours in his room over night, and the linen had been elaborately aired. It was suggested, therefore, with no small show of reason, that the subsequent illness was due to the plaintiff's state of health, and the jury, without further ado, stopped the case by finding a verdict for the defendant. A gouty man may be excused if he be irritable and easily moved to wrath, and especially if his peculiar suffering be affected by the cause of his anger; but the grounds of the above action were ludicrously slender.

TWO SIDES TO A CASE.

AN important question in Coroners' Law was decided lately by the Court of Queen's Bench, on an application for a rule calling upon the Coroner for Birmingham to show cause why a *certiorari* should not issue for quashing an inquisition taken by him on the body of Emma Stafford. There was no imputation on the Coroner, who had been induced to hold a second inquest on the strength of certain statements made to him subsequently to the first inquisition, and which statements led to a belief that the subject of the inquiry had died from the consequences of induced abortion. The verdict of the jury confirmed this opinion. On the first inquest the verdict was one of "natural death;" and on the second occasion, on the production of fresh evidence, a new jury found a verdict of "wilful murder." The question was, whether there was jurisdiction to hold the second inquest, the first being valid and unquashed. Lord Hale was supposed to lay down the rule that a second inquest could only be held if the first were not *super visum corporis*, and therefore invalid; but a subsequent decision cited in the Year-books (2 E, 3, 2; 21 E, 4, 70) was held on this occasion to give authority for holding the inquest. Lord Cockburn, after hearing only a portion of the argument, decided that the authority of Lord Hale's dictum was unimpaired, observing that the inconvenience arising from inconsistent findings would be excessive. The inquisition will accordingly be quashed, without imputation on the Coroner.

A SURGEON JUSTIFIED.

THE duty which a medical practitioner owes to those who employ him for any purpose whatever, is very simple in principle, although very often complicated in practice. In principle, he has simply to give his best counsel, his most careful consideration, and his most truthful judgment. But the inducements to change judgment into advocacy, and to colour experience by the light of preconceived wishes, are often very strong. One thing, however, is quite clear: nothing can justify the instructed practitioner in sacrificing his just convictions, or his independent honesty, to the will of others. We highly commend the conduct of Mr. Bermingham, Surgeon of the Waterloo Life Assurance Company, who has recently vindicated his manliness and his capacity under difficult circumstances. Mr. Bermingham, who practises in Kentish-town, occupied the position of medical adviser for this Company, and in that situation examined the late Mr. Hutton, who had led a secret life of dissipation, inducing delirium tremens, but presented, when he offered himself, no traces of that passing disorder, and concealed all antecedent facts which could lead to a suspicion of its existence. An action at law followed his death, and the evidence of Mr. Bermingham was unsatisfactory to the Board. Subsequently, they communicated to him their desire that he should resign. Mr. Bermingham wrote, in reply, stating that he had told the solicitor his deposition must be against the Company; and, when dragged into the witness-box against his inclination, he could take no other course than give his evidence conscientiously. If he had known that he should be called upon to resign, unless his testimony met the views of the directors, he should have protested against a condition which imposed such base servility. He concluded by declaring that he should certainly not resign his appointment.

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On the 10th of January, the directors came to a resolution that the plaintiff be dismissed, and the solicitor of the Company be instructed to take steps to give effect to it. The Company justified the dismissal on the ground that the plaintiff had not shown proper skill in certifying Mr. Hutton's to be a first-class life. Mr. Bermingham brought an action to recover compensation for wrongful dismissal; and a number of medical men proved that, until delirium tremens assumed a chronic form, it was quite possible for the patient to be free from all indications of it within three days of an attack. The Company, therefore, were obliged to submit to a verdict of £200 damages, and to withdraw all imputations on Mr. Bermingham's professional skill.

THE AQUATIC TOMBSTONE AT HYDE-PARK CORNER.

THE drinking-fountain movement is rapidly filling all the corners of London with structures of undoubted utility, but of very doubtful beauty. Amongst the most recent additions to the architectural adornments of the metropolis is a mural drinking-fountain at St. George's Hospital, Hyde-park-corner. It supplies a perennial stream of water, which will no doubt be highly appreciated by many a thirsty soul; but then it may be hoped that he will never raise his eyes to the singularly dismal source whence flows the stream that slakes his thirst. It would seem that the word "mural" had been painfully suggestive of that of "intramural"—an adjective strictly associated with funereal ideas. The fountain is a very type of a tombstone. A pentagonal slab of stone, surmounted by urns, presents on its face drooping images of rushes in black bronze, supported on the similitude of a broken rock. In colour, style, and artistic character, the fountain is as funereal as though transported from Kensal-green, and looks out of place elsewhere than in a cemetery. Fronting an hospital, this gloomy character has its own peculiarly painful associations. Unquestionably, Hyde-park-corner is under the ban of architectural ill fortune. The illuminated booth of the advertisers is only removed to be replaced by a tombstone dropping water.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF THE GENERAL COMMITTEE ON EDUCATION.

TUESDAY, JUNE 19TH, 1860.

DR. STOKES in the Chair.

THE first recommendation of the Educational Committee,—viz., "That all students pass an examination in general education before they commence their professional studies," was adopted.

1. Moved by Dr. Andrew Wood, and seconded by Mr. Green,—"That the second recommendation be adopted,"—viz., "That as far as may be practicable, testimonials of proficiency granted by the national educational bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make: A degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle-class Examinations, Senior and Junior; Cambridge Middle-class Examinations, Senior and Junior; Durham Middle-class Senior Examination; Dublin University Entrance Examination; an examination by any other University of the United Kingdom, equivalent to the Middle-class Examinations of Oxford and Cambridge."

Amendment moved by Dr. Apjohn; seconded by Dr. Corrigan,—(1.) "That in London, Dublin, Edinburgh, and Glasgow, Boards of Examiners be constituted, by which the qualifications in general education of candidates for the medical profession shall be tested. (2.) That the members of this Board be appointed by the respective branch Councils; and that a selection of subjects be made by the Council, to which such examination shall be restricted. (3.) That persons possessed of the qualifications enumerated in the following list be relieved from the necessity of subjecting themselves to any further examination in Arts:—A degree in Arts of any University of the United Kingdom; Oxford Responsions and Moderations; Cambridge previous Examinations; Matriculation Examination of the University of London; Oxford Middle-class Examinations, Senior and Junior; Cambridge Middle-class Examinations, Senior and Junior; Durham Middle-class Senior Examination; Dublin University Entrance Examination; Queen's University Entrance Examination. (4.) That the Examining Boards appointed by the branch Councils limit their questions to the following subjects:—English grammar and composition; the Gospel according to St. John, in the original Greek, together with some one Greek and some one Latin class author, taken at the option of the student from the following list:—Virgil's Æneid, 1st and 2nd Books; Sallust; Cæsar, De Bello Gallico; Homer's Iliad, Books 1 and 2; Xenophon's Anabasis, Book 1; Walker's Lucian, first twelve Dialogues; Arithmetic, including Decimals, as well as Vulgar Fractions and the Rule of Three; Euclid, 1st, 2nd, and 6th Books; Algebra, as far as Simple Equations, involving one unknown quantity; Mechanics, as far as Elementary Statics and Hydrostatics. (5.) That a fee, not exceeding , be paid by each student before he presents himself for examination, and that the fund thus created be applied by the branch Councils to the payment of the examiners."—The amendment was negatived; the original motion carried.

2. Moved by Dr. Andrew Wood, seconded by Dr. Storrar, and agreed to,—"That the matriculation examination of the Queen's University in Ireland be added to the list of the National Educational Bodies included in No. 2 of the Recommendations on General Education and Examination."

3. Moved by Dr. Andrew Wood, and seconded by Mr. Green,—"That No. 3 of the Recommendations of the Report be adopted,"—viz., "That the examination in General Education be eventually left entirely to the Examining Boards of National Educational Bodies recognised by the Medical Council."

Amendment moved by Dr. Corrigan, and seconded by Mr. Watt,—"That No. 3 be omitted."—The amendment was negatived; the original motion carried.

4. Moved by Dr. Acland; seconded by Dr. Storrar, and agreed to,—"That No. 4 be adopted,"—viz., "That students who cannot produce any of the testimonials referred to in the second resolution, be required to pass an examination in Arts, established by any of the Bodies named in Schedule A of the Medical Act, and approved by the General Council, provided that such examination shall be, in every case, conducted by a special Board of Examiners in Arts."

5. Moved by Dr. Storrar, seconded by Dr. Acland, and agreed to,—"That No. 5 be adopted,"—viz., "That without professing to lay down any complete scheme of general education for persons intending to become members of the medical profession, the Committee recommend that the scheme of examination in Arts of the licensing Bodies be as nearly as practicable similar to that of any one of the National Educational Bodies above specified."

6. Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to,—"That the following gentlemen be appointed a Sub-Committee to prepare a scheme for the registration of students, and also for the visitation of examinations:—Dr. A. Wood, (Convener,) Dr. Bond, Dr. Storrar, Dr. Christison, Dr. Smith, Dr. Embleton, Mr. Green, Mr. Nussey, Mr. Watt, Mr. Teale."

MINUTES OF MEETING, JUNE 20TH.

Sir BENJAMIN C. BRODIE, Bart., President, took the chair at three o'clock P.M.

Present—Mr. Green, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.

Dr. Francis Hawkins, *Registrar*.

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. Stokes, and seconded by Sir Chas. Hastings,—"That the following letter be transmitted to the War Office."

General Medical Council, June 20th, 1860.

SIR,—In reference to your letter of the 4th of June, 1860, No. $\frac{7609}{109}$, I have the honour to transmit the enclosed resolution

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of the General Medical Council, passed at their meeting of June 19th, 1860:—

"That the General Medical Council, having again carefully considered the subject referred to in the letter from the War Office of 23rd March, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of 9th August, 1859, which is as follows:—'That it is the opinion of this Council that the licence of the Apothecaries' Hall of Ireland is not equivalent to a degree or licence in Medicine from a University or College authorized to grant such, as from a perusal of the Apothecaries Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine; and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries Act, sec. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorized to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an apothecary without any examination in Medicine.'"

I am further directed by the General Medical Council to state that they would have been gratified to put their reply in more definite terms; but there appears to the Council to be considerable doubt as to what are the privileges or legal qualifications of the apothecaries of Ireland, and the Council cannot therefore give any authoritative opinion in reference to the value of their licence as a claim for admission to the competitive examination for the appointment of assistant-surgeon in the army.

I am, Sir, your obedient servant,
FRANCIS HAWKINS, *Registrar.*

Amendment moved by Dr. Storrar, seconded by Sir James Clark,—"That the letter from Mr. Secretary Herbert of the 4th June be again read."

Amendment negatived; original motion carried.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the minutes.

Majority: Mr. Green, Dr. Bond, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Stokes.—*Minority:* Mr. Nussey, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir James Clark, Dr. Christison.

2. A petition from Mr. John Broatch, accompanied by testimonials, was read, praying that his name might be re-inserted in the Medical Register as "a surgeon in the public service."

Moved by Dr. Andrew Wood, seconded by Dr. Storrar, and agreed to,—"That Mr. John Broatch's petition to have his name restored to the Medical Register be not complied with."

3. Moved by Mr. Syme, and seconded by Dr. Alexander Wood,—"That the Medical Council having had their attention called to a practice prevailing in some of the English medical institutions, of requiring the London Apothecaries' licence as an essential qualification, or paramount recommendation, for appointment to professional offices, resolve to record their opinion that this practice is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public."

Amendment moved by Mr. Nussey, and seconded by Dr. Leet,—"The Medical Council having no power to interfere with the practice said to prevail in the English medical institutions with respect to the qualifications they may require for their officers, such interference being wholly beyond their province, resolve, that it is not desirable or expedient to entertain the motion of Mr. Syme."

Amendment negatived; original motion carried.

Mr. Nussey required that the names of the majority and minority should be entered on the minutes.

Majority: Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Mr. Teale, Dr. Stokes.—*Minority:* Mr. Green, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Leet, Mr. Lawrence.

4. Dr. Alexander Wood read the following Draft of a Bill for the further amendment of the Medical Act, promoted by the Colleges of Physicians of London and Edinburgh, and assented to by the King and Queen's College of Physicians in Ireland:—

A Bill for the further Amendment of the Medical Act, 1858.

Whereas, by "The Medical Act, 1858," it is provided that it shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England;" and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new Charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland;" and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland;" but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and Extra-Licentiates thereof respectively, by their said new names, the powers, privileges, liberties, and immunities to which they are respectively entitled by their existing names: and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new Charters under such altered names respectively, the said powers, privileges, liberties, and immunities would legally attach and be preserved to them; and it is expedient that such doubts should be removed. And whereas by the 47th section of the said Medical Act it is provided, that within twelve months after the granting of such new Charter to the Royal College of Physicians of London, any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of England, and who may be desirous of becoming a Member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of £2 to the said College; and it is expedient that the said proviso should be repealed. And whereas by an Act passed in the 14th and 15th years of the reign of King Henry the Eighth, intituled "The Privileges and Authorities of Physicians in London," certain Letters Patent, dated the 23rd day of September, in the tenth year of the reign of his said Majesty, whereby certain Physicians in London therein named were incorporated by the name of "The President and College or Commonalty of the Faculty of Physic in London," were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said Letters Patent, and two more of the said Commonalty, to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void, the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons; and that no person should from thenceforth be suffered to practise in Physic through England until he be examined by the said President and three of the said Elects, and have from them letters testimonial, except he be a Graduate of Oxford or Cambridge. And whereas the main function of the said Elects—viz., that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last recited Act, and it is therefore expedient that the before recited provisions should be repealed. Be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. The expression in the Medical Act and this Act, "The Corporation of the Royal College of Physicians of London," or "The Royal College of Physicians of London," shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

II. Any new Charter, which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new Charter granted to the Corporation of the Royal College of Physicians of Edinburgh, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new Charter granted to the Corporation of the King and Queen's College of Physicians in Ireland, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

III. The granting of new Charters to the said Corporations respectively, by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any

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way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties, and obligations granted, conferred, or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof by the respective Charters and Acts of Parliament relating to the said Corporations respectively, or by the Medical Act, the Act to Amend the Medical Act, the Medical Acts Amendment Act, 1860, and this Act respectively; but the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions, and immunities, and be subject to all such and the same duties and obligations as if such new charters respectively had been granted to them by and in their respective names and styles as then existing.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold, and enjoy, and continue to have, hold, and enjoy, all lands and other real and personal heritable and moveable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new Charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

V. From and after the passing of this Act, the before recited provision of the Medical Act, which entitles any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, to receive the diploma of the College of Physicians of England, and to be admitted to all the rights and privileges thereto appertaining, shall be, and the same is hereby repealed.

VI. So much of the Act of the 14 and 15 Henry VIII., c. 5, as relates to the Elects of the said Royal College of Physicians of London, and their powers and functions, shall be, and the same is hereby repealed; but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said President and Elects may have granted letters testimonial, and all trusts which, by any deed, gift, devise, or bequest, are vested in, or to be executed or performed by the Elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the Censors of the said College for the time being, as if the names of the Censors had, in such instruments respectively, been used instead of that of the Elects.

VII. The office of President of the "Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, Doctor of Physic, the now President of the said Corporation, shall remain such President until the day next after Palm Sunday in the year 1861, when he shall go out of office; and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the Fellows of the said Corporation in such manner as shall be provided by any bye-law or bye-laws made in that behalf by the said Corporation and for the time being in force, to be President of the said Corporation; but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of a new President; or in case of the death, resignation, or other avoidance of any such President before the expiration of his year of office, the said Fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be, (of which due notice shall be given,) elect one other of the Fellows of the said Corporation, in such manner as aforesaid, to be President for the remainder of the year in which such death, resignation, or other avoidance shall happen; and until such election the duties of President shall be performed by the Senior Censor for the time being.

Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to,—"That the Council approve of the Draft Bill now read."

5. A communication from the Poor-law Board in reference to qualifications for Poor-law medical appointments was read.

Moved by Dr. Andrew Wood, and seconded by Mr. Lawrence,—"That the communication from the Poor-law Board be inserted in the minutes."

Amendment moved by Dr. Corrigan, and seconded by Dr. Embleton,—"That the Registrar be directed to thank the Secretary of the Poor-law Board for their communication and circular."—Amendment carried.

6. Letters from a medical practitioner in Jamaica and from the Colonial Office were read.

Kingston, Jamaica, Jan. 25th, 1860.

SIR,—As a Fellow of the Royal College of Surgeons of Edinburgh, duly registered under the British Medical Act, and practising the profession in this city, I take the liberty to address you, as the member of the General Council of Medical Education and Registration representing the College to which I have the honour to belong. I do so in reference to a Medical Registration Bill, a copy of which is enclosed, lately passed by the Legislature of this island.

It would appear that this Bill interferes materially with the rights and privileges of myself and of other practitioners of the island, who are registered under the Imperial Statute; and I must solicit your assistance in the General Council, to suggest such alterations in the construction of the Act as will render it harmless to all practitioners of the colony who are registered under the Imperial law.

You are aware that, according to the 31st section of the British Act, every person registered under it is entitled to practise the profession in any part of her Majesty's dominions, and to demand and recover in any court of law, reasonable charges for services performed; but by the 13th section of the Jamaica Act, as you will perceive, no person can recover any charge in any court of law in the colony, unless he is registered under the provisions of the Local Statute. This, I submit, is an interference with the Imperial Act, and nullifies the rights and privileges which are supposed to be conferred by it. The objectionable nature of the Jamaica Act is further shown in the 20th section, which would prevent the medical officers of the army and navy serving in the colony from giving testimony in any of the local courts of law,—would, in fact, ignore their qualifications as medical practitioners, and subject them to penalties, unless they chose to register under the Island Act.

This Bill, although passed by the Colonial Legislature, has not yet received the assent of her Majesty, and I beg that you will give the subject of it your attention, in order that the General Council may make a representation to her Majesty's advisers, and effect such alterations in the Bill as will prevent its clashing with the Imperial Statute, and hinder it from becoming vexatious and troublesome to those medical men who may come within the sphere of its operation.

I have the honour to be your obedient servant,

Dr. Andrew Wood, President of the Royal College of Surgeons, Edinburgh, &c. ALEXANDER FIDDES.

Sections of the Jamaica Bill above referred to.

XIII. After the 1st day of January, 1860, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or appliances, or for the performance of any operation, or for any medicine prescribed, given, performed, or supplied, after the passing of this Act, unless he shall prove at the trial that he is registered under the provisions of this Act.

XX. Any person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, or doctor of medicine, or surgeon, licentiate, or extra licentiate, or any other name, title, addition, or description, implying that he is registered under the provisions of this Act, or that he is recognised by law as a physician, or surgeon, or licentiate, or extra licentiate, in medicine and surgery, or in medicine or surgery, or a practitioner in medicine and surgery, or medicine or surgery, or an apothecary; or who shall receive any fee or reward from any person for the performance of any service in any of the characters before mentioned, shall, upon conviction, pay a fine not exceeding £20, or be imprisoned in any prison, not being a county jail, for any term not exceeding six months.

Downing-street, 30th March, 1860.

SIR,—In answer to your letter of the 14th instant, stating the objection of a Scotch medical practitioner in Jamaica to an Island Act recently passed, to provide for registering duly qualified medical practitioners, I am directed by the Duke of Newcastle to inform you, that although the provisions of the Jamaica Act may not be in themselves unreasonable, they are considered to be repugnant to the English Statute, and therefore the Colonial Legislature will be called upon to amend them before the Act can receive the Royal assent.

I return the copy of the Act, which accompanied your letter.

I have the honour to be, Sir, your obedient servant,

Sir R. Brodie, Bart. C. FORTESCUE.

Moved by Dr. Andrew Wood, seconded by Dr. A. Smith, and agreed to,—"That the foregoing letters, and the 13th and 20th sections of the Jamaica Bill, be entered on the minutes."

7. Moved by Dr. Christison, seconded by Dr. Alex. Wood, and agreed to,—"That a committee, consisting of Dr. Christi-

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son, Dr. Alexander Wood, Dr. Storrar, be appointed to extract from the minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the committee to be advisable."

Confirmed—CHARLES HASTINGS.

MINUTES OF THE GENERAL COMMITTEE ON EDUCATION.

Mr. GREEN in the Chair.

Dr. Alexander Wood presented the following Report of the Sub-Committee appointed to prepare a Scheme for the Registration of Students, &c.

Report of the Sub-Committee on the Registration of Medical Students.

With the view of carrying out recommendations 6, 7, and 8 of the Committee on Education, appointed by the General Council in 1859, which are to the following effect:—

(6) That on and after October 1st, 1860, all medical students be required to be registered by one of the bodies named in Schedule A of the Medical Act.

(7) That the lists of students registered be closed within a week after the commencement of each session.

(8) That no student beginning professional study after September, 1861, be registered, who has not passed an arts examination, in conformity with resolutions 2 or 4.

The Committee recommend that the Council be advised to enact the following regulations:—

(1) That the several bodies in Schedule A of the Medical Act, either jointly or severally, open a register for students commencing their studies in medicine, in the form annexed.

(2) That the said register be opened on the first day of each session or term, and remain open for fifteen days; and that within seven days after its close the officer in charge be required to transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.

(3) That the Registrar of the Branch Council lay the list before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it thereafter be transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

(4) That the Executive Committee shall arrange these returns, and publish annually an alphabetical list of the names contained in them.

(5) That when a student is prevented by sickness, or any other unavoidable cause, from registering within the prescribed time, he present, as soon as the case admits, a statement of the circumstances, with proper evidence, to the authorities of the university or body under whose charge the register may be; and if the application be sustained, such statement of the whole circumstance shall, by the authorities of the said body, be laid before the Branch Council, who shall, if there be cause, transmit the name of such student to the Executive Committee, to be inserted in the list.

(Signed) ALEXANDER WOOD, *Chairman.*

Schedule.—Register of Medical Students.

No.	Name.	Date of Birth.	Place of Birth.	Present Residence.	Date of Registration.	Place of Registration.	Registering Body.	When and by what Body the Examination in Arts was conducted, and its Date.
1	A. B. ...	—	—	London ...	—	University College, London.	University of London.	Matriculation Examination of University of London; May, 1861.
2	C. D. ...	—	—	Birmingham	—	Birmingham General Hospital.	Royal College of Surgeons of England.	Oxford Middle-Class Examination; August, 1861.

1. Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to,—"That the report be received."

2. Moved by Dr. Corrigan, seconded by Dr. Storrar, and agreed to,—"That the following be adopted, in lieu of the 6th recommendation of the Report on Education of 1859—viz., 'That after October 1st, 1861, all medical students be required to be registered.'"

3. Moved by Dr. Storrar, seconded by Dr. Andrew Wood,—"That the 7th recommendation of the Report of 1859 be adopted."

Amendment moved by Dr. A. Thomson, and seconded by Sir James Clark,—"That No. 7 stand as follows: '7. That the lists of students registered be closed within fifteen days after the commencement of each session or term.'"—Amendment carried.

4. Moved by Mr. Teale, seconded by Dr. Storrar, and agreed to,—"That the 8th recommendation of the Report of 1859 be adopted."

5. Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to,—"That the 1st, 2nd, 3rd, and 4th recommendations of the Report of the Sub-Committee be adopted."

6. Moved by Dr. Alexander Wood, and seconded by Dr. Storrar,—"That the 5th recommendation of the Report of the Sub-Committee be adopted."

Amendment moved by Mr. Syme, and seconded by Sir Chas. Hastings,—"That in lieu of the 5th recommendation the following be adopted: 'That the licensing bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and shall transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exemptions have been granted, with the grounds stated.'"—Amendment carried.

MINUTES OF MEETING, JUNE 21ST.

Sir CHARLES HASTINGS took the chair, at three o'clock P.M.

Present—Dr. Burrows, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.

Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

1. There were brought before the Council several memorials in regard to recent admissions by the Royal College of Surgeons of England.

Mr. Green, the representative of that body, explained that no one had received the diploma of the Royal College of Surgeons of England without having been examined and found qualified in anatomy, physiology, and surgery, and without having been in practice for some years before the passing of the Medical Act, and without having produced certificates of respectable character.

Mr. Green having further stated that the practice of examining candidates who had not gone through a full curriculum of study ceased on the 1st of March, and would not be resumed, the Council did not think it necessary to move in the matter.

2. A memorial from some members of the Royal College of Surgeons of England, resident in the Isle of Man, relative to the examination of dentists by that College, having been read.

Moved by Dr. Apjohn, seconded by Dr. Storrar, and agreed to,—"That this Council has no authority to interfere with the privileges, in relation to dentistry, conferred upon the College of Surgeons of England by charter, in accordance with the 48th section of the Medical Act."

3. A memorial having been received from an Association of Foreign Graduates, praying for the registration of their foreign degrees,

Moved by Dr. Storrar, seconded by Dr. Alexander Wood, and agreed to,—"That, by the 11th section of Schedule A of the Medical Act, the Council have authority only to register such foreign qualifications as were possessed by persons practising, by virtue of them, as physicians in the United Kingdom before the 1st of October, 1858, and who can satisfy the Council that such qualifications have been conferred after regular examination."

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The further consideration of this subject was adjourned.

The following letter was read from the President:—

14, Savile-row, W., June 21st, 1860.

MY DEAR SIR,—I will thank you to express to the Medical Council, at their meeting this day, that, in pursuance of the notice which I have already given, it is my wish to resign my office as President of the Council, before the conclusion of the present session.

Although circumstances compel me to take this step, I take it with great reluctance, having had so much experience of the kindness and courtesy shown me by every member of the Council since they first did me the honour of electing me to preside over their meetings.

I am, dear Sir, yours faithfully,

Dr. Hawkins. B. C. BRODIE.

Confirmed—B. C. BRODIE.

MINUTES OF THE GENERAL COMMITTEE ON EDUCATION.

Sir JAMES CLARK, Bart., in the chair.

The minutes of the two last sittings of the General Committee on Education were confirmed.

1. Moved by Dr. Storrar, seconded by Dr. Thomson, and agreed to,—"That the various educational and licensing bodies be required to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the registration of medical students."

2. Moved by Dr. Andrew Wood, seconded by Mr. Watt, and agreed to,—"That the age of twenty-one be the earliest age at which any professional licence shall be obtained."

3. Moved by Dr. Andrew Wood, seconded by Mr. Watt, and agreed to,—"That four years of professional study be required, after the examination in general education."

4. Moved by Dr. Andrew Wood, and seconded by Mr. Watt, —"That the four years of professional study shall be held to embrace four winter sessions of six months each, and three summer sessions of three months each."

Amendment moved by Dr. Corrigan, seconded by Dr. Apjohn,—"That four years of professional study be required, after the examination in general education; the fourth professional year being understood to terminate at the end of the summer session of that year."

Amendment negatived; original motion also negatived.

5. Moved by Dr. Apjohn, and seconded by Dr. Stokes,—"That in the case of persons presenting themselves for examination at the termination of the fourth year from the date of the preliminary examination, a year of professional study will not be considered as completed, unless it appears, on the examination of a student's certificate, that he has been for such time in attendance upon two winter courses, or one winter and two summer courses, or upon one winter or summer course, in conjunction with attendance for six months on the practice of a recognised general hospital, or has been occupied at a recognised hospital or dispensary for twelve months in the study of clinical medicine."—Negatived.

6. Moved by Dr. Andrew Wood, and seconded by Mr. Teale, —"That the professional examination be divided into at least two distinct parts; that the first be not undergone until after the termination of the second winter session, and the final examination not until after the termination of the fourth winter session."

Amendment moved by Dr. Acland, and seconded by Dr. Storrar,—"For the words 'second winter session,' substitute 'two years of study;' for the words 'fourth winter session,' substitute 'four years of study.'"—Amendment carried.

Dr. Alexander Wood laid on the table the Report of the Sub-Committee on the Visitation of Examinations, the consideration of which it was agreed to defer.

Report of the Sub-Committee on the Visitation of Examinations.

The Committee beg to remind the Council that by clause 18 of the Medical Act it is provided that "any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any Branch Council, may attend and be present at any such examinations."

The Council will observe that, by this clause, the duty of visitation of examinations can be effected either personally by members of the Council, or by deputy.

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The Committee are unanimously of opinion that the duty of attending and being present at the examinations of the various licensing bodies would be more efficiently and satisfactorily accomplished by deputy than by the members of Council.

The Committee would therefore suggest that, for the present year, the General Council, or, if time does not admit of it, the Executive Committee, should appoint one or more inspectors of examinations, whose duty it should be to attend one or more of the examinations of the bodies enumerated in Schedule A of the Medical Act, and to report fully on the character and extent of each examination; and that such report shall be transmitted within three days to the Registrar of the Branch Council of that part of the United Kingdom in which the examination has been held.

The Committee do not propose, in the event of this recommendation being adopted, that it should in any way supersede the power vested in each member of the Council by the Medical Act, but are of opinion that when such duty is to be exercised by a member of Council, he would find it more satisfactory to attend in company with the official inspector.

The Committee are further of opinion that, with the view of affording facilities to the inspector of examinations, the registrar of each body in Schedule (A) of the Medical Act should be enjoined to furnish to the said inspector the periods fixed for such examinations; or, in case the body to which he belongs has no fixed period for examination, he shall be required (when practicable) to give one week's notice of such examination to the inspector.

The Committee are of opinion that some means should be taken to establish an understanding between the various licensing bodies, by which the names of all candidates rejected by one body should be *confidentially* communicated to the others with the least possible delay.

In conclusion, and with the view of bringing out the mind of the Council fully on this important subject, the Committee now throw the suggestions of the report into a series of propositions, which can be fully discussed.

1. The Council resolve that, as the Medical Act leaves to the Council the alternative of fulfilling the important duty of visitation of the examinations of the various licensing bodies, either personally or by deputy, it is their opinion that it would be more efficiently and satisfactorily accomplished by deputy than by the members of the Council.

2. That the Council endeavour, for the present year at least, to try how far the work can be satisfactorily accomplished by an Inspector of Examinations.

3. That it be remitted to the Executive Committee to appoint a suitable person as Inspector for one year, and to pay him such salary, not exceeding , as they may think right, and such reasonable travelling expenses as they may from time to time allow.

4. That the Inspector so appointed keep a regular report of his proceedings from day to day; and visit once at least in each year, or more frequently if required to do so by any of the Branch Councils, at times not previously intimated to the body whose examination he proposes to attend, the examination of each body in Schedule (A), and report on the proceedings of such body to the Branch Council of that division of the United Kingdom in which the examining body is situated.

5. That such reports be annually laid before the Council, and at all times be open to the inspection of any member of the Council.

6. That the Council direct their Registrar to require, by authority of the Council, from each examining body, a statement of the times fixed for examination; and to require from all bodies who have no fixed times for examination, to give, if practicable, at least seven days before any examination is to be held, a notification of the time and place when and where any such examination is to be held.

7. That in the event of a candidate at any examination being rejected, his name shall be communicated *confidentially* to the Registrar of every other examining body without delay.

(Signed) ALEXANDER WOOD, *Chairman.*
Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, JUNE 22ND.

Dr. BURROWS took the chair, at two o'clock P.M.

Present—Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes. Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

1. The adjourned debate on the first Report of the Committee on Special Claims for Registration was resumed.

Mr. Syme was permitted by the Council to withdraw his motion,—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas be registered, in strict compliance with the Medical Act," and to substitute for it the following motion, seconded by Dr. Storrar,—"That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison to register their degrees obtained from the Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient."

The amendment of Dr. Corrigan was put, and negatived—viz.,—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered."

The motion substituted by Mr. Syme was then put, and carried.

2. Moved by Dr. Alexander Wood, seconded by Dr. Stokes, and agreed to,—"That, in accordance with the recommendations of the Report of the Committee on Special Claims for Registration, Thomas Smith and Thomas Airey be not registered."

Sir BENJAMIN BRODIE, Bart., President, then took the chair.

3. Letters were read from Mr. William Gwynn, stating that the University of Dublin had refused to admit him to the degree of Doctor of Medicine and to that of Master in Surgery, on the ground that he had adopted a particular theory of medicine, and requesting "that the Medical Council, in accordance with the Act 21 & 22 Vict., cap. 90, sect. xxiii., will represent the same to her Majesty's most Honourable Privy Council."

Moved by Mr. Syme, seconded by Dr. Andrew Wood, and agreed to,—"That the Council resolve that they see no reason for taking any step in relation to the letters of Mr. Gwynn."

4. A petition was read, which had been transmitted by the Registrar of the Branch Council for Scotland, from Mr. J. B. Clarkson, of Melrose, for the reduction of a registration fee.

Moved by Dr. Andrew Wood, seconded by Dr. Alexander Wood, and agreed to,—"That the Council have no power to comply with Mr. Clarkson's petition."

5. A memorial was read from the Gloucestershire Medical and Surgical Association, praying for "better securities for the conviction of illegal practitioners."

Moved by Dr. Alexander Wood, seconded by Sir Charles Hastings, and agreed to,—"That the memorial from the Gloucestershire Medical and Surgical Association be referred to the Committee appointed to consider what amendments are required in the Medical Act."

6. Information having been laid before the Council, from the Royal College of Physicians of Edinburgh, and also from the Faculty of Physicians and Surgeons of Glasgow, that the name of Mr. John Valentine Laverick had been struck off their respective lists of licentiates,

Moved by Dr. Alexander Wood, seconded by Mr. Watt, and agreed to,—"That, in conformity with clause 28 of the Medical Act, the name of John Valentine Laverick be erased from the Register, he having been deprived of the two qualifications in respect of which he has been registered, by the Royal College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow respectively."

7. Moved by Dr. Christison, seconded by Dr. Andrew Wood, and agreed to,—"That the attention of the Medical Council having been called to the regulations issued under the authority of her Majesty's Privy Council, on 6th December, 1859, requiring that all public vaccinators shall have undergone in the art of vaccination a special education, and a special examination, the particulars of which are minutely laid down in the Memorandum of the Privy Council—the Medical Council resolve that one purpose, and a main one, of the Medical Act, was to ensure that the members of the medical profession shall be duly educated and examined in the various branches of the profession;—That the Council, with the co-operation of the various bodies which grant qualifications in medicine, have assiduously laboured to discharge this function; and do not doubt that, amongst other results, the important object of the Privy Council will in consequence be fully attained;—That it will be a great discouragement to the Medical Council, and to the bodies placed by the Medical Act under their superintendence, if other public bodies issue, for limited branches of professional practice, regulations substantially constituting new

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and limited branches of the medical profession, independent of this Council;—And, therefore, that it be remitted to the Executive Committee to draw up a statement expressing the views of this Council, and to submit the same to the Lords of her Majesty's Privy Council."

8. Moved by Dr. Christison, seconded by Sir Chas. Hastings, and agreed to,—"That it be remitted by the Council to the Executive Committee to take such steps as they may consider advisable for promoting the registration of medical officers in the military and naval services."

9. A reference from the Royal College of Physicians of Edinburgh, in regard to the Ordinances of the Universities (Scotland) Commissioners for conferring degrees in Medicine in the University of Edinburgh, having been read,

Moved by Dr. Alexander Wood, and seconded by Mr. Lawrence,—"That the General Council of Medical Education and Registration, having taken into consideration the Ordinances of the Scottish University Commissioners for regulating the conferring of medical degrees in the University of Edinburgh, dated 6th August, 1859, which were laid before them by Mr. Syme on the 8th of August last, and also the further supplementary Ordinances of the 19th of March, 1860, which have been circulated amongst the members of the Council, find: 1st. That having already declared that the higher degrees in Medicine should be distinguished by corresponding academic rank, obtained by a full and as nearly as possible equivalent academic education, they are compelled reluctantly to record their opinion that these Ordinances, if carried into effect, will tend to frustrate their efforts in this direction. 2nd. That having also declared 'that all students should pass an examination in general education before they commence their professional studies,' the Council are of opinion that it is impossible for the generality of students to acquire before the age of seventeen years (which they must do if they are to take their medical degree at twenty-one years of age) such a general education as shall enable them to prosecute their medical studies with success, and afterwards to take the position which university graduates ought to take amongst the educated classes of the community. 3rd. That, in the opinion of the General Council, the scheme proposed by the Commissioners, by which a degree in Medicine and a degree in Surgery are to be given after one course of study and one examination, tends inevitably to establish a fictitious, not a real, distinction between a physician's and a surgeon's diploma, and is opposed to the spirit of the Medical Act."

Amendment moved by Mr. Syme, and seconded by Dr. A. Thomson,—"That it is inexpedient for this Council to express any opinion at present with respect to the terms upon which the degrees in Medicine are conferred by the University of Edinburgh."—Amendment negatived.

Dr. Alexander Wood required that the names of the majority and minority should be entered on the minutes.

Majority: Dr. Burrows, Mr. Green, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Andrew Wood, Dr. Alexander Wood, Mr. Watt, Dr. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Teale.—*Minority:* Mr. Nussey, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir Charles Hastings, Dr. Christison.

The original motion was then put, and also negatived.

Dr. Alexander Wood required that the names of the majority and minority should be entered on the minutes.

Majority: Dr. Burrows, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir Charles Hastings, Dr. Christison.—*Minority:* Mr. Green, Dr. Embleton, Dr. Andrew Wood, Dr. Alexander Wood, Mr. Watt, Dr. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Teale.

Dr. Corrigan presented the following Report from the Committee appointed by the Resolution of the General Medical Council of June 14th, 1860, to consider defects which appear to interfere with the efficient working of the Medical Acts.

REPORT.

"The Committee consider that there will not be sufficient time within the present Session to draw up a Report that would contain the whole consideration of such an amended Bill as might embrace all the subjects which should be contained in it, and thus obviate the introduction of frequent or partially amended Bills. The Committee desire in this Report to do no more than draw attention to such points as appear to them, in the limited time they have had for consideration, to require to be amended, feeling assured that, in the interval that will occur between this and the next meeting of the Council, the several members of the Council will give the subject their attention and deliberate consideration; and the Committee also expect that there will be received within the same interval, from the profession generally, many valuable suggestions. The Committee trust that, with these aids, the General Council will be in a position, at no distant time, to prepare such a Medical Bill as may leave little room for alterations for many years to come; and the Committee recommend, with this object in view, that the Council should give the present Act, notwithstanding any acknowledged defects, a full and further trial, in order that they may become thoroughly acquainted with all such defects, and the best means of obviating them.

"The Committee, therefore, in this Report, confine themselves to observations on such Sections as at present appear to them to require removal or amendment.

"Sect. X. of the Medical Act of 1858 is the first that appears to require amendment. In this Section, as it at present stands, the Registrar of the General Council must be also Registrar of the Branch Council of England, and must be paid out of the General Fund such salary as the General Council may direct. The consequence of this arrangement is, that at any time the Branch Council may be left without a Registrar, and it might even be for a long period; for, in the event of a vacancy by death or otherwise, the Branch Council would not have power to appoint a Registrar. And, moreover, the salary of the Registrar of the Branch Council for England, under the present Section, is wholly paid out of the General Fund, to which the Branch Funds contribute; while the salaries of the Registrars of the Branch Councils of Scotland and Ireland are wholly paid out of their respective Branch Funds. The Committee, therefore, propose that the Section should stand thus:—'X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers. The General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council, and shall be paid such salary as the Council shall think fit.'

"The Section as amended will therefore deal only with the appointments of Registrar and Secretary of the General Council. There is nothing in the Section so amended to prevent the Branch Council from appointing to the office of Registrar of that Council the same person who may be the Registrar of the General Council.

"Sect. XI. should necessarily be altered to be in accordance with Sect. X., and would relate to the appointment of Registrar, &c., by all the Branch Councils, and would then run thus:—'XI. The Branch Councils for *England*, *Scotland*, and *Ireland*, shall each respectively in like manner appoint a Registrar and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, subject to the approval of the General Council, and be removable at the pleasure of the Council by which they were appointed; and the person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other person or persons as treasurer or treasurers.'

"Sect. XIII. To the alteration proposed in this Section, the Committee request the particular consideration of the Council. As the Section at present stands, all the moneys received in fees are payable to the respective Branch Councils; but in the Act there is no provision, and the Committee cannot see how any can be made, to determine to what Branch Councils the several registration fees shall be paid; and the consequence is, that it is possible so large a proportion of the registration fees might be paid into the fund of any one Branch Council as to leave the others without sufficient funds to carry out the purposes of the Act.

"Taking these considerations into account, and further considering that there must be only one Register for the United Kingdom, the Committee are of opinion that all the moneys should be paid into a common fund, from which all the expenses of General and Branch Councils should be defrayed, subject, as provided for in Sect. X., to the approval and supervision of the General Council.

"The Section thus amended would be to this effect:—'That all moneys payable to the General and Branch Councils shall be payable into one common fund, from which all the expenses of the General and Branch Councils shall be defrayed, subject to the supervision and approval of the General Council.'

"Sect. XIV. The proposed addition to this Section is, 'that if any person registered shall notify to the Registrar that he has ceased to practise, and wishes to withdraw his name from the Register, the Registrar shall have power to erase his name.'

"Sect. XXV. It is proposed to erase the words commencing

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'in the case of,' and ending with 'Ireland,' in the said Section, to make it accord with Sect. X.

"Sect. XXVII. To make this Section more clear, it is proposed to introduce words to this effect:—'And that he is not possessed of any qualification which would entitle him to be registered in accordance with the provisions of this Act,' to be introduced after the word 'Act,' in the said Section.

"Sect. XXIX. To remove obscurity in this Section, it is proposed to introduce the words 'whether before or after registration,' after the words 'professional respect.'

"Sect. XL. It is proposed to substitute 'or' for 'and,' between the words 'Medicine *and* Surgery,' in two places of the Section where the words 'Medicine *and* Surgery' are used; and to introduce the following words after 'or an Apothecary:' 'or who shall wilfully and falsely take or use the title of Physician, Doctor of Medicine, Bachelor of Medicine, or Licentiate in Medicine or Surgery, Surgeon, General Practitioner, or Apothecary.'

"This alteration is suggested, as it appears to the Committee that if a person registered under this Act, under one title, should assume in addition some title, qualification, or degree to which he is not entitled, the Section would not apply to him, as the penalty, in the present words of the Section, would be only recoverable against him for assuming a title implying that he is registered.

"Sect. XLI. It is proposed that the word 'shall,' be substituted for 'may,' before the words 'in Scotland;' and that the words 'or by any other person,' after the word 'county,' be erased, in order to render it compulsory on the public prosecutor in Scotland to sue for penalties under the Act.

"Sect. XLII. This Section is proposed to be amended by the addition of the following words to the end of the Section: 'who shall be authorized, under direction of the General Council, to hand over to the parties prosecuting the whole or any portion of such penalty towards defraying the expenses of such prosecution, as may seem fit to the General Council.'

"It would also be necessary to ascertain, by legal advice, whether any Local Acts intervene as to the working of the first part of the said Section, as the Committee are informed that in London the magistrates or law authorities have decided that such penalties are legally payable, under a Police Act, notwithstanding this Section, into the Police Fund of London.

"Sect. XLVII. The portion of this Section, commencing with the words, 'Provided nevertheless,' &c., to the end of the Section, relates merely to arrangements between the three Colleges of Physicians, and these three bodies have concurred in the propriety of the repeal of this portion of the Section.

"There remain only some observations to be made with regard to the licences inserted in Schedule (A).

"There is in this Schedule provision for inserting the title, 'Fellow, or Member, or Licentiate in Midwifery of the Royal College of Surgeons of England;' and although no similar title is set forth as to the other bodies, it appears that the Executive Committee felt themselves constrained, under legal advice, to insert in the Register, 'Licentiate in Midwifery of King and Queen's College of Physicians in Ireland,' and 'Licentiate in Midwifery of the Royal College of Surgeons of Ireland.'

"This inequality between the licensing bodies appears to require to be removed, either by the omission altogether of the title of Licentiate in Midwifery from the Schedule, or by the insertion of similar privileges in regard to all Universities and Colleges which grant degrees or licences in Medicine or Surgery. The latter appears to the Committee the preferable plan; for the omission altogether of Licentiates in Midwifery would lead to the renewed issuing of certificates purporting to be Licences in Midwifery from self-constituted examining authorities or medical officers of Midwifery Hospitals and Dispensaries, over whose proceedings the General Council or the Act could have no control; and, moreover, some of the public boards issuing regulations as to qualifications for public medical appointments, require special certificates or qualifications in Midwifery.

"June 22nd, 1860." "D. J. CORRIGAN, Chairman.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF THE GENERAL COMMITTEE ON EDUCATION.

Mr. GREEN in the chair.

The minutes of the last sitting of the Committee were read and confirmed.

1. Moved by Dr. Storrar, seconded by Dr. Andrew Wood, and agreed to,—"That No. 2 in the Report of 1859, on Professional Examination—viz., 'That the first professional examination be conducted partly in writing and partly *viva voce*; and that such parts of it as admit of it be made as practical and demonstrative as may be possible'—be adopted, with the omission of the words 'of it' after 'parts.'"

2. Moved by Mr. Teale, seconded by Dr. Embleton, and agreed to,—"That in lieu of No. 3 in the Report of 1859 the following be adopted: 'That the second examination be conducted partly in writing, partly *viva voce*, and practically as far as may be convenient and attainable.'"

3. Moved by Dr. Andrew Wood, seconded by Dr. Storrar, and agreed to,—"That No. 4 of the Report of 1859 be read thus: 'That the professional examinations be held by the several licensing bodies (except in special cases) at stated periods, to be publicly notified.'"

4. Moved by Dr. Andrew Wood, seconded by Dr. Corrigan, and agreed to,—"That in lieu of No. 5 of the Report of 1859 the following be adopted: 'That returns from the licensing bodies under Schedule (A) be made annually on the 1st of January to the General Medical Council, stating the number and names of the candidates who have passed their respective final examinations, and the number of those who have been rejected.'"

5. Moved by Mr. Teale, and seconded by Dr. Apjohn,—"That, in the opinion of the Medical Council, it is desirable that after , no University of the United Kingdom shall confer any degree in Medicine, whether a bachelorship or doctorate, upon any candidate who has not graduated in Arts."

Amendment moved by Mr. Syme, and seconded by Dr. A. Thomson,—"That the duty of the Medical Council, in regard to professional education, is limited by the Act, to ascertaining that the prescribed courses of study and examination are 'such as to secure the possession by persons obtaining such qualifications of the requisite knowledge and skill for the efficient practice of their profession.'"

The debate was adjourned to Saturday, at eleven o'clock.

Confirmed—JOSEPH HENRY GREEN.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

AT the Academy of Medicine, on the 12th inst., M. Velpeau, who held in his hand a small phial full of a milky-looking fluid, drew attention to what he supposes to be a rare variety of hydrocele, as yet undescribed by any author, but which M. Velpeau has already met with on a former occasion, now about fifteen years ago; at which time he also introduced the subject to the notice of the Academy, and he regretted to say that no satisfactory analysis was ever made of the fluid. The milky liquid now exhibited formed part of the contents of a cyst of the testicle tapped by the professor that morning in the wards of the Charité. The history of the affection shed no light on the nature of the complaint. The patient, a robust man, aged forty-five, in the enjoyment of good general health, had noticed an enlargement at the back and lower side of the right testicle for three years past; this had slowly progressed, without pain or inconvenience, until the moment of his admission into the hospital. "So far," said M. Velpeau, "the symptoms seemed in favour of hydrocele; but the absence of the surest diagnostic, translucency, puzzled me not a little." M. Velpeau's object on this occasion was, to solicit a careful chemical analysis of the morbid product with a view to ascertaining its exact character.

M. Charles Robin, to whom a portion of the fluid had been committed for microscopical examination, stated that it seemed to him to be identical with the seminal discharge obtained from patients labouring under double epididymitis, in containing all the usual elements of this secretion *minus* the spermatozoa, which last were replaced by certain white corpuscles, and to the presence of these the lactescent appearance was most probably attributable. These corpuscles possessed, he added, the same specific gravity as the liquid in which they were contained, and on repose neither rose to the top nor sank to the bottom of the containing vessel, but remained suspended in the fluid medium, as an insoluble drug in a well-made emulsion.

Four champions have stooped to raise the steel gauntlet thrown down by M. Trousseau at the last meeting. M. Devergie, M. Poggiale, M. Bouillaud, and M. Piorry have accepted the challenge, and announced their intention of break-

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ing a lance(t) in the defence of the causes of chemical therapeutics. M. Devergie, author of the original report on the action of the perchloride of iron in purpura hæmorrhagica, was the first to enter the lists. Instead, however, of grappling resolutely with his adversary (who, by the way, and unluckily for my knightly simile, was absent, much to the surprise of all), he began by picking holes in his doublet, quoting passages from M. Trousseau's works, in which the chemical action of certain drugs—the acetate of lead for one—is *implied*, even though not openly acknowledged; and affirming that, without the admission of such action, the explanation of the manner in which perchloride of iron effected the cure of purpura in forty-eight hours was impossible. "That M. Trousseau," said the reporter, "should resent this mode of explanation is not surprising; for, if once proved, it subverts the whole of his theoretical edifice—superstructure and foundation all come tumbling about his ears. For my own part," continued M. Devergie, "I believe in both theories—both in the chemical and in the dynamic; and by adopting the *juste milieu*, and borrowing light from the source which my reason indicates as the true one, I am often enabled to guide myself out of a difficulty which an exclusive theorist of either camp would have been unable to master. With regard to the perchloride of iron, I believe that it is absorbed into the blood, and passes into the general circulation, increasing the plasticity of the vital fluid, and acting upon the contractile capillary tissues, not of a part only, but of the whole of the body."

M. Poggiale, who took possession of the tribune when vacated by M. Devergie, began by paying a very flattering tribute to the eloquence of M. Trousseau—a preface which evidently boded no good, and so it proved; for, after admiring the manner, the speaker categorically repudiated the whole matter, of M. Trousseau's dogmata, and struck the axe deep into the root of the theory he defends. Taking a little excursion into the domain of the *chimiatres;* introducing us to the alchemists, to the magicians; reminding us of all we owed to such men as Paracelsus, Basil Valentine, and others of the chemical school—of what they had done for science—of how they had endowed mediæval medicine with her best possessions—of how phosphorus, alcohol, the mineral acids, were their discoveries,—he returned to his original text, and said he feared that the Professor of the Hôtel Dieu possessed *au fond* no real medical, or rather therapeutical, convictions whatever, but that behind his harmonious language there lurked the demon of scepticism. With regard to the experiments of M. Reveil, on which M. Trousseau founded the whole of his theory of the action of iron, he thought that the basis was a most unstable one. M. Poggiale had thought it his duty to communicate with M. Reveil on the subject, and read a letter which he had received from this chemist in answer. It appears that the experiments referred to were made in 1846, and have not been repeated since; the analyses were *three* only in number, and were conducted privately before a select circle of M. Reveil's friends and pupils alone. M. Reveil was then quite a young man, and has not since investigated the question; and although he is confident of the exactness of the conclusions arrived at in 1846, yet he acknowledges and laments the fallibility and unreliable character of the process he adopted for ascertaining the quantity of iron on that occasion. "Surely," said M. Poggiale, "three experiments, made by a young man, fourteen years ago, with a defective chemical process, should not be considered sufficient either to overthrow the opinions and practical deductions of such men as Becquerel, Rodier, Andral, and Gavarret, or to afford support to a mere dogma, the establishment of which would subvert many of the already proven truths of medical science. Does it not seem more probable that in chlorosis, the iron in the blood being in such close combination with the colouring matter, when the one disappears the other should go also? And this is the conclusion arrived at by the already cited authors."

Here the meeting was adjourned till June 19th.

Until a correct and careful analysis of chlorotic blood be made, the essential points of the question must evidently remain in abeyance; and I have little doubt but that many of the *chimiatres* whose creed has been thus irreverently dealt with are by this time hard at work, bleeding, evaporating, and incinerating, in order to repeat, and if possible overthrow, M. Reveil and M. Trousseau with their three experiments and somewhat precipitate (though possibly correct) deductions.

Dr. Guirette is hard at work at the Charité with his penetrating cautery in the treatment of phthisis; and, so far as they go, his experiments seem to promise good results. M. Piorry has received a letter from an English medical man detailing a case of spontaneous formation of fistulæ during the suppurative stage of phthisis; and as, in this case, the prognosis appeared to be hopeful if the patient's strength held out against the exhaustion consequent upon the discharge, it would, to a certain extent, lend support to Dr. Guirette's novel proposition. This gentleman intends to visit Great Britain after having terminated his series of experiments here; consequently, the profession in England will be enabled to decide for themselves on the merit of his method of treatment. For my own part, I believe that in certain cases—where, for example, the abscess is single and superficial, and the constitution not too much exhausted—the penetrating cautery may be used with great benefit.

I see a letter signed "D. Wilson" in your issue of June 16th, stating that homœopathy had been practised *with success* at the Hôpital Beaujon, and also at the Ste. Marguérite. The first part of the assertion is quite correct; the second is rather *hazardé*. If successful, why were not these essays continued and generalized? In lieu of which, the homœopathic system is losing ground most visibly—in this city at least.

After the review of the academical correspondence, a letter was put in and read, flatly contradicting an assertion made by M. Trousseau in his recent attack on the alkaline treatment of gout and rheumatism. This communication was from an old friend and pupil of the late illustrious chemist, Thénard, who, according to M. Trousseau, had for a space of more than two years taken daily doses of carbonate of soda as an antilithic, and had in consequence fallen into a state of general cachexy. This fact the letter stoutly denied, maintaining that M. Thénard had, on the contrary, experienced the greatest relief from the constant use of the alkaline carbonates, and recommended his friends and patients most strenuously to follow his example; also, that so far from the blood in M. Thénard's case having become watery and deficient in globules, this fluid, on venesection, rendered necessary by an apoplectic attack, was found to be richer than usual in its natural constituents, and far more like the blood of plethora than of cachexy.

After a short *entr'acte* in the way of a paper on the Botanical Chemistry, and the different processes adopted by Nature in her own pre-Raphaelite style of painting, this interminable straw-splitting haggle—I cannot seriously call it discussion, this "iron-age," as a witty, yawning neighbour of mine termed it—recommenced, M. Poggiale again occupying the tribune. He said that hitherto in his address he had adduced nothing against M. Trousseau's arguments, but evidence culled from M. Trousseau's own works, and he would now enter the province of chemistry, and examine its connexion with the human economy. He would be glad to hear whether M. Trousseau would attempt to explain the acts of respiration or digestion in any other way than by referring them to chemical agency, and to learn whether these functions also were to be attributed to the vitalistic force. He enumerated (wandering far from his text) the many additions made to science by medical chemistry within the last eighty years, stating the fact that such materials as urea, alcohol, butyrine, stearine, and essence of mustard, had actually been artificially produced by synthesis. If chemistry could do so much, why could she not do more, and why should the *chimiatres* be treated so *contemptuously* by M. Trousseau. (M. Trousseau—"I did no such thing; you do not understand the value of the words I used.") Well, if the contempt were not intended for the individual, it fell, at all events, on the science, whose transcendant merits, &c. &c., rejoined M. Poggiale. So far, indeed, did the speaker now wander from his text in his rhapsody of admiration for chemistry, that he fairly lost his way, and never got back again, and left the tribune without having arrived at any conclusion whatever in connexion with the mode of action of the perchloride, his arguments ending not with a point, but with a dent.

M. Piorry, who succeeded, made a ramble quite in another direction; and so far from joining the chemical camp, as was expected, neared the vitalist ground, and took up a midway position. He was the *Captain Macheath* of the situation, and said he could be equally "happy with either," providing always the concession were made that he (M. Piorry) was entitled to the whole credit and priority of the treatment of purpura by perchloride of iron. He said that neither line of opinion could be held independently, or to the exclusion, of the other; and that the vitalists had this in their favour, that they admitted the agency of nervous forces, which the chemists ignored. M. Piorry said, in fact, that if the two stools were only brought a little nearer, they might be safely sat upon—which, probably, is not very far from the truth. At five P.M., the debate was adjourned till Tuesday next, when M. Piorry will have his say out.

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I must not omit to state, that one of Dr. Guirette's patients at the Charité is dead. The autopsy showed that the whole of one lung was in a state of suppuration, and the cautery had not had time to penetrate through the pectoral muscle. This is not a case to judge by; but, nevertheless, it is my duty to keep you *au courant*.

Paris, June 25th, 1860.

Parliamentary Intelligence.

HOUSE OF LORDS.

FRIDAY, JUNE 22ND.

ADULTERATION OF FOOD AND DRINK BILL.

THE House went into committee on this Bill.

Lord TEYNHAM said that as Clause 1 now stood, the Bill, which was of great importance, would become an entire nullity. In order to convict, it would be necessary to prove that the article was adulterated to the knowledge of the sellers. Now it would be practically impossible to prove this knowledge. Take the case of milk. It was not too much to say that the lives of many of the infants of the poor were sacrificed owing to the adulterations in this commodity; but if the vendor were allowed to say, "I know nothing about the adulteration: I sell my milk as it was given to me," it would be impossible ever to bring home the charge either as to this or other articles. At the present moment, when provisions were dear, it was of great importance that a poor man's family should receive the whole amount of nourishment they expected for the money which they expended. It was said that the vendor might really be ignorant of the adulterations; but he maintained that a shopkeeper ought to have some knowledge of the quality of the articles he was selling, and in any case the amount of the penalty inflicted might vary according to the circumstances. The noble lord concluded by proposing an amendment to omit the words as to the knowledge of the seller, and extending the operation of the clause to other adulterations than those contemplated by the Bill.

Lord WENSLEYDALE said the committee on this subject had agreed in recommending that the Bill should be confined to adulterations which were prejudicial so health; but the amendment would render penal any admixture of foreign ingredients in articles sold. Now, he thought it would not be right to extend the operation of the Bill so far as this. It would be rather hard, for example, to inflict a penalty upon a milkman who had poured a little water into his milk. He thought also that a guilty knowledge should be essential to any conviction. It was possible that the article adulterated might have been bought from the wholesale dealer and sold without any fraudulent intention, in which case it would hardly be right to convict.

The LORD CHANCELLOR also opposed the amendment. The wholesome maxim of the law was—*actus non facit reum nisi mens sit rea*, and this should not now be departed from. Proof of the *scienter* was essential to constitute the legal offence.

The amendment was then negatived, the clause was agreed to, and the Bill passed through committee.

HOUSE OF COMMONS.

MONDAY, JUNE 25TH.

LOCAL BOARDS OF HEALTH BILL.

This Bill was read a third time and passed.

MUNICIPAL CORPORATIONS (IRELAND) ACT AMENDMENT BILL.

On the order of the day for resuming the adjourned debate on going into committee on this Bill being read,

Colonel DICKSON moved, as an amendment, that the House resolve itself into committee on that day six months. He characterized it as a private job, and expressed an opinion that the coroners of the city of Limerick ought not to be turned out of their offices.

Mr. BUTT contended that the citizens should have the privilege of electing the coroners.

Mr. HASSARD supported the Bill, but thought that the rights of the present officers should be preserved.

Mr. MONSELL denied that there was any job connected with this measure. The desire of the corporation to elect their own coroner was natural and legitimate. He held, however, that the present coroner, if removed, ought to have compensation.

After some further conversation, in the course of which Mr. CARDWELL stated that the Bill was not to be confined to the city of Limerick, but would be of general application, the House divided, when the numbers were—for going into committee, 61; against it, 24—majority, 37.

The House then went into committee on the Bill.

Mr. HENNESSY immediately moved that the chairman should report progress; but the motion was negatived without a division.

The clauses were agreed to.

Mr. HASSARD moved an additional clause, saving the rights of existing coroners.

Mr. DEASY said existing coroners had no rights whatever.

After some conversation, Colonel Dickson's amendment was agreed to.

On the question that the clause as amended stand part of the Bill the committee divided:—Ayes, 17; Noes, 48—majority against the clause, 31.

The House then resumed.

Medical News.

ROYAL COLLEGE OF PHYSICIANS. — At the Comitia Majora, held on Monday, June 25th, the following gentleman was admitted a Fellow of the College:—

George Lund, M.D., Madeira.

At the same Comitia, the following gentleman, having undergone the required examination, was admitted a Member:—

William Edward Robbs, M.B., Stamford.

The following gentlemen were also admitted Members of the College, having been previously elected under the expired temporary bye-laws:—

John Gallagher, M.D., Royal Navy.
Clarence Cooper, M.D., H.M. Madras Service.
James C. de Castro, M.B., Madeira.
W. R. E. Smart, M.D., R. N. Hospital, Bermuda.
William James Whyte, M.D., Banff.
Richard Ford Foote, M.D., Constantinople.
Francis Isaiah White, M.D., Perth.
Joseph Marcus Joseph, M.D., Madras.
Elias Jones Roberts, M.B., Bengal.
Henry Francis Williams, M.D., Bengal.
W. C. B. Eatwell, M.D., Calcutta.
Joseph Fayrer, M.D., Calcutta.
Edward Ferrand Astley, M.D., Dover.
George F. Bone, M.D., Calcutta.
John Jones, M.D., H.M. Indian Army.
William Carey Coles, M.D., Bombay.
James H. Simpson, M.B., Pontefract.
Thomas L. Rogers, M.D., County Asylum, Rainhill.
Charles Elam, M.D., Sheffield.
Alexander McKechnie, M.D., Southsea.
T. W. W. Smart, Northiam, Sussex.
Peter Eade, M.D., Norwich.

This being the annual meeting, the following officers were elected for the ensuing year:—*President:* Thomas Mayo, M.D. (re-elected).—*Censors:* Dr. Barlow, Dr. F. Weber, Dr. Gull, and Dr. T. K. Chambers.—*Treasurer:* Dr. Alderson (re-elected).—*Registrar:* Dr. Pitman (re-elected).

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, June 21st, 1860.

Baker, Thomas Young, Hargrave, Northamptonshire.
Gibb, Robert Cummings, Newcastle-on-Tyne.
Jones, John, Llanfyllin.
Meldola, Raphael, Gretton-terrace, Victoria-park.
Michell, William, Bothie, Cumberland.
Tanner, Robert, Gloucester House, Ledbury.
Ubsdell, Henry, Pewsey, Wilts.

The following gentlemen also on the same day passed their first examination:—

Gardner, Sebastian Claude Thos., Highgate.
King, Edmund Cornish, University College.
Miller, Richard May, University College.
Richardson, Timothy, London Hospital.
Woodman, William Bathurst, London Hospital.

ROYAL COLLEGE OF SURGEONS.—In the list of gentlemen who were admitted Licentiates in Midwifery on the 20th inst., published in THE LANCET last week, *for* William Dancer Thane, Bedford-row, Bloomsbury, *read* William Dancer Thane, Bedford-row, Barnsbury.

ST. JAMES'S PALACE, JUNE 20TH.—The Queen was this day pleased to confer the honour of Knighthood upon James Ranald Martin, C.B., F.R.S., Physician to the Secretary of State for India in Council, and Surgeon in the Bengal Army, retired.

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APPOINTMENTS.—Dr. G. N. Edwards has been appointed Assistant-Physician to St. Bartholomew's Hospital.

Mr. E. C. Hulme, F.R.C.S., has been elected full Surgeon to the Central London Ophthalmic Hospital.

EXAMINERS IN MIDWIFERY OF THE UNIVERSITY OF LONDON.—Dr. Barnes, Dr. Priestley, and Dr. Graily Hewitt are candidates for the vacant appointment.

ST. VINCENT'S HOSPITAL, DUBLIN.—The annual distribution of prizes took place in the above institution on the 7th instant, the examinations in clinical medicine and surgery having been previously held and conducted by Joseph O'Ferrall, M.D., senior surgeon to the hospital, and by Drs. Mapother and Quinlan. After a most strict and lengthened examination, the first prize in the senior class was awarded to Mr. John Waring Curran, and the second to Mr. Denis L. Keegan; the first in the junior class to Mr. William John Ready, and the second to Mr. Ambrose Mulcahy and Mr. Thomas Madden.—*Freeman's Journal.*

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.—A special general meeting of this Association was held at the Medical Institution, Mount Pleasant, on the 19th inst., Ellis Jones, Esq., in the chair. The chairman said the members were called together to consider what course should be adopted in reference to the recent alteration in the constitution and laws of the London Medical Registration Association, with which they were affiliated. Mr. Steele, the hon. secretary, then read the report of the committee, from which it appeared that under the new laws the annual subscription for affiliated associations would be at the rate of one guinea for every ten members, instead of the present uniform charge of one guinea a year for the whole Society. The funds thus raised were to be allocated to the Prosecution Fund at the disposal of the Executive Committee, but it was not contemplated to defray out of that fund legal expenses incurred by affiliated associations, except in the case of the smaller and less affluent provincial societies, to whom assistance might be given at the discretion of the Committee. The question of placing the new Association upon a strictly representative basis was recognised by the London meeting as most important and deserving full consideration, but, having been ruled out of order at the special meeting, could not be then discussed. After a discussion, the following resolutions were passed unanimously:—

Proposed by Mr. Bickerton, seconded by Mr. Anderton,—"The London or National Medical Registration Association having, by their new code of laws, raised the subscription for affiliated associations from the present uniform rate of one guinea to the greatly increased charge of one guinea for every ten members, the members of this Association, unable to discern any equivalent advantage to compensate for so large an expenditure of their funds, do not feel justified in renewing their affiliation with the Metropolitan Association on the terms proposed."

Moved by Dr. Stookes, seconded by Mr. Paterson,—"That this meeting desires to record its approval of, and to express its readiness to promote, the proposal to form a National Medical Registration Association, provided the projected Society be formed upon a strictly representative basis, and that the rate of subscription be sufficiently moderate to place it within reach of every member of the profession who may wish to join."

It was also resolved that a copy of the proceedings of this meeting be sent to the hon. secretary of the London Association and to the medical journals. The usual compliments to the chairman concluded the business.

THE ASSOCIATION OF FOREIGN GRADUATES urge the following reasons in support of their claims to registration:—

"1st. Because we are legally qualified medical men already, and as such duly registered!

"2nd. Because we obtained our foreign degrees, *many years ago*, from legally constituted foreign universities, on the good faith of written examinations, original dissertations, British diplomas, and other approved testimonials!

"3rd. Because the Medical Act nowhere insists that such 'regular examination' must NOT be a written one; and nowhere demands that it must necessarily have been instituted at the university seat!

"4th. Because, on the other hand, *the statute in question has actually provided a dispensation in our favour!*—*Vide* Sec. 46.

"Lastly. Because the judges of our superior courts of law have repeatedly, and in a marked manner, expressed their opinion that persons engaged in practice BEFORE the passing of the Medical Act *have just claims to some such concession;* and that the Statute in question should not be interpreted either RETROSPECTIVELY or oppressively; and, above all, because our junior brethren, who have purchased diplomas in this country, and even *since the passing* of the Medical Act, have been allowed to place SUCH qualifications upon the Register!!!"

UNIVERSITY OF LONDON.—The Senate of the University of London have just made a regulation to the effect that at the second examination for M.B., "the candidate who shall distinguish himself the most in Midwifery shall receive an exhibition of £30 a year for the next two years, with the style of 'University Scholar in Midwifery.'" This is important as regards the encouragement it gives to the study of this subject. Up to the present time scholarships have been given in Medicine and Surgery, but nothing of the kind in Midwifery. It is only due to Dr. Graily Hewitt to state that he was the first to propose that the Senate should award prizes to those gentlemen who had distinguished themselves in the art and science of midwifery.

SUPPOSED DISCOVERY OF THE ORIGIN OF THE VACCINE MATTER.—The French medical papers have, for the last few days, been repeating that M. Lafosse, Professor at the Veterinary School of Toulouse, has *discovered* the origin of the vaccine matter. The sober truth is, that M. Lafosse has inoculated the pus taken from the sores of horses suffering from grease, upon a cow two years old, and obtained fine vaccine vesicles, three children being subsequently vaccinated successfully with the lymph contained in the latter. Now, everyone knows that Jenner considered the cow-pox as originating from the grease. He had inoculated the pus of old greasy ulcers, and not the lymph contained in the vesicles which appear at the outset of the disease, and failed. The lymph has now been tried by M. Lafosse, with the results stated above; but it should be recollected that others have failed in the same experiment. It is extremely probable, as very justly observed by the Editor of *La France Médicale*, that the success and the failures depend on certain peculiarities which have not as yet been ascertained.

NEW SURGICAL PERIODICAL.—Professor Langenbeck, of Berlin, is engaged upon the organization of a new periodical, which is to be called *Archives of Clinical Surgery*, to be edited by Messrs. Billroth and Gurlt. It is to be published at undetermined intervals.

MEDICAL MEN IN THE HOUSE OF REPRESENTATIVES OF THE NEW ITALIAN KINGDOM.—There are no less than twelve medical men in the first Parliament of the newly-constituted Sardinian kingdom; amongst these is M. Farini, formerly Governor of Æmilia. Two eminent Italian physicians have been raised to the rank of Senator—MM. Panizza, of Pavia, and Bufalini, of Florence.

THE BEST PREVENTIVE OF HYDROPHOBIA.—M. Sanson, of the Veterinary School of Alfort, near Paris, lately sent a valuable paper to the Academy of Medicine with the above title. The author gives a very striking and accurate description of all the symptoms of rabies, especially of the initiatory ones, (taking advantage of the work of our own countryman, Youatt,) and concludes by giving it as his opinion, that the best preventive of rabies is the exact knowledge of the generally little known and insidious phenomena which characterize the *onset* of that terrible affection.

M. LENOIR, a highly-esteemed and talented hospital surgeon of Paris, has just died, in his fifty-eighth year. He had largely contributed to the surgical literature of his country.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 23RD.—The deaths in London, which were 969 in the first week of the current month, and in the second 1064, again fell in the week that ended last Saturday to 965. The deaths from zymotic diseases in the week were 221, whilst the corrected average for corresponding weeks is 272. Small-pox was fatal in 15 cases; measles in 47. The latter disease prevails chiefly in the Eastern districts, and in those that lie on the south of the Thames. There were 3 deaths from it in Chelsea North-west sub-district, 3 in Islington East, 3 in St. James, Bermondsey. Scarlatina, from which there were 3 deaths in Limehouse, and 3 in Poplar, was fatal altogether in 35 cases; diphtheria in 10, whooping-cough in 20, typhus in 29, diarrhœa in 22.

Last week the births of 837 boys and 851 girls, in all 1688 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1606.

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Births, Marriages, and Deaths.

BIRTH.

On the 24th inst., at Nottingham, the wife of T. Appleby Stephenson, Esq., M.R.C.S., of a daughter.

MARRIAGE.

On the 21st inst., at St. George's Church, Hanover-square, Thomas Houghton Walker, M.D., of Tolleshunt D'Arcy, Essex, to Ellen, youngest daughter of the late Thomas Seabrook, Esq., of the same place.

DEATHS.

On the 23rd inst., at Bow, Middlesex, Henry Ereth, aged 10, eldest son of Henry Vincent Garman, Esq., M.R.C.S.

On the 24th inst., at Shaftesbury, aged 67, James Lush Buckland, Esq., M.R.C.S., and for twenty-seven years Surgeon to the Queen's Own Regiment of Dorset Yeomanry Cavalry.

Obituary.

WILLIAM OGILVIE ROBERTS, ESQ.,

ASSISTANT-SURGEON R.N.

THIS gentleman, whose decease took place at Calaba, near Bombay, on the 14th of May, was the eldest son of Dr. Roberts, surgeon-dentist, Edinburgh. After obtaining the diploma of the Edinburgh College of Surgeons in 1855, he entered the Royal Navy, and has been almost constantly engaged in foreign service—in India and China. He was present in the expedition of Lord Elgin up the Yang-tsze-Kiang river to Hankow, and to his pen the public were indebted for many of the graphic and characteristic descriptions which appeared in the newspapers of events in China during the late war. By his amiable disposition and ready talents Mr. Roberts had, during his short career, endeared himself to a large circle of friends, by whom his loss will be deeply regretted. His remains were interred in the burial-ground of Calaba with military honours, and his brother officers, in testimony of their esteem, have ordered a suitable tablet to be erected over his tomb.

MEDICAL DIARY OF THE WEEK.

MONDAY, JULY 2	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Clinical Lecture on "Paralysis and Epilepsy." By Dr. Brown-Séquard. EPIDEMIOLOGICAL SOCIETY.—8 P.M. "Report on the Outbreak of Cholera amongst the British Troops at Scutari during November, 1855." By Dr. Fraser.
TUESDAY, JULY 3	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, JULY 4	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Mr. Mitchell, "On some of the Exigencies connected with Preternatural Labour."—Short papers by Dr. Drage, Dr. R. U. West, &c.
THURSDAY, JULY 5	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
FRIDAY, JULY 6	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, JULY 7	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

WE have this week added sixteen columns to our journal, for the express purpose of presenting to our readers a full report of the proceedings of the General Medical Council down to the time of our going to press.

Student.—1. He should attend a course of lectures on Chemistry, Botany, and Materia Medica, and a session of practical instruction in a laboratory.—2. Miller's Chemistry, Pereira's Materia Medica, and Lindley's Elements of Botany.—3. The expenses for lectures, laboratory instruction, and examination fees would be about twenty guineas.

Dr. W. J. Wilson, of Claythorpe, should put himself in communication with the Committee of the London Medical Registration Association.

Medicus is thanked for the report. The subject shall be noticed.

IF *Mr. Edward Seymour* will send his address, he shall be communicated with privately.

R. G., (Chelsea.)—We are not aware that the preparation mentioned possesses any advantages over others of the same class.

Dubious.—1. There is no authentic record of such a casualty after the interval of a fortnight.—2. We believe such an occurrence to be impossible.

Medicus, (St. Bartholomew's Hospital.)—Attention was drawn to the subject in our "Notices to Correspondents" in the last number of this journal.

Truth-seeker (Leeds) shall receive a private note, if he will send his name and address in confidence.

B. F. H., Chir.—A surgeon has no legal claim to a surgeoncy in consequence of having previously been an ensign. The appointment rests entirely with the authority who recommends *other* officers for commissions.

An Old Subscriber would much oblige us if he could forward to us a correct report of the trial.

Country Subscriber.—We are not aware that the medicine named has ever been used for such a purpose. Dunglison says it is an excitant, diaphoretic, and discutient, in doses of half a drachm daily; also as a solvent for uric acid calculus, and as a remedy for diseases, acute and chronic, connected directly with the uric acid diathesis.

Mr. Saunders, (Edinburgh.)—Thanks. The notice shall be inserted.

A. B.—Yes, at Brompton. The person was acquitted.

IF *A Foreigner* will send his name and address, he shall receive a letter which will procure him advice at one of the hospitals.

A Member of a Provincial Medical Association.—The law upon the subject is most uncertain and unsatisfactory. The Medical Council are not in a position to solve the difficulty. Some amendments must be made to the Medical Act.

Staff Assistant-Surgeon.—1. No head money is now given to medical officers of the army proceeding to India in charge of troops.—2. No *increase* of pay in India has been granted with reference to the new Warrant, the Indian Government having decided to *decrease* the *allowances* in the same ratio as the Warrant gives an increase of *pay proper*.

P. Repps.—1. No, he must possess a medical and surgical qualification.—2. Yes.

Henri.—Bolton-street, Piccadilly.

Mr. Hayward's letter shall appear next week.

Alpha, M.D.—1. The Board would not sanction the appointment under ordinary circumstances.—2. It probably would.

A Volunteer R.—It has not been decided otherwise.

Medical and Surgical Aid to Garibaldi.—Mr. Ernest Hart, 60, Wimpole-street, London, and Mr. Sampson Gamgee, 18, Broad-street, Birmingham, are collecting gifts of drugs, dressings, and instruments, for immediate conveyance to General Garibaldi's head-quarters in Sicily. Mr. Hart will furnish a list of necessaries for hospitals and the wounded in the field to anyone who applies.

Dr. W. P. Harris, (Hong-Kong.)—The interesting case of "Fissure of the Anus" shall appear in an early number of the forthcoming volume.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Skey; Mr. Glover; Prof. Tufnell; Mr. Broke Gallwey; Dr. Ormerod; Mr. Seymour; Mr. Long, Kingstown, Dublin; Dr. W. P. Harris, Camp Rowloon, Hong-Kong; Mr. W. Saunders; Mr. Stephenson, Nottingham; Mr. Mackesey; Mr. Deer, (with enclosure;) Mr. Hewson; Mr. Gaisford, (with enclosure;) Dr. Wilms, (with enclosure;) Mr. Shettle; Mr. Lewis, Rainhill, (with enclosure;) Mr. Williams, Henley; Dr. Laing, (with enclosure;) Mr. Arkle, (with enclosure;) Mr. Thomas, (with enclosure;) Mr. Mapleson; Mr. Nicholson, Leeds; Mr. Antey, (with enclosure;) Mr. Speckman, (with enclosure;) Dr. Evans, (with enclosure;) Mr. Clarkson, Lancaster; Mr. Parvin, (with enclosure;) Mr. Hawkes, (with enclosure;) Mr. Ashton, (with enclosure;) Mr. Hammond, (with enclosure;) Dr. Crothers, (with enclosure;) Mr. Hughes, (with enclosure;) Rev. H. Montagu, (with enclosure;) Mr. W. G. Payne; Mr. Harris, (with enclosure;) Mr. Cooper, Chepstow; Mr. James, (with enclosure;) Mr. Hale; Mr. W. Barnes; Mr. Hayward; M.D., (with enclosure;) C. R., (with enclosure;) M.D., Edinburgh; R. S.; A. B.; One who though Poor, &c.; A Member of a Provincial Medical Association; L.S.A.; &c. &c.

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E X.

ıe Barrant, 559; Dr. C. .orto, 633; Mr. F. Mason, ib.; Dr. G. N. Edwards, b.

; Hyde-park-corner, 647
ience, 250
ew), 524
the, 118

ring 1858, 155; medical 0; health of the, 259; ıss-lists of the, 76; me- medical inspection, 232; ment of the senate, 356; ations and examination ıissions in the, 407; hos- provement in, 425
ated injuries about the

bility of cancer, 59; blunt e of the urethra, 406
ons of an, 579

r case of poisoning by, 8,

eneration of the, 5, 31, 83, f the, 548
ıal advertising, 158; on a ion, 440
aduates, 657
l Treatment, on (review),

on the, 463
of Literature and Science sity of Ireland (review),

ı of the arteries, &c., notes

l; infanticide in, 533
ıum in false joint, 351

treatment of, 444

l length of the umbilical

4
he proposed Vaccination on the best method of h for use, 357
in the army, 231
nd Rational Explanation to Infants and Mothers; ons for their Prevention

ın be a, 612, 635
terary institutions at, 259
ıe care of, 168
ne care of, 346
examination of the value ning in labour obstructed the pelvic brim, 291, 341,

pathology and treatment l the synovial membrane

tical clinical remarks on l disease, 27, 79
e, 580
ıents in, 363
f von Düben's Treatise on ı (review), 276
monous erysipelas of the

left upper and lower extremities in a child three weeks old, 293
——, Dr. Lionel S., Archives of Medicine (review), 524
Beavan, Mr. J. P., the Registration of Births and Deaths Bill for Scotland, 529, 583; compulsory gratuitous services to the State under penalty, 484
Beck, Mr. J. T., medical relief, 636
Bedford General Infirmary, 300; the surgeons and committee of the, 378
Belfast Medical Society, annual meeting of, 482; anniversary dinner of, 610
Belfour, Mr. E., John Hunter's MS. on geology, 72
Belgium, new hospital in, 51
Bell, Sir C., memoir of, 385
Belladonna, on the action of, on the secreting mammary gland, 143
Bennett, Dr. Risdon, case under the care of, 168
Bequest, munificent, to an hospital, 381
Bibron's antidote, 181
Biggs, Mr. R., on a singular case of poisoning by arsenical paper, 8
Bile ducts, disease of the, 296
Bill to amend the Medical Acts, 204
—— to amend the Law relating to the Unlawful Administering of Poison, a, 228
Bird, Mr. H., treatment of sewage, 528
Birds, Willy's Book of (review), 40
Birmingham and Midland Counties Medical Registration Association, resolutions of the committee of the, 229; successful prosecution of an illegal practitioner by the, 433; special meeting of the committee of the, 533
——— Dental Dispensary, the, 509
——— philanthropist, the, 527
Birth of the ovum entire, 311
Births, marriages, and deaths, 24, 51, 104, 157, 233, 260, 284, 330, 410, 483, 534, 587, 634, 658
Bismuth, use of the carbonate of, 10
Blackfriars, the setting sun in, 426
Bladder, extrophy of the, 59; absence of the, 325; vermiform substance passed from the, 421; villous tumour of the, 469; fourteen stones in the, of a man, 596
Blennerhassett, Dr. H., on the Extremely Rare Occurrence of Consumption in Dingle and its Neighbourhood (review), 447
Blennorrhagia, classical treatment of, 77
Blind, the state of the, in Ireland, 552
Bloodletting in disease, on, 373
Blood-stains, detection of, 33
Bloomsbury County Court: De Cordova v. Barker, otherwise De Roos, 130
Blower, Mr. W., retirement of, 533
Blow pipe, a new, 524
Blunt urethrotome for stricture of the urethra, description of a, 406
Bolton, Mr. A., ambulance cars in connexion with our factories, 236
Bombay, cholera in, 550
Bones and Joints, Wagner on the Resection of (review), 222
Bone-setters in France, 575
Bony plates on the spinal arachnoid, 323
Books, a batch of (review), 574
Bowman, Mr. W., Dr. Newton Heale and the Royal Society, 152
Braid, Mr. J., sudden death of, 335
Brain and Disorders of the Mind, on Obscure Diseases of the: their Pathology, Diagnosis, Treatment, and Prophylaxis (review), 498, 548, 621
—— and muscle, the claims of, to the franchise, 352
—— disease, obscure, 213
Breast, scirrhus of the, 295
Bribe, a homœopathic, 560

d by Google

Bridgwater Medical Society, inaugural meeting of, 104
Brinton, Dr., clinical remarks by, at the Royal Free Hospital: irregular ague, 82; necropsy after a complex diagnosis, 134; chlorosis as a cause of venous obstruction, 164; complications and varieties of cirrhosis of the liver, 186; obscure brain disease, 213; complex heart disease, 240; pleuro-pneumonia and pericarditis, 262; the cure of typhoid fever, 301; complicated cancer of the stomach, 417; fatal peritonitis, 515; the treatment of delirium tremens, 592
British Association for the Advancement of Science, meeting of the, 282; annual meeting of the, 610
——— Museum, the scientific departments of the, 284
——— scientific investigators and the French medical press, 233
Broca, Mons. P., on the treatment of tetanus by worrara, 22
Brodie, Sir B., on hygiene, 76; libel on, 302; note on the College of Surgeons and uneducated candidates, 472
Bronchial arteries, the distribution of the, 178; bloodvessels, the, 231; tubes, exhibition of casts from the, 573
Bronchocele, common to many of the English counties, 62; on a case of, 276
Brown, Mr. I. H., record of nineteen cases of ruptured perinæum, 214, 342; report of a case of retained menses from imperforate os uteri, 465
Brown-Séquard, Dr., Journal de la Physiologie de l'Homme et des Animaux (review), 374; lectures on the diagnosis and treatment of the principal forms of paralysis of the lower extremities, 389, 415, 437, 511, 563, 613; the lectures of, 400, 475; note from, on reflex paraplegia, 466
Bryant, Mr. T., report of a case of internal strangulation, associated with incarcerated hernia, 190; case under the care of, 242
Budd, Dr., case under the care of, 368
——, Dr. W., on intestinal fever, 187, 239
Burns, Mr. M. P., Mr. T. Wakley's stricture tubes, 257
Burton, Dr., and the late Mr. Fowler, of Chatham, 605

C

Cæsarean operation, on a case of, 449
Calculi of the bladder, exhibition of, 547
Calculus from the tonsil, 286
Cambridge, new science degree of the University of, 150; list of professors of anatomy who passed their examination at the University of, 232; the guardians and the medical officers, 386; M.B. examination, the, 585; vaccination at, 610
Cancellor flogging case, the, 544
Cancer, is it curable? 41; on the curability of, 59; and the Rev. H. Reed, 67; attacking cystic ovaries, 230; curers, 286; quackery, the death of the Rev. H. E. Head, 586; a, not cured, 608; poison, the, 632
Canton, Mr. E., notes on atrophy and degeneration of the arteries, &c., 5, 31, 83, 269, 542; cases under the care of, 194, 293, 371
Cape of Good Hope, new Government sanitarium at the, 376
Cappie, Dr. J., Essays on Medical Science. 1. On the Nature of Inflammation. 2. On the Encephalic Circulation and its Relation to the Physiology of the Brain (review), 39
Carbonate of bismuth in disorders of the stomach, 286
Carotid, death from cerebral disease after ligature of the, 35; artery, wound of the, 244
Carpenter, Dr. W. B., degrees of bachelor and doctor of science, 73
Carter, Mr. W. G., on the use of arsenic in psoriasis, 234; the pathology and treatment of whooping-cough, 530
Cartwright, Mr., the College of Dentists and the Royal College of Surgeons, 280
Casualties in London, 533
Catalogue, Descriptive, of the Preparations in the Museum of St. Thomas's Hospital (review), 40
Causation of disease, 126
Caution to students, 482
Cephalotripsy without traction v. the Cæsarean operation, 409
Cerebral affection caused by diseases in the region of the nose and eye, cases of, 521
——— auscultation, alleged failure of, 8
——— clot without paralysis, Bright's disease, and pneumonia, 91
Cerebro-spinal epidemic, a, 336
——— fluid, on the, 165
Certificates from the registered, 177
——— of unqualified practitioners, 536
Ceylon, exhibition of two crania of the Veddah tribe in, 15; sanitarium at, 586
Chambers, Dr., cases under the care of, 61, 217, 347
Channel squadron, the, medical officers of the, 633
Cheltenham, protest addressed to the President and Council of the Royal College of Surgeons by the surgeons of, 46; prosecution under the Medical Act at, 425
China, hospital ships for, 75; the wounded from, 284; physicians in, 355
Chinese war, medical preparations for the, 19
Chloroform, and instrumental labour, on, 13; death of a medical practitioner by, 19; suicide by, 38; death of a medical man by, 104; on the use of, in a case of lingering labour, 192; in protracted labour, 338, 411; appearances on death from, ib.; eczematoid eruption following the use of, 467
Chlorosis as a cause of venous obstruction, 164; on a case of, 207
Chromydrosis, 524
Chronic Alcoholic Intoxication, or Alcoholic Stimulants in Connexion with the Nervous System, on (review), 39
Churchyards in the City, 43
Cinchonine, the sulphate of, 576
Circumcision, incontinence of urine cured by, 336; what are the effects of? 382; effects of, 412, 436, 467
Cirrhosis of the liver, complications and varieties of, 186
City churches, removal of, 586
——, church vaults in the, 68; sanitary condition of the, 244
——— Dispensary, Cheapside, annual meeting of, 181
Civil and military hospitals, 625
Clark, Mr. Le Gros, case under the care of, 141
———, Mr., of Yarmouth, testimonial to, 156
———, Sir Jas., Dr. Combe's Management of Infancy, Physiological and Moral, revised and edited by (review), 575
Cleft palate, bloodless operation for, 576
Clinical Cases, Series of (with Observations), illustrating the Views recently put forward by Dr. Brown-Séquard, as regards certain points connected with the Physiology of the Nervous System (review), 523

CLINICAL RECORDS.

Hernia testis from strumous deposit; partial removal; cure, 11—Elevation of the subclavian artery above the clavicle, in a phthisical patient, ib.—Death from cerebral disease, after ligature of the carotid, 35—Hydrocele radically cured by the wire seton, 36—Polypus of the female urethra, ib.—Diseases of the spleen, ib.—Turpentine in hæmoptysis, ib.—Numerous symmetrical exostoses, 37—Palsy and wasting of the flexors of the forearm, from hat-pressing, 62—Goitre successfully treated by large doses of bromide of potassium and liquor potassæ, ib.—Bronchocele common to many of the English counties, ib.—Hæmorrhage from the removal of dead bone, ib.—Tumid abdomen with an umbilical hernia, 62—The effects of the perchloride of iron, ib.—Cerebral clot without paralysis, Bright's disease, and pneumonia, 91—Removal of a degenerated spontaneous hæmatocle, ib.—Abscess between the abdominal walls, ib.—Compound comminuted fracture of the leg and thigh, 92—Enchondroma of the fibula and tibia, ib.—Perityphlitis, 117—Polypus of the nose involving the orbit, 118—Scirrhus tumour of the arm, involving the brachial artery and median nerve, ib.—Double varicocele: shortening of the scrotum, ib.—Excision of a part of the tongue for cancer, ib.—Suppuration of the hepatic veins and stricture of the rectum, 195—Hydatids of the liver, making their way out along the hepatic duct into the alimentary canal, ib.—Pulpy degeneration of the synovial membrane of the knee, ib.—Liability of tumours to take on malignant action, ib.—Persistence of facial paralysis twenty years after the cure of hemiplegia, 218—An almost imperforate anus, ib.—Sternal lesions, ib.—An afternoon's operations, ib.—Hæmorrhagic purpura in a boy, 294—Medullary disease springing from the deltoid, ib.—Death from rupture of a varicocele, ib.—Excision of scirrhus of the breast in a woman aged seventy; recovery, ib.—Unsuspected abscess of the prostate, 347—Spontaneous abscess of the prostate, 348—Fibrous polypus of the uterus, ib.—Torticollis following rheumatic fever, ib.—Recent hæmatocele, 394—Enlargement of submaxillary glands after removal of cancer of the lip, ib.—Series of operations at King's College Hospital, 493—Urinary calculus of unusual conformation, ib.—Anterior half of the tongue nearly bitten off, 494—Bicarbonate and nitrate of potash in rheumatism, ib.—Good effects of blisters in wrist-drop from saturnine disease, ib.—Forcible flexion of anchylosed elbows, 572—Laceration of the back of the hand, ib.—Tumour pressing on the trachea necessitating tracheotomy, 573—Chancre on the finger, followed by buboes on the elbow and axilla, ib.

Clinical teaching, what is it? 98
Clyde, Lord, and red-apeism, 124
Coagulation of the Blood in the Venous System during Life, on the (review), 222
Coates, Messrs., on the injurious effects of white lead as a paint, 267
Cod-liver oil, disinfected, 155
College of Dentists, lectures at, 154, 231; the, and the dental surgeons, 252; and the Royal College of Surgeons, 256, 304, 309
Collinson, Dr. A., Small-pox and Vaccination Historically and Medically Considered: an Inquiry into the Causes of the recent Increase of Small-pox, and the Means for its Prevention (review), 599; testimonial to a medical practitioner from his patients, 436
Coma, on a case of fatal, 221
Compulsory vaccination, 48
——— medical service to the state, 484
Conception, influence of slow lead-poisoning on the product of, 560
Congenital hydrocephalus, 115
Congress, the Statistical, 645
Constantinople, riots at the medical school of, 180
Consumption, on its True Nature and Successful Treatment (review), 297; Practical Observations on the Prevention of (review), 324; On the Extremely Rare Occurrence of, in Dingle and its Neighbourhood (review), 447
Contributions to the Hygienic Treatment of Paralysis and of Paralytic Deformities (review), 297
Conveyances for the sick, 232
Convulsive diseases, on the theory and therapeutics of, 237, 287, 339, 461, 512, 564, 614
Cooke, Mr. Weeden, case under the care of, 545
Cookworthy, Dr. J. C., the Council of the College of Surgeons and Messrs. Horton and Meredith, 257
Coote, Mr. Holmes, on the nature and treatment of deformities, 191
Copeman, Dr. E., Illustrations of Puerperal Fever (review), 575
Copying at examinations, 568
Corfe, Dr. G., observations on the treatment of acute and chronic albuminuria, 469
Corncutter's chaff, 403
Cornea, foreign bodies on the, 228
Coroner, office of: report of the Committee of the House of Commons, 426, 427
Coroners and magistrates, 361
Corporate secrecy and tyranny, 99
Correspondents, how to poison them, 73, 95
Coulson, Mr. W., observations on lithotrity, 29, 80, 163; case under the care of, 571
County and City of Cork Medical Protective Association, resolutions of, 410
Coup de soleil, with remarks upon its pathology and treatment, 7
Court of Examiners of the Royal College of Surgeons, the: a protest against their proceedings from the surgeons of Cheltenham, 43
——— of Queen's Bench: Thomas and Burroughs v. Holme, 586
Cox v. the Principal and Council of Queen's College, Birmingham, 455
Criminal Court of Appeal, ought there to be a? 122
Croft, Dr. J. M'Grigor, the summer stench of the Thames, 431; a sanitarium at Hong-Kong, 454
——— Mr. R. C., on the difficulty of diagnosis between pregnancy and tumours of the abdomen, 85; abdominal tumours and gestation, 199
Crouch, Mr. G. J., the Marshall Hall method, 234
Croup, on the mercurial treatment of, in rural districts, 241; the mercurial treatment of, 286
Crystalline lens, dislocation of the, into the anterior chamber of the eye during a fit of sneezing, 597
Cumming, Mr. J. S., on a case of ulceration into the trachea and innominate artery, 98
Curgenven, Mr. J. R., testimonial to a medical practitioner from his patients, 436
Curling, Mr., cases under the care of, 33, 140; acupressure in operations, 231
Cystitis, consequences of, 233
Cysts and tumours, removal of, by ovariotomy, 38

D

Dardanelles, quarantine in the, 101, 281
Davie, Mr. J. C., a Surrey inquest, 430
Davis, Mr. W. G., the mercurial treatment of croup, 286
Day, Dr. G. E., the University of St. Andrews and the Poor-law Board, 382
Deafness, the cure of, 482
Death, in the streets, 355; the surprises of, 554
Deaths, registration of: deputation of the Faculty to the Lord Advocate, 489
Deformities, on the nature and treatment of, 191
Delepierre, M. Octave, Histoire Littéraire des Fous (review), 222
Delirium tremens, the treatment of, 592
Deltoid, medullary disease springing from the, 296
De Méric, Mr., iodide of potassium in large doses, 406
Dental diploma, the new, 301
——— surgery, contributions to, 318
Dentists, the recalcitrant, 329; the new order of, 449
Depilatories, dangers of, 336
D'Espine, M. Marc, death of, 335
Diabetes, cataract in, 424
Dickinson, Mr. J. E., case of imperforate anus, 48
Duday, Mons. P., transmission of secondary syphilis, 529

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Difficulty of diagnosis between pregnancy and tumours of the abdomen, on the, 85
Digestion, on the physiology of, 423
Diphtheria, what to observe in, 470; Sub-Committee, report of the, 14; death from, caught at the Children's Hospital of Paris, 483
Diploma, a cheap, 253
Diplomas, relative value of, 526
Disarticulation of the hip one or more years after fracture of the femur by gunshot wound, 524
Discovery of the circulation of the blood forestalled, the, 335
Disease, the causation of, 154
Disinterred bodies at the Camden-town Cemetery, the, 309
Dissecting wounds, dangers of, 507
Dissection of the ears of a young woman who was deaf and dumb, 38
Distinction, a, without a difference, 459
Diversions of Purley, the (review) 575
Doctor, the, at the helm, 20
Doctors in difficulties, 581
Domestic arsenical poisoning, 140
Double extra-uterine gestation, 351
Dublin Apothecaries' Company, the licensing power of the, 311, 364
——— and Edinburgh Colleges of Surgeons, the, 303
——— Quarterly Journal of Medical Science (review), 575
———, medical meetings in, 633
Duchesne, Mr., effects of circumcision, 412
Dunbar, Sir Wm., the Amended Registration of Deaths &c. Bill of, 581
Duncan, Dr. J., can a woman remain ignorant of her pregnancy up to the time of her delivery? 609
During her Majesty's pleasure, 528
Dust, the injurious effects of, 299
Duty's power; mercy's function, 283
Dwarf corn-cutter, death of the, 610
Dying declarations, 603

E

Eager, Mr. R., on a case of bronchocele, 276
Ear, fibrous tumours of the lobule of the, 294
Earnshaw, Mr. H. G., aneurism of the arch of the aorta, 137
East, on midwifery in the, 142
Edinburgh University, installation of new Rector, 366
———, the L.R.C.P.s of, and the title of "Doctor," 459, 509
Egyptian products at the Crystal Palace, 23
Elbow-joint, disease of the, 373
Elephantiasis Arabum, 573
Ellis, Mr. R., interscapular pain, 235
Embolon, in the left carotid and cerebral arteries, 466; in the cerebral arteries, producing hemiplegia, 467
Encephalitis, fatal, following a slight scalp wound, 492
Enchondroma of the fibula and tibia, 91
English surgery through French spectacles, 379
——— v. Scotch diplomas, 436
Enteric fever, 107, 159, 211, 263
Epidemiological Society, election of office-bearers, 384
Epigastrium, caustic applications on the, in obstinate vomiting during gestation, 532
Epileptiform Convulsions from Hæmorrhage, Kussmaul and Tenner on (review), 222
Erichsen, Mr., case under the care of, 89
Ethnological Society, annual meeting of, 576
Evans, Dr. R. D. J., testimonial to, 533
———, Dr. M. G., Poor-law medical reform, 412
Exaction of medical certificates under penalties, 606, 624
Expectoration, singular kind of, 612
Extra-uterine pregnancy, case of, 559
"Extras" of poor-law surgeons, 536
Eye, hyperæmia of the, 47; the safeguards of the, 72; examination of the superficial portions of the, by means of natural light laterally reflected from a double convex lens, 525
Eye-douche, a new, 325
Eyelids, black pigment of the (chromydrosis), 524

F

Facial paralysis, persistence of, twenty years after the cure of hemiplegia, 218
Fallen, a way of help for the, 125
Farre, Dr., cases under the care of, 117, 216, 272, 393, 467, 544
Faye, Dr., on syphilization, 583
Fecundity extraordinary, 180
Feeding the negro white, 555
Female breast, variety and number of cases of cancer affecting the, 546
Femoral hernia, a case of, which had descended beneath the pectineal portion of the fascia lata, 348; Mr. J. Adams's case of, 405
Femur, fractured, united at a right angle, 170; fracture of the head of the, the result of injury sustained by jumping, 422; excision of the head of the, 443
Fergusson, Mr., cases under the care of, 34, 192, 320, 443
Fevers, lectures on, comprising a description of the distinctive characters, pathology, and treatment of the several forms of continued fever, 1, 53, 107, 159, 211, 263, 313, 365, 413, 465, 537, 589, 637
Figment, a medical, 279
Finger, chancre on the, followed by buboes on the elbows and axilla, 572
Fire, inquests on the origin of, 610
Firearms, the effect of the improvement of, upon the numbers hit in battle, 587
Fitting the cap, 150
Fitz Patrick, Mr. W. H., naval surgeons on half-pay, 480
Flogging in the army and navy, 363
Fœtal monsters, description of two, 598
——— peritonitis, complete obliteration of the canal of the small intestine by, 397
Food for disease, 363
Forearm, paralysis of a portion of the, from a wound of the external musculo-cutaneous nerve in venesection, 576

FOREIGN DEPARMENT.

On the osteogenic properties of the periosteum, 222—The pasteboard splints of M. Merchie, surgeon-major in the Belgian army, 223—Rupture of the uterus and ventral hernia during pregnancy, in a patient who, one year before, had undergone the Cæsarean operation, 325, 424—Tartar emetic in tænia solium, ib.—Development of heat during muscular contraction, ib.—Absence of the bladder; enlargement of the pelvis of the kidney, ib.—Double extra-uterine gestation, 351—Autoplasty of the periosteum in false joint, ib.—Varicose veins treated by direct compression of a portion of the vessels, ib.—On the physiology of digestion, 423—Laryngoscopy, 424—Cataract in diabetes, ib.—Cutaneous eruptions following the use of iodine, ib.—On the means to be employed in syncope from hæmorrhage after surgical operations, 471—The question of premature artificial delivery in cases of uncontrollable vomiting, 472—Subcutaneous injections of sulphate of atropine in tetanus; recovery, ib.—On the coloration of sight and urine produced by the administration of santonine, ib.—Action of the periosteum with regard to the formation of the callus in ununited fracture, 524—Disarticulation of the hip one or more years after fracture of the femur by gunshot wound, ib.—Black pigment of the eyelids (chromydrosis), ib.—Tumour of the right inguinal region containing lumbrici; recovery, 525—Anchylosis of the knee; tenotomy and rupture of intra-articular adhesions, ib.—Examination of the superficial portions of the eye by means of natural light laterally reflected from a double convex lens, ib.—Rupture of varicose veins in the vagina during labour; death, ib.—Bone-setters in France, 575—Popliteal aneurism; digital compression; coagulation obtained in less than forty-eight hours, 576—Bloodless operation for cleft palate, ib.—The sulphate of cinchonine, ib.—Paralysis of a portion of the forearm from a wound of the external musculo-cutaneous nerve in venesection, ib.

Foreign wines, 332
——— Graduates, the Association of, 637
Forget, Dr. A. M., Des Anomalies Dentaires et de leur Influence sur la Production des Maladies des Os Maxillaires (review), 66
Foundation for a New Theory and Practice of Medicine (review), 275
Fous, Histoire Littéraire des (review), 222
Fowler, Dr. R., what are the effects of circumcision? 382
Fracture of the superior maxilla and its treatment, report of a case of, 593
Fractures in utero, 232
——— and Dislocations, a Practical Treatise on (review), 446
France, the mineral waters of, 156; bone-setters in, 575
French government, rewards offered by the, to the Italians who tended the sick and wounded during the late campaign, 335
——— hospital study, 631; codex, the new, 634
Frodsham, Dr. J. M., on the treatment of goitre by the external application of the biniodide of mercury, 543
Frontal bone, necrosis of, 402
Fry, Mr. J. W., congenital hydrocephalus, 115
Fuller, Dr. H. W., on Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment (review), 523

G

Galvanic cautery, the, 50
Gallwey, Mr. M. B., discharge of carbonaceous matter from the nares, 635
Garibaldi, medical aid to, 620
Garibaldi's expedition, 620
Gas, new, for lighting, 336
Gas-joints, disorders of the, 440
Gas-pipes, subterraneous leakage of, 622
Gas-poisoning, 586
Gastric security by Act of Parliament, 379
Gastrotomy for extra-uterine gestation, 559, 588
Gelston, Dr. R. P., the "Marshall Hall Method" in the late gas-poisoning cases at Limerick, 609
"General orders" and the medical service in India, 352, 401
General Medical Council, meeting of the, 579; minutes of the, 627, 647; proceedings of the, 644
Geneva, the cause of constitutional iodism in, 245
Genoa, the medical men of, and the municipal council, 310
Gentles, Mr. T. G., pepsine in pregnancy, 447
Geologist, the (review), 121
German degrees, probable doom of, 72
——— universities, accommodation at, 561
Gibb, Dr. G. D., on Diseases of the Throat, Epiglottis, and Windpipe, including Diphtheria, Nervous Sore-throat, &c. (review), 171; on the atheromatous expression, 463
Gibson, Dr., C.B., Director-General of the Army Medical Department, 279
"Ginseng," the cultivation of, 50
Gipsies, propagation of small-pox by, 560
Girdwood, Mr. G. P., on three cases of phlebitis occurring in patients affected with the syphilitic poison, 619
Glanders, case of, in a man, 533
Glasgow, the choice of a professor of surgery in, 100; Faculty, the, and registration fees, 279, 387
Glaucoma, practical clinical remarks on the division of the ciliary muscle in, 133; Mr. Hancock's operation for, 333; iridescent halo seen in, 479
Globe of the eye, on posterior staphyloma of the, 101
Glottis, acute laryngitis and œdema of the, 296
Gloucestershire Medical and Surgical Association, protest from the, 204
Glucosuria induced by the pressure of a clot on the fourth ventricle and medulla oblongata, 545
Glycerin and Cod-Liver Oil: their History, Introduction, Therapeutics, Value, and Claims upon Professional and Public Attention; to which is added, a Chapter on Physic-taking, or Counsels for the Sick (review), 523
Godfrey, Alfred, the case of, 224, 277, 332
Godfrey's cordial, death by, 23
Goitre, successful treatment by large doses of bromide of potassium and liquor potassæ, 62; on the treatment of, by the external application of the biniodide of mercury, 543
Gonorrhœa, injections of trisnitrate of bismuth in, 468; on the successful treatment of, and gleet, without copaiba, 92
Goodchild, Mr. J., cancer-curers, 286
Goulard's extract of lead, poisoning by, 33
Gout, rational treatment of, 130
Granada, brief notes of a visit to the Leper Hospital at, 64
Granville, Earl, address of, at the University of London, 501
"Great Eastern," the surgeon of the, 100
"Great Tasmania," the, 326, 335; and the Liverpool Workhouse officials, 536
Gresham lectures, the, 532
Griffin, Mr. R., Poor-law Medical Reform Association, 206, 258, 330, 356, 380, 406, 453, 478; the coroners' clause in the new Poor-law Medical Relief Bill, 505
Griffith, Dr. J. W., the Monographic Dictionary: a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects (review), 249
Grosvenor-place School of Medicine, annual distribution of prizes, 532
Guernsey militia, the newly-appointed staff-surgeon to the, 456; the, and the medical staff, 526
Guislain, Prof., death of, 386
Gustaf von Düben's Treatise on Microscopical Diagnosis (review), 276
Gutteridge, Mr. E. P., on special position and the obstetric binder as aids in the treatment of impeded parturition, 438
Guy's Hospital, new clinical wards at, 491

H

Habershon, Dr. S. O., on the Injurious Effects of Mercury in the Treatment of Disease (review), 94
Hæmatocele, removal of a degenerated spontaneous, 91
Hæmatoma auris, 496
Hæmorrhage from the removal of dead bone, 92
Hæmorrhagic purpura in a boy, 294
Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment (review), 423
Half-fledged surgeons, 493
Halford, Dr. G. B., the Action and Sounds of the Heart (review), 275
Hamilton, Dr. F. H., a Practical Treatise on Fractures and Dislocations (review), 446
———, Mr. W. T., rupture of the heart, 88
Hancock, Mr. H., practical clinical remarks on the

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division of the ciliary muscle in glaucoma, 133; case under the care of, 319
Hand, laceration of the back of the, 572
Harding, Mr. T. H., swallowing several teeth attached to a plate, with safe passage through the bowels, 399
Harper, Mr. P. H., the Rev. H. Reed and cancer, 67
Harris, Dr. F., on the Nature of the Substance found in the Amyloid Degeneration of various Organs of the Human Body (review), 523
Harrison, Mr. J., on sores of a non-specific character, 113; syphilitic sores, 210; the Pathology and Treatment of Venereal Diseases, comprising the most recent Doctrines on the subject (review), 471; transmission of secondary syphilis, 588
Harveian Society, office-bearers for 1860, 50
Haslar Hospital, inauguration of the bust of the Right Hon. Sir John Pakington, Bart., in the museum of, 607
Hassall, Dr., on the injurious effects of white lead as a paint, 229; on unsuspected sources of lead-poisoning, 357
Hastings, Mr. G. W., Transactions of the National Association for the Promotion of Social Science, 1859 (review), 523
Hawkins, Mr. Cæsar, case under the care of, 132
Hayes, Dr., the Arctic expedition of, 23
Heale, Dr. Newton, and the Royal Society, 152, 205; the anatomy of the lung, 172
Health reports, 606
Heart, rupture of the, 68; extreme ossification of the, 92; new facts relating to the action of the, 115; polypus of the, 221; disease, complex, 240; the Action and Sounds of the (review), 275; disease of the, 373; exhibition of specimens of hydatid in the, 448; hoops of calcareous deposit in connexion with the surface of the, 469; primary cancer of the, 495
Heat, development of, during muscular contraction, 325
Helsham, Dr. H., intracranial abscess, 285
Henfrey, Mr. A., the Monographic Dictionary: a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects (review), 249
Henry, Mr. Mitchell, case under the care of, 493
Hepatic veins, suppuration of the, and stricture of the rectum, 195
Her Majesty's drawing-room, members of the medical profession present at, 533
Herapath, Mr. W., letter from, 588
Hermaphroditism, spurious, 220; exhibition of a specimen of, 373
Hernia testis from strumous deposit, 11
———, Wood's operation for the radical cure of, 34; Wützer's operation for, 35; on a new method of effecting the radical cure of, 244, 283; accompanied by extravasation of blood, 350
Hernial sac, rupture of a, 498
Hewett, Mr. Prescott, case under the care of, 571
Hewitt, Dr. Graily, on the importance of the study of midwifery, 438
Hilton, Mr., case under the care of, 294
Hip, old-standing disease of the, 447
Hip-joint, amputation at the, 206; disarticulation of the, for extensive disease of the stump, 319; on the treatment of certain diseased conditions of the, 419
Hippocrates, new edition of the works of, 209
Hogg, Dr. J., Practical Observations on the Prevention of Consumption (review), 324
———, Mr. J., case under the care of, 592
Holopathy, a new medical doctrine, 259
Holthouse, Mr., case under the care of, 595
Homœopathic quackery, 411
Homœopathy, 96, 311, 348; its disciples, 146, 173; curious fact relative to, 256; and the London hospitals, 611
Hong-Kong, a sanitarium at, 454; mortality amongst the troops at, 482
Honorary distinctions to medical men, 532
Hospital for Consumption, meeting of the annual court of governors of the, 596
——— for Epileptics, opening of the, 327
——— for Sick Children, general meeting, 362
Hot-air bath, a novel, 171
House of Representatives of the new Italian kingdom, medical men in the, 657
Hovle, Mr. R. E., testimonials to, 586
Hulme, Mr., lecture by, at the Metropolitan School of Dental Science, 103
Humboldt, the successor of, at the Academy of Sciences of Paris, 456
Hume, Dr., pious ruse of, 181
Humphry, Dr. G. M., on the Coagulation of the Blood in the Venous System during Life (review), 222
Hunt, Mr. R., Ure's Dictionary of Arts, Manufactures, and Mines (review), 276, 524
Hunterian Medical Society, annual oration of, 191
Hunter statue, the, 436
Hyde-park-corner, the aquatic tombstone at, 647
Hydrocele, radical cure of, by the wire seton, 38
Hydrochloric acid, on the treatment of small-pox by, 207
Hydrophobia, fear of, 43; in Constantinople, 335; the best preventive of, 657
Hydro-pneumatic inhaler, the, 85
Hydrothorax of the left side, 216, 217; of the right side, ib.
Hyperæsthesia of one lower extremity, 364
Hypertrophy of the heart, 296
Hypophosphates in phthisis, 188

I

Impeded parturition, on special position and the obstetric binder as aids in the treatment of, 273, 469
Imperfect Digestion, the Causes and Treatment of (review), 324
Imperforate anus, case of, 48
———, arch of the aorta, on a case of, 419
Improvements in the public services, 605
Impudent defence, an, 459
Income-tax, the, and its inequalities, 172; the, 208; the prop of intemperance, 149
Incontinence of urine cured by circumcision, 336
India, an unwarrantable delay in, 279; army surgeons in, 364
Indian armies, the medical service of the royal and, 308
——— army, the medical warrant for the, 480
——— medical service, the, 629
Indigo, treatise on the cultivation of, 585
Infancy, the Management of, Physiological and Moral (review), 675; and early childhood, on an injurious habit occasionally met with in, 344
Infanticide no murder, 330
Infants, the feeding and rearing of, 308; and Mothers, a New and Rational Explanation of the Diseases peculiar to (review), 374
Infectious diseases, 632
Inflammable clothing, 198, 338
Inguinal hernia, 571; the entire great omentum and portion of large intestine incarcerated in an, ib.; three cases of strangulated femoral and, 572
Inman, Dr. T., Foundation for a New Theory and Practice of Medicine (review), 275
Insanity, abuse of the cold douche in, 180; in Paris, 363
Intemperance in India, 479
Internal strangulation, report of a case of, associated with incarcerated hernia, 190
International Quarantine Conference of Paris of 1851–53, the (review), 222
Interscapular pain, 106, 168, 210, 235
Intestinal affection, additional note on the nature of the, 187
——— fever, 187, 239
Intra-cranial abscess, 285
Iodide of potassium in large doses, 382, 400, 436, 465, 479
Iodine, cutaneous eruptions following the use of, 423; before the Academy of Medicine of Paris, 335
Ireland, Poor-law medical relief in, 503
Iridectomy in Iritis, Choroiditis, and Glaucoma, Graefe's three Memoirs on (review), 222
Italian revenge, 309
Italy, ophthalmic hospitals in, 269

J

Jacksonian prize, award of, 384
Japan and the opium trade, a physician's view of, 203
Jeaffreson, Dr., case under the care of, 168
———, Mr. G. E., a case in midwifery, 286
John Hunter's MS. on geology, 72
Johnson, Dr. Geo., cases under the care of, 10, 61, 347
———, Mr. Athol, case under the care of, 243; on an injurious habit occasionally met with in infancy and early childhood, 344
———, Mr. H. C., case under the care of, 132
Joint diplomas of the Colleges of Physicians and Surgeons, the, 228
Joints, on the pathology and treatment of scrofulous diseases of the synovial membrane of, 594, 618, 640
Jones, Mr. C. H., on the mercurial treatment of croup in rural districts, 241
———, Mr. S., Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Vols. II. and III., Pathological Anatomy (review), 40
Journal de la Physiologie de l'Homme et des Animaux (review), 374

K

Kearns, Mr. J., the Medical Register, 26
Kennedy, Dr. H., typhus and typhoid fever, 305
Kesteven, Mr. W. B., registration of midwifery cases, 26
Kidd, Dr. C., the use of chloroform in midwifery, 388
Kidney, left, movability of, to a most remarkable extent, 38; enlargement of the pelvis of the, 325
King's College, the medical staff of, 32
King's College Hospital, series of operations at, 493; the assistant medical officers of, 502
Kirby, Dr. E. A., report of a fatal case of rheumatic pericarditis, occurring in a child under two years of age during an attack of varicella, 87
Knee, pulpy degeneration of the synovial membrane of the, 196; resection of the, 295; bursal tumour of the, 420; anchylosis of the, 525
Knee-joint, lateral dislocation of the, with the formation of a foreign body, 695
Kussmaul and Tenner on Epileptiform Convulsions from Hæmorrhage (review), 223

L

Labour and hard labour, 426
Lardaceous disease of the supra-renal capsules, 192
Laryngitis, chronic syphilitic, 272
Laryngoscope, the, 454, 609
Laryngoscopy, 434
Larynx, strumous ulceration of the, 271; of a child, impaction of a flint stone into the, 272; warty growths in the, threatening suffocation, 292; impaction of a piece of meat in the, 496
Law, an amendment of the, 226
———, Major-General, munificence of, 507

LEADING ARTICLES.

The annus medicus 1859, 16—Professor Owen and the Hunterian manuscripts, 18—Is cancer curable? 41—The London Medical Registration Association: its reports and proceedings, 43—The court of examiners of the Royal College of Surgeons: a protest against their proceedings from the surgeons of Cheltenham, 43—Church vaults in the city, 68—The Council of the College of Surgeons and the preface to the Hunterian MS. on Geology, 69—The Medical Reform Society of Nottingham exposed, 70—Homœopathy, 96; its disciples, 146, 173—What is clinical teaching? 98—Corporate secrecy and tyranny, 99—Ought there to be a criminal court of appeal? 122—The mote in our own eye, 123—Proceedings in Parliament in relation to the medical profession, 124—Privy Council vaccination-diplomas and vaccination at hospitals, 146—"Surgeon-dentist" Gould, 149—The Income-tax the prop of intemperance, 149, 173—Militia surgeons, 175, 299—The Bedford Infirmary, 200, 300, 378—Medicine in Australia, 201—The coming election at the Medical Society of London, 202—The case of Alfred L. Godfrey, an alleged lunatic, 224, 277—Efficacy of quarantine, 225—Theology and therapeutics, 226—Architects and sanitary science, 250—The annual meeting of the Royal Medical and Chirurgical Society, 251—Mr. Scholefield's Bill for the Prevention of Adulteration, ib.—Inadequate representation of science in Parliament, 277—Poor-law surgeons before Parliament, 279—The joint diplomas of the Colleges of Physicians and Surgeons, 298—The injurious effects of dust, 299—The transport service, 300—The "Great Tasmania," 326—Purification of the Serpentine, 327—The representation of the University of London, 328, 475—Opening of the Hospital for Epileptics, 328—The Reform Bill: the claims of brain and muscle to the franchise, 353—"General Orders" and the medical service in India, 352, 401—Registration of Births &c. (Scotland) Bill: the compulsory duty thrown on the medical profession, 353—Mortality in merchant vessels, 354—The forthcoming meeting of Poor-law medical officers, ib.—The Poor-law Medical Relief Bill, 375, 478—New Government sanitarium at the Cape of Good Hope, 376—The London Medical Registration Association: proposition for the formation of a medical parliament and a metropolitan medical club, 377—Proposed meeting of militia surgeons, 378—Dr. Brown-Séquard's lectures, 400, 475—The College of Physicians and general practitioners, 400, 425—Deodorization of the Thames, 402—Improvement in army hospital administration, 425—Office of coroner: report of the committee of the House of Commons, 426—Physiology and uses of the prize-ring, 448—The Thames and the Board of Works, 449—The Serpentine, ib.—Intemperance in India, 479—Presentation to Prof. Tufnell, 475—Mr. J. Ranald Martin, C.B., ib.—Students' aggregate meeting, ib.—University of London: address of Earl Granville, 501—The assistant medical officers of King's College Hospital, 502—Poor-law Medical Relief in Ireland, 503—The Guernsey Militia and the medical staff, 526—The National Medical Registration Association, ib.—Death of Prof. Lizars, 527—The sale of the sites of superfluous churches, 551—The state of the blind in Ireland, 552—Retirement of Dr. Watson from the Medical Council, 553—Lunatics on trial, 577—Social status of the profession, ib.—The Medical Act, 578—The forthcoming meeting of the General Medical Council, 579—Penal clause of the Scotch Registration Bill, ib.—Meath Hospital, Dublin, ib.—Dying declarations, 603—Marine Sanitaria and Transport Service, ib.—Dr. M'William and naval surgeons, 604—Royal College of Physicians: election of a

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ds of the, making their
duct into the alimen-
liagnosis of cancerous
of the, 219; cancer of
a (?) of the, 496
, 232; decrease in the
l Registration Associa-

ory vaccination, 48

dent defence, 459
uralgia cured with the
ivanic current, with pe-
upon the uterus, 520
11, 656
homœopathy, 611
ion Association, 15, 47,
roceedings, 42; Court of
appellant) and Gould (re-
of the committee of the,
eting of the, 576
Science, the inaugural

aordinary, 602
, coup de soleil, with re-
ogy and treatment, 7
sm, 124
e care of, 243
physic, 429; and the asy-

on trial, 577; military, 625
tomy of the (review), 121;
78; cancer of the, 496
rgement of the, throughout

of medicine at, 472

M

opium-eating, 155
port of a case of ulceration of
sing death by perforation of

nonial to, 156
n the treatment of small-pox
id, 207
r J., memorial to, 283; and the
itt, 387
ture of the œsophagus, 432
oreign wines, 332
's Book of Birds (review), 40
glas, qualifications of Poor-law
3
B., presentation to, 457
Sir J. M'Grigor and the museum

R., Royal College of Surgeons,
d the Dublin University, 477
esignation of, 609
d naval surgeons, 604
he licensing power of the Dublin
ompany, 364
ical journal in, 180; the Cyclo-
al Science of, 233
ra in, 585, 610
s, treatment of fractured patella

from the, 547
ical Registration Association, 15
B, 560
ndition of the blood in, 521
. H., the recent admissions at the
geons, 106
on Chronic Alcoholic Intoxication,
Stimulants in Connexion with the
tem; with a Synoptical Table of
), 39
st addressed to the President and
e Royal College of Surgeons by the
67
ria and Transport Service, 603
llege, Aberdeen, re-installation of
, 386
case under the care of, 545
ll, method, the, 234; in the gas-
ases at Limerick, 609; the late Dr.,
yal Society, 205
., case under the care of, 321; on a
otome for the treatment of obstinate
of the urethra, 370
case under the care of, 166
R., Pirogoff's operation, 535
nald, C.B., knighthood conferred upon,

, social statistics in, 283
., fatal hæmorrhage from varicose veins,

, the medical profession and the income-

t, 578; evasion of the, 105; amendments
11

MEDICAL ANNOTATIONS.

reparations for the Chinese war, 19—The
at the helm, 20—Pills in the soup, ib.—
Shameful Treatment of medical officers in the navy, ib.—Death of a medical practitioner by chloroform, ib.—Death in the nursery, 43—Organization of the Irish medical officers, ib.—Fear of hydrophobia, 44—Violent deaths in 1859, ib.—City churchyards, ib.—A disputed legacy, ib.—The safeguards of the eye, 72—Probable doom of German degrees, ib.—Metropolitan vaccination, ib.—Animal physiology, 73—The Medical Act, ib.—How to poison correspondents, ib.—Small-pox and vaccination in England, Ireland, and Scotland, 99—The yellow fever panic at Lisbon, ib.—The choice of a professor of surgery in Glasgow, 100—Mortality of the strike, ib.—The surgeon of the "Great Eastern," ib.—Spanish hygiene in Morocco, 101—Lord Clyde and red-tapeism, 124—A way of help for the fallen, 125—Science in our courts of law, ib.—Causation of disease, 126—Domestic arsenical poisoning, 149—New science degree of the University of Cambridge, 150—The undue mortality amongst operatives, ib.—Lord Seymour's hospital bequest, ib.—Fitting the cap, 151—The real authors of the calamity on board the ship "Accrington," 176—Surgeons not privates, ib.—Certificates from the registered, 177—Pure wine for the sick, ib.—Dissolution of the Naval Medical Fund, 202—Small-pox in Scotland, ib.—A physician's view of Japan and the opium trade, ib.—Acclimatization of produce, ib.—Staff-surgeons R.N., ib.—The Oxford Medical Degrees Statute, 226—Slightly touched, 227—An amendment of the law, ib.—Accidental poisoning, ib.—The health of public servants, 252—The mortality on board the "Accrington," 253—The dental surgeons and the College of Dentists, ib.—A diploma cheap, 254—Dr. Gibson, C.B., Director-General of the Army Medical Department, 278—A medical figment, 279—An unwarrantable delay in India, ib.—The Glasgow Faculty and registration fees, ib.—Medicine in Melbourne, 280—The new dental diploma, 301—Medical degrees and medical titles, 302—Printing on tinted paper, ib.—The bad works of the Metropolitan Board, 328—Students, to the rescue! ib.—The recalcitrant dentists, 329—The midnight meetings, ib.—Infanticide no murder, ib.—A saving measure, ib.—Physicians in China, 355—Death in the streets, ib.—Tobacco in the Indian prisons, ib.—Gastric security by Act of Parliament, 379—English surgery through French spectacles, ib.—The students and the medical corporations, ib.—Poison-cups, 380—Postal charges on vaccine, ib.—The College of Physicians, and surgeons in general practice, 402—Half-fledged surgeons, 403—Medical education at Oxford, ib.—The corn-cutter's chaff, ib.—A hint to the College of Surgeons, 426—The Medical Council at law, ib.—Labour and hard labour, 427—The setting sun in Blackfriars, ib.—The disorders of the gas-joints, 449—Natural science at court, 450—The new order of dentists, ib.—The students' aggregate meeting, ib.—Surgeons in arms, 451—Lunacy and the asylums, 504—Public examinations at Pall-mall, ib.—Medical reform in Victoria, ib.—Annuitants of the Naval Medical Fund, 505—Play and prison, ib.—The Birmingham philanthropist, 527—Medical reform at Oxford, ib.—During her Majesty's pleasure, ib.—Science and philanthropy, 528—A military precedent, 553—The surprises of death, 554—The Cancellor flogging case, 555—The literary phantom, ib.—Feeding the negro white, ib.—The confessions of an arsenic-eater, 579—The purgatory of the bath, 580—Doctors in difficulties, 581—State of the waters in Regent's park, ib.—Dr. Burton and the late Mr. Fowler, of Chatham, 605—A cancer *not* cured, 606—The Nightingale fund, ib.—Health-Reports, ib.—Civil and military hospitals, 625—Military lunatics, ib.—The Linacre Professorship at Oxford, ib.—A sanitarian at Tasmania, 626—Aid for the wounded in Sicily, 645—Sanitary lectures at the South Kensington Museum, 646—Rheumatism, alleged damp beds, and law, ib.—Two sides to a case, ib.—A surgeon justified, ib.—The aquatic tombstone at Hyde-park-corner, 647

Medical autographs, 374
——— Council at law, 426; the session of the, 623
——— degrees and medical titles, 301
——— Diary of the Week, 25, 51, 77, 105, 131, 181, 209, 234, 260, 284, 310, 337, 363, 387, 411, 435, 458, 483, 508, 535, 560, 587, 611, 635, 658
——— inventions, 386
——— men, honours to, 386
——— officers of the Channel Squadron, the, dinner to, 633
——— Parliament and a Metropolitan Medical Club, proposals for the formation of a, 377
——— profession, proceedings in Parliament in relation to the, 124; the, and the income-tax, 359
——— reform, the corporations and THE LANCET, 452
——— registration, 183
——— Registration Associations, list of those already formed, 307; meetings of the Derbyshire and the Liverpool, 359, 657
——— Science, Essays on (review), 39

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MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.—Report of the Diphtheria Sub-Committee, 14—Suggestions for utilizing the statistics of disease amongst the pauper poor, 93

ETHNOLOGICAL SOCIETY.—Exhibition of two crania of the Veddah tribe in Ceylon, 15

HARVEIAN SOCIETY.—Extensive ossification of the heart, 92—On the successful treatment of gonorrhœa and gleet without copaiba, ib.—On some phenomena of the nervous life of animalcules, 221—On yellow fever, 470

MEDICAL SOCIETY OF LONDON.—On spasmodic asthma, 12—On the great importance of early diagnosis and treatment of stone in the bladder, 65—On the natural history, properties, and medical uses of the sanguinaria Canadensis, 119—On the study of disease by synthesis, 169—On the diagnosis of cancerous and some other tumours of the liver, 219—Anniversary meeting: Oration, 273—Hernia, accompanied by extravasation of blood, requiring operation; recovery, 350—Radical cure of varicocele by subcutaneous section, 396—On the treatment of certain diseased conditions of the hip-joint by complete and partial excision of the articulation, 419—Eczematoid eruption following the use of chloroform, 467—Injections of trisnitrate of bismuth in gonorrhœa, 498—On the pathology and treatment of painful ulcer of the rectum, ib.

OBSTETRICAL SOCIETY OF LONDON.—First annual meeting, 37—The auditors' report, ib.—Laws of the Society, ib.—The annual address, ib.—A remarkable case of midwifery, 142—Case of twins: one blighted, 142—Description of a large fibrous tumour of the uterus, ib.—On the action of belladonna on the secreting mammary gland, ib.—On midwifery in the East, ib.—On a case of Fallopian pregnancy, 273—Concealed accidental hæmorrhage during the latter months of pregnancy, 274—On special position and the obstetric binder as aids in the treatment of impeded parturition, ib.—Hydatidiform degeneration of the ovum, 397—Complete obliteration of the canal of the small intestine by fœtal peritonitis; Amussat's operation, ib.—Four cases of menorrhagia treated by injection, or scraping of the uterus and injection combined; with remarks on this plan of treatment, ib.—On a case of ruptured perinæum, and birth of the child between the os vaginæ and anus, 496—Congenital hernia (?) of the liver, ib.—On the minute anatomy and structure of a fibrous tumour of the womb, previously exhibited at the Society, ib.—On certain phenomena, facts, and calculations incidental to, or connected with, the power and act of propagation in females of the industrial classes in the metropolis, 497—Hydatidiform bodies from the uterus, 597—Enormous fibrous tumour of the uterus, ib.—A description of two fœtal monsters, 598—Cystic with malignant disease of the ovary, ib.—On phlegmasia dolens, ib.

PATHOLOGICAL SOCIETY OF LONDON.—Annual meeting: election of officers, 13—Enlargement of the lymphatic glands throughout the body; peculiar deposits in the liver and spleen; and condition of the blood, ib.—Exhibition of the trunk of a subject in which the left kidney was movable to a most remarkable extent, 38—Necrosis of the petrosal bone, ib.—The dissection of the ears of a young woman who was deaf and dumb, ib.—Six ovarian cysts and tumours removed by ovariotomy, ib.—Exhibition of specimens of disease of various organs, 65—Stricture of the rectum: suppuration of the liver, 170—Hydatids of the liver opening into the gall-duct, ib.—Chronic pericardial effusion, ib.—Fractured femur united at a right angle, ib.—Talipes varus, ib.—Recurrent fibroid tumour, ib.—Spurious hermaphroditism, 220—Cancer of the liver, 221—Cancer attacking cystic ovaries, ib.—Resection of the knee, 295—Exostosis of the orbit, ib.—Hypertrophy of the heart, ib.—Spinal meningitis, ib.—Disease of bile-ducts, ib.—Acute laryngitis and œdema of glottis, ib.—Tubercular peritonitis, ib.—Cretaceous deposit in the peritoneum, ib.—Exhibition of an œsophagus and stomach after swallowing sulphuric acid, ib.—Disease of the uterus, ib.—Amputation at the hip-joint, ib.—Ovarian tumour, ib.—Calculus from the tonsil, ib.—Disease of the tricuspid valve, 323—Bony plates on the spinal arachnoid, ib.—Lardaceous disease of the supra-renal capsules, ib.—Malformation (by excess) of peritoneum, ib.—Effects of poisoning by sulphuric acid on the œsophagus, stomach, &c., ib.—A peculiar tumour of the uterus, formed apparently by a retained placenta, 324—Disease of the elbow-joint, 373—Exhibition of diseased patella, ib.—Exhibition of tape-worm, ib.—Stricture of the rectum, ib.—Disease of the heart, ib.—Exhibition of a specimen of hermaphroditism, ib.—Exhibition of specimens of various diseased organs, 421—Ear crystals, ib.—Vermiform substance passed from the bladder, ib.—Contracted pelvis, ib.—Apoplexy of the pons Varolii, ib.—Extravasation of blood into and softening of the pons Varolii and medulla oblongata in an epileptic, 422—Extensive extravasation of blood into both supra-renal capsules, ib.—Fracture of the head of the femur, the result of injury sustained by jumping, in a maniac, ib.—Nævus of large size, ib.—Exhibition of specimens of hydatid in the heart, and of larynx and trachea after a scald, 446—Exhibition of portions of fibrinous casts from the larger and smaller bronchial tubes, 469—Villous tumour of the bladder, ib.—Necrosis of frontal bone, ib.—Bursal tumour of the knee, ib.—Exhibition of bones from a case of extra-uterine fœtation, ib.—Hoops of calcareous deposit in connexion with the surface of the heart, ib.—Aneurism of the intra-thoracic aorta, ib.—Cystic tumour from the occipital region of a child, 470—Primary cancer of the heart, 495—Rupture of a hernial sac, 496—Abscess in the walls of the abdomen, ib.—Pericarditis in birds, ib.—Hæmatoma auris, ib.—Cancer of the lung, ib.—Disease of the pulmonary artery, ib.—Fracture of the acetabulum, ib.—Impaction of a piece of meat in the larynx, causing death, ib.—Hydatid tumour in connexion with the urinary bladder, ib.—Exhibition of calculi, tumour from the mamma, atrophied bone, and exostosis, 547—Calcification of the arteries, with abnormal distribution of their trunks, 548—Exhibition of specimens of elephantiasis Arabum, spina bifida, disease of the tarsus, malignant disease of the femur producing fracture, the articular lamella of bone, casts from the bronchial tubes, milk from the axilla, diseased supra-renal capsule, extra-uterine pregnancy, rupture of the thyro-hyoid ligaments, and hydatids of the abdomen, 573

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—On the influence of tropical climates on the rise and progress of inflammatory affections of the womb, 63—Brief notes of a visit to the Leper Hospital at Granada, 64—Observations on stertor, and on the varying conditions upon which it is dependent; with the treatment necessary for its relief, 118—On a form of secondary syphilitic inoculation, 141—On the rarity and mildness of syphilis amongst the Belgian troops quartered at Brussels, as compared with its prevalence and severity amongst the Foot Guards in London, 196—On a new method of effecting the radical cure of hernia, 244—Anniversary meeting, ib.—Observations on ovarian cysts which contain teeth, hair, and fatty matter, 321—Memoir on intra-uterine fractures, 348—A case of femoral hernia, which had descended beneath the pectineal portion of the fascia lata, and was partially covered by the pectineus muscle, 349—Remarks on the scrofulous conformation, or diathesis; based principally on the study of the skeleton, 394—On a case of imperforate arch of the aorta in which the root of the aorta was ruptured, 419—On the treatment of axillary aneurism, 444—Report on the condition of the prostate in old age, founded on the dissection of one hundred specimens in individuals over sixty years of age, 494—On the condition of the blood in mania, 521—Cases of cerebral affection caused by diseases in the region of the nose and eye, 522—On typhus and typhoid fevers as seen in Dublin, 546—Contributions to the pathology of dislocations of the shoulder-joint, 619—On the climate of Worthing, its remedial influence in disease, especially of the lungs, 641

ROYAL SOCIETY.—On the saccharine function of the liver, 169—On the frequent occurrence of the phosphate of lime in the crystalline form in human urine, 196

WESTERN MEDICAL AND SURGICAL SOCIETY.—On chloroform and instrumental labour, 13—On the importance of free respiration in certain states of the brain, 120—On a case of fatal coma, 221—Polypus of the heart, ib.—Fibrous tumour of the uterus, ib.—Exhibition of an instrument for dilatation of strictures of the rectum, ib.—On blood-letting in disease, 373—What to observe in diphtheria, 470

Medical Society of London, the election at the, 202; anniversary meeting, 273 (see Societies)

——— titles, questionable, 106; and Scotch M.D.s, 608

——— trials: Wingham Petty Sessions, 74; Newark County Petty Sessions, 75; Civil Court, Gloucester: Woollaston v. Hewson, 360; Court of Common Pleas, Westminster: Pedgrift (appellant) v. Chevallier (respondent), 552

Medicinal plants, the cultivation of, 104

Medico-Parliamentary, 101, 151, 176, 204, 228, 253, 280, 302, 455

Melbourne, medicine in, 280

Memoir on intra-uterine fractures, 348

Menorrhagia, four cases of, treated by injection, or scraping of the uterus and injection combined, 397

Merchant vessels, mortality in, 354

Merchie, M., the pasteboard splints of, 223

Mercury, on the injurious effects of, in the Treatment of Disease (review), 24

Metropolis, health of the, 24, 51, 77, 104, 130, 157, 181, 187, 233, 260, 284, 308, 334, 363, 385, 410, 435, 457, 483, 508, 531, 560, 587, 610, 634, 657

Metropolitan Board, the bad works of the, 328

——— Drinking Fountains Association, meeting of, 573

Metternich, Prince, on monomaniac phrenology, 104

Middlesex County Lunatic Asylum, concert to the inmates of, 263

Midnight meetings, the, 330

Midwifery, a remarkable case of, 142; an unusual circumstance attending a case of, 215; a case in, 286, 411; on the importance of the study of, 438

Military Hospital, Yarmouth, reception of patients in, 252; a new, 283; hospitals, 559; expenses of, 585

——— precedent, a, 553

——— School of Medicine, the new, 104

Militia surgeons, 179, 298; proposed meeting of, 378

——— Surgeons' Medical Benevolent Society, anniversary festival of the, 434

Miller, Dr. C. M., University and King's College, Aberdeen, and homœopathy, 557

Milner, Mr. J., homœopathy, 256

Milroy, Dr. Gavin, the International Quarantine Conference of Paris of 1851-52 (review), 221; quarantine in the Dardanelles, 101, 281

Minutes of meetings of General Council of Medical Education and Registration, 627, 647

A MIRROR OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

CANCER HOSPITAL.—Variety and number of cases of cancer affecting the female breast, 545

CHARING-CROSS HOSPITAL.—Removal of the whole of the acromion process of the scapula, 194—congenital dislocation outwards of the left patella, 293—Disarticulation of the hip-joint after two previous amputations in the thigh; fatal result, 319—Stone in the bladder of a girl aged six years; extraction; recovery, 371

GREAT NORTHERN HOSPITAL.—Two cases of stone in the bladder; lithotomy; recovery; the second case operated upon for the third time, 372—Fatal encephalitis following a slight scalp wound, 492—Fourteen stones in the bladder of a man aged seventy-two; lithotomy; unsuccessful result, 596

GUY'S HOSPITAL.—Leucocythæmia splenica; the patient relieved by treatment, 10—Saturnine disease, from the use of snuff adulterated with lead; palsy of the upper extremities, 61—Saturnine disease, from drinking water contaminated with lead; wrist-drop, ib.—Typhlo-enteritis: inflammation of the cæcum in a chronic form, 115—Chronic intestinal obstruction; Amussat's operation for artificial anus; survival for thirteen days, 242—Strumous ulceration of the larynx, with destruction of the right half of the epiglottis, thyroid, and cricoid cartilages; tracheotomy; death on the eleventh day, 271—Fibrous tumours of the lobule of the ear, 294—Tertian ague; considerable enlargement of the spleen; recovery from the former, and diminution of the latter, 346—Ague, combined with eruptions of secondary syphilis; spleen much enlarged; complete recovery, ib.—Embolus in the left carotid and cerebral arteries, and also in those of the spleen and kidneys; fatal result, 468

HOSPITAL FOR SICK CHILDREN.—Imperforate rectum; performance of Little's operation in the left groin: fatal result, 243

KING'S COLLEGE HOSPITAL.—Leucocythæmia splenica; the patient subject to ague twelve years before; relief by treatment, 10—Modification of Wood's operation; death, 34—Radical cure of hernia; a new modification of Wützer's operation, 35—Saturnine disease, produced by the daily scouring of pewter pots, 61—Extensive disease of the shoulder; excision of the joint; recovery, with a useful arm, 192—Chronic disease of the ankle-joint; amputation of the foot by Pirogoff's operation; recovery, with a good stump, 320—Mild tertian ague, of recent occurrence, readily yielding to treatment; no enlargement of the spleen, 347—Warty growths in the larynx, threatening suffocation, in a pregnant woman; tracheotomy; death in fourteen hours; ineffectual labour in the interval; post-mortem Cæsariotomy, 393—Old-standing disease of the hip in a boy; excision of the joint; fatal result, 442

LOCK HOSPITAL.—Division of stricture of the urethra by the boutonière operation, 372

LONDON HOSPITAL.—Wood's operation for the radical cure of hernia completely successful, 33—Wound of the thyroid cartilage, severing the epiglottis; pneumonia; recovery, 140—Intestinal obstruction from cancer of the rectum; operation for artificial anus in the left groin; death in six hours, 243

MARYLEBONE INFIRMARY.—Three cases of strangulated femoral and inguinal hernia; herniotomy, 572

MIDDLESEX HOSPITAL.—Treatment of fractured patella by Malgaigne's hooks, 493

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ROYAL FREE HOSPITAL. — Extensive fracture through the base of the skull, followed by oozing of serous fluid from the ear, and symptoms of compression; fatal result, 492
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Dislocation of the crystalline lens into the anterior chamber of the eye, during a fit of sneezing; successful extraction, 597
ST. BARTHOLOMEW'S HOSPITAL.—Puncture of the ascending aorta by a needle; death within two hours, 90—Typhlo-enteritis, arising from cæcal distension by flatus; cure by leeches and fomentations, 117—Abscess of the liver, punctured externally; secondary hepatic abscesses; dysentery, 166—Chronic hydrothorax of the left side, with displacement of the heart to the right; slight benefit from treatment, 216—Chronic syphilitic laryngitis; tracheotomy twelve months ago; loss of the uvula and epiglottis; aphonia and dysphagia; relief by treatment, 272—Stone in the bladder of a girl; removal by dilatation and incising the urethra upwards, 371—Œdema of the glottis, suddenly supervening in the hospital in a case of jaundice from obstruction in the hepatic duct, 393—Embolon in the cerebral arteries, followed by hemiplegia; extensive mitral valvular disease from rheumatism; improvement, 467—Chronic pyelitis of the right kidney, free from complication; persistence of pus in the urine, 544
ST. GEORGE'S HOSPITAL.—Leucocythæmia splenica: hypertrophy of the spleen, with white-cell blood; fatal result, 9 — Perineal emphysema, spreading to the upper parts of the body, 90 — Wound of the neck, and injury to the thyroid cartilage, in an attempt at suicide; death from fractured ribs, 139—Wound penetrating the larynx in an attempt at suicide, with detachment of a piece of thyroid cartilage; recovery, ib.—Abscess of the liver and loin, puncture of the former; secondary hepatic and pulmonary abscesses, 168—Impaction of a flint stone into the larynx of a child; successful removal after tracheotomy; death on the second day, 272 — Two cases of œdema of the glottis; tracheotomy; fatal result in each case, 392—The entire great omentum and portion of large intestine incarcerated in an inguinal hernia; recovery after operation, 571
ST. MARY'S HOSPITAL.—Saturnine disease, in a gas engineer, from contact with red and white lead, 60—Hydrothorax of the left side; emansio mensium; good effects of treatment, 217 — Tertian ague of short duration, with an enlarged and tender spleen; complete cure, 347 — Excision of the head of the femur for disease of six months' duration; fatal result on the twentieth day, 443—Strangulated oblique inguinal hernia; mortification of the bowel; operation; artificial anus; recovery, 571
ST. THOMAS'S HOSPITAL.—Incised wound of the neck with a carving-knife, injuring the external carotid artery; ligature of the common carotid; doing well, 141—Abscess of the liver from dysentery in a hot climate; puncture externally; recovery, 168 — Abscess of the liver following hepatitis; evacuation by puncture and by the bowels; recovery, ib.—Disease of the shoulder, with caries of the bones; excision of the joint; recovery with a useful arm, 193 — The recent case of wound of the carotid artery; detachment of the ligature, 244
UNIVERSITY COLLEGE HOSPITAL.—Wützer's operation for the radical cure of hernia; successful result, 35 — Perineal emphysema, spreading to the upper parts of the body, from puncture of the bladder through the rectum, for retention, 89—Typhlo-enteritis and obstinate constipation in a female twenty-four years of age; cure by leeches and aperients, 116—Hydrothorax of the right side, following pleuro-pneumonia; suspected tuberculosis; persistence of effusion, 217—Severe injury to the leg and arm from a railway accident; amputation of the thigh just below the trochanter; death from shock some hours afterwards, 321 — Embolon in the cerebral arteries, producing hemiplegia, in a case of disease of the heart from rheumatism; recovery, 467—Glucosuria induced by the pressure of a clot on the fourth ventricle and medulla oblongata; fatal result, 546
WESTMINSTER HOSPITAL.—Lateral dislocation of the knee-joint, with the formation of a foreign body; synovitis; recovery, 595

Monographic Dictionary, the (review), 248
Morocco, Spanish hygiene in, 101; the killed and wounded in, 23
Morris, Mr. G. S., pepsine in pregnancy, 490
Mote, the, in our own eye, 123
Moulin, Dr., handsome donation by, 456
Moxon, Mr. T. H., pepsine in pregnancy, 557
Municipal Corporations (Ireland) Act Amendment Bill, 656
Murmur, on the diagnostic value of, in the pulmonary artery, 135
Musket-balls, new instrument for the extraction of, 40
Muslins, how to render them fireproof, 51

N

Nares, discharge of carbonaceous matter from the, 635
Naso-pharyngeal polypus, new operation for the removal of, 122
National Association for the Promotion of Social Science, meeting of the, 508; Transactions of the (review), 523
——— Medical Registration Association, the, special general meeting of, 526
——— Vaccine Board, report of, 532
Natural science at court, 450
Naval Medical Fund, dissolution of the, 202; annuities of the, 505
——— officers, 26; rank, 105; service, 388; surgeons on half-pay, 432
Navy, shameful treatment of medical officers in the, 20; medicines and medical stores for the, 162; medical comforts for the sick in the, 559; surgeons and the naval medical warrant, 305
Nazer, Mr. H., on carbonate of bismuth, 286
Neck, wound of the, and injury to the thyroid cartilage, in an attempt at suicide, 139; incised wound of the, with a carving-knife, 141
Necropsy after a complex diagnosis, 134
Needle, puncture of the ascending aorta by a, 90
New Equitable Life Assurance Company, annual meeting and dinner of, 254

NEW INVENTIONS.

The hydro-pneumatic inhaler, 95—Novel hot-air bath, 171—A new eye douche, 325—New blow-pipe, 524

New licentiates, the, 611
Nightingale Fund, the, 606, 626
———, Miss, Notes on Nursing (review), 144
North and south, 104
Nose, polypus of the, involving the orbit, 116
Nottingham, the Medical Reform Society of, exposed, 70
Nuisances Removal and Diseases Prevention Bill, 597
——— Removal Act Amendment Bill, 532
Nursery, death in the, 43
Nursing, Notes on (review), 144

O

OBITUARY.

Dr. Montgomery, 24; Mr. R. Cremer, ib.; Mr. R. Freeman, 77; Dr. J. Ayre, of Hull, ib., 130; T. Alexander, C.B., Director-General of the Army Medical Department, 126; Dr. Todd, ib., 161; F. H. Thomson, Esq., 167; H. Bromley, Esq., 260; T. W. G. Stone, Esq., 310; J. Hewer, Esq., ib.; J. Hobbs, Esq., 457; Dr. J. G. Vos, ib.; Andreas Retzius, 483; Albert Smith, Esq., 534, 555; W. P. Ormerod, Esq., 634; T. Poyser, Esq., ib.; Wm. O. Roberts, Esq., 658

Obscure Diseases of the Brain and Disorders of the Mind, on (review), 498, 548, 621
Observations on ovarian cysts which contain teeth, hair, and fatty matter, 321
——— on some rare surgical accidents, 570
Obstetrical Society of London, first annual meeting, 37 (see Societies)
——— Society, Manchester, inaugural address of Dr. Ogden, 181
Obturator for the cylindrical speculum uteri, 337
Odontological Society of London, annual meeting of, 51
Œdema of the glottis, two cases of, 392; suddenly supervening in the hospital in a case of jaundice from obstruction in the hepatic duct, 393
Ogle, Dr. J. W., Series of Clinical Cases (with Observations) illustrating the Views recently put forward by Dr. Brown-Séquard as regards certain points connected with the Physiology of the Nervous System (review), 523; Cases of Paralysis as to Voluntary Motive Power on one Side of the Body, attended by hyperæsthesia, &c. (review), ib.
Oliver, Dr., and the College of Physicians, 353
O'Meara, Mr. T., the University of London and Dr. Quain, 431
Open surgeries and branch practices, 52
Operations, an afternoon's, 218
Operatives, the undue mortality amongst, 140
Orbit, exostosis of the, 296
Organization of the Irish medical officers, 43
Orr, Dr. R. S., can a woman remain ignorant of her pregnancy up to the time of her delivery? 643
Osborn, Mr. H., on the treatment of small-pox by hydrochloric acid, 261
Ovarian tumour, 298
Ovary, cystic, with malignant disease of the, 593
Ovum, hydatidiform degeneration of the, 397
Owen, Mr. W. B., testimonial to, 435
———, Prof., and the Hunterian manuscripts, 18, 21; Palæontology, or a Systematic Summary of Extinct Animals, and their Geological Relations (review), 351

Oxford lectures, 120
——— medical degrees statute, 226, 309
———, medical education at, 403; medical reform at, 527; medical examinations at, 610; the Linacre professorship at, 625
——— University, degrees conferred at, 633

P

Page, Dr., case under the care of, 9, 168, 392
Pakington, the Right Hon. Sir J., inauguration of the bust of, in the museum of Haslar Hospital, 587, 607
Palæontology, or a Systematic Summary of Extinct Animals, and their Geological Relations (review), 351
Pall-mall, public examinations at, 504
Palm-tree, medical uses of the, 103
Palsy and wasting of the flexors of the forearm from hat-pressing, 62
Pancreatic juice, the digestive powers of the, 335
Paralysis and the German spas, 209
——— as to Voluntary Motive Power on one Side of the Body, attended by Hyperæsthesia, &c., Cases of (review), 523
——— of the lower extremities, lectures on the diagnosis and treatment of the principal forms of, 389, 415, 437, 511, 563, 613
Paris, a commission of lunacy in, 23; death of a benevolent physician of, ib.; Anthropological Society of, 76; hospital statistics of, for 1860, 77; award of prizes, for 1859, at the Academy of Medicine of, 156; lucifer matches in, 260; influenza and intermittents in, 336
Parisian medical intelligence, 207, 307, 384, 480, 506, 530, 558, 584, 602, 654
Parker, Mr. S. A., contributions to dental surgery, 318; the Birmingham Dental Dispensary, 589
Parkes, Dr., cases under the care of, 116, 217, 467, 545; testimonial to, 595
Parkin, Dr., the causation of disease, 154
Parliament, medical representation in, 232
Parliamentary Intelligence, 333, 408, 433, 507, 585, 632, 656
Parrish, Mr. E., an Introduction to Practical Pharmacy, designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmaceutist (review), 40
Parrott, Mr. S., open surgeries and branch practices, 52
Pasteboard splints, 211
Patella, exhibition of diseased, 373
Paterson, Mr. T. W., testimonial to, 633
Pathological Society of London, annual meeting of the, election of officers, 12 (see Medical Societies)
Pauper lunatics, 363
——— poor, suggestions for utilizing the statistics of disease amongst the, 93
Pedgrift v. Chevallier, 558
Pemberton, Mr. O., on the treatment of aneurism from anastomosis by excision, 516
Pepsine in the severe and obstinate vomiting of pregnant women, 428; in pregnancy, 557
Perchloride of iron, effects of the, 63; as a deodorizer, 232
Percy, Mr. E. F. G., ammonia in scarlatina, 305
Pericardial effusion, chronic, 170
Pericarditis in birds, 498
Perinæum, ruptured, record of nineteen cases of, 214, 343
Perineal emphysema, spreading to the upper parts of the body, 89, 90
Periodical, new surgical, 657
Periosteum, on the osteogenic properties of the, 222; action of the, with regard to the formation of the callus in ununited fracture, 524
Peritoneum, cretaceous deposit in the, 296; malformation (by excess) of, 323
Peritonitis, fatal, 515
Perityphlitis, 117
Petrosal bone, necrosis of the, 38
Phantom, the literary, 555
Pharmacopœia, the new, 338, 550
Phillips, Mr. T., carbonate of bismuth, 182
Phlebitis, on three cases of, occurring in patients affected with the syphilitic poison, 619
Phlegmasia dolens, on, 598
Phlegmonous erysipelas of the left upper and lower extremities in a child three weeks old, 293
Phosphate of lime, on the frequent occurrence of, in the crystalline form in human urine, 196
Phthisis, on the use of the hypophosphites of soda and of lime in the treatment of, 267
Physician, a non-resident, 286; can a, be a bankrupt? 635
Physician's seat, a, 276
Physicians, a new order of, 358; honours to, 550
Physiology and uses of the prize-ring, 448
Pills in the soup, 20
Pimlico Literary and Scientific Association, lecture at, by Dr. Aldis, 507
Pirogoff's operation, 430, 505, 535, 556
Pitman, Dr., case under the care of, 392
Play and prison, 505
Pleuro-pneumonia and pericarditis, 292
Poison-cups, 380
Poisoned perfumes, 636

Digitized by Google

Poisoned wounds, victims of, 409
Poisoning, accidental, by arsenic, 208; by imprudence, 259; on unsuspected sources of lead, 357
Pollard, Mr. J., turpentine in hæmoptysis, 102
Polypus of the female urethra, 36
Polytechnic Institution, public meeting at, 508
Pons Varolii, apoplexy of the, 422; extravasation of blood into and softening of the, ib.
Poor-law medical officers, qualification of, 45, 73; meeting of, at Freemasons' Tavern, 354
——— medical reform, 223, 232, 282, 297, 332, 412; meeting at Freemasons' Hall, 353
——— Medical Reform Association, 330, 356, 380, 453; resolutions at a meeting of the, 295, 256; meeting of students, 308; meeting of delegates, 434
——— Medical Relief Bill, 337, 375, 473, 508; the coroners' clause in the, 505
——— surgeons, the, before Parliament, 278
——— surgeon, testimonial to a, 181
Popliteal aneurism and digital compression, 576
Population, daily increase of, in England, 559
Postage-stamps, an hospital wing built by, 103
Postal charges on vaccine, 390
Power, Dr., testimonial to, 334
Practical Pharmacy, an Introduction to, designed as a Text-book for the Student, and as a Guide for the Physician and Pharmaceutist (review), 40
Practising druggists, 25
Pregnancy, on a case of Fallopian, 273; concealed accidental hæmorrhage during the latter months of, ib.
Premature artificial delivery, question of, in cases of uncontrollable vomiting, 472
Preservative fluid, 336
Preston, the case of Cæsarean section at, 506
Price, Mr. P. C., cases under the care of, 372, 596
Price's hot-air bath, 235
Printing on tinted paper, 202
Privy Council vaccination-diploma, the, 207; and vaccination at hospitals, 146
Prize offered by the Medical Society of the Paris Hospitals, 456
——— question, 626
Prize-ring, physiology and uses of the, 442
Prizes offered by medical societies, 328
Proceedings in Parliament in relation to the medical profession, 124
Profession, the, social status of, 612, 635; and life assurance offices, 612
Professional advertising, 106, 296; puffing, 235
Prolapsus, treatment of, by nitric acid, 318
Propagation, on certain phenomena, facts, and calculations incidental to or connected with the power and act of, in females of the industrial classes in the metropolis, 497
Prostate, unsuspected abscess of the, 347; spontaneous abscess of the, 348; report on the condition of the, in old age, 494
Psoriasis, on the use of arsenic in, 234
Public, relation of the medical profession to the, 560
——— servants, the health of, 252
Puerperal Fever, Illustrations of (review), 575
Pulmonary artery, disease of the, 495
Pyelitis, chronic, of the right kidney, 544

Q

Quain, Dr. R., on the use of the hypophosphites of soda and lime in the treatment of phthisis, 267; the University of London and, 431
Qualifications and the Medical Act, 304
Quarantine, in the Levant, 67; as It Is and as It Ought to Be (review), 222; the efficacy of, 325
Queen's College, Birmingham, reopening of the medical department, 508; meeting of council, 559
——— Hospital, Birmingham, election of a surgeon-accoucheur at, 610
Query, a, 338
Questions at the written examination for H.M. Indian medical service, Dec. 1859, 48

R

Rackham, Mr. W. A., swallowing pebble-stones, 638
Radcliffe, Dr. C. B., on the theory and therapeutics of convulsive diseases, especially of epilepsy, 237, 287, 339, 461, 512, 564, 614
Radical cure of varicocele by subcutaneous section, 396
Reading, protest addressed to the Medical Council by the surgeons of, 180
Rectum, stricture of the, 170; exhibition of an instrument for dilatation of strictures of the, 221; chronic intestinal obstruction from stricture of the, 242; intestinal obstruction from cancer of the, 243; imperforate, ib.; stricture of the, 373
Rees, Dr. Owen, cases under the care of, 61, 115, 271, 469
Regent's-park, state of the waters in, 581
Registrars and their sons, 561, 588
Registration of Births, &c., (Scotland) Bill: the compulsory duty thrown on the medical profession, 343
——— of Deaths (Scotland) Bill, 583, 631
Renal disease, practical clinical remarks on particular forms of, 27, 79
Representation of the People Bill, 361
——— of the University of London, 475
Respiration, free, on the importance of, in certain states of the brain, 120
Report of a case of menses from imperforate os uteri, 465
Retention of urine in pregnancy, 494
Revaccination, 287

REVIEWS AND NOTICES OF BOOKS.

On Chronic Alcoholic Intoxication, or Alcoholic Stimulants in Connexion with the Nervous System, with a Synoptical Table of Cases: by W. Marcet, M.D., F.R.S., 39 — Essays on Medical Science. 1. On the Nature of Inflammation. 2. On the Encephalic Circulation and its Relation to the Physiology of the Brain: by James Cappie, M.D. Edin., ib. — An Introduction to Practical Pharmacy, designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmaceutist; second edition: by Edward Parrish, 40—Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Vols. II. and III., Pathological Anatomy: completed and edited by Sydney Jones, M.B., F.R.C.S., ib. — Willy's Book of Birds: by Mrs. Mackie, ib.—Des Anomalies Dentaires et de leur Influence sur la Production des Maladies des Os Maxillaires: par A. M. Forget, M.D., 68 — The Journals for the Quarter, 66, 399 — On the Injurious Effects of Mercury in the Treatment of Disease: by S. O. Habershon, M.D. Lond., 94 — The Social Science Almanack and Handbook, 95 — The Anatomy of the Human Lung; an Essay for which was awarded the Fothergillian Gold Medal of the Medical Society of London: by A. T. Houghton Waters, M.R.C.P.L., 121—The Geologist; a Popular Monthly Magazine of Geology. Vol. II.: edited by S. J. Mackie, F.G.S., ib.—Notes on Nursing: by Florence Nightingale, 144 — Stricture of the Urethra: its Complications and Effects; fourth edition: by Robert Wade, F.R.C.S., ib.—On Diseases of the Throat, Epiglottis, and Windpipe: by Geo. D. Gibb, M.D., M.A., M.R.C.P.L., 171 — On the Employment of Trained Nurses amongst the Labouring Poor, considered chiefly in relation to Sanitary Reform and the Arts of Life: by a Physician, ib.—Clinical Lectures on certain Acute Diseases: by Robert Bentley Todd, M.D., F.R.S., 198—The International Quarantine Conference of Paris of 1851-52: with Remarks by Gavin Milroy, M.D., F.R.C.P., 222—Quarantine as it Is and as it Ought to be: by Gavin Milroy, M.D., F.R.C.P., ib.—Selected Monographs: Kussmaul and Tenner on Epileptiform Convulsions from Hæmorrhage; Wagner on the Resections of Bones and Joints; Graefe's Three Memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma. New Sydenham Society, ib. — Histoire Littéraire des Fous: par Octave Delepierre, ib. — On the Coagulation of the Blood in the Venous System during Life: by George Murray Humphry, M.D., F.R.S., ib.—The Action and Sounds of the Heart; a Physiological Essay: by Geo. Britton Halford, M.D., 275—Foundation for a New Theory and Practice of Medicine: by Thos. Inman, M.D. Lond., M.R.C.P.L., ib.—Ure's Dictionary of Arts, Manufactures, and Mines; new edition: edited by Robt. Hunt, F.R.S., F.S.S., 276, 524 — Gustaf von Düben's Treatise on Microscopical Diagnosis: translated by Professor Louis Bauer, M.D., M.R.C.S. Eng., ib.—The Monographic Dictionary; a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects; second edition: by J. W. Griffith, M.D., and Arthur Henfrey, F.R.S., 249—Therapeutics and Materia Medica; a Systematic Treatise on the Action and Uses of Medicinal Agents: by Alfred Stillé, M.D., ib. — On Consumption, its True Nature and Successful Treatment: by Godwin Timms, M.D. Lond., M.R.C.P., 297 — Contributions to the Hygienic Treatment of Paralysis and of Paralytic Deformities: by M. Roth, M.D., ib.—Cure of the Sick, not Homœopathy, not Allopathy, but Judgment: by J. Spurgin, M.D., F.R.C.P., ib. — The Causes and Treatment of Imperfect Digestion: by Arthur Leared, M.D., M.R.I.A., 324—Practical Observations on the Prevention of Consumption: by John Hogg, M.D. Edin., ib.—Palæontology; or, a Systematic Summary of Extinct Animals, and their Geological Relations: by Richard Owen, F.R.S., 351—A New and Rational Explanation of the Diseases peculiar to Infants and Mothers: by Thomas Ballard, M.R.C.S.E., L.S.A., 374 — Journal de la Physiologie de l'Homme et des Animaux: publié sous la direction du Dr. Brown-Séquard, ib. — The Pathology and Treatment of Stricture of the Urethra and Urinary Fistula: second edition: by Henry Thompson, F.R.C.S., 412—Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment; second edition: by Henry Smith, F.R.C.S., 423—A Practical Treatise on Fractures and Dislocations: by F. H. Hamilton, M.D., Buffalo, 446—The Atlantis, a Register of Literature and Science of the Catholic University of Ireland; No. V., 447 — On the Extremely Rare Occurrence of Consumption in Dingle and its Neighbourhood: by Henry Blennerhassett, M.D., L.K. and Q.C.P.I., ib.—The Pathology and Treatment of Venereal Diseases: by John Harrison, F.R.C.S., 471—On Obscure Diseases of the Brain and Disorders of the Mind; their Pathology, Diagnosis, Treatment, and Prophylaxis: by Forbes Winslow, M.D., D.C.L. Oxon., 498, 541—On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment; third edition: by Henry W. Fuller, M.D. Cantab., F.R.C.P., 523—Glycerin and Cod-Liver Oil; their History, Introduction, Therapeutics, and Value; to which is added a Chapter on Physic-taking, or Counsels for the Sick: by W. B. Willmott, ib.—Transactions of the National Association for the Promotion of Social Science, 1859: edited by G. W. 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Clark, Bart., M.D., F.R.S., 575—Illustrations of Puerperal Fever: by Edward Copeman, M.D., M.R.C.P., ib.—Practical Observations on the Cure of Syphilitic Affections by the Aix-la-Chapelle Hot Sulphureous Water: by L. Wetzlar, M.D., ib.—The Diversions of Purley: by John Horne Tooke; with numerous Additions: revised and corrected, with additional Notes, by Richard Taylor, F.S.A., F.L.S., ib.—The Dublin Quarterly Journal of Medical Science, No. LVIII., ib. — Small-Pox and Vaccination Historically and Medically Considered; an Inquiry into the Causes of the recent Increase of Small-Pox, and the Means for its Prevention: by Alfred Collinson, M.D., 599—On Asthma, its Pathology and Treatment: by H. H. Salter, M.D., F.R.S., 642

Revivals, 290
Reynolds, Dr. Russell, the late Mr. Albert Smith, 584
———, Mr. G. W. M., how to poison correspondents, 95
Rheumatism, alleged damp beds, and law, 646
Rifle corps, the position of surgeons to, 411
Robertson, Dr. C. Lockhart, the hot-air bath, 236
Robiquet, M., death of, 456
Roden, Dr. W., Poor-law medical relief, 304
Roger, M., the artificial arm of, the eminent singer of the Paris opera, 24, 104
Ross, Mr. F. D., on the use of chloroform in a case of lingering labour, 192, 412
Roth, Dr. M., Contributions to the Hygienic Treatment of Paralysis and of Paralytic Deformities (review), 297
Rouen, the hospitals of, 50
Royal College of Physicians, London, pass-lists of, 208, 231, 361, 609, 656; reform at the, 259, 308; and the late Dr. Bright, 335; election of members of council at the, 361; and general practitioners, 400, 402, 430; admission of the general practitioners as licentiates of the, 425, 588; the reform of the, 476; the new licentiates of the, 608, 611
——— College of Physicians, Edinburgh, pass-lists of, 22, 208, 283, 308, 362, 507
——— College of Surgeons of London, pass-lists of, 103, 155, 180, 231, 259, 282, 308, 334, 362, 408, 434, 481, 507, 531, 559, 585, 633; primary examination in anatomy and physiology, 128; new fellows of, 155; the Council of the, and Messrs. Horton and Meredith, 229, 257; lectures at the, 232, 434; examinations at the, 261, 337; admission of uneducated persons to the, 352; and uneducated candidates, 382, 408, 434, 472, 500; examinations in anatomy and physiology, 383; a hint to the, 406; and medical practitioners, 457; list of gentlemen who obtained diplomas in dental surgery, 608
——— College of Surgeons, Edinburgh, pass-list of, 76, 208, 409, 434, 507, 531
——— Free Hospital, 32nd anniversary festival of, 559
——— Medical and Chirurgical Society, annual meeting of the, 251 (see Societies); office-bearers for 1860-1, 259
——— Medical Benevolent College, eighth anniversary dinner, 452; donations to, 507; election of candidates, 532
——— Society, soirée at, 283, 465 (see Societies)
Rupture of the uterus, report of a case of, 569
Ruptured perinæum, report of nineteen cases, 314, 342; and birth of the child between the os vagina and anus, on a case of, 496

Digitized by Google

Russian capital, mortality in the, 410
Rymer, Mr. S. L., the College of Dentists and the Royal College of Surgeons, 266, 304

S

St. Thomas's Hospital, rumoured changes at, 451
St. Vincent's Hospital, Dublin, 657
Salter, Dr. H. H., on Asthma, its Pathology and Treatment (review), 642
———, Mr. J., report of a case of fracture of the superior maxilla and its treatment, 593
Sanguinaria Canadensis, on the natural history, properties, and medical uses of the, 119
Santonine, adulteration of, 233; on the coloration of sight and urine produced by the administration of, 471
Sardinia, certificates of deaths in, 424
Saturnine disease, from contact with red and white lead, 60; from the use of snuff adulterated with lead, 61; from drinking water contaminated with lead, ib.; produced by the daily scouring of pewter pots, ib.
Saving measure, a, 330
Savory, Mr., case under the care of, 492
Scald, exhibition of the larynx and trachea after a, 446
Scapula, removal of the whole of the acromion process of the, for strumous disease, 194
Scarborough Sea-Bathing Hospital, abuses at, 156
Scarlatina, ammonia in, 305; a query, 338; reply to query on, 412
Science, in our courts of law, 125; inadequate representation of, in Parliament, 277; and philanthropy, 528
Scientific amusements, 76
Scotch surgeon, a new kind of, 406
——— Registration Bill, penal clause of the, 579
——— and Irish Registration Bills, the, exaction of certificates under penalties, 624
Scotland, small-pox in, 202; the Medical Act in, 232; on the proposed Vaccination Bill for, 332; medical organization in, 467
Scrofulous conformation, or diathesis, remarks on the, 394
——— diseases of the synovial membrane of joints, on the pathology and treatment of, 594, 618, 640
Sea, frightful mortality at, 24
Secondary syphilis, treatment of, 529; transmission of, 583
——— syphilitic inoculation, on a form of, 141
Semple, Dr. R. H., the Royal College of Surgeons and uneducated candidates, 500
Sercombe, Mr. E., the College of Dentists and the Royal College of Surgeons, 279
Serpentine, purification of the, 327; the cleansing of the, 449, 456
Seymour, Lord, hospital bequest of, 150
Sewage of London, utilization of the, 508; treatment of, 528
Sharpey, Prof., Dr. Newton Heale and the Royal Society, 152
Shaw, Mr. H., registrars and their sons, 561
Sheep, diseases of, 338
Shetlanders, medicines of the, 249
Shipley, a quack doctor at, 260
Shorncliffe, vaccination in the camp at, 645
Shoulder, extensive disease of the, with numerous abscesses, 192; disease of the, with caries of the bones, 193
Shoulder-joint, clinical observations on some complicated injuries about the, and on fracture of the scapula, 368; complicated injuries about the, 432; contributions to the pathology of dislocations of the, 619
Siamese twins, and the revivals, 336; a query respecting the, 388
Sicily, aid for the wounded in, 645
Sick, Cure of the, not Homœopathy, not Allopathy, but Judgment (review), 297
Sieveking, Dr. E. H., on the diagnostic value of murmur in the pulmonary artery, 138
Sisson, Dr. R. S., uneducated practitioners, 78; interscapular pain, 158, 235; iodide of potassium in large doses, 436, 506
Sites of superfluous churches, the sale of the, 551
Skeletons, the discovery of, 253
Skey, Mr., case under the care of, 90; clinical observations on some complicated injuries about the shoulder-joint, and on fracture of the scapula, 368
Skinner, Dr. T., effects of circumcision, 436
Skull, fracture of the, in natural parturition, 180; extensive fracture through the base of the, 492
Slightly touched, 227
Small-pox, and vaccination in England, Ireland, and Scotland, 99; and bacon, 104; on the treatment of, by hydrochloric acid, 260; and Vaccination Historically and Medically Considered (review), 589
Smith, Mr. Albert, the last hours of, 556, 584
———, Mr. C., vaccination, 26
———, Mr. H., Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment (review), 423
Smyth, Mr. J. E., the Royal College of Physicians and general practitioners, 489
Sneezing, severe fits of, 180
Social evil, the great, 183; a woman's view of, 210
——— Science Almanack and Handbook (review), 95
Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, the good effected by the, 404
——— of Arts, anniversary dinner, 585
Solly, Mr., case under the care of, 193
Sores of a non-specific character, on, 113
South Kensington Museum, sanitary lectures at, 646
Spasmodic asthma, on, 12
Spence, Dr. G. W., the Glasgow Faculty and registration fees, 387
Sphygmographer, the, or register of the arterial pulse, 435
Spinal meningitis, 296
Spleen, diseases of the, 36; enormous hypertrophy of the, 373
Spurgin, Dr. J., Cure of the Sick, not Homœopathy, not Allopathy, but Judgment (review), 297
Staff-surgeons, R.N., 203, 558
Stanley, Mr., case under the care of, 371
Statistical Congress, the, 645
Sternal lesions, 218
Stertor, observations on, and on the varying conditions upon which it is dependent, 118
Stillé, Dr. A., Therapeutics and Materia Medica: a Systematic Treatise on the Action and Uses of Medicinal Agents (review), 249
Stomach, complicated cancer of the, 417
Stone in the bladder, on the great importance of early diagnosis and treatment for, 56, 95; of a girl, 371; two cases of, 372
Stovin, Mr. C. F., on a case of chlorosis, 207
Strangulation not infanticide, 156
Stricture of the œsophagus, 432
——— of the Urethra, its Complications and Effects (review), 144; division of, by the bouttonière operation, 372; and Urinary Fistula, Pathology and Treatment of (review), 423
——— tubes, the, of Mr. Thomas Wakley, 179, 206, 230, 257
Strike, mortality of the, 100
Students, to the rescue! 329; the, and the medical corporations, 379; aggregate meeting of the, 450
Subclavian artery, elevation of the, above the clavicle, 11
Submaxillary glands, enlargement of, after removal of cancer of the lip, 394
Suffocation in a room for want of air, 156
Suicide, wound penetrating the larynx in an attempt at, 139
Sulphuric acid, exhibition of an œsophagus and stomach after swallowing, 296; effects of poisoning by, 323
Suppressio veri, suggestio falsi, 234
Supra-renal capsules, extensive extravasation of blood into both, 422
Surgeon, charge of illegally practising as a, 363; a, justified, 646
"Surgeon-dentist" Gould, 146
Surgeon's bill, a disputed, 586
Surgeons not privates, 176
——— in arms, 451
Surrey inquest, a, 430
Sussex Lunatic Asylum Cemetery, the consecration of, 633
Swallowing pebble-stones, 636
Switzerland, the medical profession in, 386; the pharmacopœias of, 467
Syncope from hæmorrhage after surgical operations, on the means to be employed in, 471
Synthesis, on the study of disease by, 169
Syphilis, double constitutional, 156; on the rarity and mildness of, amongst the Belgian troops quartered at Brussels, as compared with its prevalence and severity amongst the foot guards in London, 196; in the army, 231
Syphilitic Affections, Practical Observations on the Cure of, by the Aix-la-Chapelle Hot Sulphureous Water (review), 575
——— paralysis of the sixth pair of nerves, 233
——— sores, 183, 210
Syphilization, 309, 583

T

Taddei, Prof., death of, 633
Talipes varus, 170
Tapeworm, exhibition of, 373
Tarsus, disease of the, 573
Tartar emetic in tænia solium, 325
Tasmania, a sanitarium at, 625; medical law in, 634
Tattooing in the French navy, 335
Tatum, Mr., cases under the care of, 90, 272
Taylor, Dr., a tribute to, 457
———, Mr. R., the Diversions of Purley (review), 575
Tears, obstinate flow of, 25
Teeth, early decay of the, 482; swallowing several, attached to a plate, with safe passage through the bowels, 392
Tertian ague, and enlargement of the spleen, 346; of short duration, with an enlarged and tender spleen, 347; mild, ib.
Testimonial to a medical practitioner, 436
Tetanus, subcutaneous injections of sulphate of atropine in, 472; Rasorian doses of tartar emetic in, 533
Thames, deodorization of the, 402, 434, 484; the summer stench of the, 431; the, and the Board of Works, 449; the, and the weather, 633
——— Police Court, charge of libel, 462
Theology and therapeutics, 226
Therapeutic agriculture, 336
Therapeutics and Materia Medica; a Systematic Treatise on the Action and Uses of Medicinal Agents (review), 249
Thigh, amputation of the, in the hypnotic state, 23
Thomas, Mr. W., the Medical Register and the Pharmacopœia, 52; an unusual circumstance attending a case of midwifery, 215; chloroform in protracted labour, 338; a case in midwifery, 411
Thompson, Mr. H., on the great importance of early diagnosis and treatment for stone in the bladder, 56; the Pathology and Treatment of Stricture of the Urethra and Urinary Fistula (review), 423; cases under the care of, 35, 571
Throat, Epiglottis, and Windpipe, the Diseases of the (review), 171
Thyro-hyoid ligaments, rupture of the, 574
Thyroid cartilage, wound of the, severing the epiglottis, 140
Tilt, Dr. E. J., contributions to uterine pathology, 30, 112; on the influence of tropical climates on the rise, progress, and treatment of uterine inflammation, 316, 418, 519
Timms, Dr. G., on Consumption, its True Nature and Successful Treatment (review), 297
Titles of "assistant-physician" and "assistant-surgeon" to hospitals, abolition of the, 181
Tobacco as an internal remedy for the effects of the bite of a rattlesnake, 321
——— in the Indian prisons, 355
Todd, Dr. R. B., Clinical Lectures on certain Acute Diseases (review), 198; will of, 232; memorial fund, 363
Tongue, excision of a part of the, for cancer, 117; anterior half of the, nearly bitten off, 494
Torticollis following rheumatic fever, 348
Trachea, tumour pressing on the, necessitating tracheotomy, 573
Trained Nurses, on the Employment of, amongst the Labouring Poor (review), 171
Transport service, the, 300
——— ship, excessive mortality on board a, 335
Trichiasis, novel treatment of, 259
Tricks upon medical men in Paris, 457
Tricuspid valve, disease of the, 323
Tropical climates, on the influence of, on the rise and progress of inflammatory affections of the womb, 63
Tubercular peritonitis, 296
Tufnell, Professor, presentation to, 475
Tumid abdomen, with an umbilical hernia, 63
Tumour, recurrent fibroid, 170; fibrous, of the uterus, 221; a peculiar, of the uterus, 323; of the right inguinal region, containing lumbrici, 525
Tumours, liability of, to take on malignant action, 195
Turin, a chair of ophthalmology in, 180
Turkey, the origin of syphilis in, 335
Turkish bath, introduction of the, into the metropolis, 155
Turning in labour obstructed through coarctation of the pelvic brim, a clinical examination of the value of the operation, 291, 341, 390, 541
——— in distorted pelvis, 289
Turpentine in hæmoptysis, 36, 102
Tweedie, Dr. A., lectures on fevers, comprising a description of the distinctive characters, pathology, and treatment of the several forms of continued fever, 1, 53, 107, 159, 211, 263, 313, 365, 413, 485, 537, 589, 637
Twins, case of, one blighted, 143
Two sides to a case, 646
Typhlo-enteritis, 115; and obstinate constipation, 116; arising from cæcal distension by flatus, 117
Typhoid fever, a characteristic sign of, 233; the cure of, 391
Typhus amongst the Circassians, 232
——— and typhoid, 305; as seen in Dublin, 546
——— fever, treatment of, 589

U

Ulcer of the rectum, on the pathology and treatment of painful, 428
Ulceration into the trachea and innominate artery, on a case of, 88
——— of the œsophagus, causing death by perforation of the aorta, report of a case of, 114
Umbilical cord, unusual length of, 364
Uneducated practitioners, 78
University and King's College, Aberdeen, pass-list of, 434; and homœopathy, 557
——— of Cambridge, 121
——— of London, soirée at, 309; representation of the, 311, 328; the, and Dr. Quain, 431; list of examiners, 466; nomination by Convocation for

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Senate, 475; the conferring of degrees, 482; appointments at, 566; dinner in aid of the funds of, 610; examiners in midwifery of the, 667; institution of University Scholarship in Midwifery at, ib.
University of St. Andrews, the, and the Poor-law Board, 382; pass-list of, 507
Unprofessional announcements, 636
Unqualified assistants, 26
Ure, Mr., case under the care of, 443
Ure's Dictionary of Arts, Manufactures, and Mines (review), 276, 524
Urethrotome, on a new, for the treatment of obstinate strictures of the urethra, 370
Urinary bladder, hydatid tumour in connexion with the, 426
——— calculus of unusual conformation, 493
Usher, Mr. H., interscapular pain, 210
Uterine pathology, contributions to, 30
——— inflammation, on the influence of tropical climates on the rise, progress, and treatment of, 316, 418, 519
Uterus, description of a large fibrous tumour of the, 143; disease of the, 296; peculiar tumour of the, formed apparently by a retained placenta, 324; rupture of the, and ventral hernia, during pregnancy, 326; fibrous polypus of the, 348; hydatidiform bodies from the, 597; enormous fibrous tumour of the, ib.

V

Vaccination, rules for, issued by the Privy Council, 26; metropolitan, 71; compulsory, 78; the diploma of the Privy Council, 172; certificates of, 183; Small-pox and, Historically and Medically considered (review), 599; in the camp at Shorncliffe, 645
Vaccine lymph, on the best method of preserving, 357: postal charges on, 380; supposed discovery of the origin of the, 657
Varicocele, double, and shortening of the scrotum, 118; death from rupture of a, 295; on the radical cure of, by subcutaneous incision, 524
Varicose veins, fatal hæmorrhage from, 74; treatment of, by direct compression of a portion of the vessels, 351; in the vagina, during labour, 424
Veddah tribe in Ceylon, exhibition of two crania of the, 15
Venereal Diseases, the Pathology and Treatment of, comprising the most recent Doctrines on the subject (review), 471
Veratrum viride, therapeutic uses of, 181
Vesico-vaginal fistula, successful treatment of, 233
Victoria, medical reform in, 604
Vinen, Dr. H., Harveian Society, 285
Violent deaths in 1859, 44
Volunteer movement, the, as a means of physical education, 532

W

Wade, Mr. R., Stricture of the Urethra; its Complications and Effects (review), 144
Wakley, Mr. T., the stricture tubes of, 179, 206, 290, 257; case under the care of, 402
Wallace, new facts relating to the action of the heart, 115
Warfare, amenities of, 362
War-office appointments, 325
Water-bed, drowning in a, 507
Waters, Dr. A. T. H., the Anatomy of the Human Lung; an Essay for which was awarded the Fothergillian Gold Medal of the Medical Society of London (review), 121; the distribution of the bronchial arteries: Dr. Newton Heale and the Royal Society, 178; the bronchial blood-vessels, 231
Watson, Dr., retirement of, from the Medical Council, 553
———, Dr. E., Pirogoff's operation, 420, 505
———, Dr. Walter, the case of Cæsarean section at Preston, 508
Wearne, Mr. J., retention of urine in pregnancy, 484
Weiss, Mr. J., the laryngoscope, 609
West, Dr. R. U., the medical profession and life assurance offices, 612
Western Medical and Surgical Society, list of officers, 600
Wetzlar, Dr. L., Practical Observations on the Cure of Syphilitic Affections by the Aix-la-Chapelle Hot Sulphurous Waters (review), 575
White-lead as a paint, on the injurious effects of 229, 251
Whooping-cough and diphtheria, 464
———, the pathology and treatment of, 530
Williams, Dr. A. W., certificates of vaccination, 183
———, Dr. J., on the cerebro-spinal fluid, 165
Williams, Dr. T., Dr. Newton Heale and the Royal Society, 153
Willmott, Mr. W. B., Glycerin and Cod-liver Oil; their History, Introduction, Therapeutics, Value, and Claims upon Professional and Public Attention (review), 523
Wilson, Dr. J. A., the reform of the College of Physicians, 476
———, Mr. W. J., the Siamese twins, 366
Winchester, Mr. W. H. B., on pasteboard splints, 311
Wine, price of, two centuries ago in England, 222
pure, for the sick, 177
Winslow, Dr. Forbes, on Obscure Diseases of the Brain and Disorders of the Mind; their Pathology, Diagnosis, Treatment, and Prophylaxis (review), 498, 548, 621
Wolfe, Dr. J. R., Mr. Hancock's operation for glaucoma, 333
Wollaston, Mr. J. T. B., a distinction without a difference, 468
Woman, can a, remain ignorant of her pregnancy up to the time of her delivery? 609, 642
Womb, on the minute anatomy and structure of a fibrous tumour of the, 496
Wood, Mr. E. J., Registration of Deaths (Scotland) Bill, 631
———, Mr. J., on a new method of effecting a radical cure of hernia, 262
Wood's operation for the radical cure of hernia, 32; modification of, 34
Woorara, on the treatment of tetanus by, 22
Wordsworth, Mr., case under the care of, 140
Worthing, on the climate of, its remedial influence in disease, especially of the lungs, 641
Wounds, new method of extracting gunpowder from, 23
Wrist-drop from saturnine disease, good effects of blisters in, 494
Wroxeter, the deformed skulls of, 130, 208
Wützer's operation for the radical cure of hernia, 36

Y

Yarmouth Hospital, flourishing condition of, 81; reception of patients in, 232
Yellow fever, on, 470; at St. Thomas's, 15, 139; at Rio de Janeiro, 388
Young, Mr. E., the medical profession and life assurance offices, 182

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